Enhance your practice.
Enhance patient care.
A Case for Change

The surveys tell us patients are, for the most part, satisfied with the health care they receive. But what about you, their family doctor?

Do you go home at the end of the day wishing you could do more for your patients?

Do you struggle to keep up with the growing burden of chronic disease in your practice?

Do your patients have to wait for a week or more for an appointment?

Yes, yes, and maybe yes? Well, then, another question: Are you ready to change the way you work – so that both you and your patients benefit? If so, what would that change look like, and how do you get there?

The vision – locally, provincially and nationally – is one that will give family physicians and other health care providers the time and support to deliver comprehensive screening, health promotion and chronic disease prevention and management, in addition to providing day-to-day acute or episodic care.

The good news is this vision is becoming reality throughout Nova Scotia. Several creative approaches are being taken – approaches that are economically feasible, and may even offer economic advantages. One is the introduction of nurses in fee-for-service family practice.

The benefits for your patients

More comprehensive care – nurses and physicians, working as a team, can combine their complementary skill sets to offer more thorough patient care.

Improved access – practices that have brought nurses on board have been able to accept new patients, decrease wait times for appointments, and become more efficient.

The benefits for you

Less stress, improved job satisfaction – physicians have found that involving two providers in a patient’s care decreases the risk of overlooking issues. This reduces stress and enhances the quality of your work life.

Improved access to information – Through patient history profiles, information on your patient’s medications, routine screening, health issues, allergies, and more can be at your finger tips. A time saver for you.

Working as a team, nurse and physician can enhance the care patients receive while improving working conditions at the practice.

Interested? We’re here to help.

The Primary Care office at Capital Health has developed a program to assist and support a limited number of family physicians interested in hiring a registered nurse in their practice. Developed with support from Health Canada’s Primary Health Care Transition Fund, the program includes:

- a physician manual with information on practical matters such as budget planning, the role of the nurse, MSI billing practices and liability issues
- a resource kit for the nurse including teaching aides, assessment tools and supplies, links to community resources and reference material on how to prevent and manage various chronic diseases and other health concerns
- a comprehensive education program for the nurse
- support to assist the integration of a nurse in your practice

Read on for the story of why and how one doctor made the change, what it could look like for patients and how it affects your bottom line.

PATIENT CARE, TEAM CARE

Donna is a 52-year-old woman whose blood work showed a fasting blood glucose of 16.2. She has been called in to discuss the lab results. Her story below represents a typical patient visit.

Donna is called into the exam room. With her, the nurse reviews the lab results and assesses for symptoms of diabetes. Donna’s family history is reviewed, and she describes a number of first-degree relatives with diabetes. The physician joins them and diagnoses Donna with Type II diabetes.

He prescribes metformin 500mg BID and advises her that the nurse will discuss next steps, such as monitoring and follow-up.

After the physician leaves, the nurse determines what Donna knows about diabetes. She provides basic information on diabetes and nutrition, and encourages Donna to ask questions throughout the conversation to clarify anything she doesn’t understand. The nurse offers print material to be taken home, reviewed and brought with her to the next visit. They discuss a referral to the diabetes centre and fill out the referral form.

The nurse reviews a home blood glucose monitoring program and provides a prescription for a monitor. Donna is provided with the contact information for the diabetes pharmacare program, as she does not have a drug plan and expresses concern about the cost of medications and strips. The nurse weighs Donna, obtains her waist circumference, and calculates her BMI. Her blood pressure is checked and is found to be 130/90.

The nurse also determines that Donna has not seen an eye doctor in years and arranges an ophthalmology referral. Finally, the nurse reviews Donna’s new medication, including side-effects and mechanism of action. Before she leaves the clinic, she is asked to book a follow-up appointment in one week with the nurse.

- medications: ASA, ARB/ACE, Statin (to be added one at a time)
- immunization: pneumococcus, Td
- foot assessment
- MedicAlert
- weight loss
- smoking cessation
- nutrition
- physical activity
- stress management
This is a sample budget based on a typical family practice setting.

