

VIEWS ON THE COLLABORATIVE PRACTICES AMONG HEALTH PROFESSION ORGANIZATIONS

A case study for health policy development in Ontario

*Olena Schell, PhD Candidate
University of Regina*

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Acknowledgements



Background

- Strong desire to improve primary health care across Canada
 - Right care, right time, right place, by the right person (Ontario 2012)
 - 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 to the Health Professions Regulatory Advisory Council
- Eight semi-structured interviews with key stakeholders from various health profession organizations, MOHLTC, and others
 - Medicine, Nursing, Pharmacists, Dietitians, Policy-Makers
 - Audio recorded and transcribed
 - Transcripts verified by participants
- Document and thematic analysis using Nvivo

Results

Influence on Health Policy

Regulatory Body

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

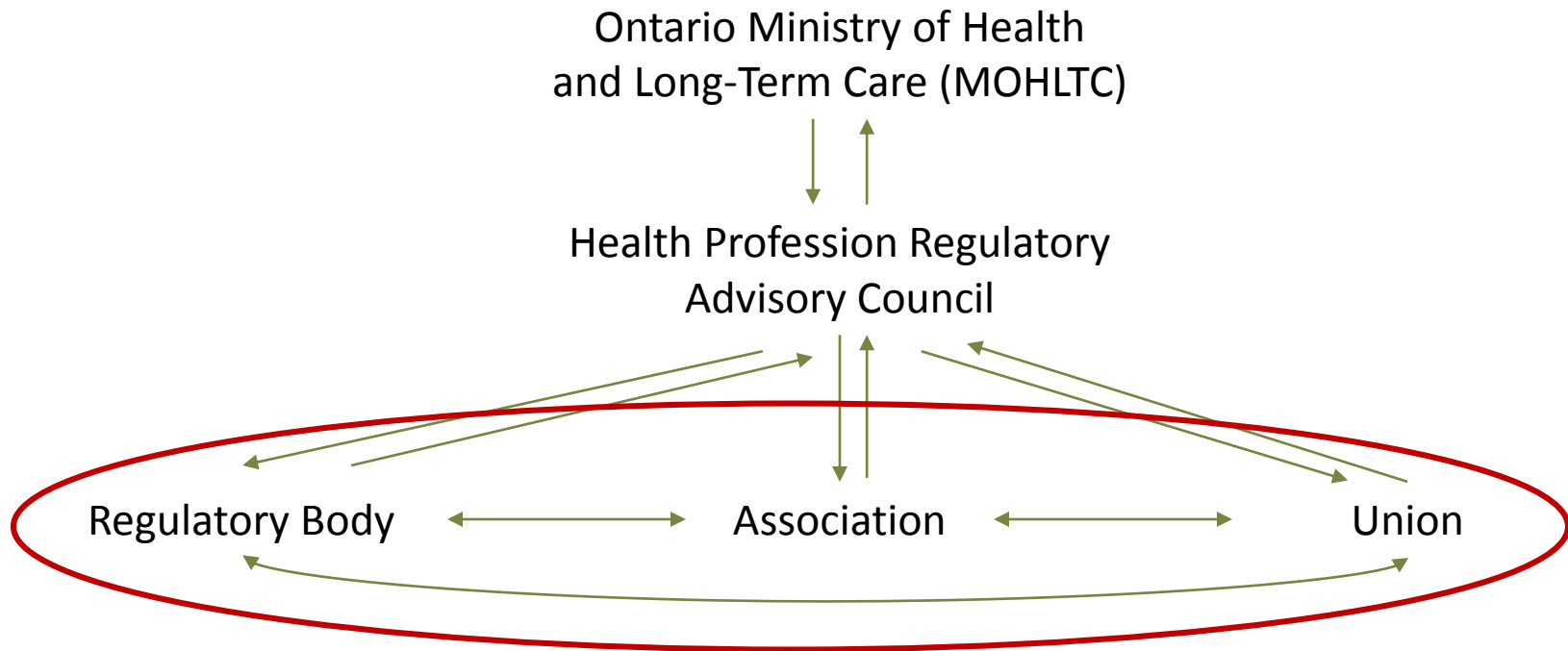
Professional Association/Union

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

Engagement with the MOHLTC

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...”

Engagement with the MOHLTC (cont.)



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 with the MOHLTC.

Importance of Collaboration at the Regulatory Level (cont.)

Greater collaboration at the clinical level leads to greater collaboration at the regulatory level

P1: “And it was extremely welcomed that we work with them so that when a pharmacist says to us, “But how am I supposed to explain that?” and we can say, “Direct that prescriber to their own College, to their own policy, you’re going to find something there that supports the action you want to take.” As opposed to in the past, it would be, “I can’t tell him that... He’ll complain about me or ... I won’t have support for that action.” **So, yes, in the past, I would say over the past 10 years gradually, we had much greater ability to have ... the kinds of policies that would be consistent across, umm, professions.”**

Challenges for Health Profession Organizations

1. Involvement in the health policy process
 - Sitting at the right table
 - Continued influence of the provincial medical association

In discussing the developments for nurse practitioners

P4: “...where there have been road blocks if you will, or now bumps along the road, I think have to do with the fact that, umm, **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

- Lack of institutional and financial support
- Professional cultures among members enforcing the trend of “turf-protection”

P1: “... if you’re going to say “we think the silos should be broken down” then you have to be ... advancing that proposition on behalf of the [controlled act] that you have previously had... 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.””**

Conclusion

- Many informal networks exist among health profession organizations
- Enhanced scopes of practices do not guarantee increased collaboration or improved access to care
- Primary health care reform
 - Participants felt a need for more bottom-up, deliberative dialogue
 - Need better engagement of health profession organizations and the health workforce in the development of policy recommendations and solutions

THANK YOU!

Olena Schell, PhD Candidate

kapral2o@uregina.ca

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