

The family medicine specialist nurse's role in primary health care management of patients with noncommunicable diseases in Slovenia



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This case study is part of a series of case studies looking at how Member States are developing new roles for nurses working in primary care in order to address changing population health needs. The case studies are intended to inspire and support policy-makers, instructors, managers and clinicians to recognize and strengthen the contributions of nurses in strengthening health systems.

Overview:

In 2011, a family medicine specialist nurse for preventing and controlling noncommunicable diseases was introduced to family medicine teams in Slovenia. The aim was to improve the prevention and control of noncommunicable diseases and to distribute responsibilities for this within the team in a way that encourages more comprehensive high-quality care while increasing patients' involvement in their care.

Health challenges

Like most countries in the WHO European Region, the vast majority of Slovenia's burden of disease (years of life lost) comes from noncommunicable diseases (86% in 2017). The top three causes of premature mortality in 2017 were cancer, cardiovascular diseases (heart disease and stroke) and digestive diseases (chronic liver disease and cirrhosis of the liver). Almost all the risk factors that contributed to premature mortality (86%) were either behavioural and/or metabolic. Tobacco consumption topped the list of individual risk factors, accounting for almost one fifth of all premature mortality in 2017.

Primary health care context

Family medicine practices are part of a network of facilities comprising the primary health care system in Slovenia. Primary health care in Slovenia includes a range of services, which are all co-located in community health centres. Primary health care therefore is able to offer continuous and comprehensive multidisciplinary services at both the individual and population level. Primary health care services at the individual level are preventive (health promotion, early detection of diseases and follow-up and healthy lifestyle support for people with well-managed chronic diseases), diagnostic and therapeutic. At the population level, services focus on health promotion, communities, activities to ensure participation in screening programmes and identifying and taking a tailored approach to vulnerable populations and individuals. Certain services might elect to be organized as solo practices (Box 1). All are contracted by the Health Insurance Fund, including solo practices, and operate within the public health care system.

Nurses in Slovenia are a core component of delivering primary health care

Nurses are a core component of both individual and population-based primary health care services. They occupy various but clearly delineated roles in primary health care. Nurses are important members of family medi-

Box 1

Services co-located in Community Health Centres

- primary care/family medicine practice (for adults)
- paediatrician practice (0-18)
- gynaecologist practice
- dentist practice (providing preventive and curative services)
- patronage (community nursing)
- occupational therapy
- emergency unit (in selected Community Health Centres)
- health promotion center
- mental health center (under re-establishment; currently being piloted)
- diagnostic services (laboratory, basic imaging)
- physiotherapy and rehabilitation
- speech therapy
- healthcare-related transport

cine team, the paediatric team, the gynaecological team and the dental team. Nurses are key members of the health promotion centre team and community nursing team. Primary health care also has strong community nursing teams. In addition to providing home visits for the people who cannot reach primary health care premises because of mobility issues, community nurses proactively care for whole families and populations in the municipal districts they are responsible for.

Nurses also establish and maintain partnerships in the centre's local community with NGOs and social services, who are partners in activities to ensure health equity, and with schools and workplaces, where they provide preventive services for children, youth and adults.

They are trained to identify vulnerable individuals and direct them to relevant institutions, which are there to help them to overcome possible obstacles to health-care accessibility.

A new role for nursing

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diseases was introduced to family medicine teams in Slovenia. The aim was to improve the prevention and control of noncommunicable diseases and to distribute responsibilities for this within the team in a way that encourages more comprehensive and high-quality care while increasing patients' involvement in their care.

Today, the family medicine specialist nurse performs two types of services:

- noncommunicable disease screening and counselling involves assessing cardiovascular risk, arterial hypertension, type 2 diabetes, chronic obstructive pulmonary disease, depression, osteoporosis, selected types of cancer, risky and harmful alcohol consumption and smoking (see Box 2); and
- managing people with chronic diseases such as type 2 diabetes, arterial hypertension, chronic obstructive pulmonary

Box 2

Noncommunicable disease screening and counseling.

The family medicine specialist nurse leads on providing preventive check-ups (screening) of the target population (adults 30+ years) and people younger than 30 years with relevant family histories. Upon identifying a patient's risk level or understanding an individual's diagnosis, the family medicine nurse-practitioner refers the person to the family medicine specialist physician, who then performs the medical examination, diagnosis and treatment procedure and decides whether a referral is needed to a secondary level specialist physician. The family medicine nurse-practitioner also provides counselling and support to improve people's lifestyle and adjust their behaviour to move away the types that pose an increased risk to their health.

Box 3.

Managing people with chronic disease.

For patients with chronic noncommunicable diseases the nurse checks whether the disease is well managed, whether the patients comply with taking their medication and whether the medication causes any side-effects or other difficulties. The nurse counsels on healthy lifestyle. This work is guided by protocols and the professional guidelines prepared for family medicine teams.

disease, asthma, depression, osteoporosis, heart disease and benign prostatic hyperplasia (see Box 3).

Another responsibility for the family medicine specialist nurse is to report monthly on indicators at the level of each family medicine practice. Once a year, data on preventive screening are also collected.

Key measures to introduce the family medicine specialist nurse

The introduction of the family medicine specialist nurse has been a gradual process that started in 2008.

The team approach to patient care in family medicine initiative. In response to the Ministers request, a working group was established to prepare a proposal for redefining nursing activities in family medicine practice. This initiative was set out:

- to develop and propose how to implement a set of standards and competencies for the professional activities of a specialized nurse role in family medicine;
- to assess which services can be transferred to a nurse based on the number of adults and people with chronic diseases in the population and the proportion of the demands on family practice this represents; and
- to propose staffing norms for nurses in family medicine practice.