**Assumptions:**
- The nurse is employed full time at an hourly rate of $30 plus benefits at 11%.
- Start-up costs include salary & benefits while the nurse attends an education program (30 days) over the first year.
- The nurse provides care for an average of 2.5 patients per hour.
- Overhead is determined as a percentage of overall clinic costs.

"A collaborative practice arrangement where nurses work with physicians as a team is value-added for our patients. It enables the separate and shared knowledge of each profession to synergistically influence the care provided and can contribute to better health outcomes."

Dr. John McNab
Family Physician and Collaborative Practice Consultant,
Fall River Family Practice

<table>
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<tr>
<th>EXPENDITURES</th>
<th>Start-up</th>
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<th>Year 2</th>
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| REVENUE                           |          |        |        |        |
| MSI Billing                       | 123,814  | 126,290| 128,816| 128,816|
| Uninsured services                | 0        | 0      | 0      | 0      |
| Research participation            | 2,000    | 2,000  | 2,000  | 2,000  |
| Total Revenue                     | $0       | $125,814| $128,290| $130,816|
| Net                               | -$12,268 | $57,352| $58,472| $59,615|

*This is a sample budget only. Each practice will vary in terms of their approach to budgeting. For details, call the Primary Care office at Capital Health.*
How can working with a nurse enhance my practice?
Registered nurses can provide a range of services, for example, comprehensive health promotion, disease prevention, health screening, chronic disease management, care coordination, follow-up, patient education, and resource planning.

How can I afford to pay for a nurse?
Working as a team, you may be able to increase the number of patients you schedule and bill to MSI by two or three per hour. This additional revenue will cover the nursing salary and benefits as well as any increases in overhead costs. Physicians can see more patients because the nurse provides more of the time-consuming care, such as lifestyle counselling, complex chronic disease management, and well-women and well-baby visits.

Does it make sense to hire a nurse to perform only specific tasks (such as well-women exams or immunizations)?
Practices differ, however providing the opportunity for the nurse to practice to full scope – building relationships with patients and their families and delivering comprehensive care – will have the greatest impact on health outcomes over time.

Will I have to change the way I practice if I hire a nurse?
There will be an adjustment period. How you will work together as a team will evolve. Each practice is unique and the degree to which you will need to make changes will depend on the characteristics of your practice such as the profile of your patient community and preferred practice style.

How are patients scheduled?
There are many different approaches to patient scheduling, and you may need to try several until you find one that works for your practice. For example, the nurse could have his or her own appointment bookings, both nurse and physician could work off the same schedule, or a combination of these approaches could be used.

What can’t the nurse do?
Nurses cannot prescribe or diagnose. For liability reasons, a registered nurse must work within the scope of nursing practice.

Should I be concerned about liability?
As an employer, you would need to inform your insurer of this new employment relationship. Under the legal doctrine of vicarious liability, the employer is held responsible for the actions of any employee provided he or she is acting within their scope of employment. Registered nurses in Nova Scotia also have insurance through the Canadian Nurses Protective Society.

Will I need more space?
Additional space requirements or reorganization will depend on your practice. Ideally, the physician and nurse would share three exam rooms, but could manage with two if necessary.

How do I go about finding a nurse for my practice?
Family practice, with its community focus, wide-ranging scope and potential for flexible working arrangements, can be an appealing option for many nurses looking to change their work situation or reenter the workforce. The Nursing in your family practice program provides physicians with sample job descriptions, position postings and interview guides. These tools can assist in the recruitment and hiring process.

