WENNBERG INTERNATIONAL COLLABORATIVE
SPRING POLICY MEETING 2018

Interprofessional Collaboration and the Role of Nurse Practitioners in Swiss Primary Care

How to collect and analyze relevant data

Dr. med. Stefan Gysin

Background

Challenges:

- Lack of GPs & young successors (especially in rural areas)
- Ageing population with more and more complex chronic conditions

Possible solutions:

- Reinforcement of interprofessional collaboration
- Employment of "Nurse practitioners" (originated in the USA) in primary care
    - → International studies have shown promising results
        - higher satisfaction, longer consultations & more tests
        - reduced mortality & costs (limited evidence)
        - overall: similar or even better quality of care

Advanced Nursing Practice

Advanced Practice Nurse (APN)

- " […] a registered nurse who has acquired the **expert knowledge base**, **complex decision-making skills** and **clinical competencies** for expanded practice, the characteristics of which are **shaped by the context and/or country** in which s/he is credentialed to practice. A **master's degree** is recommended for entry level." (ICN)

Two main profiles:

- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
  → Wide range of primary care services (physical examination, diagnosis, treatment, prescription etc.)

Switzerland 🇨🇭

Pioneer setting

- MSc in Nursing since 2000
- No national regulations in terms of education (e.g. amount of clinical hours) or scope of practice (e.g. prescription), heterogeneous use of the terms ANP / APN / NP

    → Professional development is still evolving!

- Few APNs / NPs in family practices

    → most with postgraduate education (e.g. DAS ANP Plus, Chronic Care),
    role based on the American model of Nurse Practitioners

Aim

To collect and analyse valid data during pilot projects in order to determine the role and impact of NPs on Swiss Primary care.

Methods

Mixed methods:

- Qualitative: Interviews, FGD, questionnaire, observations
    - → Acceptance, satisfaction, legal aspects (e.g. reimbursement), task allocation
- Quantitative: Insurance data, shadow accounting, electronic medical records (EMR)
    - → Type, length & costs of consultations, degree of independence

Insurance data – methodological consideration

Status quo in Switzerland:

- NPs have **no own tariff** to reimburse their services → They use TARMED
- NPs have **no own GLN** (Global Location Number) → They use the GLN of the GP

→ Services performed by NPs cannot be directly identified in insurance data!

Shadow accounting – Preliminary Results*

Code	Pat.-Nr.	Leistungen NP*	Abrechnung*
		8530	
	Datum der Konsultation	05.03.2018	
	Supervisionsstufe[1]	103	
00.0010	Grundkonsultation 5min	1	1
00.0015	Zuschlag hausärztl. Leistungen in Praxis	1	1
00.0020	Kons.-Zuschlag (jede weiteren 5min), >6 und <75j.	1	
00.0025	Kons.-Zuschlag (jede weiteren 5min), <6 und >75j.		
00.0026	Kons.-Zuschlag (jede weiteren 5min), >6 und <75j. mit erhöhtem Bedarf		
00.0030	Konsultationszuschlag (letzte 5min)	1	1
00.0040	Zuschlag für Kinder <6j.		
00.0060	Grundbesuch (erste 5min)		
00.0070	Besuchszuschlag (jede weiteren 5min), >6 und <75j.		
00.0075	Besuchszuschlag (jede weiteren 5min), <6 und >75j.		
00.0076	Besuchszuschlag (jede weiteren 5min), >6 und <75j. mit erhöhtem Bedarf		
00.0080	Besuchszuschlag (letzte 5min)		
00.0095	Wegentschädigung (pro 5min)		
00.0110	Telefonische Konsultation (erste 5min)		
00.0120	Tel.-Kons. (jede weiteren 5min), >6 und <75j.		
00.0125	Tel.-Kons. (jede weiteren 5min), <6 und >75j.		
00.0126	Tel.-Kons. (jede weiteren 5min), >6 und <75j. mit erhöhtem Bedarf		
00.0130	Telefonische Konsultation (letzte 5min)		
00.0131	Aktenstudium (pro 1min), <6 und >75j.		
00.0132	Erkundigungen bei Dritten (pro 1 min), <6 und >75j.		
00.0133	Auskünfte an Angehörige/Bezugspers. (pro 1min), <6 und >75j.		
00.0134	Besprechungen mit Therapeuten/Betreuern (pro 1min), <6 und >75j.		
00.0141	Aktenstudium (pro 1min), >6 und <75j.		
00.0142	Erkundigungen bei Dritten (pro 1 min), >6 und <75j.		
00.0143	Auskünfte an Angehörige/Bezugspers. (pro 1min), >6 und <75j.		
00.0144	Besprechungen mit Therapeuten/Betreuern (pro 1min), >6 und <75j.		
00.0161	Aktenstudium (pro 1min), >6 und <75j. mit erhöhtem Bedarf		
00.0162	Erkundigungen bei Dritten (pro 1 min), >6 und <75j. mit erhöhtem Bedarf		
00.0163	Auskünfte an Angehörige/Bezugspers. (pro 1min), >6 und <75j. mit erhöhtem Bedarf		
00.0164	Besprechungen mit Therap./Betreuern (pro 1min), >6 und <75j. mit erhöhtem Bedarf		
00.0415	Kl. Untersuchung (pro 5min), >6 und <75j.		
00.0416	Kl. Untersuchung (pro 5min), <6 und >75j.		
00.0417	Kl. Untersuchung (pro 5min), >6 und <75j. mit erhöhtem Bedarf		
00.0425	Umfassende Untersuchung (pro 5min)		
00.0510	Spezifische Beratung (pro 5min), >6 und <75j.		
00.0515	Spezifische Beratung (pro 5min), <6 und >75j.		
00.0516	Spezifische Beratung (pro 5min), >6 und <75j. mit erhöhtem Bedarf		
00.0610	Instruktion Selbstmessungen/-behandlungen (pro 5min), >6 und <75.		
00.0615	Instruktion Selbstmessungen/-behandlungen (pro 5min), <6 und >75.		
00.0616	Instruktion Selbstmess. (pro 5min), >6 und <75j. mit erhöhtem Bedarf		
	Konsultationsdauer[2] (in min)	15	10
	Summe [Fr.] (ohne "weitere Leistungen")	49.37	33.37

