

Nurse Practitioners and Physician Assistants: A Literature Synthesis & Implications for BC

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Purpose of Report

We examined factors associated with:

- implementing NPs in BC; and
- those likely to be faced should a decision be made in BC to implement Physician Assistants (PAs)

Background: NPs and PAs

NPs:

- Autonomous, regulated
- Collaborative practice
- Mainly found in CBPHC settings in Canada



PAs:

- Delegated function, unregulated
- Mainly work in acute care or specialty



Methodology

- A comprehensive review of the research literature concentrating mainly on those published within the last decade, which reflect the current health care system and legislation
 - Included review of publicly available policy documents pertaining to primary health care (PHC) renewal and NP implementation in BC during last decade
- 21 semi-structured interviews with senior policy leaders from the BC Ministry of Health, regional health authorities, and nursing and medical associations and colleges in BC
- An advisory committee comprised of both American and Canadian experts met twice to review drafts and provide feedback

Results: Research Literature:

- **985** total articles were included in the synthesis.
- The majority of the literature was published in the US, with a smaller number from the UK, New Zealand, Australia, and Canada.
- **14** systematic reviews conducted between 1981 and 2011 examined the quality of care provided by NPs and PAs and their ability to substitute for physicians.
- **971** individual papers were reviewed, with attention to the following key issues: professional liability, prescribing authority and practice, public acceptance and satisfaction, and barriers to practice.

