Models & Innovations in PHC in Nova Scotia: What works? In what ways? For whom? & What's next?

Ruth Martin-Misener RN-NP, PHC

CAHSPR PHC Theme Group Panel

May 29 2015

Yukon
Whitehorse
Northwest
Territories
Great Bear Lake
Great Slave Lake
Yellowknife
Nunavut
Iqaluit
British
Columbia
Victoria
Alberta
Edmonton
Lake Athabasca
Saskatchewan
Regina
Manitoba
Lake Winnipeg
Winnipeg
Ontario
Lake Superior
Lake Huron
Lake Michigan
Ottawa
Toronto
Lake Ontario
Lake Erie
Quebec
Quebec
Newfoundland and Labrador
St. John's
Charlottetown
Prince
Edward Island
Fredericton
New
Brunswick
Halifax
Nova Scotia

Recent Models and Innovations

- Collaborative Interdisciplinary Teams
- Collaborative Emergency Centres (CECs)
- Collaborative Care Framework

PHC Collaborative Interdisciplinary Teams

http://novascotia.ca/dhw/primaryhealthcare/CEC.asp

More Nova Scotians will be able to see "the right provider at the right time in the right place" through collaborative teams of health care providers.

The province is investing in new and expanded teams particularly in communities where access to primary health care is a challenge -- where people are waiting for weeks to visit a provider or going to the Emergency Department instead.

Like many provinces and countries, in Nova Scotia we are shifting from a traditional patient-doctor relationship to a Collaborative Interdisciplinary Team approach. The teams will look different in different communities and may include doctors, nurse practitioners, family practice nurses, paramedics, midwives and/or mental health workers. They work together in collaborative emergency centres (CECs), collaborative care clinics, and community health centres

By working together, these professionals can provide timely, appropriate, responsive, continuous and comprehensive care that promotes good health and quality of life for Nova Scotians.

	Have any Interdisciplinary Component		
Practice size	Yes	No	Total
solo	53 (30.1%)	123 (69.9%)	176
2 providers	46 (39.0%)	72 (61.0%)	118
3-5 providers	102 (52.6%)	92 (47.4%)	194
6-9 providers	73 (75.3%)	24 (24.7%)	97
10 or more providers	34 (100%)	0	34
Total	307 (49.6%)	312 (50.4%)	619

test for trend=87.98 ($p<0.0001$)

Marshall et al., 2014

	Have a Nurse in the Practice		
Practice size	Yes	No	Total
solo	42 (23.9%)	134 (76.1%)	Total
2 providers	32 (27.1%)	86 (72.9%)	176
3-5 providers	64 (33.0%)	130 (67.0%)	118
6-9 providers	73 (75.3%)	24 (24.7%)	194
10 or more providers	34 (100%)	0	97
Total	245(39.6%)	374 (60.4%)	619

test for trend=97.31 ($p<0.0001$)

Marshall et al., 2014

Structural Aspects Team-Based Care Models

- NP-FP models are dyads or multidisciplinary: providers co-located, separate or mixed
- FP remuneration usually APP or blended APP/FFS but can be FFS-only
- NPs, FPNs & others HPs employees of HA
- Many FPNs employees of physicians
- NPs required to have collaborative relationship with a FP

what
works?

	Accepting New Patients Unconditionally		
Nurse present in practice	Yes	No	total
Yes	42	203	245
No	20	362	382
total	62	565	627

OR= 3.74 (2.14-6.55),

	Working past 5 p.m. on weekdays		
Nurse present in practice	Yes	No	total
Yes	38	207	245
No	105	277	382
total	143	484	627

OR=0.48 (0.32-0.73), $p<0.001$

What works?

