

Primary Care Network

Nurse

Practitioner

Support

Program

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Program Information

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Primary Care Network Nurse Practitioner Support Program: Program Information

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# Introduction

Alberta Health's goal is to have a health care system that keeps people healthy, while also supporting those who need care. One of Alberta Health's priorities is to transform the health system by shifting care into community-based settings.

To help achieve this priority, there are five strategic outcomes to guide and focus the activities and initiatives of Alberta Health, Alberta Health Services, Primary Care Networks (PCNs) and other stakeholders to improve the primary health care system:

1. Access to primary health care;
2. Safety and quality of care;
3. Continuity of care;
4. Care transitions; and
5. Person experience and outcomes.

One way to achieve these outcomes is to increase the use of Nurse Practitioner (NP) services and their presence in primary and community care.

## Background

NPs are experienced registered nurses with advanced education who are licensed to practice in Alberta and are regulated by the College and Association of Registered Nurses of Alberta. NPs work in collaboration with their clients and other health care providers to provide high-quality patient-centered care. They work with diverse client populations in a variety of contexts and practice settings. NPs are competent health care professionals who can meet most primary care needs for Albertans across their lifespan. NPs provide a full range of comprehensive health services to Albertans such as assessing, diagnosing, ordering tests, setting and resetting bone fractures, and prescribing medications.

As at March 31, 2021 there were 731 NPs registered in Alberta. The majority of NPs work in acute care or specialty out-patient clinics. The number of NPs participating in primary health care and community settings is much higher in other provinces and territories across Canada.

Enabling NPs to provide care in community-based settings is one way to achieve the identified strategic outcomes for primary health care. In addition, requests have been made by NPs, communities and PCNs for specific funding to add NPs in primary health care, PCNs or other community-based settings.

## **Nurse Practitioner Demonstration Project**

In 2016, Alberta Health implemented a three-year NP Demonstration Project (the Project) at four sites to explore the value of increased use of NPs in community-based health care settings with a focus on those populations with high needs. The Project was supported by individual grant agreements that provide funding to participating sites, including Calgary Urban Project Society, the Alex Community Health Center, the Boyle McCauley Health Center and Sage Seniors Association of Edmonton.

As a way to determine the effectiveness of the Project, the Institute of Health Economics conducted an evaluation. Findings from the evaluation included:

- Extremely high patient satisfaction results;
- NPs worked to their full scope of practice in their respective health care delivery teams; and
- A team based-model improving access, continuity and allowing for the delivery of comprehensive care.

# Primary Care Network Nurse Practitioner Support Program

The PCN NP SP was created to increase NP services and presence in primary health care through a revised PCN funding formula and by linking NP Demonstration Project sites with PCNs.

Specifically, the PCN NP SP must support the NP(s) as an autonomous primary health care provider working to full scope of practice to help meet the following NP SP primary health care priorities:

- Increase access to primary health care (e.g., after-hours, weekends, rural and remote areas);
- Meet unmet demand for primary health care services;
- Provide care to underserved populations; and
- Support chronic disease management.

To help increase the number of NPs as primary health care providers in community-based settings and support Alberta Health's strategic outcomes, the PCN NP SP introduced two changes for PCNs that:

- Provide a supplement to the per capita funding for the NP's panel; and
- Change how NP patient encounters are coded to allow an NP to maintain a panel of patients.

Implementation of the PCN NP SP will occur in two phases:

**Phase One** – Full completion by August 20, 2021:

- In 2019, Phase One was opened to:
  - Enroll up to 25 new NPs into the PCN NP SP. PCNs have until August 20, 2021 to fill any remaining vacancies from Phase One.
    - Full Time Equivalent (FTEs) remaining vacant at August 20, 2021 will be closed and withdrawn from the PCN as the PCN has been unsuccessful in recruiting to these positions since September 2019.
  - Register existing NPs employed by the PCN into the PCN NP SP. **PCNs can no longer register existing NPs into the PCN NP SP or increase the FTE of grandfathered NPs.**

**Phase Two** – The 2021/2022 fiscal year will include:

- Enrolment of up to 25 new NPs into the PCN NP SP.
- The application process for PCNs is July 21 to August 27, 2021.

## Primary Care Network Grant Agreement

The 2020-2023 PCN Grant Agreement includes a total annual funding allocation for each NP 1.0 FTE of \$125,000. This funding allocation ensures NP services are supported in the PCN and allows for NPs to build their own patient panels. PCNs are responsible for budgeting for costs in excess of the \$125,000 funding allocation from the PCN NP SP.

The application process for enrolment in the PCN NP SP is detailed below.

