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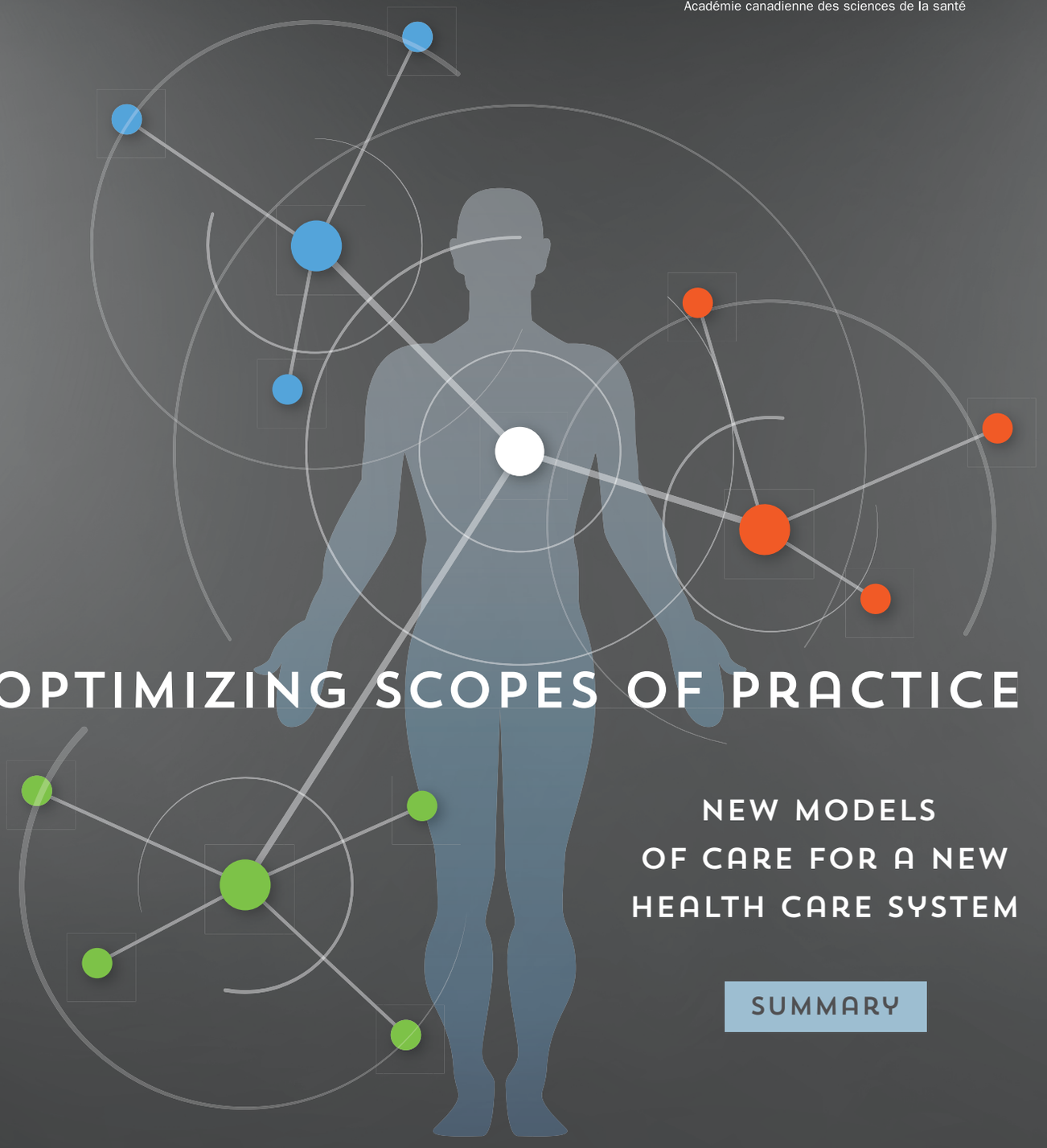

