The policy directions presented below are chosen to stimulate discussion and action and are informed by two papers commissioned by the Canadian Foundation for Healthcare Improvement (formerly CHSRF) for the Canadian Nurses Association (CNA): *Interprofessional Collaborative Teams* and *Evidence Synthesis for the Effectiveness of Interprofessional Teams in Primary Care*, both available at www.cfhi-fcass.ca and www.cna-aiic.ca

WHAT IF: INTERPROFESSIONAL CARE WAS THE NORM IN CANADA?

COMMISSIONED BY THE CANADIAN NURSES ASSOCIATION

Main concern/ problem

Canada is not making the best use of its highly skilled health professionals at a time when Canadians are living longer and developing more chronic conditions, such as obesity, diabetes and heart disease. As well, our failure to rethink how care is delivered is contributing to problems accessing care faced by many Canadians who live in rural and remote areas; and it is contributing to escalating healthcare costs. In fact, healthcare is out of step with the reality of community health and wellness needs – we need to go beyond the traditional physician model and acute, episodic care in hospitals, to focus on helping Canadians manage their health.

Our failure to make full use of the skills of all health professionals to improve care is a concern for many, and has been a theme of healthcare thinking and research for many years. In its recent report, *The health of our nation, the future of our health system*, the National Expert Commission of the Canadian Nurses Association called for health services to be designed to ensure all professionals, including nurses, work to their full scope of practice.

The premiers' Health Care Innovation Working Group, created in January 2012, looked at team-based healthcare delivery models[1] that 'encourage all health care professionals to work to their full professional capacity to better meet patient and population needs in a safe, competent and cost-effective manner.' The group's report, *From Innovation to Action* (prepared with the participation of the Canadian Nurses Association, the Canadian Medical Association, and the Health Action Lobby), notes that interprofessional models of care have been shown to improve health outcomes and care and also help leaders meet health-system demands.

[1]The team-based models discussed in this document are interprofessional models of care, as defined in the CNA Position Statement **Interprofessional Collaboration.** www2.cna-aiic.ca/CNA/documents/pdf/publications/PS117_Interprofessional_Collaboration_2011_e.pdf

Proposed options

Interprofessional team care should be the preferred choice in Canada, for providing access to both primary care and community-based health services – particularly for people with chronic disease and mental illness.

Interprofessional care is delivered by teams made up of providers from different healthcare disciplines, working together. They already exist in various jurisdictions in Canada, as family health teams, community health centre teams, and integrated health teams.

Nurses, the largest group of health professionals in Canada, have a substantive role to play in interprofessional care and are essential for its success. In many interprofessional care models, nurses take the lead, providing holistic nursing services, including assessment, treatment, patient education, health and self-care support, and outreach to vulnerable people and groups. Nurse-led models can be led by registered nurses or nurse practitioners[2] in clinics or nursing centres, or in specific programs that are part of broader programs or teams.

Benefits

Interprofessional models of care lead to better health outcomes for people with chronic disease, better care by improving access and patient experience and better value through more efficient use of resources. They emphasize reducing use of acute care while expanding community and home care. Those benefits should more than offset the cost of introducing the new approach.

Experience/ evidence of success

There is a growing body of evidence showing the success —from multiple perspectives —of interprofessional models of care in Canada. Some team-based models that have been evaluated and have shown benefits include primary care networks in Alberta; local community service centres in Quebec; and nurse-practitioner-led clinics in Northern Ontario and Nova Scotia.

Moreover, using health professionals to their full capacity is cost-effective. Nurse-led care focusing on preventive self-management for people with chronic disease has been shown to be more or equally effective than the traditional model. Improved quality of life and health for patients, for which there is much evidence, represents better value for money. Reduced use of emergency departments and fewer acute-care readmissions is another common finding on the economic effectiveness of interprofessional teams. In Toronto, a trial of a mobile emergency nursing service reduced the number residents of long-term care facilities sent to emergency departments. Another study, in Winnipeg, indicated that a collaborative care nurse practitioner model in a nursing home can improve pharmaceutical use and reduce transfers to emergency.

[2]NPs are "registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals, and perform specific procedures within their legislated scope of practice (CNA position statement: The Nurse Practitioner 2009)

Challenges and limitations

Arguably, the biggest challenge to implementing interprofessional models of care is to "get the incentives right." In Canada payment and organization of healthcare have developed around episode-oriented fee-for-service billing, rather than patients' needs. This focus on compensating physicians for treatments does not support preventive activities such as screening, health promotion and chronic disease management and does not easily accommodate innovations such as telemedicine, or using e-mail to communicate with patients.

There are other challenges to implementing innovative models of care. Sometimes, constraints are built into policies on what health professionals are allowed to do. And interprofessional models depend on how well individuals embrace working in teams, how they perceive its advantages and disadvantages, and whether they have the competencies, experience and support to build effective teams (which is why the National Expert Commission recommended all healthcare education be based on interprofessional models). Also, there is no single *right* model for interprofessional care; it depends on context. In fact, more than one model of care can be implemented in the same organization.

Considerations for Canada

As a top priority, all stakeholders will have to work together to choose an array of innovative interprofessional models of care to test and evaluate and undertake to share what's learned about them. The premiers' From Innovation to Action report offers a starting point – shared political will to move forward together to make interprofessional models of care the norm in Canada.

REFERENCES

Interprofessional collaborative teams ©2012, Canadian Foundation for Healthcare Improvement

Evidence synthesis for the effectiveness of interprofessional teams in primary care © 2012, Canadian Foundation for Healthcare Improvement

CNA's Primary Care Toolkit. 2012, Canadian Nurses Association. Available at www.cna-aiic.ca/en/professional-development/nurseone-knowledge-resources/cnas-primary-care-toolkit/

Better care: An analysis of nursing and healthcare system outcomes © 2012, Canadian Foundation for Healthcare Improvement

A nursing call to action: The health of our nation, the future of our health system ©2012, Canadian

Nurses Association Available at www.cna-aiic.ca/expertcommission/

From innovation to action: The first report of the health care innovation working group, 2012, the Council of the Federation

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