Innovative Models of HHR Service Delivery

Better Utilizing Existing Resources more Fully

Ivy Lynn Bourgeault

Université d'Ottawa | University of Ottawa

uOttawa

L'Université canadienne
Canada's university

CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Health Canada Santé Canada

CIHR/Health Canada Chair in Health Human Resource Policy

uOttawa.ca

1. Types of Innovations
2. Understanding Contexts
3. Case Studies
4. Implementing HHR Innovation
5. Scaling Up HHR Innovations

OUTLINE

I. TYPES OF HHR INNOVATIONS

Types of Innovations

- New professional roles and/or
- Expanded scope for existing professional roles

- May involve Interprofessional Practice (IPC)
  - *Collaborative/patient-centred practice*
  - *Team/Group-based care*
  - *Multidisciplinary*
  - *Interdisciplinary*

- ***Task sharing & task shifting***

What are (some of) the problems …

… that these HHR innovation are hoping to solve

- HHR Shortages *How many?*
  - *Especially problematic with longer training requirements*
- HHR Productivity *What they do?*
  - *Lack of coordinated care*
  - *Duplication of services*

What are (some of) the problems …

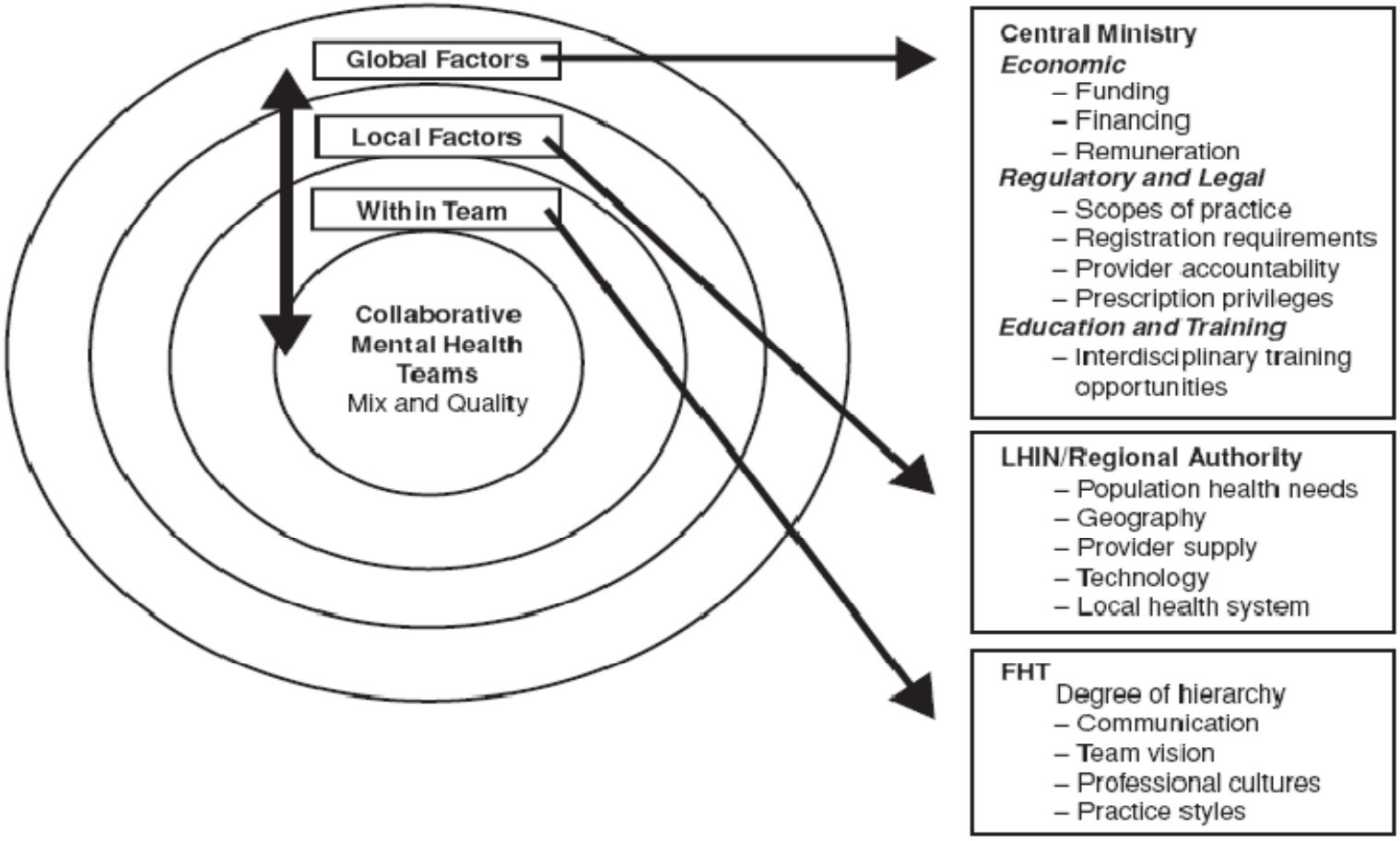
… that can arise from HHR innovations?