OPTIMIZING SCOPES OF PRACTICE

NEW MODELS OF CARE FOR A NEW HEALTH CARE SYSTEM

SUMMARY

REPORT OF THE EXPERT PANEL APPOINTED BY THE CANADIAN ACADEMY OF HEALTH SCIENCES:
Nelson S, Turnbull J, Bainbridge L, Caulfield T, Hudon G, Kendel D, Mowat D, Nasmith L, Postl B, Shamian J, Sketris I. (2014)

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LETTER FROM THE PRESIDENT OF THE CANADIAN ACADEMY OF HEALTH SCIENCES

On behalf of the Canadian Academy of Health Sciences (CAHS), I am pleased to present this assessment:* Optimizing Scopes of Practice: New Models of Care for a New Health Care System*. The assessment had its origins in the CAHS Forum of September 2011, which focused on the future of Canada's health care system. Deliberations after the Forum led to a realization of the importance of scopes of practice to innovation in Canada's health care system.

I wish to extend the sincere gratitude of the CAHS to the co-chairs, Jeff Turnbull, University of Ottawa, and Sioban Nelson, University of Toronto, and to the distinguished members of the Expert Panel. This publication is the culmination of their 24 months of careful review of the evidence and development of innovative recommendations. I wish also to thank Ivy Bourgeault, University of Ottawa, Scientific Director of the Canadian Health Human Resources Network, for vital contributions to this assessment.

Appreciation is due also to Dale Dauphinee, McGill University, Past-Chair of the CAHS's Standing Committee on Assessments, for the guidance that he and his dedicated committee provided for this assessment from its earliest phases to its successful conclusion. I wish to extend a sincere "thank you" to Carol Herbert, Western University, who provided critical oversight of the process as it neared conclusion. I wish also to acknowledge Tom Marrie, Past President of CAHS, for his leadership in building the early momentum and securing sponsors for this assessment.

Every CAHS assessment requires the financial sponsorship of visionary organizations. This assessment was supported by a large number of organizations, which generously contributed anywhere from $5,000 to $50,000. The CAHS is profoundly grateful to each of these sponsoring organizations. They are acknowledged in the introductory pages of this report.

The leadership of the CAHS brings this assessment to the attention of the Canadian public, confident that it will be of substantial value in national efforts to strengthen and sustain the health care system so highly valued by all Canadians.

John A. Cairns, MD, FRCPC, FCAHS

President (2013–2015),
Canadian Academy of Health Sciences

THE CANADIAN ACADEMY OF HEALTH SCIENCES

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The Canadian Academy of Health Sciences is modeled on the Institute of Medicine in the United States and provides timely, informed, and unbiased assessments of urgent issues affecting the health of Canadians. The process of the Canadian Academy of Health Sciences' work is designed to ensure appropriate expertise, integration of the best science, and avoidance of the bias and conflict of interest that frequently confound solutions to difficult problems in the health sector. The Academy's assessments provide an objective weighing of the available scientific evidence at arm's length from political considerations and with a focus on the public interest.

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The Canadian Academy of Health Sciences is composed of elected Fellows from diverse disciplines both within and external to the health sector. It is both an honorific membership organization and a policy research organization. The Fellows are elected to the Academy by a rigorous peer review process that recognizes demonstrated leadership, creativity, distinctive competencies, and a commitment to advance academic health sciences.

Expert Panel Members

This Expert Panel represents a diverse range of expertise and perspectives, exemplifying the reputation of the Canadian Academy of Health Sciences for objectivity, integrity, and competence:

Sioban Nelson (co-chair), University of Toronto

Jeff Turnbull (co-chair), Ottawa Hospital

Lesley Bainbridge, University of British Columbia

Timothy Caulfield, University of Alberta

Gilles Hudon, former Director of Health Policy and Professional Development, Federation of Medical Specialists of Quebec

Dennis Kendel, former Registrar of the College of Physicians and Surgeons of Saskatchewan

David Mowat, Medical Officer of Health for Peel Region, Ontario

Louise Nasmith, University of British Columbia

Brian Postl, University of Manitoba

Judith Shamian, International Council of Nurses, Ontario

Ingrid Sketris, Dalhousie University

Project Team: Canadian Health Human Resources Network (CHHRN)

Ivy Lynn Bourgeault, Scientific Director of CHHRN, University of Ottawa

Gillian Mulvale, McMaster University

Katelyn Merritt, Project Manager, CHHRN, University of Ottawa

Biographies of the Expert Panel members, Project Team, Legal Consultant and CAHS liaison are in Appendix 4. All members volunteered their time and expertise to address this critical issue and were required to declare in writing any potential conflicts of interest. These are available for review on request.

