Optimizing Scopes of Practice: New Models of Care for a New Health Care System

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RCRHS
Réseau canadien sur les ressources humaines en santé

CHHRN
Canadian Health Human Resources Network

CAHS ACSS

Overview

- The Charge
- CAHS Assessment Approach
  - Scopes of Practice Terminology
- Key Research Findings
- Key Recommendations

The CAHS Assessment Charge

- The charge developed by the Academy and assigned to the Expert Panel in partnership with CHHRN was to address the following question:

  What are the scopes of practice that will be most effective to support innovative models of care for a transformed health care system to serve all Canadians?

CAHS Assessment Approach

- To systematically approach the question the co Chairs and CHHRN Project Team
  1. Developed a guiding conceptual framework of macro, meso and micro influences on scopes of practice;
  2. Extracted findings from 125 sources of literature on scopes of practice interventions to see their impact;
  3. Interviewed 50 Canadian and international experts in the field, and
  4. Worked closely with the Expert Panel over an 18 month period to discuss the key findings and generate recommended actions.

CONCEPTUAL FRAMEWORK:

SCOPES OF PRACTICE THAT SUPPORT INNOVATIVE MODELS OF CARE THAT BETTER ADDRESS POPULATION HEALTH NEEDS AND A TRANSFORMED HEALTH CARE SYSTEM

Where we are

Current Canadian Health Care System characterized by insufficiencies around:

