



# ONA Position Statement

## NURSING AND PRIMARY HEALTH CARE REFORM

December 2020

The Ontario Nurses' Association (ONA) believes that primary health care reform is urgently needed to address the problems Ontarians have in accessing health services.

Primary health care is a broad concept that includes health promotion, community development and inter-professional collaboration to address the social determinants of health. Primary care is an element within primary health care that refers to first-contact, community-based clinical health-care services. This essential care includes: promotion, preventive, curative, rehabilitative, therapeutic, palliative care and supportive care to attain and maintain optimal functioning of clients.<sup>1</sup>

Primary health care is a key part of ONA's vision for an integrated health system that ensures services are provided to meet the health needs of the community. An important feature must be increased emphasis on expanding the role of nurses. Nurses have the skills, knowledge and experience to perform important functions in the reformed delivery of primary health care services within their scope of practice.

### *Primary Health Care Services*

ONA advocates that primary health care be delivered through publicly funded, community-governed, not-for-profit organizations. These services should be universally accessible to individuals and families 24 hours per day, every day of the week, within their community.

It's ONA's view that the point-of-entry should be expanded to include the most appropriate health and social service provider within an inter-professional team setting. Inter-professional primary health care teams would consist of a variety of providers, such as family doctors, nurse practitioners, registered nurses, social workers, dietitians, and physiotherapists, among other providers as necessary, to meet the needs of the community being served. Clients would have better access to services. Pressures on emergency and in-patient facilities would also be reduced. Nurses would be utilized within their full scope of practice.

ONA supports that people would get to choose their primary health care provider. They would gain access to the combined expertise of a group of health care professionals. Working collaboratively, this group would share responsibility and accountability for client care. These organizational groupings would be community governed by local community boards. People in each community would have a say in decision-making regarding their health and the health of their communities.

It is ONA's view that funding would be based on the number of clients enrolled within the inter-professional group and the needs of the clients and the community. Individual providers within the group will be paid by salary. To address recruitment and retention issues, there must be equitable funding for total compensation across sectors for nurse staffing.

### *Community Health Centres (CHCs)*

CHCs are a leading primary health care model. In these non-profit, community-governed organizations, the focus is on caring for all populations, including underserved populations such as Indigenous Peoples, homeless, refugees, new immigrants, low-income individuals, clients with complex mental health challenges, and non-status/non-insured individuals.

ONA supports the CHCs approach to addressing the social determinants of health through client services and systems change advocacy. Nurses work as members of inter-professional teams to deliver care within their scope of practice, ranging from diabetes education to chronic disease management to smoking cessation. CHC services are a one-stop-shop for all health-care needs and community-based programs offered through well-established partnerships with public health and social services.

In CHCs, health-care providers are salaried (ONA members receive benefits and pension). This model is supported by numerous Canadian research studies highlighting that CHCs provide high-quality and cost-effective care, achieving better overall outcomes than other traditional medical models, such as fee-for-service medicine.<sup>234</sup>

#### *Nurse Practitioner (NP)-Led Clinics*

ONA supports the broader utilization of NPs in primary health care. In particular, Ontario's use of NP-led clinics, where NPs are the lead primary health care providers, is a model that should be expanded. It is ONA's view that government must address barriers to the optimal use of NPs, including outdated financing and funding models. In addition, ONA opposes the utilization of physician assistants in primary care, and unregulated health-care aides, that lack a governing body, accountability as well as depth and length of training.

#### *Care Coordinators*

ONA supports the vital role of RNs, NPs and health-care professionals, such as social workers, working as care coordinators. Care coordinators assist patients navigating through the health-care system, providing the essential care and support required to successfully leave hospital and to maintain a healthy and stable life at home, including managing chronic conditions. It is ONA's view that care coordinator positions must be safeguarded, and their salaries, benefits and pensions protected in any future reform. When care coordinators do home visits and perform the full scope of their role, they evaluate and assess many of their patients, and divert them from hospital emergency to primary care or to other community supports or services.

In conclusion, nurses will play many valuable roles in a reformed primary health care system, including: providing primary health care services to clients who walk-in, providing triage and health-care information services, providing primary health care team nursing, and providing an approach with a focus on community empowerment, advocacy and the health promotion of populations. An expanded role for nurses is the solution to improving quality and access to primary health care for Ontarians.

#### **December 2020**

---

<sup>1</sup> See Government of Canada (2012), Primary Health Care. <https://www.canada.ca/en/health-canada/services/primary-health-care/about-primary-health-care.html>

<sup>2</sup>Russell, G., et al. (2010). Getting it all done. Organizational factors linked with comprehensive primary care. *Family Practice*. 27 (5). 535-541. doi:10.1093/fampra/cmz037

<sup>3</sup> Russell, G., et al. (2010). Managing Chronic Disease in Ontario Primary Care: The Impact of Organizational Factors. *Annals of Family Medicine* 7(4). 309-318. <http://doi.org/10.1370/afm.982>.

<sup>4</sup> Glazier, R., Zagorski, B., & Rayner, J. (2012) Comparison of Primary Care Models in Ontario by Demographics, Case Mix and Emergency Department Use, 2008/09 to 2009/10. Institute for Clinical Evaluative Sciences