



NURSE PRACTITIONERS'
ASSOCIATION OF ONTARIO

Position Statement Nurse Practitioner Referral to Specialists

The Nurse Practitioners' Association of Ontario (NPAO) supports the development of a patient-centred health care system where Ontarians have access to care from the provider of their choice. NPAO believes that to achieve the objective of improved and streamlined access to care for patients and full integration of nurse practitioners in Ontario's health care system, full referral to specialists by nurse practitioners is necessary and desirable.

In a patient-centred system, the focus is on the needs of the patient and providers work in a coordinated, efficient and effective way to provide value for taxpayer dollars. Nurse practitioners were introduced into the Ontario health care system to help promote this type of system. In this system, health care professionals value, respect and rely on the expertise of all members of the collaborative team. Also, providers are compensated appropriately and there are no financial penalties to limit collaboration. Removal of barriers to provide safe, effective and optimal care is a goal of all NPs in the province.

To achieve this vision, barriers that limit access for patients or restrict health care professionals from providing effective and efficient care, must be addressed. The *IBM McMaster Report on the Integration of Primary Health Care Nurse Practitioners into the Province of Ontario* (NP Integration Report) specifically identified that physician specialists are deterred from accepting direct referrals from nurse practitioners by issues of restrictive remuneration.

Schedule of Benefits for Physician Services for Referrals to Specialists

Changes to the Schedule of Benefits for Physician Services are needed to allow physician specialists to claim a consultation fee when patient referrals are made directly by a nurse practitioner. At present, Ontario's Schedule of Benefits - Physician Services (July 2006) outlines a contractual relationship between a referring physician (commonly the family physician) and a consulting physician (specialist). When a written request is made by a family physician for referral to a specialist, the specialist must render the appropriate assessment and communicate in writing his/her findings to the referring physician. The specialist claims a medical specific assessment fee as well as a consultation fee.

Patients can self refer and other primary health care providers, including NPs, can directly refer to a specialist. Without a request from a physician, the specialist can only claim the medical specific assessment fee, not the consultation fee. Consequently, the remuneration to the specialist physician is 24-39% lower than the comparable fees. Further, without the consultant fee there is no requirement for the specialist to communicate a plan of care in writing to the referring provider.

Nurse Practitioner Referrals to Specialists

According to the standards of practice for Registered Nurses in the Extended Class (commonly referred to as nurse practitioners), the College of Nurses of Ontario states that they offer "the full scope of primary health care practice, including consultation with physicians or other health care professionals when the client requires care beyond the RN(EC)'s scope of practice." Further, they are "accountable for establishing a consultative relationship with a physician" and "consultation occurs with a family physician, however, RN (EC) s may consult with a specialist physician if appropriate to the situation and practice setting." No legislative or regulatory deterrent related to scope of practice exist to nurse practitioners to refer to specialist physicians.

The *NP Integration Report* identified that over 90% of NPs refer their clients to specialists. Eighty-eight percent of those who do refer report they write the consultation note and the collaborating family physician allocates their billing number and simply signs the referral. Less than 10% of NPs reported that they refer the patient to the family physician (who sees the patient and writes the consultation note) or have the family physician write the consult note after discussing the matter with the NP (p. 92). These strategies do not promote streamlined access to care nor contribute to an effective and efficient health care system.

System Inefficiencies of Current Practice Patterns

Delays in access to care, inconvenience for patients, lack of respect for self regulation and scope of practice, increased health system costs and duplication of care are just some of the inefficiencies that result because of this barrier. Real stories frequently cited by nurse practitioners and physicians provide evidence of the challenges for patients.

For example, nurse practitioners see women who desire sterilization. It is within the nurse practitioner scope of practice to make a referral to a gynecologist. To accomplish this, the nurse practitioner must either circumvent the system as outlined previously or create delays in referral by arranging an appointment to an already overburdened family physician who in turn will refer to the specialist. Nurse practitioners also care for many patients, individuals and families who do not have a family physician. The only option for the patient who needs a specialist referral is a lengthy visit to a hospital emergency department. This is not only inappropriate care but it results in fragmentation when the NP, as a primary care provider, is not in direct communication with the specialist. Both of these examples result in duplication of assessment, unnecessary system costs, delays in access to care, inconvenience for the patient and additional burden for physicians and/or emergency departments.

