SOME OBSERVATIONS ON A PROGRAM ATTACHING PUBLIC HEALTH NURSES TO FAMILY PHYSICIANS’ OFFICES

Martin Bass, M.D., Sharon Warren, Ph.D., and Dorothy Mumby, B.Sc.N., M.A.

ABSTRACT: This study examined a program attaching public health nurses to specific family physicians practicing in the community. It compared the work of attached and nonattached public health nurses in both the urban and rural sections of a health district in Ontario, Canada. It found that attached nurses receive a greater proportion of their referrals from family physicians, see a greater percentage of elderly patients, and deal with proportionately more psychosocial cases. The study also indicated that the attached public health nurse does not complain of physician misuse of her services and that, once a referral has been made, communication between the physician and public health nurse improves.

Both in Canada and the United States, studies show that physicians in private practice infrequently refer patients to the public health nurse (PHN). Several reasons are cited for this phenomenon: physicians are unaware of the PHN’s potential contribution to patient care; physicians mistrust her competence; referral is simply inconvenient because the physician must deal with an “anonymous” public health nursing division each time. It is probable, however, that many patients would benefit from the public health nurse’s special services in terms of prevention and education, as well as the provision of some bedside care.

This paper examines one method aimed at encouraging cooperation between family physicians and the public health nurse: the attachment of PHNs to specific physicians’ offices. The study was conducted in Ontario, Canada, where such arrangements have generated increasing interest in the past ten years. Attachment experiments were given added impetus in 1974 when an Ontario government Health Task Force recommended this approach as one of several proposals for improving the efficiency and quality of primary care in the province. In theory, the continuing contact between family physician and PHN implied by an attachment arrangement should eliminate the reasons for low referral.
THE ATTACHMENT PROGRAM AND ITS OBJECTIVES

Originally each municipality in Ontario had its own public health officer and developed its own programs, including preventive and promotional services in public health inspection, medicine, dentistry, and nursing. Since the '60s, however, the province has been encouraging local units to combine into larger districts by offering financial incentives. These districts characteristically consist of a major town or city and one or more surrounding counties. Amalgamation is designed to allow more rational planning and to benefit the usually poorer rural counties through association with a comparatively prosperous urban area. The offices of the public health district are in the urban center and branch offices may exist throughout the district, each of which offers access to the public health nursing service.

The nursing program of the health district is a general one. Public health nurses provide school health nursing service (including immunization and screening programs), communicable disease case-finding and follow-up of contacts, education classes for expectant parents, and family planning and conception control counseling. Public health nurses also make home visits to provide health instruction and counseling for pregnant women, well infants and children, adults, and senior citizens as well as to monitor, assess, and supervise any medical and psychosocial problems of the residents.

When physician-PHN attachment arrangements do not exist, a physician in private practice who wishes a patient to be seen by a public health nurse would normally make a general referral to the local public health nursing service. Under the attachment program, a PHN is attached to a physician's office for part of her activity and whenever the physician feels a patient would benefit from a PHN consult, he refers directly to his attachment nurse. In return, the physician agrees to open relevant patient files to her and to meet with her at least once a week. The attached PHN continues to be paid by and reports to the health district administration.

The attachment programs in the urban center and county (rural) section of one health district in Ontario were investigated separately. Both investigations were designed to determine whether attachment would increase the number of referrals the public health nurse received from physicians and whether it might alter the types of cases and patients characteristically seen by the PHN.

In addition, the urban study sought to clarify types of cases seen by determining the exact service(s) performed by attached and nonattached public health nurses during a home visit.

The rural study was extended to clarify the relationship between physician and attached PHN. It attempted to determine, for example, whether the attached PHN was satisfied that the physician's referrals were appropriate to her role; some public health nurses attending hearings on the Task Force Report had expressed concern that attachment would transform the PHN into a "travel-