The role of the NP in primary care

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At the end...

You have gained insight into the different roles of the NP in Dutch primary care

1. Day-time, general practice
2. Out-of-hours GPC (general practitioner cooperative)
1. Day-time primary care
## Disclosure

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Primary care

First care received in the healthcare system

general practitioners, nurse practitioners, physician assistents, dentists, occupational therapists, physiotherapists, nurses, midwives and pharmacists.
Content

- NP as medical professional
- NP as collaborator in the care for the elderly
- NP as manager of quality of care improvement
Infographic

KOH: Kwaliteit en Ontwikkeling Huisartsenzorg, 2018
NP in the Netherlands

• the first NP’s graduated in 2000
• a two year Master study, after bachelor of nursing
• Legal position, BIG act:
  **Independently** perform medical tasks (since 2012)
  – Prescribe medication
  – Perform surgical treatments
  – Injections
  – Punctures
  – Catheterizations
NP in the Netherlands

- Care & cure combined
- Registration is evaluated every 5 years
- Refresher courses, professional development and peer reviews (200 hours)
- Minimum number of working hours
NP as medical professional
Daily life in general practice

Consultation

– Cough
– Dyspnoea
– Ear Nose Throat
– Urological and
gynecological complaints
– Trauma’s
– Musculoskeletal problems
– Sexual transmitted diseases
– Skin diseases
Daily life in general practice

Consultation

– Depending on expertise
  • Dermato-oncology / dermoscopy (including surgical excisions and puncture biopsy)
  • Urological and gynecological complaints (including insertion IUD and contraceptive implant & pessarium)
  • Surgical procedures such as stitching wounds, removal of lipoma, atheroma cyst, incision of abscess, care of chronic wounds, removal of an ingrown toenail
Daily life in general practice

Farmacotherapy

- Antibiotics
- Analgesia
- Corticosteroid
- Contraceptives
- Antimycotics
- Antihistamines
- Inhalation medication
Daily life in general practice

Farmacotherapy in cooperation with GP/pharmacist

- Interactions other drugs
- Kidney or liver failure
- Polypharmacy
- Special groups: children, elderly, pregnant, PT
NP as collaborator in the care for the elderly
Multidisciplinair overleg Medisch Centrum Westerhoven
Care for the elderly

• 10% of our elderly PT is frail (n=25)
• 80+

Frailty: a state of vulnerability to poor resolution of homeostasis following a stress and is a consequence of cumulative decline in multiple physiological systems over a lifespan.
Signal detection

• During regular consultation
• Community nurse
• GP
• Practice nurse/ doctor’s assistant
Home visit and MDC

• Screening list for frailty
• A multidisciplinary plan
• Supported by the patient, caregivers and health professionals involved.
• Yearly multidisciplinary consult
• Medication review
The role of the NP

- Is casemanager
- Provides medical care
- Provides nursing care
- Sets up a multidisciplinary treatment plan
- Initiate interventions
- Evaluate plan
- Monitors progress and follow-up
NP as manager of quality of care improvement
Example 2017

**Problem:** There are still women who use oral contraceptives > 35 years and smoke

**Risk:** 10 x higher risk for myocardial infarction than non-smokers

**NP:** can we do something about that!!
Project to improve care

• Screening among women who are still on oral contraceptives and are aged > 35 years

• Written letter to inform about risks and ask for their smoking status

• Invitation for consultation with NP
Results

• 70 women included
• 9 smokers
• 4 women were aged > 52 years!
• 3 woman switched to a different contraceptive method (IUD, implant or minipil, sterilization)
• 1 woman stopped smoking
• 2 are thinking about quitting
• 3 non-responders
Take home message

The NP in Dutch general practice fulfills a multifaceted and independent role and their tasks differ throughout practices.
2. out-of-hours primary care
Content

• Current situation
• NP as medical professional
• NP as collaborator at the GPC
• NP as manager of quality of care improvement
• NP as expertise promotor/practical trainer
Background

As in most western countries, out-of-hours care in the Netherlands is delivered by large scale general practitioner cooperatives (GPC) in which GPs from a region have duties to take care of the population when regular hours care is not available.
Problem

• The increasing demand for out-of-hours primary health care

• The shortage of GPs in this setting requires the development of innovative models of care delivery to meet the needs of all patients
Target

