

Nurse Practitioner Provincial Initiatives and Programs (NP PIP) Evaluation

This summary presents findings from an evaluation of the Nurse Practitioner Provincial Initiatives and Programs (NP PIP) conducted by Reichert & Associates, an external evaluation firm, from April 1, 2021 to March 31, 2024.

About the NP PIP

The NP PIP is an initiative of Nurses and Nurse Practitioners of BC (NPNBC) funded by the Ministry of Health (MoH). **The NP PIP offers a variety of supports and services to NPs working in primary care in BC**, with a focus on NPs who are independently contracted and may be unable to access similar supports elsewhere. From April 1, 2021 to March 31, 2024, the following services / supports were offered:

Regional Leadership Program (RLP) offers clinical and professional coaching, mentorship, and leadership to NPs working on Primary Care service contracts or those considering an independent contract. *As of April 2024, the RLP was renamed to the 'Provincial and Regional Leadership Program (PRLP)' to better reflect the addition of the Indigenous Lead role.*

Practice Support Program (PSP) offers all NPs access to business resources, clinical supports (including the Mobile Skills Program, team / leadership development, an NP Community of Practice, and quality improvement initiatives. Funding for Pathways, licensing fees, UptoDate subscription and Cultural Competencies & Anti Racism training is also available to some NPs (eligibility varies by practice setting).

Continuing Professional Development (CPD) Funding offers funding to NPs working in publicly funded, non-health authority settings, for education or professional activities and access to evidence-based clinical information and skills practice.



The goals of the NP PIP are to support NPs to integrate into team-based primary care, meet expectations of their service contracts and provide NPs with resources needed for clinical practice.

NP PIP services / supports are continually being modified based on feedback from NPs and other key partners. As of April 1, 2024 the NP PIP will continue to offer these same services / supports as well as new or expanded services. **For the most up to date information please visit:** www.nnpbc.com/np-content

Quality Improvement (QI) Initiatives Funding offers funding to NPs working in publicly funded settings for participating in Quality Improvement education and projects.

Primary Care Network (PCN) Committee and Working Group Funding offers funding to NPs working in publicly funded settings for participation in tables or committees related to PCN / primary care work and governance. *As of April 2024, this funding is also available for working groups / committees requested by the MoH.*

Infrastructure Funding for Divisions of Family Practice (DoFP Funding) offers funding to Divisions of Family Practice to include NPs delivering primary care as full voting members in their DoFP and to compensate NPs for participating in DoFP projects. *As of April 2024, NPs can access funding for participation in DoFP led and hosted activities within DoFPs that do not yet have NPs as full voting members.*

Operations of the NP PIP

The NP PIP is administered by 6 staff members ('NP PIP team') led by an Executive Director who oversees the Director of the Regional Leadership Program and Director of Operations.

The Director of the Provincial / Regional Leadership Program oversees the Provincial / Regional Leadership Team, a team of 11 NP leaders who support NPs working in primary care and who work in each of the 5 health regions across the province, as well as an Indigenous Provincial Lead who supports Indigenous initiatives. The Director of Operations oversees a Program Administrative Manager, a Program Administrative Coordinator, and as of 2023, a Program Administrative Assistant.



About the Evaluation

The evaluation was designed to comment on how and what was implemented over the course of the NP PIP, as well as explore the impacts, strengths, and challenges of the NP PIP. **The evaluation was guided by the following questions as well as an Evaluation Working Group comprised of representatives from the NP PIP team, the MoH and NPs.**

1. How was the NP PIP implemented?
2. What was implemented over the course of the NP PIP?
3. What progress has been made towards the intended outcomes of the NP PIP?
4. What are the strengths, challenges, lessons learned from the NP PIP?

Evaluation findings came from the following sources:



NP PIP program documents and administrative data



Two focus groups with NPs (n=12) conducted in Winter 2023



Interviews with stakeholders conducted in Winter 2023 (n=23) and Winter 2024 (n=16)



Two annual surveys distributed to NPs

NP PIP NP Experience survey conducted in:

- Fall 2022 (n=89)
- Fall 2023 / Winter 2024 (n=55)

Community of Practice survey conducted in:

- Fall 2022 (n=21)
- Fall 2023 / Winter 2024 (n=48)

**n values indicate the number of unique individuals who were interviewed, participated in a focus group, or responded to a survey*

Utilization / Experience with the NP PIP

Over the course of the evaluation, utilization of the NP PIP programs has increased amongst NPs and key partners, with the NP PIP reaching a greater number of NPs each year and achieving good satisfaction levels.