Average length of consultations:

- 14.48 min (NP) vs. 10.34 min ("billing based on GP's experience")

Average costs of consultations:

- 49.- (NP) vs. 36.- ("billing based on GP's experience")

*from Bürglen (UR)

EMR – Preliminary results*

The FIRE Project
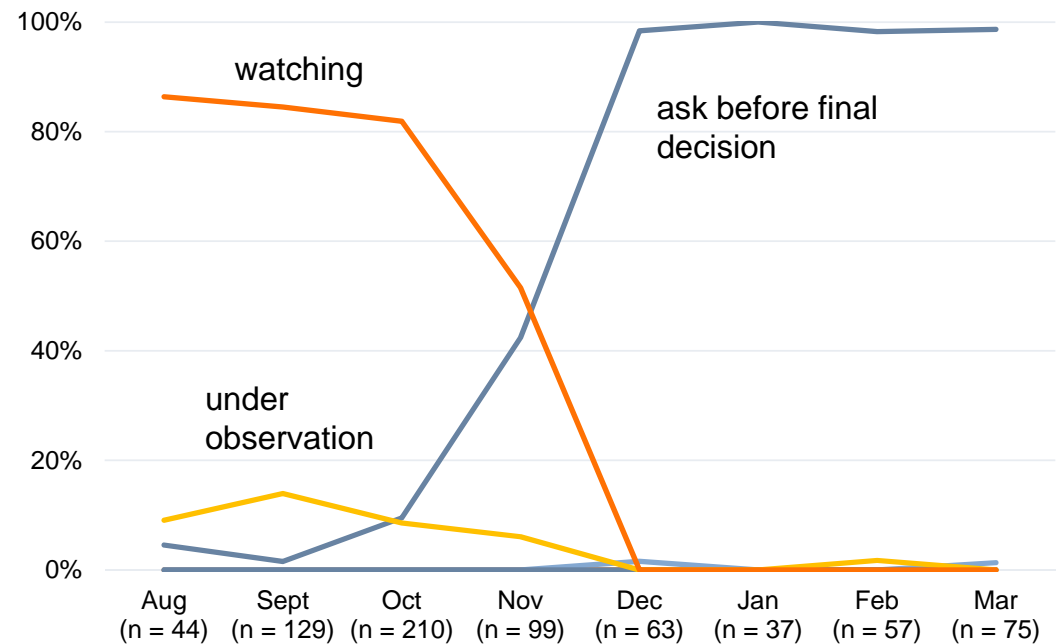family medicine icpc research using electronic medical records

Level of supervision (WHM)

105 = watching
104 = under observation
103 = ask before decision
102 = daily rapport
101 = independent (GP on call)
100 = independent (proxy on call)

→ 205-200 = outside of the practice
(e.g. home visits)