Accessibility –particularly for marginalized and disadvantaged populations

Care provided outside of business hours

Wait times

Health promotion including patient involvement and self-management

Appropriate use of healthcare providers and resources

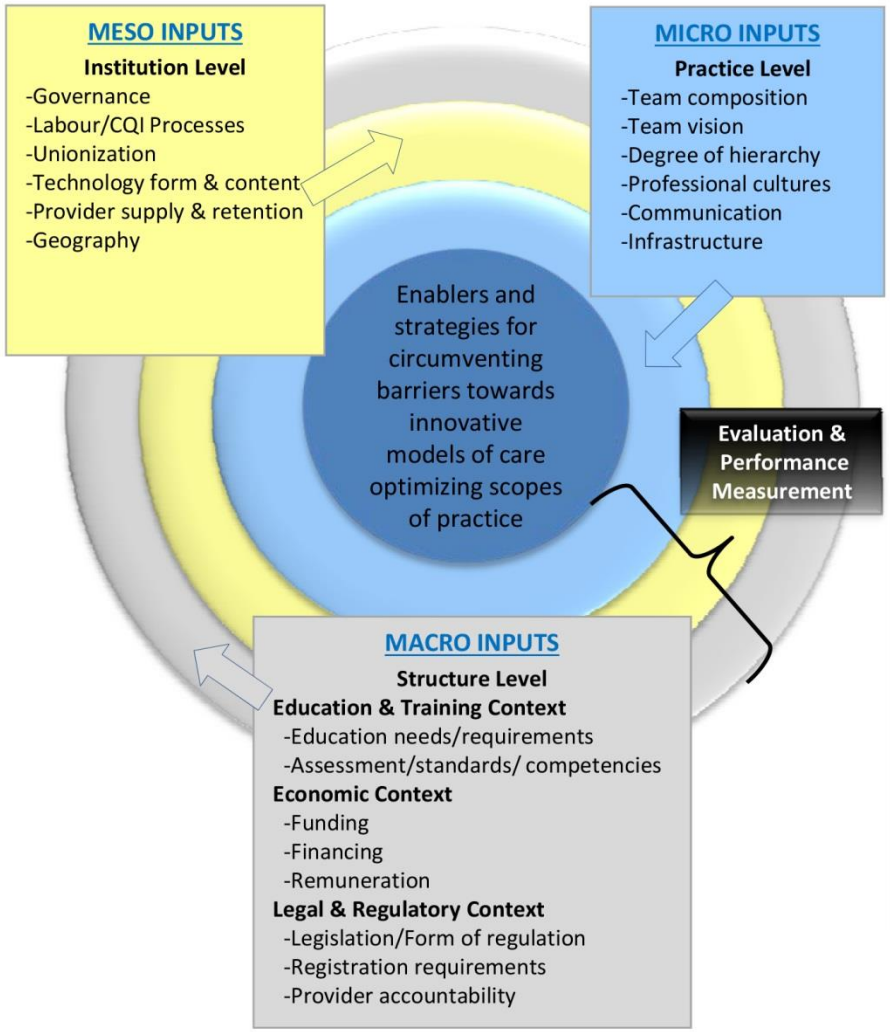
Chronic care management

Mental health care

Elderly and end-of-life care

Fiscal effectiveness and sustainability

How we can get there



Where we want to be

A transformed health care system characterized by:

- A move from supply to need focused (needs determine models to scopes)
- A move from professional to patient focused
- A move from isolated, siloed professionals to teams based on non-conventional and conventional providers
- A move away from historic long term credential SoP to a model of team defined tasks to meet population needs; team allocates resources and responsibilities (task certification process to ensure competency)
- Individual regulation to combined/team accreditation
- Funding groups rather than individuals *(not necessarily health outcomes – process outcomes, reduction to ER)*
- Performance monitoring and evaluation that is aligned with these principles

- *List of insufficiencies from: Nasmith L., Ballem P., Baxter R., Bergman H., Colin-Thomé D., Herbert C., Keating N., Lessard R., Lyons R., McMurchy D., Ratner P., Rosenbaum P., Tamblyn R., Wagner E., & Zimmerman B. (2010). Transforming care for Canadians with chronic health conditions: Put people first, expect the best, manage for results. Ottawa, ON, Canada: Canadian Academy of Health Sciences.*

Scopes of Practice Terminology

- The term ‘scopes of practice’ can encompass a range of professional parameters
  - It has legal, social, and practical dimensions
- A profession’s scope of practice encompasses the activities its practitioners are **educated and authorized to perform**. The overall scope of practice for the profession sets the **outer limits of practice** for all practitioners. The actual scope of practice of individual practitioners is influenced by the settings in which they practice, the requirements of the employer and the needs of their patients or clients. (CNA 2011)

Scopes of Practice Terminology

- HPRAC's review of health professional scopes of practice extrapolated the following layers:
  - *How professionals are defined – who can call themselves a member of the profession…;*
  - *What professionals are trained to do;*
  - *What professionals are authorized to do by legislation;*
  - *What professionals actually do;*
  - *How a professional does what he/she does …; [and]*
  - *What others expect a profession can do (i.e. delegation).(HPRAC, 2007 p. 2-3)*

Scopes of Practice Terminology

- **Expanded scopes of practice** occur when health care professionals take on a wider range of tasks in the practice setting that would be considered outside their 'traditional' scopes of practice.
  - This may involve the process of **task-shifting**, or delegation of tasks from the responsibility of one health care professional or group to another.