Utilization and overall satisfaction of each of the 6 NP PIP programs is discussed throughout this section.

Who is able to access NP PIP?

To increase access for NPs who may be unable to access similar supports elsewhere, and avoid duplicating existing programs, eligibility for different NP PIP services / supports varies by practice setting (e.g., PCN Contractor, Health Authority Employee). Generally, **the NP PIP supports approximately 605 NPs across British Columbia**, a number that is continuing to grow with the 2023 announcement of the unlimited contracts for independently contracted NPs in BC.

Regional Leadership Program (RLP)

Over the past year, the Regional Leadership Team has grown with additional Regional Leads being added to support the growing number of NPs in the province, including the Indigenous Provincial Lead, a new role created to better support Indigenous NPs and NPs practicing in Indigenous settings.

Utilization of the RLP has increased 139% since 2021-22 with 528 NPs receiving coaching / mentorship from Provincial / Regional Leads in 2023-24.

95%

of NP survey respondents agreed, or strongly agreed, they would recommend the Regional Leadership Program to other NPs

NPs receiving coaching / mentorship, by year



“Regional Leads are very supportive and available for questions when needed.”

– NP Experience survey respondent

Utilization / Experience with the NP PIP (continued)

Practice Support Program (PSP)

Utilization of the PSP has increased since 2022-23, with a cumulative total of 698 Pathways Memberships being awarded as at March 31, 2024.

cumulative Pathways Memberships awarded, by year



84%

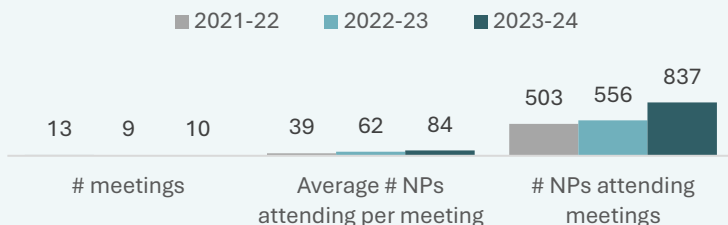
of NP survey respondents agreed, or strongly agreed, they would recommend the Practice Support Program to other NPs

“I feel like all the resources that have come since 3 years ago have been amazing. Like all the business resources have really helped, those PDFs are really awesome.”

– NP focus group participant

Community of Practice meetings

Number of NPs attending CoP meetings increased over the course of the evaluation with a total of 837 NPs attending CoP meetings in 2023-24.



“ I like the updates from the Ministry [of Health] on things I wouldn't otherwise know about. I also like hearing about CPD and QI opportunities that other people are utilizing. ”

– CoP Meeting NP survey respondent

59%

of NP survey respondents agreed, or strongly agreed*, they would recommend the Community of Practice meetings to other NPs.

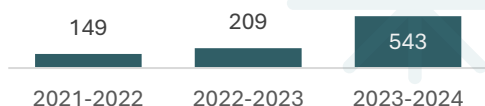
Over the course of the evaluation, NPs offered several format and topic related suggestions to improve the CoP meetings, which will be implemented by the NP PIP team.

*of the remaining responses, 36% of respondents selected 'neutral' and 5% 'disagreed'

Continuing Professional Development (CPD) Funding

Utilization of CPD Funding has increased since 2021-22 with a total of 543 NPs reimbursed for CPD activities in 2023-24.

CPD Funding requests made by NPs, by year



85%

of NP survey respondents agreed, or strongly agreed, they would recommend the Continuing Professional Development Funding to other NPs.

“I love the autonomy we have to choose what we want to learn about. I appreciate this support so much.”

– NP Experience survey respondent

“CPD funding has given me more confidence and knowledge in my practice and gives me the ability to access resources that I use on a daily basis.”

– NP Experience survey respondent

1126

funding requests from NPs were fulfilled in 2023-24, an increase of 91% from 2022-23.

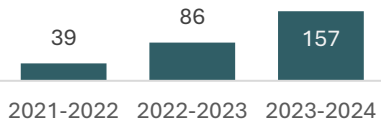
In 2023-24, the most common funding requests were for **courses and conferences**, including Spring Dermatology Review Virtual Series 2024, St Paul's Conference, and the NNPBC NP Conference.