# Expression of Interest (EOI) Form

## Criteria and Approval

To be considered for adding a new NP as part of the PCN NP SP, the PCN applicant must:

- Explain how the supplement to per capita funding for the NP's panel will:
  - Ensure the PCN will utilize NPs as an autonomous primary health care provider working to full scope of practice in primary health care-based settings.
  - Align with the objectives of the Zone PCN Service Plan. (It is understood the Zone PCN Service Plans are still under development and will evolve over time and the objectives may change.)
  - Ensure sustainable improvements in services in one or more of the following areas:
    - Increase access to primary health care (e.g. after-hours, weekends, rural and remote areas);
    - Meet unmet demand for primary health care services;
    - Provide care to underserved populations; and
    - Support chronic disease management.
- Agree to:
  - Register the new NP(s) to a PCN; and
  - Set up the new NP(s) to code patient encounters (previously known as “shadow billing”).  
  
(Information about the procedures for coding patient encounters is available by contacting [PCNops@gov.ab.ca](mailto:PCNops@gov.ab.ca).)

Assessment of need and prioritization of requests will be based on the Primary Health Care Indicators outlined in the Alberta Health Primary Health Care Community Profile: Health Data and Summary, found here:

<https://www.alberta.ca/primary-health-care.aspx>

Specific indicators that will be included in the assessment and prioritization are:

- Demographics;
- Chronic disease prevalence;
- Mortality;
- Emergency service utilization; including
  - Canadian Triage and Acuity Scale; and
  - Emergency visits.
- Primary health care indicators of community care needs.

Alberta Health will also consider health service planning data from other sources including, but not limited to, health workforce needs data and other Alberta Health indicators.

Once the EOI forms have been reviewed, Alberta Health will notify successful PCNs.



# Detailed PCN Nurse Practitioner Support Program Reporting Information

## Changes to the Four-Cut Methodology

The revised four-cut funding methodology for NPs was effective April 1, 2019. New codes and procedures for coding of patient encounters (formerly known as “shadow billing”) was provided to PCNs prior to April 1, 2019 and will be sent to PCNs once an NP is recruited. The three-year look back is in effect.

The revised four cut includes the following **changes for NPs:**

### **Cut 1**

Patients who have seen only one provider (includes family physicians, pediatrician and NPs) are assigned to that provider.

### **Cut 2**

Patients who have seen more than one provider are assigned to the provider who had the majority visits.

### **Cut 3**

Patients who have seen multiple providers the same number of times are assigned to the provider who did the last physical exam.

### **Cut 4**

Patients who have seen multiple providers the same number of times and had no physical exam are assigned to the provider who saw the patient last.

## Payment Schedule and Methodology

Payments for NP funding are allocated quarterly to PCNs based on the approved number of NP FTEs registered within the PCN NP SP at \$125,000/year per 1.0 FTE.

If any adjustments due to NP panel size or FTE utilization need to be made, it will be reflected in the following quarterly payment. PCNs must advise Alberta Health whenever there is a change in an NP's FTE status within the PCN NP SP.

PCNs cannot retain unused funds.

## Operational Documents

Activities supported by the PCN NP SP funding are subject to PCN policy.

As per the 2020-2023 PCN Grant Agreement, all PCNs must provide their operational documents (Business Plans, Business Plan Amendments, Annual Budgets, Annual Reports and Mid-Year Reports) through the ReportPCN e-platform, and report the use of PCN per capita funding and any additional support provided to the PCN from Alberta Health such as PCN NP SP funding.

Alberta Health will provide updated operational documents to reflect the PCN NP SP, as needed.

### **Business Plan Renewals (2020-2023)**

PCNs will provide a description of the programs and services being supported by per capita funding and PCN NP SP funding for the NP panel.

The Business Plan will indicate how the NP will ensure sustainable improvements in services based on the [NP SP primary health care priorities](#).

The PCN Business Plan will provide a breakdown of how these funds will be utilized over their three-year business cycle (budgeted FTE, remuneration, other expenses).

### **Annual Budgets**

All submitted Annual Budgets will provide a financial forecast of the amount of revenue and expenses budgeted for the PCN NP SP. This funding should reflect programs and services described in the PCN's Business Plan Renewal.

The PCN NP SP funding received by the PCN from Alberta Health will be reflected in a separate line item as NP Operational Revenue (Statement of Operations).

Projected expenses will be detailed in Priority Initiative Expenses and Central Allocations (Statement of Operations).

## **Business Plan Amendments**

All amendments to programs and services supported by PCN NP SP funding are subject to a submission of a Business Plan Amendment if there is an approved three-year Business Plan.

## **Annual Reports**

PCNs will provide a fiscal year-end summary of the programs and services supported by funding from the PCN NP SP. PCNs must provide detailed information on how the program supports the PCN objectives.

Annual Reports will include a separate schedule/note to the financial section detailing fiscal year end financials for:

- Approved per capita funding and the supplement to the per capita funding for the PCN NP SP; and
- Unexpended (surplus) grant funds from the PCN NP SP.

## **Mid-Year Reports**

All submitted Mid-Year Reports will provide a mid-year summary of PCN revenue and expenses for the PCN NP SP to September 30<sup>th</sup> of the fiscal year.