



Policy: Primary Care in Publicly Funded Nursing Homes

Originating Branch: Primary Care

Original Approval Date: February 18, 2021 **Effective Date:** April 1, 2021

Approved By:

Deputy Minister Health and Wellness

Version: New Policy

1. POLICY STATEMENT

- 1.1. To ensure that safe, quality, and sustainable primary care is accessible and provided for residents in publicly funded nursing homes.

2. DEFINITIONS

- 2.1. **Alternative Payment Plan:** refers to a type of physician contract that is used by family physicians (in solo or group practice) and some rural specialists. An APP is an alternative to billing fee-for-service or being paid under a clinical/academic funding plan (C/AFP) contract.
- 2.2. **Collaborative Family Practice Team:** A collaborative family practice team (CFPT) is a group of primary health care providers who work together to provide coordinated and comprehensive care for patients and the community.
- 2.3. **Nurse Practitioner:** Registered Nurses certified as a Nurse Practitioner with the College of Registered Nurses of Nova Scotia.

3. POLICY OBJECTIVES

- 3.1. Provision of primary care in long-term care is appropriately provided and integrated into the Nova Scotia Health Authority (NSHA) health system planning.
- 3.2. Admissions into long-term care are not delayed due to a lack of primary care oversight.

4. APPLICATION

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- 4.1. This policy applies to the Department of Health and Wellness (DHW) and the NSHA as they exercise their interdependent statutory mandates for primary care, as outlined under the *Health Authorities Act* (HAA, 2014).
- 4.2. This policy additionally applies to all new or updated physician Alternative Payment Plan (APP) deliverables and Collaborative Family Practice Team (CFPT) agreements and contracts.
- 4.3. This policy outlines the expectations regarding the provision of primary care in nursing homes in Nova Scotia. This includes the assessment, treatment, diagnosis and follow-up for residents. It also includes 24/7 access to primary care resources.

5. POLICY DIRECTIVES

Strategic Leadership

- 5.1. DHW, in consultation with the NSHA, develops the strategic policy direction, including provincial policies, standards and guidelines, for the provision of primary care in nursing homes.
- 5.2. DHW shall undertake a review of current legislation, regulations, policy and standards, with respect to primary care in nursing homes, and develop recommendations for modernization.

Funding and Accountability

- 5.3. DHW and the NSHA shall develop budgets and an accountability framework based on the parameters outlined in this policy.

Health Services Planning

- 5.4. NSHA's health services business plan shall outline how the provision of safe, quality and sustainable primary care in nursing homes is to be provided.
- 5.5. NSHA shall determine, in consultation with service providers, the current state and resources necessary across the health system to support 24/7 (evening and weekend) coverage of primary care in nursing homes.

Administration

- 5.6. The NSHA, in consultation with DHW, service providers and health providers, may determine clinical standards and administrative policies for primary care in nursing homes, including, but not limited to:
 - 5.6.1. organization of primary care, including structures, roles and responsibilities;
 - 5.6.2. provincial clinical services and health human resources;
 - 5.6.3. employment of health human resources (contracted and internal), such as nurse practitioners and physician supports;
 - 5.6.4. parameters for access to care, including routine and after-hours;

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- 5.6.5. clinical standards (medication review, assessments, etc.); and,
- 5.6.6. integration of paramedicine or other primary care providers to support primary care in nursing homes, where available and funded.

Physicians and Nurse Practitioners

- 5.7. NSHA shall consider the needs of nursing home residents when recruiting family physicians (under Fee-for-Service (FFS) and/or APP contract), nurse practitioners, and other health care providers, and advise these physicians and other providers of the expectation to provide primary care coverage in nursing homes as part of their roles.
- 5.8. Deliverables for primary care coverage in nursing homes will be included when creating or updating APP deliverables, where the service is deemed necessary.
- 5.9. NSHA shall consider the needs of primary care in relation to existing and/or new staffing resources of the CFPTs (e.g., assignment nurse practitioners to provide primary care coverage in nursing homes).
- 5.10. NSHA shall include deliverables for primary care coverage in nursing homes in the signed team agreements, where the service is deemed necessary.

