



A Picture of Health

KEEPING YOU UP-TO-DATE ON THE LATEST FROM B.C.'S MINISTRY OF HEALTH

GPs and NPs in Partnership

B.C.'s Primary Care Strategy is focused on increasing patient access to primary care services and attachment to general practitioners (GP) and nurse practitioners (NP) and improving the system so that it works for everyone, patients and providers alike. With a renewed focus on interdisciplinary team-based care, some GPs and NPs are working along side one another in a complementary way, and finding that as a team, they are able to deliver on what ultimately matters – quality patient care.

A Picture of Health talked to three GP-NP partnerships who have pioneered these interdisciplinary relationships, to learn about how it has worked for them. They shared their experiences working together – from the challenges to the opportunities and successes. They discussed everything from differences in compensation models to scope of practice and managing relationships. Reading their experiences gives us a sneak peak at how they have overcome growing pains to find ways of working together to deliver better patient care while paving the way for a cultural shift within B.C.'s primary health care system.

Check it out for yourself!

Dr. David May and NP Erin Berukoff
Family Tree Health, Powell River

As a new NP grad, Erin Berukoff was hired by Vancouver Coastal Health into a position, which included a hospital-based primary health care clinic, four hours a week to help offset some of the emergency department overflow. The NP position worked alone, and attachment of patients grew making it difficult to sustain independently. Ultimately, Erin wanted to work in a supportive team environment, and preferably in a family practice.

Erin reached out to the Division of Family Practice to find out how she could do this, and the health authority and division partnered to make it happen, ultimately translating into a job with Family Tree Health.

"I had to admit, Erin was fairly persistent, and she kept on asking about joining our practice," said Dr. David May. "The evidence is pretty clear that any primary care provider works better in a group practice, supported by their peers, than on their own. Over a two-year period, with much discussion and

consultation, a strong partnership emerged. Amalgamating these two systems (health authority and fee-for-service) is a difficult dance. You're trying to waltz and tango at the same time. It needs to be done gently and carefully."

"With fee-for-service, if a patient comes to the office, the doctor gets paid. Erin gets paid her salary from Vancouver Coastal Health (VCH). NPs starting to work in a full-service family practice, with fee-for-service funding – that was a different model, and incorporating two different ways of working takes time."

Nurse practitioner Erin Berukoff and Dr. David May at Tree Family Health in Powel River.

Nurse practitioners are independent practitioners and panel their own patients. This raised another question. "Erin is only working 0.6 FTE (in our clinic). Her patients have needs at other times, outside her FTE hours of work," David explained. "One of the discussions was whether we would take on Erin's patients as patients of our clinic. We decided the sensible thing to do is to have Erin's patients as our patients, with Erin as the primary provider. That way, patients are looked after same as any other patient in our office."

"That model has changed over time," Erin said. "At first, we were quite separate, and my patients were only seen by me. Over time, we've developed more of a shared-care approach to all patients. There are times when I'm not seeing my patients, so I see the clinic's patients and vice versa."

The question was how to distribute the workload David said. "The average full-service family doctor is working 60 hours a week. We had to be sure we weren't taking on even more work through Erin's patients. Erin's bargaining chip was that she could look after patients in long term care. That part of our model is fairly time consuming and not well compensated. Erin has specialized skills in that area, and because she took that on, we were able to see more patients in the office."

Erin believes the range of job opportunities for nurse practitioners is getting broader.

"I think NPs have historically been employed in one way – through the health authority," said Erin. "There has been a lot of hard work at the Ministry level and within health authorities to make NP practice accessible in various primary health care areas with different funding models. I think this is going to become more of the norm. There's going to be the ability for GPs and NPs to work alongside one another, with ease. I would not change my goal of wanting to work with my colleagues in primary health care, because it's important to be able to have someone to bounce things off of, to learn from, to teach, to have camaraderie with. Practicing in isolation is not good for anybody."

David says that while it can be a challenge to bring NPs into family practices, the shift is better for patients.

"There is an improvement in the diversity of care that can be offered when you have both NPs and GPs working in the same location," David said. "I would want to keep that diversity of care. It has taken a lot

of time, and most of that is unpaid time, so that's been hard. But if we're going to redesign primary health care, and we believe in that, we need to stand up for it."

Dr. Blair Stanley and Lori Verigin
Waneta Primary Care Clinic

Dr. Blair Stanley and NP Lori Verigin worked together at the Waneta Primary Clinic in Trail for 16 years, until Blair relocated to Vernon. For them, the value in bringing NPs into a family practice is in building relationships and a genuine sense of equality among the people who work there.

Lori was a health authority employee in a fee-for-service clinic, and the team had to navigate the same challenges as other family practices, for things like overhead and value to the clinic. What worked for this team was an equal playing field for everyone.

