Deliberation about the problem

Several dialogue participants noted that unmet needs in primary healthcare settings are now less about numbers of primary healthcare providers (particularly physicians) and more about:

1) particular populations that are not now well served in primary healthcare; and
2) timelines of access to primary healthcare for many Canadians.

A number of dialogue participants argued that making the case for nurse practitioners to be part of the solution in addressing these unmet needs, particularly in a time of fiscal restraint and after an extended period of investment in primary healthcare, requires working through where nurse practitioners can best fit into ongoing system redesign and for which populations (and then in which settings).
Deliberation about elements of an approach

Many dialogue participants argued that two multi-stakeholder processes were needed with: 1) one national initiative to ‘refresh’ the primary healthcare principles that should govern ongoing primary healthcare system redesign, with one or more principles addressing the importance of teams in providing primary healthcare and nurse practitioners as one example of a potentially key team member; and 2) a set of provincial/territorial primary healthcare reform working groups to address a number of questions related to best meeting patients’ primary healthcare needs.

Many dialogue participants supported the idea of two types of information/education campaigns: 1) one campaign targeted at the general public to raise awareness of primary healthcare innovations (some of which will include nurse practitioners) providing timelier access to broad groups and/or improved care to specific groups; and 2) a second campaign targeted at primary healthcare professionals and focused on best practices in team-based care.

A number of dialogue participants agreed that continued work is needed to ensure that: 1) regulations governing nurse practitioners are more consistent across provinces and territories; 2) educational standards for nurse practitioners are in place in all provinces and territories; and 3) interprofessional education is in place in all provinces and territories, where feasible.

Many dialogue participants emphasized that primary healthcare community building also warranted attention.

Deliberation about implementation

Two implementation considerations emerged repeatedly over the course of the deliberations:

1) continuing opposition (or lack of support) by some medical associations and conflicting messages among nurse practitioners about some key issues; and
2) the lack of voice for primary healthcare professionals as a group (as opposed to their respective professionally defined sub-groups).

The need for a two-stage process as a key feature of any implementation strategy was also noted at several points over the course of the deliberations, with the first stage focusing on the multi-stakeholder initiative and working groups, information/education campaigns, and continued work on achieving educational and regulatory consistency across the country, and the second stage focusing on the much more difficult structural changes to the primary healthcare sub-system.

Dialogue deliverables

To learn more about this topic, consult the issue brief that was presented to participants before the dialogue, the summary of the dialogue, and view or listen to the interviews with dialogue participants. For an electronic copy of the issue brief or dialogue summary, or to view or listen to the interviews, visit our website www.mcmasterhealthforum.com and click on ‘Products’ along the sidebar, or for direct access to our YouTube and iTunes U channels, simply click on the icons below.