Legal Consultant

Nola M. Ries, University of Alberta and University of Newcastle (Australia)

Biographies of the Expert Panel members, Project Team, Legal Consultant and CAHS liaison are in Appendix 4. All members volunteered their time and expertise to address this critical issue and were required to declare in writing any potential conflicts of interest. These are available for review on request.

External Reviewers

External reviewers provided candid and constructive comments to assist the Canadian Academy of Health Sciences in ensuring that this report meets its standards for objectivity, evidence, and responsiveness to the study charge. The external reviewers were:

Dr. J. Lloyd Michener, Professor and Chairman, Department of Community and Family Medicine, and Clinical Professor, School of Nursing, Duke University

Dr. Nancy Edwards, Professor, School of Nursing and Institute of Population Health, University of Ottawa, Scientific Director of the Institute of Population and Public Health, CIHR

Dr. Julie Fairman, Nightingale Professor of Nursing and Director of the Barbara Bates Center for the Study of the History of Nursing, School of Nursing, University of Pennsylvania

Dr. Richard Reznick, Dean, Faculty of Health Sciences, Queen's University

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Association of Faculties of Medicine of Canada

Canadian Association of Occupational Therapists

Capital District Health Authority

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PREFACE: A MESSAGE FROM THE CO-CHAIRS

Over the last decade, it has become increasingly clear that our health care system in Canada is underperforming relative to investment. This has led to widespread calls for change and the recognition that a new health care system must be built upon collaborative care models, where the right professional provides the highest quality of care in the right setting and at the right time based upon the needs of the individual patient. Determining the optimal scopes of practice of these health care providers will be an essential element in leading health care transformation for the future. Unfortunately, the systems in place for determining and regulating scopes of practice have done more to preserve the status quo than promote change. As a result the Canadian Academy of Health Sciences commissioned a report towards the end of 2012 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?

We were honoured to be named as co-chairs of a distinguished Expert Panel, which spent the next 18 months addressing this question. We were fortunate to partner with the Canadian Health Human Resources Network (CHHRN) which, through its extensive knowledge base and network, completed an exhaustive scoping review and conducted focused interviews with opinion leaders in the field.

During this process we recognized the importance of non-regulated and informal health providers as well as the need to consider health promotion strategies in any comprehensive plan for health care reform. However, this review focuses primarily upon regulated health professions and their contribution in supporting collaborative models of care and transforming our health care system.

The report calls for a new approach towards determining scopes of practice based upon community need. This approach would empower the collaborative practice team to determine the relative responsibilities of the different practitioners and the team would be held accountable through an accreditation process within a professional regulatory environment.

The report concludes with specific recommendations to those key stakeholders who are required to make this transformation a reality.

As co-chairs, we would like to take this opportunity to thank the members of the Expert Panel for their unlimited energy and expertise. We would also like to highlight the importance of those individuals who gave freely of their time as key informants and reviewers. This report would not have been possible without Ivy Bourgeault and the team at CHHRN, especially the tireless Katelyn Merritt. We thank them for their remarkable efforts. Finally, we would also like to thank the Academy for trusting us with such an important task.

We hope that this report will be the beginning of a process of thoughtful discussion and debate that must at all times put the future of the health care system and the welfare of our patients and communities first and foremost.

Sioban Nelson *Jeff Turnbull*

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EXECUTIVE SUMMARY

Recent shifts in the socio-demographic and epidemiologic profile of Canadians, transformations in technology, and the ongoing concern over the return on investment of health care dollars have led to a wide recognition of the need for health care system transformation. Efforts to both preserve and improve upon the successful elements of the Canadian health care system continue to be insufficient to meet the evolving health care needs of *all* Canadians. The various elements of the current system were largely created to respond to acute, episodic care provided in hospitals and most often by individual physicians. Over the decades, these elements have become enshrined in legislative, regulatory, and financial schemes that challenge adaptation to shifts in population health care needs. Health care organizations and personnel seeking innovative solutions must often work around these barriers in order to optimize resources and improve quality of care. These models typically remain localized and lack the structures or systematic supports that would enable broader scalability. This Assessment directly addresses the optimal scope of practice of health care providers through an examination of these issues and calls for system-wide transformation that builds upon ongoing quality improvement initiatives to better meet patient, community, and population needs.

