Nurse practitioners could relieve Canada's doctor shortage, but funding models are causing roadblocks

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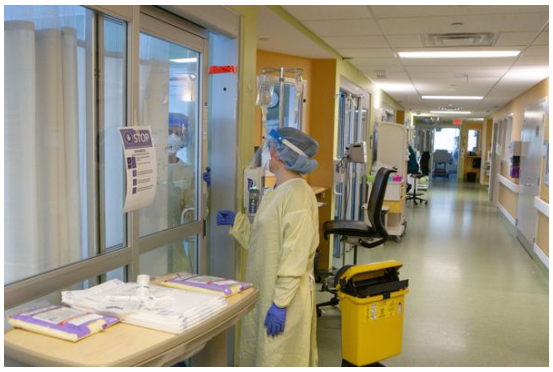

Nurses tend to a COVID-19 patient in the Intensive Care Unit at the Bluewater Health Hospital in Sarnia, Ont., on Jan. 25.CHRIS YOUNG/THE CANADIAN PRESS

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If Canada is serious about addressing its shortage of primary health care providers, governments must commit to new funding models for nurse practitioners (NPs) – and soon.

Health care horror stories have been dominating Canadian headlines in recent weeks. In the past two months, four doctors in P.E.I. announced they were abandoning their practices, leaving more than 5,000 people without a family physician. Those individuals will join another 24,000 Islanders already on a waiting list for a family doctor. According to the Ontario Medical Association (OMA), there are a least one millionOntarians without regular access to primary care. The problem is even more severe in northern Ontario, where the OMA says a shortage of 100 family doctors and 130 specialists threatens the sustainability of the public health care system.

Other ominous warnings have been issued by the Canadian Federation of Nurses, which says the health care system is "on the brink of disaster," while the president of Doctors Manitoba told CTV News earlier this month that "the health care system has slowly been crumbling… Then COVID came along and just crushed us."

I believe that nurse practitioners are key to relieving our strained health system. These advanced-practice nurses have two additional years of schooling, allowing them to assess, diagnose, prescribe and manage patients in primary health care

settings. According to the Canadian Institute for Health Information, 6,661 NPs were licensed to practice in Canada in 2020, with about 35 per cent working in hospitals, and 36 per cent working in community settings.

Across Canada, many NPs are looking to contribute to the delivery of primary care on a greater scale, but compensation models have created stumbling blocks that get in the way of expanding the availability of nurse practitioner-led primary care. Unlike family physicians, who operate their offices as small businesses and bill their provincial governments, nurse practitioners are paid by salary, which has led to a few systemic issues.

In Alberta, the Nurse Practitioner Association estimated to the CBC that the province has around 300 NPs who "could open clinics tomorrow and service a full panel of patients." Each roster would number "anywhere from a thousand to 1,500 patients [for each nurse practitioner]," which could go a long way in alleviating the province's shortage of primary-care practitioners. The problem, Alberta NPs say, is that they can't currently operate an independent, publicly funded practice because they can't directly bill the provincial government for services rendered.

NPs are able to operate their own primary-care practices in other provinces, like Ontario, but we could achieve a more rapid expansion of NP involvement in primary care if we had a greater number of NPs working in family physician offices. This is where we hit another roadblock: NPs operating their own clinics or working in hospitals have their salaries paid for by the Ontario government. But if an NP takes on a role in a family physician's office, they are generally independent contractors and their pay is not funded by the government.

According to the Ontario Nurses' Association, the minimum starting hourly pay for NPs in 2021 was $48.70, and that rate goes up with experience. Ontario's "Sunshine List," which takes note of all public sector employees with a salary over $100,000, included 1,541 NPs in 2021.

Generally, family doctors across Canada cannot afford to pay $100,000 annually to take on an NP. But if provinces like Ontario can fund NPs in hospitals, why not extend that same funding to primary-care physician offices, or offer incentives, such as a 50/50 funding split?

Imagine if family physicians across the country were financially encouraged to take on a nurse practitioner as a team member. Participating offices could then

expand their hours of operation and cut down on demand at Canadian emergency departments, some of which have been closing for intervals due to staffing shortages.

Primary care providers are the gatekeepers of our health care system. Patients need a referral from a primary care provider in order to see a specialist for everything from a cancerous growth to an abdominal issue. These providers know the patient and are in the best position to manage the condition and help their patients reach better health outcomes.

Embracing NPs as valued components of the primary care system would also encourage medical school graduates to pursue careers as family doctors. They would be reassured that they can rely on the support of an NP in their practice, allowing them to better manage the needs of their patients.

An influx of more nurse practitioners is the shot in the arm our health care system desperately needs. But it will only happen if provincial ministries of health recognize that the rules concerning the funding of this important aspect of the health care model must change.

https://www.theglobeandmail.com/opinion/article-nurse-practitioners-could-relieve-canadas-doctor-shortage-but-funding/

All those self-interested, complacent, oblivious, running-on-autopilot silos that constitute our health care systems ("Everyone else but me!"): Can they be roused enough to actually do something? I think they are all half-asleep.

I have read that NP's would contribute disproportionately because, as government employees—unlike doctors, who are "independent contractors"—they would actually have to practice five days per week; many doctors do not.

If anybody worries about the quality of the medical care NP's provide, they should reflect back upon their own at the hands of doctors, and, if they are happy with it, listen to their friends (who may well not be). Too many head-shakings stories, too many times have people had to keep trying different doctors till one of them catches on to what is going on. I also suspect it will soon be a set of algorithms that treats us when we go to the Clinic or Emergency anyway. It might as well be a nurse practitioner as "Dr. Welby" with us and the software program. The NP might also like the algorithm more than the haughty doctor (so authoritative) with which he/she is paired.

Thank goodness again that no one reads what I write! Otherwise, I might have to worry about the doctor in whose hands I could land having read this …TJB