Other evaluations show positive outcomes consistent with what is already known

Improvements in, for example, patient knowledge, chronic disease screening and management, patient & provider satisfaction, ↓ED use

Same day and evening care access improved but not nightime and weekend care

(Capital Health 2010; Lawson et al., 2012; Martin-Misener et al., 2009; 2013)

Collaborative Emergency Centres (CECs)

- Intended to make access to emergency care a seamless part of PHC
- Have 3 linked components: a PHC team, urgent care capacity, & plan/protocol for emergency care
- Vary in structure, design and staffing
- 1st CEC opened in 2011; 8/14 are open
- Interest in the model by SK and PEI

Outcomes

- Improved access to PHC
  - More hours of service (12 hrs per day x 7days/wk)
  - Fewer CTAS 4-5 presentations in all CECs
- Improved access to emergency care
  - Decrease in unplanned closures of local EDs
  - Few people use it
- Provider satisfaction high (Sylus Consulting, 2014)

Goal of the CCF Work Plan

To support and create sustainable change in the PHC system by developing a Collaborative Care Framework for Inter-Disciplinary Teams that defines roles and responsibilities for DHW, PHA/IWK and teams and includes:

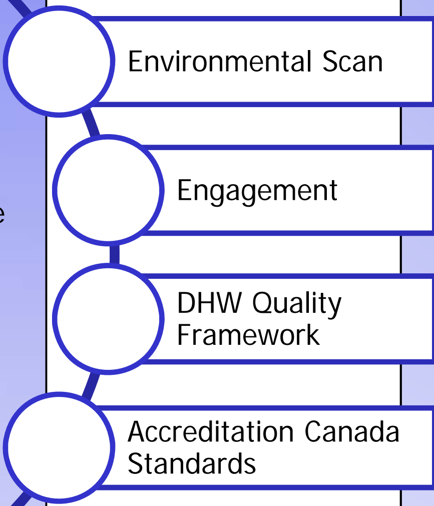
- Goals for collaborative care delivered by PHC teams;
- Supports for PHC teams and PHA/IWK to meet the goals and, where possible, exceed them; and
- Accountability mechanisms and processes for DHW, PHA/IWK and collaborative care teams to achieve the policy direction and framework goal.

(NS Department of Health and Wellness, 2014)

Engagement

Nine Topics for Policy Pillar

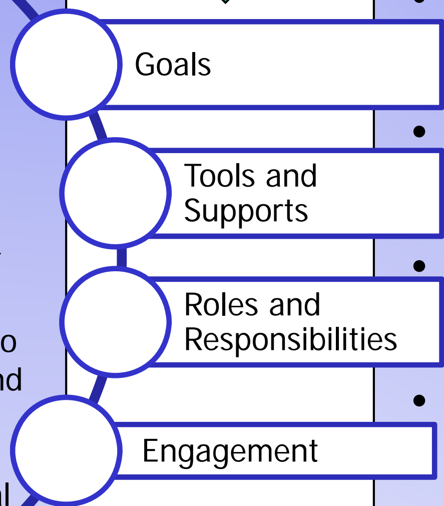
1. Population-Based Programs and Services
2. Patient Engagement
3. Enhanced Access
4. CDPM
5. Continuity and Coordination of Care
6. Full Scope of Practice
7. Time Dedicated to Team Building and Maintenance
8. Full Use of Electronic Medical Record
9. Quality Improvement and Patient Safety



Nine Dimensions for Policy Pillar

1. Population-Based Programs and Services
2. Patient Engagement
3. Access to Care
4. Promotion of Health & Prevention and Management of Chronic Disease
5. Continuity and Coordination of Care
6. Optimal Scope of Practice
7. Time Dedicated to Team Building and Maintenance
8. Optimal Use of Electronic Medical Record
9. Quality Improvement and Safety

We Are Here



Full Collaborative Care Framework

- Dimensions and Goals
- Tools and Supports
- Accountability Mechanisms
- Commitment at all levels
- Implementation Plan

What's next?

- More ID PHC teams
- Remaining CECs to be opened
- Evaluate PHC side of CEC model
- Collaborative Care Framework refinement and implementation