

Advanced Nursing Practice in Primary Health Care – International Experiences

ROUND TABLE

”Advanced Nursing Practice in Primary Health Care”

Kerstin Hämel

School of Public Health, Bielefeld University



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The Role of Nurses in Primary Health Care

A long road to ANP

- **Nurses comprise an important part of the PHC workforce,** since comprehensive PHC concepts have spread and evolved.
- Whilst the relevance of nurses for PHC has been acknowledged, the further development of nurses responsibilities had **not been regarded as a key priority for developing high quality PHC.**
- This has **changed substantially only the last decade.** Nurses' major contribution to strong primary health care has been noted increasingly in academic literature (not only from nursing researchers).

Team-based Primary Health Care: *Health professions on equal footing*

- Concepts of team-based PHC have been highlighted as an integral part of the “coming primary care revolution” (Ellner et al., 2017).
- The trend of reforms in progress is increasingly moving away from physician-centred PHC concepts and **toward primary care concepts that support new skill-mixes and shared responsibility.**
- It is seen as the main benefit of team-based care that the team members generate a more **holistic view of the patients’ situation** and **prevent shortcomings in sequential care processes** (Thylefors et al., 2005; Wen and Schulmann, 2014; Morgan et al., 2015).
- Consequently, **combining the skills, experience and expertise of each profession on equal footing**, is essential for improving health care quality (ex. Thylefors et al. 2005, Samuelson et al. 2012)

Research projects – International comparative analyses

Rural care models – an international perspective

- Duration 2012-14
- Funding: Robert Bosch Foundation
- Countries: Finland, Canada

Primary Health Centres – concepts and practices

- Duration 2015-17
- Funding: Robert Bosch Foundation
- Countries: Brazil, Slovenia, Spain, Sweden

Health care codels
for rural and disad-
vantaged regions



Schaeffer, Hämel,
Ewers (2015)

Special Issue: Role of
nurses in primary health
care – international
perspektives



Hämel, Schaeffer (2017)

The Role of Nurses in Primary Health Care

A long road to ANP

- **PHC nurses are assuming additional and more extensive tasks** these days in many countries.
- **Major drivers for Advanced Nursing Practice are:**
 - Dominance of chronic diseases
 - Changed patient role
 - Shortage of PHC physicians
 - Academization of nurses

1. Dominance of chronic diseases: *Nurses as first contact partners*

- With demographic change, chronic diseases, multi-morbidity – and in the later stages: care dependency - have become more and more significant in the past decades.
- Typical for these conditions is the complexity of care requirements, as patients need not only medical but also psychological and social support.
- Instead of restoring health via short-term care and episodic interventions health professionals must focus on long-term and comprehensive care.
- New chronic care concepts have strengthened the **nurses' role as a first contact partner in primary health** endeavouring to establish **long-standing nurse-patient relationships** (cf. Schaeffer and