- Barriers to implementation
- Unintended consequences

II. UNDERSTANDING CONTEXTS

Conceptual Model of Factors that Affect the Mix of Health Human Resources and Quality of Collaboration in Interdisciplinary Primary Mental Health Care Delivery

(from Mulvale & Bourgeault 2007)



Prerequisites to Innovation

- *task shifting*
  - competency → *training implications*
- *task sharing*
  - *regulation not by exclusive scopes of practice*
    - e.g., RHPA's Controlled Acts
      - *But even if more than one profession can do the same task, it is typically done differently, reflecting a* ***different philosophy or model of practice***

III. INNOVATIVE HHR CASE STUDIES

"New" professional roles

- Integrating midwifery
  - *Since 1993 in Ontario*
- Now, approximately 500 midwives attending 10,000 births per year (Ontario)
- Cochrane review: http://www.cochrane.org/reviews/en/ab004667.html
  - *most women should be offered midwife-led models of care*

"New" professional roles

- Continued challenges
  - *Not able to practice to full scope in some hospitals*

    = HEALTH HUMAN RESOURCE WASTAGE

- CHSRF (2006) ***Allow midwives to participate as full members of the healthcare team***

  http://www.aom.on.ca/files/Communications/Reports_and_Studies/EvidenceBoost_June_E.pdf

Expanded roles

- Advanced practice nurses – e.g., Nurse Practitioners
  - *checkered history*

- DiCenso et al 2009 scoping review:

  While there has been progress over the past 40 years, the full contribution of APN roles to improving the health of Canadians through their effective development, deployment and integration within the health system has yet to be fully realized."

  = HEALTH HUMAN RESOURCE WASTAGE

Expanded roles

- More from DiCenso et al 2009 scoping review:

  "Key facilitators to role integration include the development and introduction of an APN role based on a systematic process to assess patient/community needs and including early stakeholder involvement, clearly defined roles, graduate level educational preparation with access to specialty-based knowledge and skills, strong administrative leadership to support role introduction and implementation, and support mechanisms to facilitate the NP's ability to function to full scope of practice."

