

What a Nurse Practitioner can do for you and your family practice

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LMPCA Executive Council

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Housekeeping

To ensure everyone has a good meeting experience:

- Please stay on mute if you're not speaking
- Use the 'raise hand' feature to ask a question
- Chat available to everyone
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Meeting is being recorded; recording and slides will be available at www.lmprimarycare.ca

London Middlesex Primary Care Alliance (LMPCA)

An inclusive network of primary care providers leading with a unified voice to improve the health of our community

Create a strong and united primary care network to:

- **Lead** system change utilizing quintuple aim values
- **Drive** health equity and continuous quality improvement for the best possible experience and health outcomes
- **Advance** patient-centred equitable care in partnership with those we serve
- **Improve** integration of primary health services with public health and other social and health care partners

Disclosure of Financial Support -

This program has received in-kind financial support from TVFHT and MLOHT in regards to administrative and logistical support

Potential for Conflict(s) of Interest

- None

*This 1-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada.
The program is part of a series that has been certified for Mainpro+ credits.*

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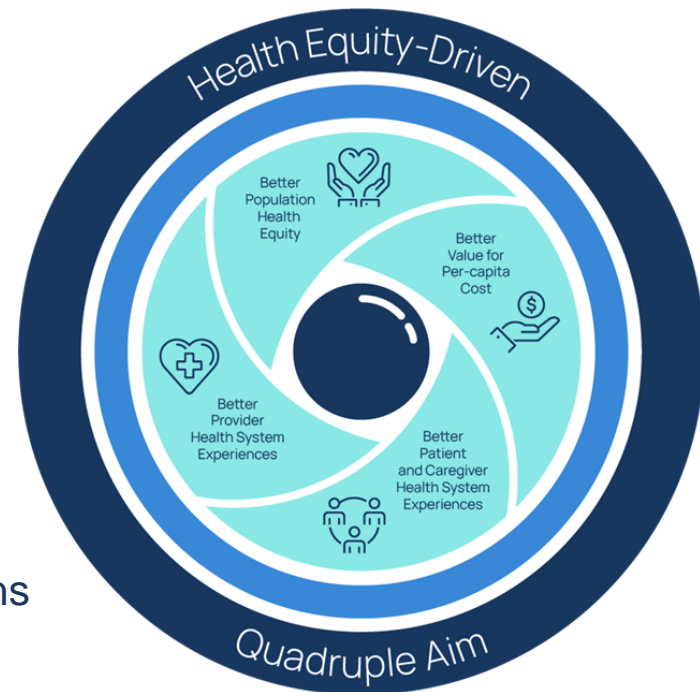
Objectives

- To understand the Nurse Practitioner role in Ontario and the requirements to gain and maintain the designation.
- To understand the business model for hiring a Nurse Practitioner in a FHO Patient Enrollment Model.
- To create connections between Nurse Practitioners and Family Physicians in Middlesex London.



Background

- We recognize primary care is a foundation of a strong health care system.
- One of our KPIs submitted to the Ministry was Access to Primary Care.
- 65,000 people in Middlesex London are “unattached” to primary care (INPIRE-PHC)
- Half of this are actively seeking primary care
- Discussions with our system partners indicated that there are multiple factors for patient unattachment in our OHT.
- Addressing the challenges of access to primary care aligns with our principle of equity-driven quadruple aim.



Improving Access to Primary Care – Priorities

1. Develop a Coordinated Recruitment/Transition into Practice Program
2. Empower/enable healthcare workers to work to full scope of practice (NPs, RNs, RPNs, Medical Office Administrators and others)
3. Decrease administrative burden through increasing awareness of digital tools that help improve capacity/reduce administrative burden
4. Advocate for Increase Funding/Size of Primary Care Teams and Resources Within Team Based Care



Empower/enable healthcare workers to work to full scope of practice



Change Initiative Overview

- Empowering the healthcare workers to work to their full scope of practice optimizes access to existing primary care resources within the community.
- By delegating practices to qualified healthcare staff, primary care providers could increase/improve patient rostering within their practices.
- This change initiative will be mainly focusing on 3 healthcare workers groups:
 1. Medical Office Administrators (MOAs),
 2. Nurse Practitioners (NPs),
 3. Registered Nurses (RNs) & Registered Practical Nurses (RPNs)