• Guarantee good patient care
• GPs no extra shifts
• Deployment of observers = temporary solution
• Deployment of GPs for GP-medical care questions
• Use NPs for common complaints
Vision

• Proper care, right time, right care provider
• Implementation task-transfer for controlling workload
• Preferred NP: 24-hour generalist with independent authority
• Collaboration eg Fontys: MANP/GP variant
• Research in collaboration eg IQ Healthcare
• Manager with focus task-transfer
Opportunity's

• Internationally, as well as in the Netherlands, a growing number of out-of-hours care delivery models provide care to patients in teams with both GPs and NPs

• Task-transfer between NPs and GPs is being increasingly implemented to help meet the demand for primary care and reduce the workburden of GPs.
• NPs are capable of providing 67–93% of all primary care to patients, including those who seek care during out-of-hours.
• My manager has been on the cradle of task-transfer and implementation of NPs at the GPC in our region.

• We as NPs participated in several studies in recent years

• Conclusion the deployment of NPs offers a great added value in task-transfer and reduced work pressure at the GPC

Geographically

• About 60 NPs and PA’s work at the GPCs in various places in the Netherlands.

• For several years in regions Groningen, Delft, Twente, Venlo en Eindhoven and since 2 years in 's-Hertogenbosch, Ede, Breda and Tilburg.

• There are conversations going on in more regions, to look at possibilities for deploying the NP at the GPCs.
My location is East-Brabant
GPC East Brabant

- 7 locations
- 500 GPs
- 14 NPs + 6 NPs in training
- 210 other employees

- GPCs are located in the hospitals, next to the ED, with close collaboration.
- East Brabant has more than 1.1 million inhabitants
GPC

- Callcenter
- Desk employee next to desk ED
- Doctors assistent
- 1ᵉ consult doctor
- 2ᵉ consult doctor
- Visitor doctor and driver
- NP
Callcenter
Reception desk
GPs and NP
Visitor doctor with driver
Triage/urgency

U1: highest urgency
U2: within 10 min.
U3: within 1 hour
U4: today
U5: no urgency today
eg Agenda
Medical professional
Big five ICPC groups that the NP treats at the GPC is almost the same as that of the GP:

1. Skin
2. Musculoskeletal system
3. Respiratory problems
4. General complaints
5. Throat, nose and ear
Number of consultations: 4 to 5 per hour
Continuation

• Most complaints are online with daily practice
• Often a different request for help than at daytime
• However, there is bridging care,
  acute care that is needed at that time
• Teams vary over different shifts

• That's why it is very important to communicate and to profile!
Practical trainer/expertise promoter

- I support multiple NPs during the MANP training.
- The NP students work with me on the GPC and the rest of the internship is done in the daily practice.
- Monthly I go and visit them and work half a day with successively a progress interview.
NP as manager of quality of care improvement
Quality improvement projects
Quality improvement projects

• I’m one of the leaders in this project
• I have implemented a Time-out
• Half way every shift we introduce a Time-out together with the entire team at the GPC
• we introduced the necessary improvements, such as protocols and achieved more support and better communication.
• We created more structure and quality improvement
• Reduce of waste
Reduce of wastes
Woundcare protocol
The last study/Thesis

Van der Biezen et al. The impact of Nurse Practitioners in Primary care

• Largely based on examinations out at the GPC
• Including different studies
• Towards an optimal ratio of general practitioners and nurse practitioners in out-of-hours primary care

• The factors influencing collaboration between GPs and NPs in out-of-hours teams
Conclusion

• In out-of-hours primary care teams constantly change and team members are often unfamiliar with each other or other’s competences.
• In this environment, knowledge and communication about team members’ roles is continuously at stake.
• Especially in teams with more NPs, team members need to use each other’s skills to deliver care to all patients on time.
• Primary health-care teams with a ratio of up to two GPs and two NPs provide sufficient capacity for all patients during weekend cover.

• Thanks to the improvement project with a Time-out during every shift we have taken a step in the right direction at the GPC
Other initiatives

Pilot in Twente at GPC, visit by a NP

• Bridging function between GPs and ambulance services
• Positive patient satisfaction
• 24 entry complaints for visits by NPs
• More research needed, not every NP is suitable
• I have invited a second member of parliament Joba van den Berg to explain my role as NP.
Take home message

• deploying NP on the GPC is a good solution

• profiling and positioning remains important