There are concerns that by removing the current gatekeeping role of family physicians, nurse practitioners will make inappropriate referrals (e.g., specialists will be burdened with unnecessary referrals; expertise of family physicians would not be accessed). There is no evidence that this occurs in the current practice in spite of little oversight from collaborating family physicians. The data in the *NP Integration Report* suggests 89.6% of physicians felt the consultations and referrals were appropriate. There are no data to compare with appropriateness of referrals made from family physicians to specialists.

Another frequently cited rationale for maintaining the status quo arises from a limitation of the scope of practice of the nurse practitioner and the suggestion that continuity of care is better in the existing system. The *NP Integration Report* suggests otherwise. In the current model, physicians receive reports for patients they have not necessarily assessed and there are delays in conveying information to the NP as the primary care provider. Timely follow-up with the patient is not achieved. The notion of coordination of care through restrictive policies is not viable.

Collaboration is not achieved through financial restriction and gatekeeping, particularly when data from physicians and nurse practitioners in the *NP Integration Report* suggest the majority of providers choose to circumvent the system in an effort to provide care. Rather than create restrictions, encouraging greater dialogue and communication will be the key to successful partnerships among providers as well as enhance timely care for patients.

Rationale to Improve the Current System

The Nurse Practitioners' Association of Ontario (NPAO) position of promoting patient access to specialists is grounded in the principles of improving timely access to health care, inter-professional collaboration, recognition and respect of scopes of practice, supporting patient choice for primary health care provider, quality patient care, and supporting adequate remuneration for the care provided. Four Canadian provinces, Manitoba, Nova Scotia, British Columbia and Alberta, have not placed financial disincentives

on nurse practitioner referrals to specialists. There are no reports of inappropriate practices in any of these provinces.

Nurse practitioners are an essential part of the government's plan to deliver better healthcare to Ontarians. To deliver on this goal, we must create a vibrant health sector that responds to patient and community needs. Accepting the status quo does not meet the commitment from government to find ways to "overcome the barriers to make NPs full participants in the Primary Health Care team" nor does it contribute to a transformed health care system.

Nurse practitioners support improved access to high quality health care for patients and their families. When NPs make referrals to specialists, it is done in collaboration with the team and is based on an assessment with the patient including knowledge of practice interests, preferences, knowledge, skill and experience of all team members. Nurse practitioners collaborate and consult with physician team members according to the CNO Standards of Practice, and for the benefit of the patient. The most effective healthcare teams are built on the foundation of trust and respect for each others' skills knowledge and expertise. These effective high-functioning teams use a variety of referral patterns and make choices that best meet the healthcare needs of the patient. Enabling specialists to bill for a referral from a nurse practitioner would not alter the existing respectful, supportive and collaborative relationship NPs currently enjoy with physicians and other members of the interprofessional team and would improve access for patients.

Full integration of nurse practitioners is one strategy to achieve the goal of making Ontarians the healthiest Canadians. NPAO supports the removal barriers in order to ensure that patients have access to appropriate and timely specialist services and to improve communications among health care providers for the benefit of the patients we serve.

Implementation Strategy as Proposed by NP Integration Task Team

The report of the NP Integration Task Team (March 2007) reiterates much of the discussion included in this position statement. In addition, this report notes:

- The current system is inconsistent with the government's goals presented in '*Laying the Foundation for Change: A Progress Report on Ontario's Health Human Resources Initiatives.*'
- The *Physician Schedule of Benefits* does not reflect current realities of interprofessional care and collaboration.
- There is great sensitivity on issues of payment, with the Ontario Medical Association clearly stating it will not support NP referrals to specialists. Further consultation is not recommended.

The Task Team advises government to take the necessary action to remove the administrative barriers to NPs being recognized as a referral source. It further proposed two recommendations:

11. That the Minister take action to amend the *Schedule of Benefits for Physician Services* to recognize the NP as a direct referral source for which specialists can claim a consultation fee.
12. That the Ministry review existing accountability mechanisms to ensure appropriate referrals to specialists from all referral sources, including NPs.

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