# Inter-Professional Care Team: British Columbia-Nursing Model

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# Presentation Outline-Nursing Model

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3	Skills and training
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7	Funding
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# 1. Nursing Model-Overview of Program

- ·2011 Dr Jason Kur billing code for Nurse in Private Practice Clinics Inflammatory arthritis (RA, PSA, AS, SLE, Vasculitis, Gout)
- ·Q 6 months, with rheumatologist

#### **Different Models:**

- •Physician refers to RN for identified education and intervention (often in office with multiple Physicians)
- Patient self referral to Nurse
- •Nurse assessment, then Physician sees client separately
- Nurse assessment, then Physician sees client jointly with Nurse (our model)



# 2. Nursing Model-Role Description

Large academic teaching clinic in Vancouver, Registered Nurse

- •Interview/Exam education and intervention based on identified needs
- •Current status, follow-up from last visit, client goals for visit
- •**Medications**: new, **adherence**, side effects, poly-pharmacy, supplements injection teaching and review of technique, immunogenicity
- •Disease: rheum dx, co-morbid diseases, pain, fatigue, mood
- ·Lifestyle: exercise, nutrition, sleep, stress management
- · family planning, intimacy
- · smoking cessation, immunizations, PPD testing, IM injections
- .HAQ / BASDAI / immunosuppressant review, FRAX, Framingham CVD
- Joint assessment, VS, BMI



# 3. Nursing Model-Skills and Training

- **Experience** from various clinical settings. Interviewing skills
- •Mentoring with hired Rheumatologist & other Nurses
- .MPAP ACE course
- Online courses (immunization, CRA, AHAP, RheumInfo, TAS, etc)
- •CME: MD & Nursing
- Weekly Rheumatology rounds
- Annual meetings: CRA, ACR, Rheumatology of Nurses Society (USA)
- Challenging for more remote clinic settings



### 4. Nursing Model-Interprofessional Collaboration

.Clinic size limits other onsite AHP's

#### **Referrals:**

- MPAP program for education, OT, PT, rehab, social work, TMJ clinic, psychiatry
- .Community OT / PT
- Psychiatry / psychologist / Dietician / Kinesiologist / trainer / Podiatrist
- Pain clinic / Sleep Disorder clinic / Smoking cessation clinics
- Travel medicine/ immunization clinics
- Online Educational Websites
- Patient advocacy organizations



## 5. Nursing Model-Impact on Access to Care

- Team approach, delegation of tasks, improved identification of health care gaps, onsite education, second set of eyes, had led to.....
- Improved access for acute cases
- Shortened wait list
- · Improved efficiency, less errors
- Increased client assessment information & disclosure
- Physicians state it has changed how they practice
- Improved physician, nurse and client satisfaction (mostly anecdotal)
- Wish list reduction of hospitalizations & other health care utilization, improved health outcomes and quality of life, improved adherence



## 6. Nursing Model-Other Outcomes

Ongoing research needed.

One retrospective chart review of 3 clinics over 3 months – identification of education and tasks performed (no quantifiable disease outcomes were measured) (Dr M Sun, Dr S Jamal, Dr J Kur, CRAJ, Fall 2014)

International research with advanced practice Nurses, Nurse Practitioners (UK, Denmark and Sweden) shows positive outcomes



# 7. Nursing Model-Funding

#### **Physician:**

⋅MSP billing code \$222.72 – Q 6 months

cannot be combined with another physician billing code for that visit

#### .Nurse reimbursement:

·varies between offices (hourly, salary, Regional Heath Boards)

Contract between Nurse and Physician



### 8. Nursing Model-Challenges & Opportunities

- Where does one find a Rheumatology Nurse?
- .Clinic's physical layout
- Ongoing nurse education, especially in community settings
- Ongoing research needed

- Nursing is an untapped resource
- Improved care in remote & Northern clinics