Report and key recommendations. In 2009, the working group submitted a report to the Ministry of Health on nursing activities in family medicine practice. The report made clear that the current workload of nurses in family medicine practices was increasing and that limiting family care practices to a single nurse or nursing assistant was posing serious challenges for delivering care by family care practices. The report identified several activities that could be delivered by a registered nurse with additional specialized skills and put forward a proposal to introduce a specialized family medicine nurse into family medicine teams.

A family medicine nurse project council.

Once the Association of Family Medicine Doctors and the Nurses and Midwives Association agreed that a registered nurse equipped with the appropriate knowledge and training can perform new tasks in screening, counselling and managing people at risk of and living with noncommunicable diseases, the Minister of Health decided to establish a project council to oversee the development of a training programme for family medicine nurses and the roll-out of this new role. The project council was created on 25 November 2010. The members were representatives of the Ministry of Health, the Association of Family Medicine Doctors at the Slovenian Medical Society, the Department of Family Medicine at the Faculty of Medicine of the University of Ljubljana, the Nurses and Midwives Association, the Medical Chamber, the Health Insurance Institute of Slovenia, the Professional Association of Private Doctors

and Dentists and the Director of the Ljubljana Community Health Centre.

The role was studied closely and co-produced by both the Nurses and Midwives Association and the Association of Family Medicine Doctors. The family medicine specialist doctors, secondary level specialist doctors, and secondary level additionally trained specialist nurses worked closely to develop guidelines for each chronic disease identified as manageable by the family medicine specialist nurse. They address the entire patient pathway, including the services provided by the newly introduced family medicine specialist nurse and those provided by the family medicine specialist physician. Decision algorithms are carefully defined. The organizations worked closely to establish patient registers and to report quality indicators.

Rolling out the family medicine specialist nurse. In January 2011, the family medicine specialist nurse project council introduced the role of the family medicine specialist nurse.

On 1 April 2011, the first 40 family medicine specialist nurses were introduced across Slovenia. The number of family medicine specialist nurses has been increasing every year. At the end of November 2019, 878 family medicine practices have family medicine specialist nurses.

Another 11 will have family medicine specialist nurses by the end of 2019. In 2018, the family medicine specialist nurse became a standard member of family medicine team, and the Health Insurance Institute of Slovenia ensures funding.

Funding the role. Based on needs assessed in 2010 and the availability and capacity to educate registered nurses, the Ministry of Health agreed that 0.5 full-time equivalents of family medicine specialist nurses would join family medicine teams. The nursing role is paid a fixed sum and contracted by the Health Insurance Institute of Slovenia. In addition to contracting the family medicine specialist nurses, family medicine practices were stimulated to accept the new role with additional funding for laboratory services for patients.

Prerequisites for the role of family medicine specialist nurse. All family medicine specialist nurses are required to have completed a Bachelor of Nursing degree, have a valid licence and have a minimum of three years of work experience. Family medicine specialist nurses require additional skills to perform certain activities, and training modules have been prepared in the following areas: organizational considerations in working in family medicine practice, managing patients with type 2 diabetes, chronic obstructive pulmonary disease, asthma, arterial hypertension, benign prostate hyperplasia, osteoporosis and implementing integrated noncommunicable diseases prevention.

Multistakeholder consultation and engagement in evidence-informed role development. Various experts were consulted for

designing the prerequisites for family medicine specialist nurses. Experts were consulted from the National Institute of Public Health, Section of Nurses and Health Technicians in Family Medicine at the Nurses and Midwives Association, the Association of Family Medicine Doctors at the Slovenian Medical Society, the Department of Family Medicine at the Faculty of Medicine of the University of Ljubljana and experts from secondary and tertiary health care.

Political leadership

From the very beginning, the Ministry of Health provided strong political support, also officially hosting the family medicine specialist nurse project. Being led as a project, enabled it to be exempted from the legislation during the project stage. When the project ended in 2018, the legal basis was provided for the new standard family medicine team.

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Resource toolkit:

For policy-makers

- [Resolution on the National Health Plan 2016–2025 “together for a healthy society”.] Ljubljana: Ministry of Health, Republic of Slovenia; 2016. (<http://pissr.si/Pis.web/pregledPredpisa?id=RESO102#>)
- [Legislation for family medicine nurse-practitioner and primary care workforce remuneration.] Ljubljana: Official Gazette. Ministry of Health, Republic of Slovenia. <https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2018-01-3878/aneks-h-kolektivni-pogodbi-za-dejavnost-zdravstva-in-socialnega-varstva-slovenije>

For managers

- [Indicators for monthly reporting by family medicine practices.] Ljubljana: Ministry of Health, Republic of Slovenia. (<http://www.referencna-ambulanta.si/wp-content/uploads/Seznam-novih-kazalnikov.pdf>)
- [Competencies of the family medicine nurses.] Ljubljana: Slovenian Nurses and Midwives Association; 2008. (https://www.zbornica-zveza.si/sites/default/files/doc_attachments/poklicne_aktivnosti_in_kompetence08_0.pdf)
- [Nursing activities in family medicine practice.] Ljubljana: Slovenian Nurses and Midwives Association; 2011. (https://www.zbornica-zveza.si/sites/default/files/doc_attachments/kompetence_ambulanta_druzinske_medicine_0.pdf)

For clinicians

- Slovenian Slovene Medical Chamber: <https://www.zdravniskazbornica.si/en/medical-chamber-of-slovenia>
- Slovenian Association of Family Doctors: <https://www.drmed.org>
- Slovenian Nurses and Midwives Association: <http://www.zbornica-zveza.si/encomprehensive-geriatric-assessment-document-pdf>