

Briefing Note: Increasing Access to Primary Health Care

For the more than 1,000,000 Ontarians who do not have a family doctor or primary health care nurse practitioner, access to primary care remains a key challenge. This is especially the case for 30 percent of Ontarians who live in northern and under-served communities across the province. The 2007 McGuinty government has promised to help more Ontarians receive care close to home by ensuring that 500,000 more Ontarians have access to improved family care -- delivered by doctors, nurses and other health-care professionals working together.

RNAO calls for:

- Implementation of campaign commitment for funding for 25 additional NP-led clinics.
- Implementation of funding for 150 new Nurse Practitioner (NP) Primary Health Care positions across health centres, family health teams, emergency departments, and other outpatient settings.
- The removal of legislative and regulatory barriers to enable RN(EC)s to practice to their full scope, reflective of their education, competencies and experience
- Dedicated funding to enhance the management of chronic disease in Ontario
- Dedicated funding to increase the employment and remuneration of RNs in primary care family practices.

Background: NP-led Clinics and Primary Care

- Registered nurses possess the knowledge and skills to provide care for families throughout the lifespan. Working collaboratively with other health-care providers, they are well suited to provide a point of entry to health promotion and disease prevention as well as curative, rehabilitative and supportive services.
- “Nurse practitioners are registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice.”¹
- PHCNPs are recognized as a solution to improving timely public access to quality health care. PHCNPs work autonomously, from initiating the care process to monitoring health outcomes, and work in collaboration with other health care professionals. Their scope of practice focuses on providing services to manage the health needs of individuals of all ages, families, groups and communities.²
- NP-led clinics are led and staffed by NPs, who working in collaboration with registered nurses, physicians and other health professionals, provide clients and their families with assessment, treatment, education, and support. *Registered nurses* provide education, give emotional support and coordinate care for

- patients, while *nurse practitioners* can further expand primary care clinic functions to include diagnosis, treatment, and prescription.³
- Nurse-led clinics in other countries have alleviated pressure from shortages in health human resources, resulting in: decreased wait times; more fully integrated pathways of care; enhanced continuity of care; improved access to care; and cost containment.⁴
 - Nurse-led clinics in Ontario have resulted in improved access to primary care and improved quality of life for patients and their families.⁵

Background: NP-led Clinics and Chronic Disease Management

- As Ontario's population grows older, the incidence of chronic illness is increasing.
- Chronic disease is currently managed within an illness model often characterized by frequent emergency department visits and hospital readmissions with long lengths of stay.⁶ This 'illness model' is focused on diagnosis, treatment and cure. While this approach is appropriate for acute illnesses, such as heart attack or stroke, it is not well suited to the management of chronic disease.
- In transitioning from an illness orientation to a wellness orientation, prevention becomes the new priority at all points in the continuum of care. The current government has developed and recommends a Chronic Disease Prevention and Management Framework that has a wellness orientation.⁷
- A large number of studies show that the benefits of this model in managing chronic illness include:
 - Decreased health-care utilization, including fewer emergency department visits, fewer hospital readmissions, and decreased length of stay;^{8,9}
 - Improved quality of life for patients;¹⁰
 - Improved quality of care;¹¹
 - Improved patient satisfaction;¹² and,
 - Improved health-care provider satisfaction.¹³
- The nursing model provides a holistic approach that is effective in managing chronic disease and preventing complications.¹⁴ It addresses the needs of patients and families from diagnosis through to management and end-of-life decision-making¹⁵ by providing support to patients, families, and caregivers.
- Nurse-led clinics help to bridge the gap in continuity of care between the acute care sector and independent community living. This can empower patients to make important self-care decisions, participate meaningfully in their treatment, and take charge of their overall health and well-being.¹⁶
- In a variety of settings, nurse-led clinics have proved beneficial to chronic care patients by successfully decreasing utilization of health-care resources, improving patient satisfaction, and improving quality of life.^{17,18,19,20}
- As the LHINs move from planning into operation of local health-care systems, there is an opportunity to demonstrate the financial benefits and improved access to coordinated quality care through linkages with community partners by providing chronic care management through implementation of NP-led clinics.

Background: Registered Nurses in the Extended Class [RN(EC)s]/Nurse Practitioners (NPs)

- The RN(EC)/Nurse Practitioner (NP) is a registered nurse with additional education to prepare her/him for advanced nursing practice in the provision of primary health care to individuals, families and communities.
- RN(EC)s/NPs have the knowledge, skill and ability to provide access to a broad range of primary health care services.
- Current regulatory restrictions, like those limiting RN(EC)s' access to broad prescribing and ordering diagnostic tests, result in a slow and cumbersome process and impacts on the timely delivery of primary health care to Ontarians.
- The regulatory and legislative changes and amendments to various acts proposed by the College of Nurses of Ontario (CNO) in September 2006 will expand the scope of practice of RN(EC)s, facilitating the implementation of recommendations in numerous reports^{21 22} that urge maximizing the contributions of all health professionals to increase access to health services.

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