"I think it's very important to have very flat hierarchy," Lori said. "I think if I had been Blair's employee, our relationship would have been much different. There are always struggles, conflicts and different opinions about things, but when we're working as a team, we find ways to work that out – formally or informally. We usually got to a place where we found consensus.

"If you change that relationship and make someone your employee, immediately it's top down. The best way to integrate NPs into interdisciplinary teams is to have somebody else be the employer, or if the NP comes in as a partner with a contract. Then you can negotiate your role and scope, your contribution to overhead, and it's a business arrangement, not an employee-employer relationship."

Blair agrees that their success as a team was based on a relationship among equals.

"I never saw Lori as below me in any kind of hierarchy as I worked with her and got to know her. I look at NPs now as if I was bringing in a new GP or bringing in a new resident. I will support them, but not lord over them, or slot them into a particular role. They are fully autonomous practitioners. The whole idea is that their skills will better the team on so many levels."

But at the end of the day, the patient is the centre of the story, and Lori says it's the effort of a whole team that really helps patients. "Patients do not really need both a GP and an NP. What they do need is a team approach to their care. The team can be made up of many different disciplines – social worker, registered nurse, family physician, nurse practitioner. The NP/GP combination works well for complex case management – it provides options for patients.

"NPs are not providing a lower level of care than GPs. They are working in a complementary way. We view patients in a holistic way I think, and we are pretty good at navigating systems and looking at population issues, taking a preventative approach to care."

Dr. Mitchell Fagan and NP Carrie Murphy
Murrayville Family Practice, Langley

Dr. Mitchell Fagan and Nurse Practitioner Carrie Murphy have been working together for 11 years. However, Mitchell's experience with NPs goes back to 2005. He thinks Murrayville Family Practice was among the first to provide longitudinal primary care through a GP-NP partnership.

Carrie was originally a health authority employee, seconded to the practice. At the time she joined, another nurse practitioner was contracted with the clinic. Carrie's role was to study and explore the relationships and partnerships that the clinic was able to create to better serve the needs of the primary care community.

At the time, Carrie was a nurse practitioner specializing in seniors' programs. "I wanted to move into primary care, but I couldn't break into that world. At that time, the health authority was not organized to help NPs enter primary care, and the fee-for-service model didn't allow for an NP to join group practice. I was lucky to find out about the position at this practice. It's been wonderful for me to be able do the work I want to do, and to feel like an equal colleague on the team."

There were bumps in the road, but Mitchell says they were manageable.

"The biggest is the clash of cultures with physicians and our expectations of being the most responsible provider. Physicians are used to working with nurses, medical office assistants, and non-college-certified allied health professionals, but the GP is ultimately responsible for all aspects of the care. The buck stops with the GP. NPs are autonomous, college-governed professionals. I am not responsible for their work, but at first, I couldn't help but want to 'oversee' their care of the patient."

Mitchell originally trained and worked in teams and saw the benefit to both patients and the practice of working with a group of individuals – each with their own unique skills. "The reality is that we are better together because we're able to partner, to mentor one another and to play to our strengths – mine being the depth of knowledge of differential diagnosis and complex management of patient needs and Carrie's being her holistic approach to care. I always make myself available to the team of NPs, doctors, and registered nurses, acting as their mentor to guide care but not direct the care in an evidence informed manner. That's why we are better together."

For Mitchell and the team at the Murrayville Family Practice, it was important to organize themselves as a high functioning team so that collectively, they are able to work more efficiently so that patients, their families and the community benefit.

"If you don't know the person well, when you're first starting off, you may not trust fully their ability to provide care as you would want to provide it. It's a learning experience. In fact, their care is as good and as safe as you would provide. You don't have to oversee this individual. You are responsible for them in the practice, but you're not responsible for the care they provide."

Beyond care to patients, other more complex issues arose. For Carrie, the relationships within the practice became a way to work through the restrictions.

Carrie identified some issues she faced as an NP in practice that are becoming less prevalent as NPs become more common in the system. For example, some private insurance companies will not accept forms completed by nurse practitioners, and some specialists don't realize NPs can refer directly to them. Carrie has been able to work with her colleagues to assist with these challenges in the past; however, as NPs become more integrated into primary care, ideally this will become less and less of an issue.

Transformation takes time. It won't happen overnight, but will develop over the course of months and years, and with the hard work and dedication of primary care practitioners. However, all the pairs we

spoke with agree the work is worth it, and that by putting in the effort we will better meet the needs of British Columbians now, and into the future.

We want to thank David and Erin, Blair and Lori, and Mitchell and Carrie for sharing their experiences. If you have a story to share or a question about how GPs and NPs can work together to deliver care, let us know by emailing MoHNewsletter@gov.bc.ca.