Scopes of Practice Terminology

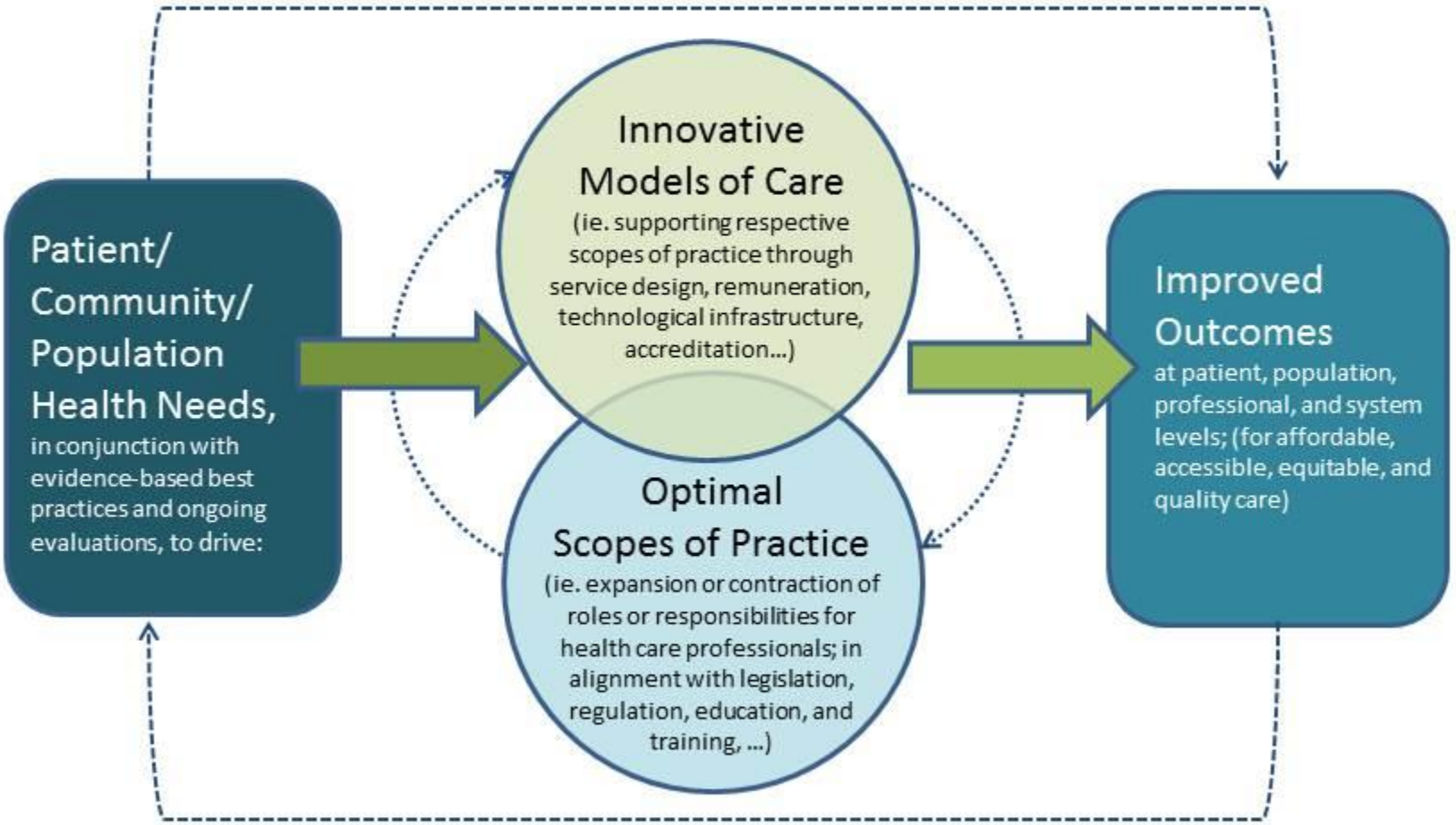
- Similarly in recent years, **new roles** have come into practice that tend to be specific to a setting or institution and have not been adopted across multiple jurisdictions. (e.g., pharmacy technicians and patient navigators).
  - Such positions therefore imply negotiation around their associated scopes of practice relative to the scopes of practice of existing health care personnel.

Scopes of Practice Terminology

- A final note about terminology is the distinction between **'full'** and **'optimal scope'**.
  - Full scope denotes health care professionals practicing the full range of skills for which they have been trained and are competent to perform. The principle of all health care professionals practicing to their full scope in all contexts may in fact work against the creation of a more efficient, cost-effective health care system.
  - Alternatively, working to 'optimal scope' means achieving the most effective configuration of professional roles, determined by other health care professionals' relative competencies.

How do Models of Care relate to Scopes of Practice ?