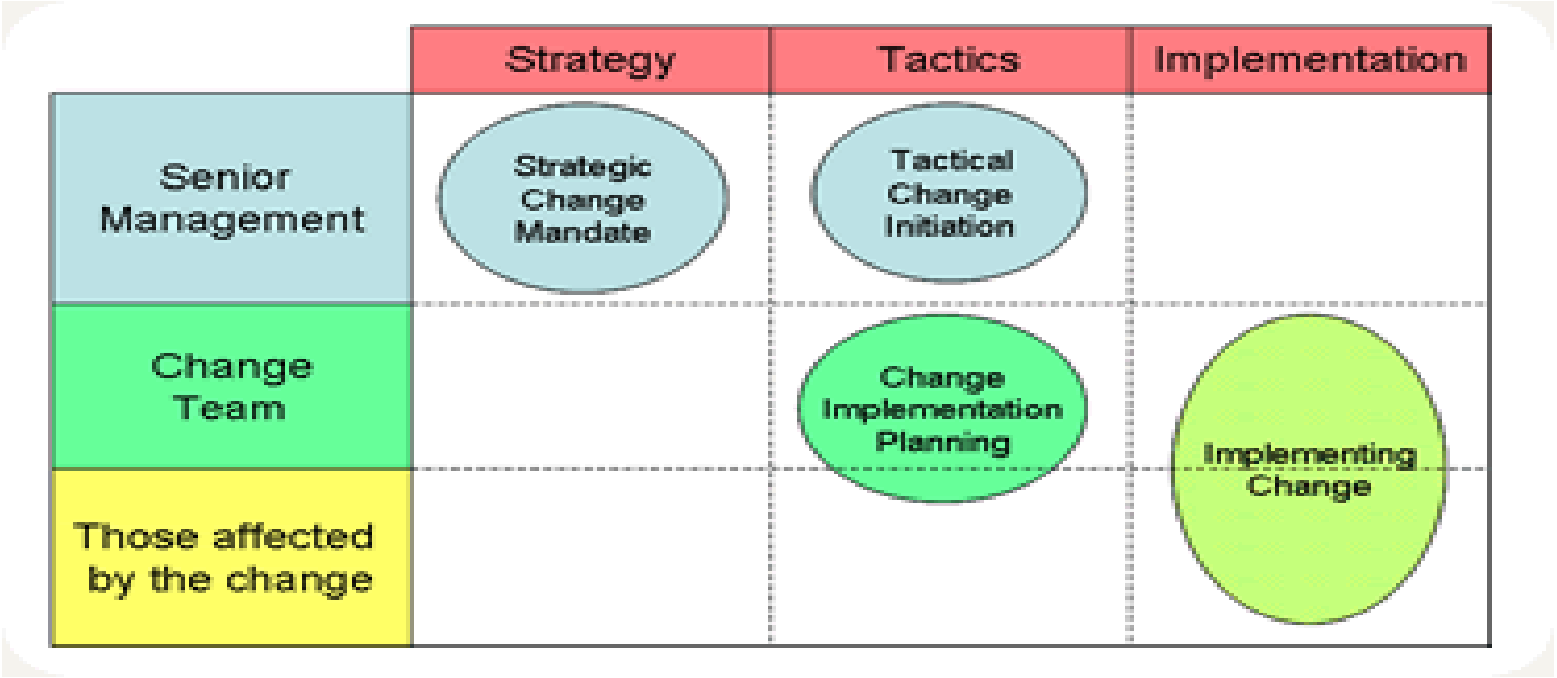
Addressing other forms of HHR Wastage

- Slow progress integrating internationally educated health professionals (IEHPs)
  - *e.g., barriers for IMGs:*
    - According to CaRMS, in March 2008, there were total of 2228 IMGs applying for a residency position
      - *only 23.5% of those participating in the first round and 5.2% of those participating in the second round of match received their positions.*
    - While these numbers are shockingly small, they do constitute an improvement in the integration of IMGs.
      - *In 2003, there were approximately 400 unlicensed IMGs in BC competing for 2 residential positions – now 18 spots.*
      - *Similarly, close to 4000 unlicensed IMGs who reside in Ontario competed for only 80, now over 200 spots*

Addressing other forms of HHR Wastage

- Some promising practices
  - *Bill 124 Fair Access to Regulated Professions Act, 2006*
  - *Created a Foreign Trained Professionals Loans program*
  - *Created **Global Experience Ontario**, an Access and Resource Centre for Internationally Trained Professionals*
    - *Integrating at highest skill level possible*

- International plea to strive for ***self sufficiency***
  - *WHO Code & companion Canadian Principles*