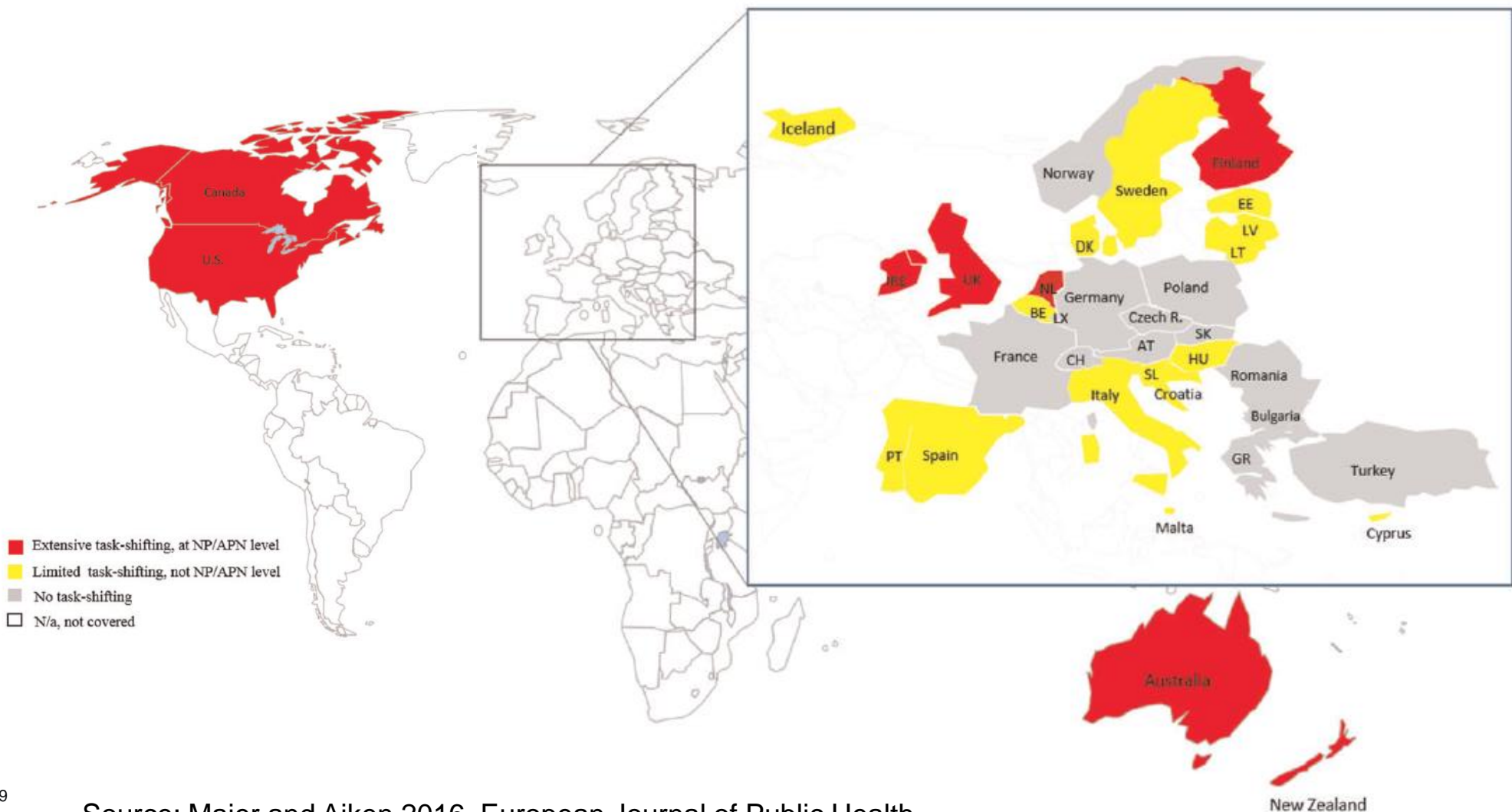
2. Changed patient role and more user participation: *Nurses as promoters and facilitators*

- Patients/users today are no longer regarded as passive objects.
- Users have to be cared for as co-producers who participate and actively collaborate in recovering and safeguarding their own health and the health needs of their communities.
- PHC Nurses developed new concepts for working with the users, their families and communities by **acting as promoters, advisors, educators and facilitators.**

3. Shortage of PHC physicians: *Task shifting from doctors to nurses*

- The increasing shortage of PHC physicians has become a central concern worldwide. It opened a window of opportunity for **shifting tasks from doctors to nurses** (cf. Bodenheimer et al. 2016, Cassiani and Rosales, 2016).
- Nurses have been allowed to assume new responsibilities in diagnosis and therapy.
- This is supported by the growing evidence of nurses capabilities to provide high quality clinical care, in certain cases equal or improved to that of doctors (Laurant et al. 2009; Martinez-Gonzales et al. 2014; Maier et al. 2017; Swan et al. 2015).

Task shifting from physicians to nurses in primary care in 39 countries



Advanced Nursing Practice in Finland

- **1972 municipal health centres** (Terveysasemat) were introduced by law across the country – especially focused on responding to unmet needs in rural areas
- 62 % of the population in Finland lives in rural areas
- PHC centres provide primary health and social care; in rural regions they often also comprise small inpatient care units for minor acute conditions and for long-term care
- Health Professionals: GPs, nurses, physiotherapists, psychologists, social workers and others
- Nurses in PHC have different specialisation: General/Public Health Nurse, rheuma nurse, diabetes nurse, asthma nurse, school nurse etc.