Innovative models for health care delivery are typically seeking to optimize health human resources through decreasing reliance on independent physician services while increasing the role of non-physician health care professionals. Changes to the organization of health care need be reflected in the legislative, regulatory, educational, and training parameters of the respective scopes of practice.



How do Scopes of Practice relate to Models of Care?

Expanding scopes of practice (ie. pharmacists' ability to prescribe), overlapping scopes of practice (ie. nurse practitioners working with family physicians) , and new roles (ie. associated with technological innovations), necessitate modifications to the design and delivery of health care services.

Key Research Findings

- Over the course of this Assessment, we identified an emerging consensus that optimizing scopes of practice, paired with evolving models of shared care can provide a multidimensional approach to shift the health care system from one that is characteristically siloed to one that is collaborative and patient-focused.
- The following tables highlight the barriers and enablers related to optimal scopes of practice using the macro (structural), meso (institutional/organizational) and micro (practice) framework

BARRIERS & ENABLERS TO OPTIMAL SCOPES OF PRACTICE WITHIN COLLABORATIVE CARE ARRANGEMENTS AT THE MACRO, MESO AND MICRO LEVELS

	BARRIERS	ENABLERS
MACRO	• Health care professional accountability/liability concerns	• Educating professionals and courts on changes to legislation that recognize the terms of shared care models
	• Educational needs/requirements that inhibit professionals working to full or optimal scope	• Establish practicums and residencies that foster interprofessional competencies • Post-licensure credentialing for continued competency development over the course of a career
	• Rigid legislation/regulations	• Expanding adoption of more flexible legislative frameworks that can be interpreted at the local setting
	• Payment models that support changes in scopes of practice	• Alternative funding (e.g. bundled or mixed payment schemes) to include all health care professionals, aligned with desired outcomes

*The summary box above has been informed by data collected from both the scoping literature review and the key informant interviews. The points presented were selected based on emerging themes and discussions among the Expert Panel Members.

BARRIERS & ENABLERS TO OPTIMAL SCOPES OF PRACTICE WITHIN COLLABORATIVE CARE ARRANGEMENTS AT THE MACRO, MESO AND MICRO LEVELS

	BARRIERS	ENABLERS
MESO	• Communication across multiple care settings	• Implementation and up-keep of electronic medical records essential for all respective health care professionals (and for patients themselves) to have timely access to the most up-to-date information of treatment and status
	• Professional protectionism	• Represent interests of professions recognizing collaborative care arrangements and interprofessional standards/ overlapping scopes of practice
	• Accountability	• Broader application of collaborative performance measures and an overall quality assurance framework through involvement of accrediting bodies
	• Availability of evidence	• Systematic monitoring and evaluation, with specific focus on inputs and outputs to estimate cost incurred for introducing change and long-term return on investments

***The summary box above has been informed by data collected from both the scoping literature review and the key informant interviews. The points presented were selected based on emerging themes and discussions among the Expert Panel Members.**

BARRIERS & ENABLERS TO OPTIMAL SCOPES OF PRACTICE WITHIN COLLABORATIVE CARE ARRANGEMENTS AT THE MACRO, MESO AND MICRO LEVELS

	BARRIERS	ENABLERS
MICRO	• Professional hierarchies	• Change management team – a designated role for managing changes in scopes of practice and models of care
	• Professional cultures (lack of trust, role clarity; job protectionism, 'turf wars', task escalation)	• Continuing professional development to cultivate 'team thinking' and develop levels of trust around relative competencies • Team vision: reinforcing that the ultimate goal is around the improved well-being of the patient; who provides the care is secondary to the quality and accessibility of services provided; • Instilling group mentality: internalization of shared responsibility across health care professionals
	• Communication among health care professionals	• Schedule regular meetings for health care team members to consult on appropriate care strategies and problem solving strategies; integrate information communication technologies • Co-location to have different types of health care professionals and services functioning in a shared space

Key Take Home Message

- A common characteristic of scopes of practice/models of care innovations are that they circumvents largely macro level structural barriers.
  - Our recommendations largely address this level as they were seen as having the greatest impact on change

Conclusions from Analysis

- There is a need for the implementation of an integrative, structural framework that supports the optimization of health care professional scopes of practice and innovative models of care.
  - **FLEXIBILITY** - empowering the collaborative practice team to determine the relative responsibilities of the different practitioners based upon community need
  - **ACCOUNTABILITY** – ensuring the optimization of scopes of practice through an accreditation process within a professional regulatory environment.