6. ACCOUNTABILITY

- 6.1. DHW provides strategic leadership and funding for primary care. This includes developing and implementing legislation, regulations, policy, and standards. The strategic policy direction may include parameters for health services planning, use of public resources, service expectations, and performance measures.
 - 6.1.1. Funding for primary care in nursing homes is provided through the annual operating grant as part of bi-weekly, direct funding to the NSHA, the strategic investment in collaborative care, and the physician Master Agreement.
 - 6.1.2. DHW executes physician APP contracts based on the advice of the NSHA's medical leadership and in accordance with the Master Agreement.
 - 6.1.3. DHW licenses long-term care services, as stipulated by the *Homes for Special Care Act*, and funds long-term care services, which are delivered by service providers and the NSHA.
- 6.2. NSHA is responsible for the provision of health services, including primary care, for Nova Scotians, as specified in the *Health Authorities Act*. NSHA determines the optimal approach that will facilitate the implementation of the strategic policy direction for the provision of quality and sustainable primary care in nursing homes. The approach shall define the organization of primary care, roles and

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responsibilities, clinical standards, relationships with service providers, and planning methods.

- 6.2.1. NSHA plans for and implements primary care coverage for nursing home residents, as prescribed by the approved NSHA health services business plan (S.40, HAA, 2014).
 - 6.2.2. NSHA determines, in consultation with service providers, the resources necessary across the system to ensure that safe, quality and sustainable primary care is accessible and provided for residents in publicly funded nursing home
 - 6.2.3. NSHA recruits physicians and recommends contract deliverables for those physicians working within APP contracts.
 - 6.2.4. NSHA recruits nurse practitioners, family practice nurses, and allied health professionals and determines their deployment across the system.
- 6.3. For the purpose of the administration of this policy, accountability is delegated to the Deputy Minister of Health and Wellness.

7. MONITORING / OUTCOME MEASUREMENT

- 7.1. NSHA will monitor and report to DHW on a quarterly basis regarding the provision of primary care in nursing homes and as requested by the Minister. The minimum quarterly reporting requirements will focus on access to primary care in nursing homes and are to include:
 - 7.1.1. Percentage of nursing home residents assigned to a primary care provider by zone and by facility.
 - 7.1.2. Number of individuals waiting for nursing home placement due to lack of a primary care provider.
 - 7.1.3. FTE count of CFPT nurse practitioners, family practice nurses and allied health professionals providing primary care services in nursing homes, including routine and after-hours.
 - 7.1.4. Number of nursing home beds, by facility, impacted by physician vacancies.
- 7.2. DHW will monitor the following metrics and share with the NSHA on a quarterly basis:
 - 7.2.1. Number of visits/types of services provided by Emergency Health Services.

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- 7.2.2. Number of nursing home resident transfers to Emergency Departments (CTAS 4 and 5).
- 7.2.3. Physician billing data for family physicians providing primary care services in nursing homes.
- 7.2.4. MSI billing data for related fee codes, broken down by zone.
- 7.2.5. Number of sessional arrangements for nursing home primary care services.
- 7.2.6. Number of new and updated APP deliverables that include primary care coverage in nursing homes.

7.3. DHW Primary Care and Continuing Care branches will monitor the implementation, performance and effectiveness of this policy.

8. REPORTS

8.1. NSHA will provide DHW with a quarterly report regarding the required information under S.7 and any other information requested by the Deputy Minister of Health and Wellness.

9. REFERENCES

9.1. Not applicable.

10. APPENDICES

10.1. Not applicable.

11. VERSION CONTROL

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| Version _____: | New Policy |
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12. INQUIRIES

Primary Care Branch
Nova Scotia Department of Health & Wellness