With health care professionals at the frontline of service delivery, an examination of the utilization of health human resources (HHR) is required. This endeavour includes an investigation of the tasks and responsibilities outlined within each health profession (referred to as *scopes of practice*); the configurations in which health professionals interact (referred to as *models of care*); and the educational, legal, regulatory, and economic contexts in which both scopes of practice and models of care are embedded. In response to the challenge of providing high-quality and accessible care, the scopes of practice of some health care professionals, such as pharmacists and nurse practitioners, have been extended and new professions and roles, such as pharmacy technicians and health navigators, have been developed in several jurisdictions across Canada. In some cases, however, these roles have been introduced without full articulation of how these new roles will be integrated into existing service delivery models or how they will impact the scopes of practice of existing health professions. Beyond extending scopes of practice for some health care professions, optimization of existing scopes of practice must be determined in alignment with the models of care in which they function. The misalignment of Health Human Resources capacities with the need to provide health care services relevant to population demands is a global issue for which we are seeking a Canadian solution.

Objectives and Research Question

The objectives of this Assessment were to conduct a review of the evidence regarding the optimization of health care professional scopes of practice, drawing upon the Canadian Academy of Health Sciences' network of scientists, professional leaders, and health care professionals to provide an expert analysis. Led by an Expert Panel and its two chairs, this Assessment

also represented the first time the Canadian Academy of Health Sciences (CAHS) had partnered with a knowledge exchange network in the relevant field, the Canadian Health Human Resources Network (CHHRN), which took the lead as the Project Team. CHHRN provided not only content expertise but also access to an extensive national and international network of scholars and Health Human Resources innovators. 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?