The Federal Government: Provide leadership and support to encourage the expansion of collaborative care models and the evolution of scopes of practice.

Priority Actions

- A1.Convene a national summit of all stakeholders to discuss a coordinated and prioritized plan of action based on the recommendations in this document.
- A2. Develop an infrastructure that provides arm's- length evidence and evaluation of the health workforce with both HHR planning and deployment through optimal scopes of practice as its mandate.
- A3. Earmark research funds to address gaps in the literature, particularly those at the meso and macro levels.
- A4. Develop a national framework for guidelines and quality standards for optimal, expanded, and overlapping scopes of practice.
- A5. Promote best practices and facilitate subsequent scale-up and sustainability of initiatives across the country.
- A6. Support the development and ongoing implementation of umbrella health professional regulatory legislation across provinces and territories.

Provincial/Territorial Governments: Lead the creation of systems of funding, financing, and remuneration that enable collaborative models of care that align with patient outcomes.

Priority Actions

- B1.Adopt alternative funding structures to support collaborative practice among professionals within and across settings.
- B2. Initiate a review of professional and union collective agreements to examine their impact on flexibility in health professional scopes of practice.
- B3. Ensure accountability for collaborative, patient-oriented care through accreditation.
- B4. Develop mechanisms that support a move to team- or institution-based liability coverage.
- B6. Support system-wide adoption of information technologies that foster optimal scopes of practice.

Regulatory Bodies: Take the lead to align regulations in order to enable respective professionals to better meet population health needs within collaborative care models, particularly in cases of overlapping and expanded scopes of practice.

Priority Actions

- C1. Work collaboratively with professional certification bodies to create national standards and competency frameworks that recognize training and recertification in areas of overlapping and changing scopes of practice.
- C2. Recognize certificates for advanced competencies that enable expanded scopes of practice.

Accrediting Bodies, in partnership with Quality Councils wherever possible, take the lead in establishing an accountability model through the accreditation and performance measurement of collaborative care arrangements at the community, primary care, and institution levels.

Priority Actions

- D1. Build on existing standardized performance metrics for collaborative care models.
- D2. Build on existing metrics to inform lifelong learning and collaborative competency development for practitioners at pre- and post-licensure.
- D3. Expand accreditation to additional levels of health care service provision to include collaborative care models.

Pre-licensure and Continuing Professional Education Providers accelerate the ongoing development of pre-and post-licensure education practices that foster collaborative care and reflect the changing nature of required competencies.

Priority Actions

- E1. Mandate and embed interprofessional, competency-based education across the professions so that interprofessionalism is an essential competency (rather than an additional competency).
- E2. Develop certificates for advanced collaborative practice competencies.
- E3. Develop mechanisms to support widespread engagement in lifelong learning to build and enhance collaborative care competencies.

Professional Associations and Unions take the lead in supporting collaborative care practice models as meeting the needs of the individual professions represented and recognizing that this is the context in which most members work or will work.

Priority Actions

- F1. Contribute to the establishment of evidence-informed guidelines for collaborative care models in which their members participate.

In sum,

The proposed recommendations provide a blueprint for action to align optimal scopes of practice with innovative models of care through educational, legal, regulatory, economic, and evaluative structures.

Consideration and adoption of the recommendations will require time and cooperation from all stakeholders.

The ultimate goal is for the transformation of scopes of practice and models of care to enable the future health care system to best meet the needs of Canadians.