Research Literature: Summary

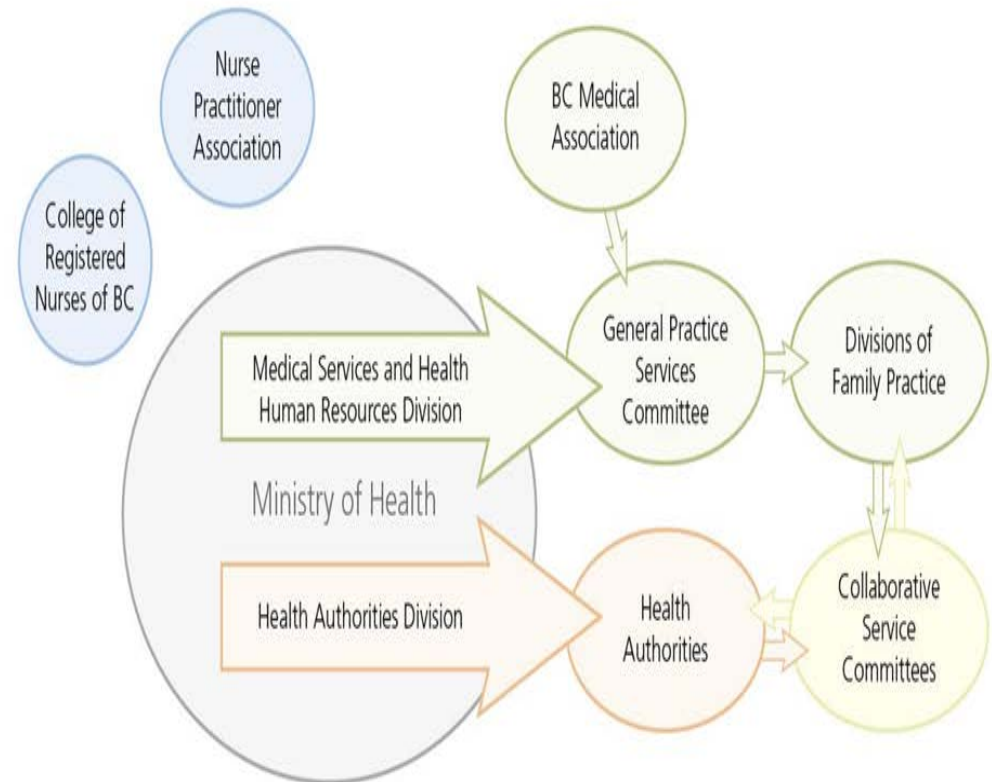


Research Literature: Summary

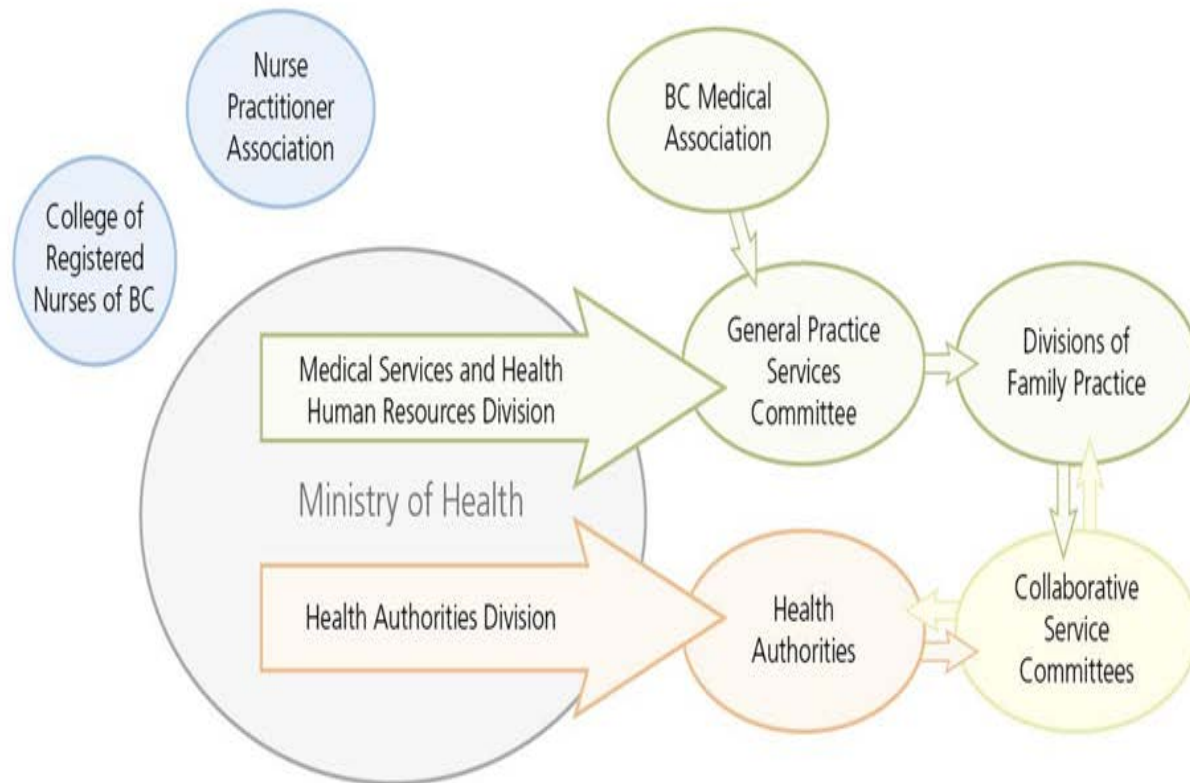
- Prescribing practices of NPs generally reflect those of physicians; NPs have a somewhat more cautious approach and tend to use more over the counter medications.
- Despite 40 years of evidence supporting their utilization, NPs face numerous barriers to and in practice, including lack of government leadership, physician attitudes, role confusion, and issues associated with payment models.
- Considerably fewer reports of barriers to PAs were identified; there is some evidence that physicians prefer to work with PAs because of the delegation model

Policy Environment: BC Primary Health Care

- In 2002, BC provided \$75 M of the PHCTF to Health Authorities, who then developed and implemented a diverse set of initiatives.
- A BCMA-led consultation process with GPs resulted in a Subsidiary Agreement for General Practitioners being included in the 2006-2012 Working Agreement and the strengthening of a General Practice Services Committee (GPSC).
- Since its establishment in 2004/05, total of \$809 million has flowed from government to GPSC (*BCMA, 2011*).



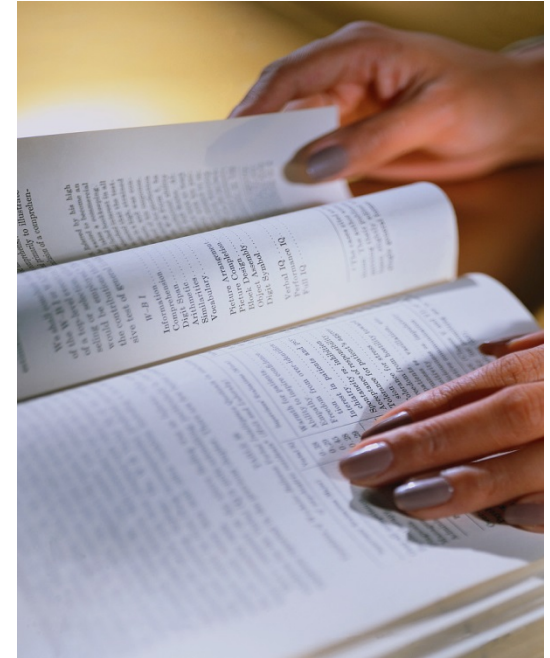
Policy Environment: MOH, GPSC, HAs, CRNBC, BCNPA



Interviews: Implementing NPs and PAs

- HAs are positive about the implementation of NPs, despite the labor intensive process and the early resistance where a NP might potentially threatened a FFS income.
- Lack of positions and physician resistance led three HAs to introduce NPs into acute and specialist settings; NPs are now well accepted by specialists.
- PAs are unable to practice in BC due to lack of regulation, although some clinical practicums have been provided to military PAs and those from other provinces.
- Some HAs expressed concern that they might be expected to absorb the costs associated with PAs and with associated increased service utilization while physicians receive increased income associated with these volumes plus their supervisory responsibilities.

Interviews: Barriers to Implementation



Implications for Primary Health Care

- Access to primary care is still needed
 - Potential opportunities for increasing access to care are being missed
- New models of care delivery and remuneration are needed-decrease volume-sensitive competition
 - Deployment, performance measurement