Approach

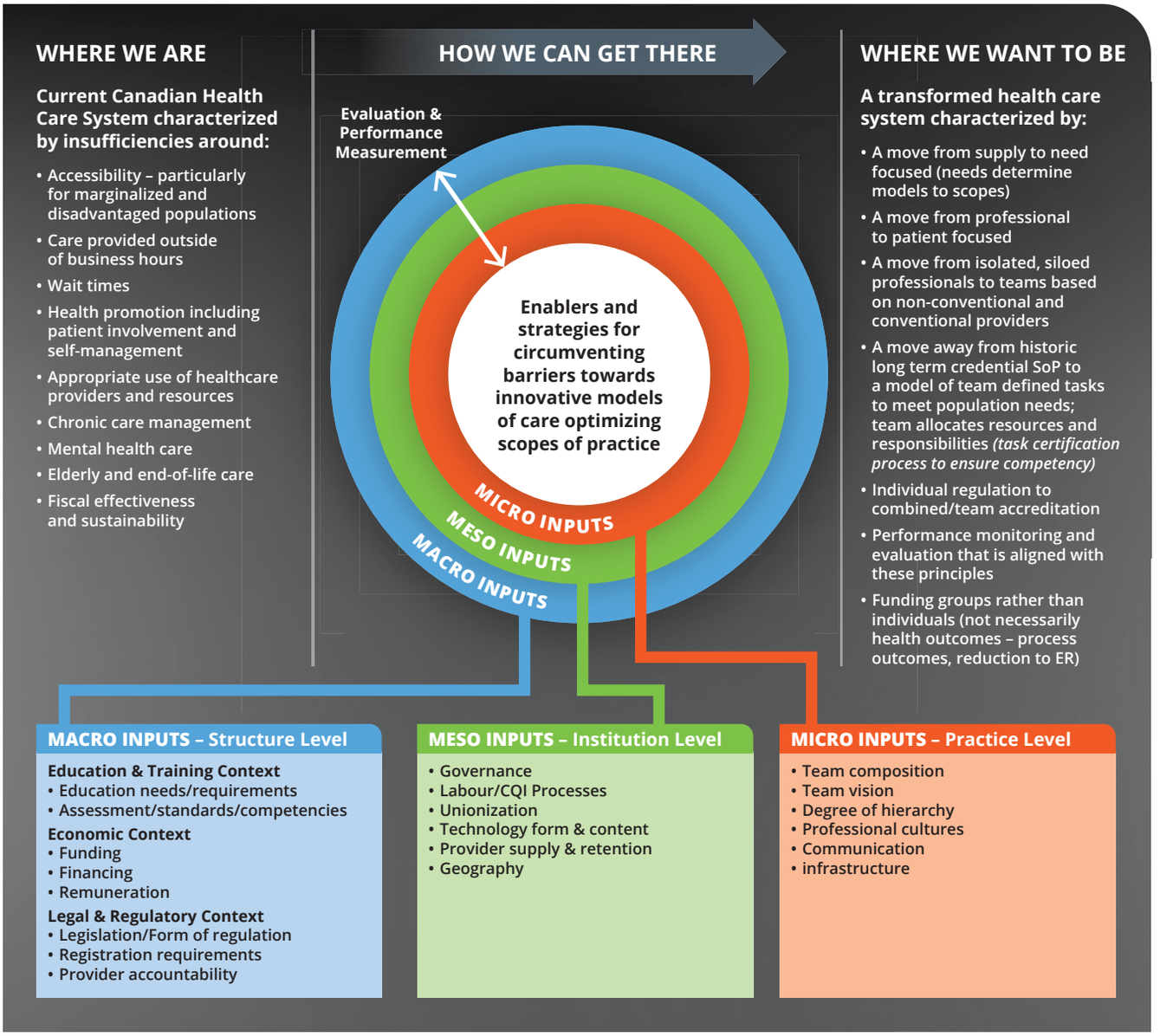
Using the Health Council of Canada's *Triple Aim Plus,* that comprises better health, better care, and better value presented through a health equity lens, the Project Team undertook a systematic process to identify promising approaches related to the optimization of health care professional scopes of practice. There were three elements to the data collection and synthesis: (1) a scoping review to systematically map out the existing literature relevant to scopes of practice from both published and unpublished sources, (2) 50 key informant interviews to augment findings from the literature, and (3) Expert Panel meetings to discuss the state of the evidence and implications for Health Human Resources planning and policy decision making. This report reflects the consensus of the Expert Panel members, which was developed over a series of in-person and teleconference deliberations over an 18-month period.

The conceptual framework, which was developed as part of the Assessment process, guided the data collection and analysis and is shown below. Briefly, it maps out ***where we are***—describing the insufficiencies of the present health care system—and ***where we want to be***—highlighting the Expert Panel's vision statement and target outcome indicators for patients, health care professionals, and the health care system. Depicted in the middle of the framework is a model of ***how we can get there***—focusing on various levels of structural inputs that influence the optimization of health care professional scopes of practice and supportive models of care.

Our explicit focus was to synthesize ways through which the reconfigurations of scopes of practice and models of care, especially in a collaborative care environment, have the potential to initiate transformation of the health care system in order to better meet patient, community, and population needs.

CONCEPTUAL FRAMEWORK:

Scopes of practice that support innovative models of care that better address population health needs and a transformed Health Care System



List of insufficiencies from: Nosmith L., Bailem 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 core for Canadians with chronic health conditions: Put people first, expect the best, manage for results. Ottawa, ON, Canada: Canadian Academy of Health Sciences.

Findings

Recognizing the variability of both communities and practice circumstances and the need to support models of collaborative care, the Expert Panel felt that a new approach towards determining and assigning scopes of practice was required. This strategy, one that is focused on the patient and is flexible and accountable, would ensure that the right provider gives the best care in the most appropriate location. Critically, the model proposes that the health care team or institution be held accountable for assigning appropriate and optimal scopes of practice within a regulated structure.

The findings from the scoping review and key informant interviews were organized into micro (practice), meso (institution), and macro (structure) levels based on the interventions assessed for quality improvement. In the table below, we depict the fluidity of key barriers that can provide an opportunity to become key enablers for optimizing scopes of practice and supporting innovative models of care through modification or circumvention of structure or function.