Utilization / Experience with the NP PIP (continued)

Quality Improvement (QI) Initiatives Funding

Utilization of QI Funding has increased with a total of 157 NPs reimbursed for QI activities in 2023-24.

NPs reimbursed for QI activities, by year



“QI initiative gave me an opportunity to clean up my panel and improve my practice.”

– NP Experience survey respondent

374

funding requests from NPs were made in 2023-24. NPs can access funding for QI projects related to team-based care, panel management, EMR optimization, or virtual care.

76%

of NP survey respondents agreed, or strongly agreed, they would recommend Quality Improvement Funding to other NPs.

Primary Care Network (PCN) Committee and Working Group Funding

Utilization of PCN / Working Group Funding has increased with a total of 175 NPs reimbursed for PCN / Working Group activities in 2023-24.

NPs reimbursed for PCN / Working Group activities, by year



259

funding requests from NPs were made in 2023-24, with the most common request being for activities related to PCN Working Groups.

“I was participating in PCN work and found the resources and compensation through NNPBC adequate.”

– NP Experience survey respondent

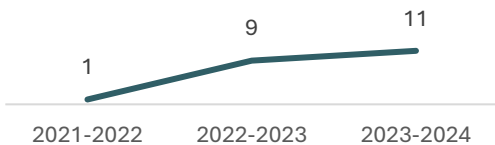
67%

of NP survey respondents agreed, or strongly agreed, they would recommend PCN / Working Group Funding to other NPs.

Divisions of Family Practice (DoFP) Funding

Utilization of DoFP Funding has increased since the NP PIP began, with a total of 11 (of 12*) DoFPs accessing funding in 2023-24.

Total # DoFPs accessing DoFP Funding, by year



*Only DoFPs with NPs as voting members are eligible for DoFP Funding. As of March 31, 2024, 12 DoFPs are eligible for the funding.

As of March 31, 2024 there are **36 DoFPs operating across BC, 12 of whom include NPs as voting members** (organized by health region below):



Interior: Central Interior Rural, Kootenay Boundary, South Okanagan Similkameen

Fraser: Chilliwack and Langley

Vancouver Coastal: qathet

Northern: Northern Interior Rural, South Peace, Pacific Northwest

Island: Central Island and Comox Valley

Other: Rural and Remote

Impacts of the NP PIP

Impacts for NPs

The following impacts were noted for NPs:



Increased knowledge



Increased confidence



Improved the quality of NPs' clinical practice



Feeling less isolated and alone



Feeling supported by a mentor

“Meeting with regional NP leads helped me during the first month of work and **ensuring patient safety and my clinical workflow/admin work get done smoothly.** CPD funding helps to keep me up to date.”

– NP Experience survey respondent

Wider impacts for NPs and primary care

Stakeholder interviewees note the wider impacts for NPs working in primary care:



Increased inclusion of NPs in primary care



Increased understanding of NP scope and role amongst primary care partners



Greater NP involvement in PCN Steering Committee work

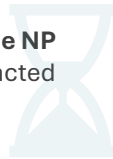
“**Being part of Division of Family Practice will make me feel welcomed and supported as a fellow primary care provider** in my region of service.”

– NP Experience survey respondent

Challenges & Barriers to the NP PIP



Limited time and limited awareness of the NP PIP and how to access the supports impacted NPs' uptake of the NP PIP programs.



NP PIP programs that depend on external partners, like PCN / Working Group and DoFP Funding, **saw slower uptake reflecting a need for continued engagement and relationship building across primary care partners.**

“I am so busy consolidating my learning into my first year of practice and onboarding patients I **have had little time or opportunity to utilize some of the programs.**”

– NP Experience survey respondent

Next Steps for the NP PIP

The evaluation found that all 6 NP PIP programs are fully implemented, operating in alignment with stated goals and objectives, and being utilized and valued by NPs and other primary care partners. The evaluation has been extended to March 31, 2027, with a focus on program improvement and sustainability.



To learn more about the NP PIP, please visit: www.nnpbc.com/np-content



Looking ahead

The following priorities were identified for the future of the NP PIP:



- **Continue to expand / improve** the NP PIP based on feedback from NPs / key partners
- **Continue to raise awareness** of the NP PIP amongst NPs, including details about how to access NP PIP
- **Continue to facilitate relationship building** between NPs, DoFPs, PCNs and other primary care partners