

THE ROLE OF HEALTH PROFESSION ORGANIZATIONS IN ACHIEVING OPTIMIZED SCOPES OF PRACTICES

A case study for health policy development in Ontario and
Saskatchewan

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CHWC Conference
Tuesday, October 4th, 2016

Acknowledgements



Background

- Strong desire to improve primary health care across Canada
 - Right care, right time, right place, by the right person
 - Interprofessional teams (IPTs) → enhanced scopes of practices
- Overwhelming optimism for IPTs but little critical analysis (Haydt 2014)

Problem

- Literature has focused on:
 - Improving team function (e.g., Bailey et al. 2006; Barker et al. 2005)
 - Removing structural or cultural barriers hindering interprofessional collaboration (e.g., Hall 2005; Lahey & Currie 2005)
 - “Turf-Protection”
- Little is known about the implications of IPTs at a system-level.
- **How do health profession organizations respond and adapt to organizational and policy reforms that can affect the professional autonomy of their members?**

Methodology

- Search of peer-reviewed literature, grey literature, and (joint) submissions
- Twelve semi-structured interviews with key stakeholders from various health profession organizations, Ministries of Health, and others
 - Ontario (eight) and Saskatchewan (four)
 - Medicine, Nursing, Pharmacists, Dietitians, Policy-Makers
 - Audio recorded and transcribed
 - Transcripts verified by participants
- Document and thematic analysis using Nvivo

Influence on Health Policy

Regulatory Body

- Knowledge transfer
- Identify commonly occurring problems with their members
- Provide continuing education**
- Protect the public's interests

Professional Association/Union

- Knowledge transfer
- Identify commonly occurring problems with their members
- Provide continuing education
- Protect the public's interests
- Promote the profession's interests

Nursing Organizations

Ontario

- College of Nurses of Ontario
- Registered Nurses' Association of Ontario
- Nurse Practitioners' Association of Ontario
- Ontario Nurses' Association

Saskatchewan

- Saskatchewan Registered Nurses Association
 - Nurse Practitioners of Saskatchewan
- Saskatchewan Union of Nurses

Level of Engagement in Health Policy

- Historical legacy of organizational involvement
- Size and membership base
- Resources (especially financial)
 - Mandatory membership versus voluntary membership
- Knowledge and expertise relevant to the policy

Engagement with Ministries of Health

Ontario

P6: “We, in Ontario in particular, have a very **command and control type management style** where we come up with things we’re going to do at the ministry level without really doing any meaningful consultation or engagement with anybody...”

Saskatchewan

Participants reported direct involvement of health professional organizations in the development of policies from the onset, leading to greater flexibility for health providers within clinical practice than their provincial counterparts.

e.g. NP bylaws are not self-limiting

Importance of Collaboration at the Regulatory Level

Collaboration between health profession organizations is necessary to ensure the organization's mandate is being met.

- Feedback mechanism
- “Sow the Seeds”
- Identify lessons-learned and subject matter expertise related to specific standard of practice (i.e. enhanced scopes of practice)

Participants believed that a **policy recommendation was more likely to succeed** when there was general agreement between health profession organizations during the formal consultative process.

Challenges for Health Profession Organizations

1. Involvement in the health policy process

- Getting a seat at the table
- Continued influence of the provincial medical association

P4: “In Ontario, a lot of the health care planning begins in closed door sessions between the OMA – the Ontario Medical Association – and the Ministry of Health. And they sort of go into these negotiations and discuss a whole bunch of issues, **not just how physicians are paid, but models of care, how other health care providers will be paid, etc. And the other providers aren’t there at the table, you know?**”

Challenges for Health Profession Organizations (Cont.)

2. Supporting the enhancement scopes of practice and collaborative practice

- Lack of institutional and financial support in primary care
- Professional cultures among members enforcing the trend of “turf-protection”
- Lack of role clarity between different health providers and within the same professional group (i.e. nurses and NPs)

P1: “[some] pharmacists thought it was great that they were potentially going to be able to prescribe. **But when you said to them that nurses were going to dispense, [their response was] “Woah... Wait a minute. They, woah, they wouldn’t know how to do that.”**”

Challenges for Health Profession Organizations (Cont.)

3. Restrictive funding models

P12: “who does what boils down to money”

- Limited number of FHTs and primary care centres
- Inconsistent remuneration for the same provider across different health settings
- Publicly funded positions are (sometimes) limited to a specific health setting

Conclusion

- Many informal policy networks exist between health profession organizations that encourage collaboration between groups
- Participants felt a need for more bottom-up, deliberative dialogue and greater support for leaders to implement changes at the clinical level
- Primary care reform
 - Need better engagement of health profession organizations and the health workforce in the development of policy
 - Need more flexible, and consistent, funding arrangements for primary care teams and individual health providers

Policy Relevance

- You don't need to regulate collaboration (Bill 179 in Ontario)
- Policies enhancing scopes of practice require greater institutional and financial support to achieve desired policy outcomes
- Medical provincial associations continue to maintain the greatest influence in directing policy directions and funding decisions, compared to other health profession organizations

THANK YOU!

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References

- Bailey, Patricia, Linda Jones, and Daniel Way. 2006. "Family physician/nurse practitioner: stories of collaboration." *Journal of Advanced Nursing* 53(4): 381-391.
- Barker, Keegan, Carmela Bosco, and Ivy Oandasan. 2005. "Factors in implementing interprofessional education and collaborative practice initiatives: Findings from key informant interviews." *Journal of Interprofessional Care* 19 (Suppl. 1): 166-76.
- Hall, Pippa. 2005 "Interprofessional teamwork: Professional cultures as barriers." *Journal of Interprofessional Care* 19 (2): 188-196.
- Haydt, Susan. 2014. "Go Teams! A Situational Analysis of Interdisciplinary Primary Care Teams in Ontario." PhD diss., Dalhousie University.
- Lahey, William and R. Currie. 2005. "Regulatory and medico-legal barriers to interprofessional practice." *Journal of Interprofessional Collaboration* 19 (2): 197-223.