Objectives & Outcomes

1. Allow healthcare workers to work to their full scope of practice
2. Increase healthcare providers satisfaction and practice effectiveness and decreasing the risk of burnout
3. Increase capacity of primary care
4. Matching needs to skills experience and expertise



Nurse Practitioners in Ontario



Nurse Practitioners in Ontario

- Registered Nurse (Extended Class); “RN(EC),” “Nurse Practitioner” or “NP.”
- The **Extended Class** is for RNs who have additional education and clinical experience that allows them to practise as Nurse Practitioners.
- Members in this class have an expanded scope of practice that gives them the authority to diagnose, prescribe medication, perform procedures, and order and interpret diagnostic tests.
- CNO – College of Nurses of Ontario
- CNO Requirements – Education, Evidence of Practice, Registration Examination “Board Exam”, Jurisprudence, Language, Authorization to work



Membership Obligations

- QA Program - [Quality Assurance Program](#).
- Compliance with NP practice standards - In addition to the [practice standards](#) that all College members must follow, NPs are accountable for following the [Nurse Practitioner](#) practice standard.
- Recent practice in a clinical NP role - NPs must maintain clinical NP practice to remain in the Extended Class.
- Education requirement to prescribe controlled substances
- Professional liability protection
 - All Extended Class members must hold [professional liability protection](#) (PLP) as set out in the College by-laws. They must produce evidence of PLP whenever the College asks for it.



Use of Protective Titles

- When practising, members of the Extended Class must identify themselves using the titles “Registered Nurse (Extended Class),” “RN(EC),” “Nurse Practitioner” or “NP.”
- NPs may also use one of the following titles based on the specialty certificate they hold:
 - NP-Adult
 - NP-Paediatrics
 - NP-Primary Health Care



What Does This All Translate to?

- **NP role is Autonomous**

- Regulated
- OHIP #
- Registration Number
- Accountability
- Liability Insurance

- **NP Government Funded Models**

- FHTs, CHCs, NPLCs, AHAC etc.
- Tertiary Care

- **Creative Models within our System**

- Within FHOs – main subject for today
- Locum

- **There is No “I” in NP**

- MD-NP Relationship
- NPs in Primary Care
- MDs in Primary Care



NP activities in Primary Care

- Complete a comprehensive health history and assessment;
- Formulate and communicate a diagnosis, taking a differential diagnosis into consideration;
- Prescribe all medications including controlled drugs and substances;
- Set and cast fractures and dislocated joints;
- Order and interpret all laboratory tests;
- Admit, treat and discharge patients from hospitals;
- Order some diagnostic imaging tests*
- Consult with and refer directly to specialists



Hiring an NP to work in Family Practice – Things to Consider

- NPs can work on their own within their scope of practice.
- Family MD cannot bill OHIP for NP services for assessments, consultations, psychotherapy, counselling etc.
- NP can only bill OHIP under the Physician's billing number for “Delegated Procedures”
- Simple office procedures can be provided and billed for without Physician supervision.
- For all other eligible delegated procedures, a Physician needs to be physically present in the clinic for the service to be payable by OHIP



“Delegated Procedure” (OHIP Schedule of Benefits – Page GP62)

- The term “procedure” as it is used in this section does not include services such as assessments, consultations, psychotherapy, counselling etc.
- Payment rules:

Where a procedure is performed by a physician’s employee(s) in the physician’s office the service remains insured using the existing fee codes if all the following requirements are met:

1. The procedure is one which is generally and historically accepted as a procedure which may be carried out by the nurse or other medical assistant in the employ of the physician; and
2. Subject to the exceptions set out in the next slide, at all times during the procedure, the physician (although he or she may be otherwise occupied), is:
 - a. Physically present in the office or clinic at which the service is rendered in order to ensure that procedures are being performed competently; and
 - b. Available immediately to approve, modify or otherwise intervene in a procedure, as required, in the best interests of the patient.