Over the course of this Assessment, we identified an emerging consensus that optimizing scopes of practice paired with supporting 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.

BARRIERS AND ENABLERS: 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 principles of shared care models
	Educational needs/requirements that inhibit professionals working to full or optimal scope	• ***Establishing practicums and residencies*** that foster inter-professional 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 do not support changes in scopes of practice	• ***Alternative funding*** (e.g., bundled or mixed payment schemes) to include all health care professionals and to be aligned with desired outcomes
MESO	***Communication across multiple care settings***	• Implementation and upkeep 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 on treatment and status
	Professional protectionism	• Representation of the interests of professions in the context of collaborative care arrangements and ***inter-professional 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 the ***long-term return on investments***
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 and 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:*** to reinforce that the ultimate goal is the improved well-being of the patient; who provides the care is secondary to the quality and accessibility of services provided
	Communication among health care professionals	• ***Instilling group mentality:*** internalization of shared responsibility across health care professions • Scheduling of ***regular meetings*** for health care team members to consult on appropriate care strategies and problem-solving strategies; integrating ***information communication technologies*** • ***Co-location*** to have different types of health care professionals and services functioning in a shared space

**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.*

Recommendations

The recommendations provide a blueprint for action that will lead to the creation of more flexible environments to enable the scalability of promising initiatives around optimal scopes of practice and innovative models of care. Beyond the issue of transforming barriers into enablers, our analysis of scopes of practice innovations revealed that a common characteristic of innovation is that it circumvents largely macro-level structural barriers. This finding supported our focus on the broader context of health professional scopes of practice that may be better able to address patient, community, and population health needs. We are calling for the implementation of an integrative structural framework that supports the optimization of health care professional scopes of practice and innovative models of care. At the same time, we recognize the unique skills and abilities specific to different professions as critical to best practice in collaborative care models. Rather than recommending changes to the scopes of practice of individual health care professions, we are proposing an evidence-based approach characterized by three overarching elements:

- The approach is supportive of innovative models of care.
- The approach is flexible in order to respond to the varying needs of patients and communities.
- The approach is accountable to the public and to funders.

This approach recognizes the importance of collaboration among health care professionals as a central feature of the future of the health care delivery system. This level of collaboration requires shared responsibility at the practice and institution levels with accountability for the quality of services provided, based on the needs of the respective communities. Entry-level scopes of practice should arise from pre-licensure professional training and then expanded scopes of practice should arise from supplemental training in special competencies and be formally recognized. We are proposing two levels of accountability that are interrelated and articulated: firstly, a regulatory model that ensures the individual health care professional's competence and secondly, an accountability model embedded within collaborative health care practice through a proposed accreditation structure that ensures all members are working to their optimal scopes of practice in order to better meet patient, community, and population health needs.

To enable this transformation, the recommendations are directed at the multiple constituencies that define, fund, oversee, and regulate scopes of practice. Priority actions are set out under each recommendation.

A. 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.

B. Provincial/Territorial Governments: Take the lead to create 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.
- B5. Support system-wide adoption of information technologies that foster optimal scopes of practice.

C. 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.

D. 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.

E. 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.

F. 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 Action

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

Although these recommended actions are provided in itemized format, their implementation cannot occur in isolation. There is an interactive and iterative relationship between each recommendation and its development that is based on a common vision of "where we want to be" to be implemented over time.

Conclusion

Increased flexibility around scopes of practice and models of care is required to meet the changing population health needs and the diversity represented in communities across Canada. To determine optimal scopes of practice, clearly defined roles and tasks are best delineated at the local practice level relative to community needs and resources. Enabling greater flexibility requires an approach that takes into consideration changes over the course of a health professional's career, including skills development, certification processes, skills mix, and professional interests. For such changes to be adopted and scaled up over time, there needs to be both a systematic, evidence-based approach to furthering individual- and team-level accountability and a new balance between regulated individual practice and the accreditation of collaborative care arrangements. This is best afforded through the alignment of education, regulation, and funding models to optimize health professional scopes of practice. It is this collaborative practice model that must have the flexibility to best utilize the scopes of practice of team members within an accountable and regulated environment in the context of patient, community, and population health care needs.

In summary, 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.