Advanced Nursing Practice in Finland

- Traditional tasks of nurses: programs for mother and child health, school health, vaccination, health education
- Today, chronic patients are treated mainly by nurses (regular assessment, follow ups, medication management, health counseling)
- Nurses today are the first contact partner in the health centres.
- **Nurses decide whether the GP should be consulted or not.**

Advanced Nursing Practice in Finland

Prescription rights for nurses:

- At first nurses were only allowed to prescribe contraceptiva; since the 2000s prescription rights were successively enlarged
- Finally, in 2010 a legislation allows for nurses to sign follow-up prescription; for certain diseases (e.g. hypertension, diabetes type 2, asthma bronchiale), nurses prescribe independently from doctors (Ministry of Social Affairs and Health 2010: 6ff; Tynkkynen 2010; Delamaire und Lafortune 2010: 80; Fagerström and Glasberg 2011).
- Therefore a special qualification is regulated.

Shortage of PHC physicians: *Prescription rights for nurses*

- There is a huge variance of role expansion, ranging from supplementary nurse prescribing under the strict supervision of physicians to nurses' complete independence (Kroezen et al., 2011, 2012;).

Table 1 Policy, finance and educational reforms, 2010–2015, and ongoing

Cluster of countries	Pilot/small scale projects	Educational reforms/new programs	Regulatory reforms: nurse prescribing of medicines	Regulatory reforms: other advanced activities ^a	Financing reforms
Extensive task shifting, at NP/APN level		Finland ^b	Australia, Canada, ^c England, ^c Finland, ^d Netherlands, ^d New Zealand, ^c Northern Ireland, ^c Scotland, ^c Wales, ^c USA ^e	Australia, Finland, Ireland, Netherlands, New Zealand, USA ^e	Australia, New Zealand, USA
Limited task shifting, not NP/APN		Cyprus, Iceland, Lithuania, Sweden	Cyprus, ^f Estonia, ^g Spain ^g	Cyprus, Hungary	
No task shifting	France, Germany, Switzerland	Austria, France, Germany, Norway, Switzerland	Poland ^g	France ^h	

Maier and Aiken, 2016

Home Care Teams of PHC Centres (Finland)

– Care for older, care dependant people

- Home care units of the PHC Centres with several **basic teams**:
1 personal nurse (BA), 7-8 practical nurses (every-day care)
- **Personal Nurse**:
 - Regular visits (approx. once per week) to **monitor the health and social situation** of the clients
 - **Diagnosis and therapy**, deciding when to involve the personal doctor (GP) of the clients
 - **Organisation and coordination** of health and social care: social services, home help, rehab. services, hospital stays
- Basic teams can be supported by (nurse-led) acute home care teams. They stabilize the home care during health crisis, e.g. in case of pre/post-hospital care

Source: Hämel/Kutzner (2015)

New responsibilities for nurses?

The case of Germany

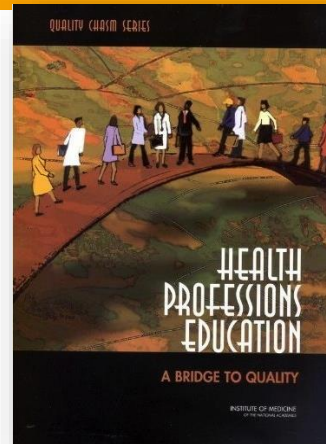
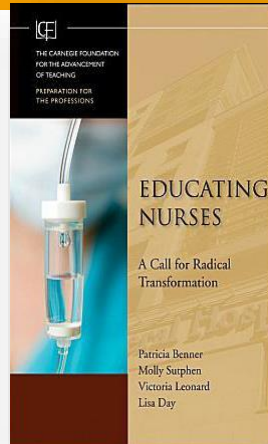
- **GP-led primary care model**, no multiprofessional teams at all but a fragmented service system comprising GP practices that may refer the patient to home care services (nurses), physiotherapy etc.
- Academisation of nurses started as late as in the 1990s. Today, **only approx. 1% of the practising nurses in Germany hold an university degree** – far behind international standards (SVR 2014).
- Modell Programs (according to § 63c SGB V) are allowed for:
 - Task shifting from doctors to nurses
 - Focused on the care of people with diabetes, hypertension, dementia
 - **Legislation has been set in 2008, but still lacks implementation.**
- Meanwhile: **New tasks for doctors assistants** in chronic care under strict supervision of GPs have been installed successfully and have been spread all over the country.