“Exceptions” (OHIP Schedule of Benefits – Page GP62)

Exceptions to the requirement for physician presence during the delegated procedure. Where all of the following conditions are met, the simple office procedures listed in the table below remain insured despite the physician not being physically present:

- a) The non-physician performing the procedure is properly trained to perform the procedure. He/She reports to the physician, and the procedure is rendered in accordance with accepted professional standards and practice;
- b) The procedure is performed only on the physician’s own patient, as evidenced by either an ongoing physician/patient relationship or a consultation/assessment rendered by the physician to the patient on the same day as the procedure is performed; and
- c) The same medical record requirements must be met as if the physician personally had rendered the service. The record must be dated, identify the non-physician performing the service, and contain a brief note on the procedure performed by the non-physician.



When can the Physician not bill OHIP for delegated procedures?

- Most services listed in the Schedule must personally be performed by a physician to be payable by OHIP
 - e.g. consultations, assessments, psychotherapy, counselling, interviews, surgical procedures and interpretation of diagnostic imaging
- OHIP cannot be billed when delegated procedures are performed by an NP who is employed by a facility or organization e.g. a Family Health Team (FHT)



Delegated Procedures not requiring Physician's presence

- These simple office procedures can be billed to OHIP when performed by the NP
 - Venipuncture: G480, G482, G489
 - Injections and immunizations: G372, G373, G538, G590, G840, G841, G842, G843, G844, G845, G846, G847, G848
 - Ultraviolet light therapy: G470
 - Administration of oral polio vaccine: G462
 - Simple office laboratory procedures: G001, G002, G004, G005, G009, G010, G011, G012, G014, G481
 - Ear syringing, curetting or debridement: G420
 - B.C.G. inoculation: G369
 - Simple Spirometry and Flow Volume Loop: J301, J324, J304, J327
 - Casts: Z198-Z209, Z211, Z213, Z216, Z873



Can an NP cover FHO After Hour clinics?

- NPs may cover one After Hours shift per week
- The NPs must be affiliated to a FHO via an **application to the MOH**
- There is no limit to how many NPs are affiliated to a FHO nor how many FHOs the NP can be attached to
- Eligible services provided by an affiliated NP (and submitted with their six-digit OHIP number) will contribute to a Physician's Home Visits, Prenatal Care, and Office Procedures Special Premium bonuses



Hiring a NP to work in a FHO – Business Model

FHO Payment Model

- “Base Rate” Payment
- “Comprehensive Care Management (CCM) Rate” Payment
- “Access Bonus” Payment (18.59% of Base Rate)
- “Fee for Service” Payment



Calculating Average Earnings per Patient

Assumptions

1. Practice compositions is well balanced across all age groups
2. Access Bonus is Maximized per patient (18.59% of Base Rate Fee)
3. Exclude any Fee For Service payments



Calculating Average Earnings per Patient

FHO MODEL - COMBINED ANNUAL PAYMENT TOTALS

FEMALE

<i>Age</i>	<i>Base Rate</i>	<i>Comp Care Fee</i>	<i>Access Bonus</i>	<i>TOTAL</i>
0-4	\$ 141.58	\$ 30.68	\$ 26.32	\$ 198.58
5-9	\$ 77.39	\$ 16.40	\$ 14.39	\$ 108.19
10-14	\$ 67.08	\$ 13.97	\$ 12.47	\$ 93.52
15-19	\$ 116.46	\$ 24.91	\$ 21.65	\$ 163.03
20-24	\$ 145.23	\$ 31.59	\$ 27.00	\$ 203.83
25-29	\$ 150.85	\$ 32.81	\$ 28.04	\$ 211.71
30-34	\$ 152.22	\$ 32.81	\$ 28.30	\$ 213.32
35-39	\$ 165.23	\$ 35.54	\$ 30.72	\$ 231.49
40-44	\$ 170.80	\$ 36.45	\$ 31.75	\$ 239.00
45-49	\$ 185.89	\$ 39.49	\$ 34.56	\$ 259.94
50-54	\$ 208.08	\$ 44.35	\$ 38.68	\$ 291.11
55-59	\$ 210.36	\$ 44.62	\$ 39.11	\$ 294.09
60-64	\$ 215.37	\$ 45.87	\$ 40.04	\$ 301.28
65-69	\$ 259.92	\$ 55.55	\$ 48.32	\$ 363.79
70-74	\$ 280.27	\$ 59.39	\$ 52.10	\$ 391.76
75-79	\$ 341.17	\$ 70.92	\$ 63.42	\$ 475.50
80-84	\$ 370.66	\$ 73.36	\$ 68.91	\$ 512.93
85-89	\$ 452.94	\$ 83.49	\$ 84.20	\$ 620.63
90+	\$ 568.82	\$ 94.32	\$ 105.74	\$ 768.89
<i>Average</i>	\$ 225.28	\$ 45.61	\$ 41.88	\$ 312.77