Are the professional bodies and government okay with this approach?
Doctors Nova Scotia, MSI, the College of Registered Nurses of Nova Scotia, the College of Family Physicians of Canada, the Nova Scotia Department of Health have provided input into the development of The Nursing in your family practice program. In addition, many individual family physicians have provided feedback and expressed support.
The timing was perfect. I was overwhelmed with the growing needs of my patients. I was doing everything I could, and yet I knew that I, alone, could not provide the best possible care for them. I felt there had to be a better way. And then Patsy Smith asked if I would consider hiring a nurse.

With no funding source other than MSI billing, I decided to give it a try. A risk, yes. But also an opportunity to improve care to patients of the Hatchet Lake Medical Centre. Patsy spent the first few weeks that fall becoming familiar with the practice. This included a week's job-shadowing and attending various programs and workshops, such as those at the diabetes centre and cardiovascular rehab. Gradually, she saw more and more patients. These visits always included an interaction with me for review of problems, plan and prescriptions. As Patsy began providing more of the time-consuming care for complex patients, I started to book one or two extra patients each hour.

Our approach to patient selection for visits was straightforward: she simply took the next patient to be seen. Or if we were free at the same time, I'd quickly assess the next two patients and decide which one she would see based on care needed. When possible she would see patients with diabetes or other chronic health problems as she had time to provide more comprehensive care.

Over the next few months, Patsy's scope of work increased. She began providing well-women exams (including cervical screening), infant care (including immunization), 24-hour blood pressure monitoring, and hypertension and cholesterol follow-up. She also developed patient profiles on most of my 2,500 patients, so at a glance I had a health history, family history, medication profile, allergies, immunizations and regular screening status.

As the level of care she provided increased, I noted that patients were reaching targets more quickly, more were receiving counseling on lifestyle changes, regular screening practices were in place, and chronic diseases were managed much more proactively. Nine months after Patsy joined me, we were booking on average three extra patients per hour. The added revenue covered the nursing salary and benefits as well as minor increases in overhead costs.

Despite the increase in patients, flow was unchanged. We simply worked together as a team to see patients as they arrived. More and more patients were booking directly with Patsy – knowing they would also see me during their visits if necessary. I would visit Patsy's patients between my own to provide any required care.

Bringing a nurse on board was an adjustment – I needed to learn how to work differently. And I'm sure our practice will continue to evolve as we gain more experience with this new team approach. But I no longer see risk, just benefits: when I go home at the end of the day, I feel more confident and satisfied with the level of care we provide.

"Working in a team environment with a nurse has greatly enhanced care for patients in our community and has improved my work-life balance and job satisfaction."

Dr. Jeffrey Colp
Family Physician, Hatchet Lake
**Getting Started**

Nursing in your family practice program has been designed by Capital Health to assist fee-for-service family physicians interested in hiring a registered nurse for their practice.

The program includes the following information and supports to make hiring a registered nurse – and building your team – as easy as possible:

1. **A physician manual** – including a budget workbook to quickly determine whether hiring a nurse is feasible in your practice, approved MSI billing guidelines for participating practices, liability information and a nursing role description

2. **A resource kit for the nurse** – including teaching aides, assessment tools and supplies, links to community resources and reference material on how to prevent and manage various chronic diseases and other health concerns

3. **A comprehensive education program for the nurse**

4. **Support to assist in the integration of a nurse in your practice**

**Become part of this exciting program – enhance your practice, enhance patient care.**

Participation in this program is limited to the first 25 physicians in the first year... make sure you’re one of them!

**Contact** co-developer and project lead Patsy Smith through the Primary Care office.

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Tel: (902) 473-5645
Fax: (902) 473-6153
Email: primarycare@cdha.nshealth.ca

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“Integrating nurses into family practice is a great way to address the complex health issues we face today. Working in a team approach is the future of primary care. I think this resource is a great way of helping us explore the option of bringing a nurse into our practice – something we might not have considered without this well-thought-out and comprehensive tool.”

Dr. Kathy Gallagher
Family Physician, Bedford

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Find these and other resources to support your practice in the Family Physician Toolkit:
www.cdha.nshealth.ca/physicianupdate/primaryCare