Barriers and Challenges of ANP

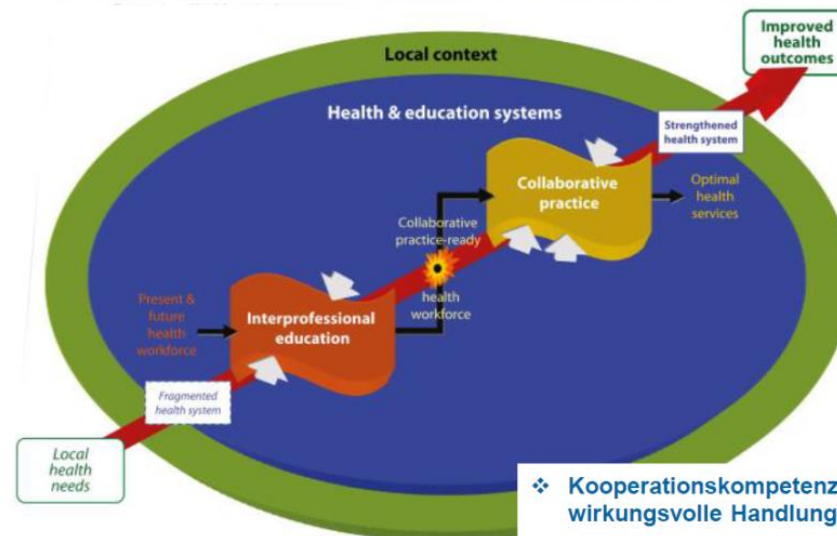
There are still many **hurdles, that hinder nurses to develop advanced roles:**

- Task shifting between health professions is permeated with political controversy and professional rivalry.
- Frequently, legislation allowing nurses to assume advanced clinical roles has been blocked or the implementation hindered, e.g. Germany, Spain (cf. Iglehart 2013).
- Dissent on how deep nurses should delve into ‘medical issues’ – should they focus more on disease-oriented or on health-oriented care.
- Difficulties to assume advanced as additional tasks in light of an increased workload.
- How to respond to obvious patient needs?

The Future of Health Professions



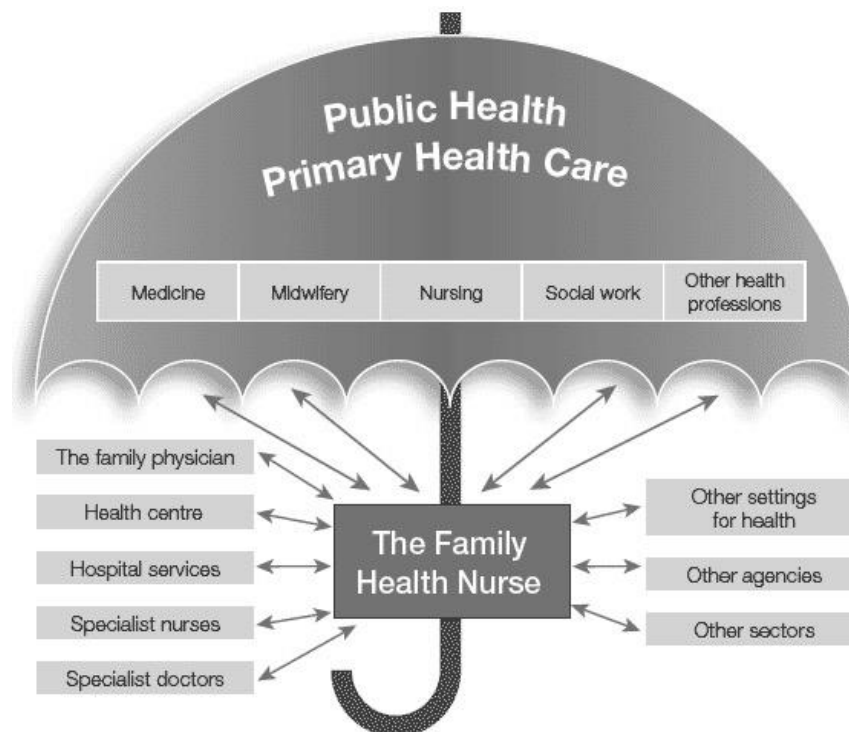
Von Monoprofessionalität zu Interprofessionalität + Intersektoralität



- ❖ Kooperationskompetenz schafft wirkungsvolle Handlungsgemeinschaften
- ❖ Kooperation muss systematisch gelernt werden

Requirements

Interprofessionality requires overcoming professional hierarchies, another division of tasks and a new mix of professions



Using the potentials of nurses and other non-medical health professions

Requirements



Reduction of Education Gap in the Health Care System: **More Education!**

Change in Education: transformative learning, new professionalism, new leadership

**Thank you for your
attention**