Calculating Average Earnings per Patient

MALE

Age	Base Rate	Comp Care Fee	Access Bonus	TOTAL
0-4	\$ 148.70	\$ 32.20	\$ 27.64	\$ 208.54
5-9	\$ 79.00	\$ 17.01	\$ 14.69	\$ 110.70
10-14	\$ 63.89	\$ 13.37	\$ 11.88	\$ 89.13
15-19	\$ 67.13	\$ 13.97	\$ 12.48	\$ 93.59
20-24	\$ 66.32	\$ 13.97	\$ 12.33	\$ 92.63
25-29	\$ 71.69	\$ 15.19	\$ 13.33	\$ 100.20
30-34	\$ 83.71	\$ 17.62	\$ 15.56	\$ 116.89
35-39	\$ 102.56	\$ 21.87	\$ 19.07	\$ 143.49
40-44	\$ 115.44	\$ 24.30	\$ 21.46	\$ 161.20
45-49	\$ 126.20	\$ 26.73	\$ 23.46	\$ 176.39
50-54	\$ 146.33	\$ 30.98	\$ 27.20	\$ 204.52
55-59	\$ 166.05	\$ 35.24	\$ 30.87	\$ 232.16
60-64	\$ 183.62	\$ 38.58	\$ 34.14	\$ 256.34
65-69	\$ 235.82	\$ 50.30	\$ 43.84	\$ 329.96
70-74	\$ 275.14	\$ 58.34	\$ 51.15	\$ 384.63
75-79	\$ 334.63	\$ 70.22	\$ 62.21	\$ 467.05
80-84	\$ 361.70	\$ 73.71	\$ 67.24	\$ 502.66
85-89	\$ 429.02	\$ 82.10	\$ 79.76	\$ 590.87
90+	\$ 527.89	\$ 92.58	\$ 98.14	\$ 718.61
Average	\$ 188.68	\$ 38.33	\$ 35.07	\$ 262.08



Calculating Average Earnings per Patient

- Overall Average per Patient (Male or Female)
- Base Rate + Comp Care + 100% Access Bonus = \$287.42



Patients to Roster based on Overall Average per Patient (Male or Female) = \$287.42

Employee	Hours	Hourly Rate	Weekly Salary	Annual Salary	Patients to roster- per day worked	# Patients to Roster for a Full Time NP
Nurse Practitioner	37.5	\$70.00	\$2625.00	\$136,500.00	95	475
Nurse Practitioner	37.5	\$75.00	\$2812.50	\$146,250.00	102	509
Nurse Practitioner	37.5	\$80.00	\$3000.00	\$156,000.00	109	543
Nurse Practitioner	37.5	\$85.00	\$3188.00	\$165,750.00	115	577



Things to Consider – Overhead Costs

- Do you have the physical space to accommodate an NP in your office?
- What is the rental cost of the physical space and how many more patients would you have to roster to cover that cost?
- Do you need to increase the MOA time in your office to accommodate an NP?
- Cost of supplies related to the NPs activities.
- What happens to the rostered patients if the NP resigns?
- Strategies for sharing an NP amongst providers.



NP as Locum

- Locum contract
- Hourly Rate
- Delegated procedures that can be billed under physician's OHIP number
- Coverage for inbox management while on vacation.
- Finding the NP Locum



MLOHT Primary Care Recruitment, Transition into Practice, and Retention Lead

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Panel Presentation with Family MDs and NPs



Thank you!

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