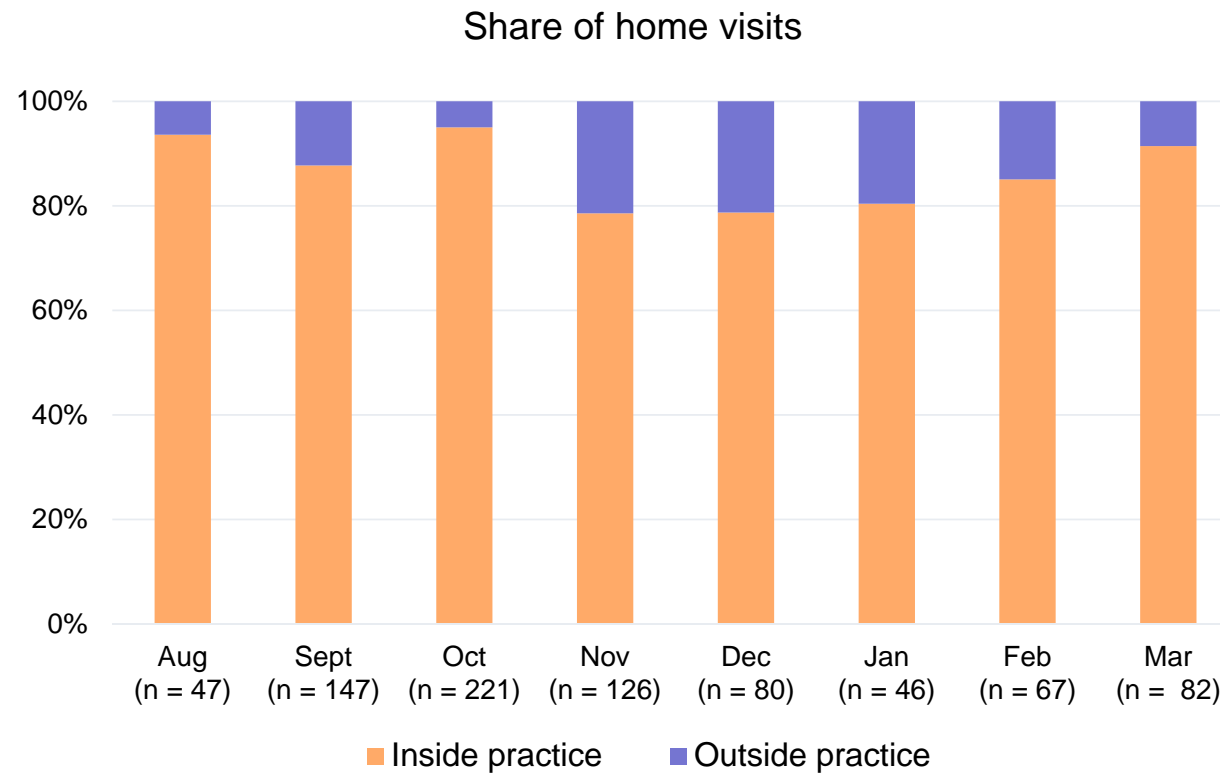### Levels of supervision - within the practice

*from Bürglen (UR)

06.03.18

Home visits – Preliminary results*

Share of home visits

Inside practice   Outside practice

*from Bürglen (UR)

06.03.18

Conclusion & take-home message

- Around 70% of the actual consultation time and services performed by the NP are invoiced
- The degree of independence of the NP increased during the initial period and seems to remain stable afterwards

- Established quantitative datasets in primary care are insufficient
- Adapted data collections are necessary and possible, but <u>not</u> ideal
- Better identification of NPs (e.g. by own tariff) is needed to assess their impact on Swiss primary care!

Thank you very much for your attention!

Outlook

Insurance data: "practice-based"

- Comparison of family practices *with* NP, similar family practices *without* NP ("matched pairs") and all family practices in Switzerland

  - characterization of patients (e.g. age)

  - characterization of consultations (e.g. average length, type (e.g. home visits))

  - characterization of the practice (e.g. skill- / staff-mix)

FIRE: "consultation-based"

- Comparison between NP and GP

  - characterization of patients (e.g. multimorbidity, polypharmacy)

  - characterization of consultations (blood tests, prescription of new drugs etc.)

Literature

Buddeberg-Fischer B, Klaghofer R, Stamm M, et al. Primary care in Switzerland-no longer attractive for young physicians? *Swiss medical weekly* 2006; **136**(27-28): 416-24.

Martinez-Gonzalez NA, Rosemann T, Tandjung R, Djalali S. The effect of physician-nurse substitution in primary care in chronic diseases: a systematic review. *Swiss medical weekly* 2015; **145**: w14031.

Martínez-González, N. A., et al. (2014). "Substitution of physicians by nurses in primary care: a systematic review and meta-analysis." BMC health services research **14**(1): 214.

Horrocks, S., et al. (2002). "Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors." Bmj **324**(7341): 819-823.

Dierick-van Daele, A. T., et al. (2010). "Economic evaluation of nurse practitioners versus GPs in treating common conditions." Br J Gen Pract **60**(570): e28-e35.

https://international.aanp.org/Practice/APNRoles