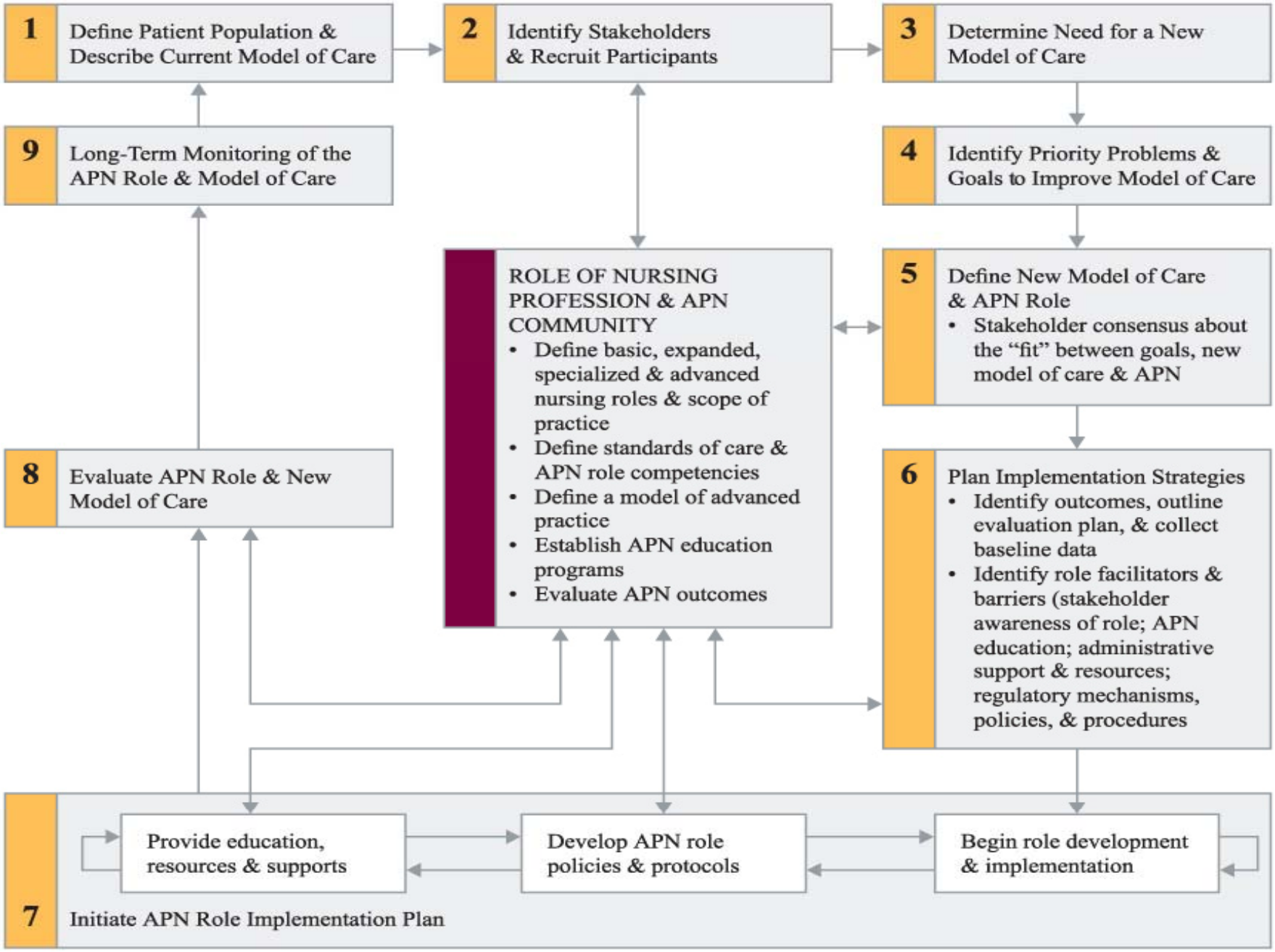
IV. IMPLEMENTING HHR INNOVATION

Promising Practice – PEPPA Framework

- PEPPA is an acronym for a ***p****articipatory,* ***e****vidence-informed,* ***p****atient-centred* ***p****rocess for* ***a****dvanced practice nursing (APN) role development, implementation and evaluation* (Bryant-Lukosius, 2004b).

- The ultimate goal of the framework is to design and deliver a timely, accessible, effective and efficient model of care that best meets identified health needs for a specific patient population.

Promising Practice – PEPPA Framework



V. SCALING UP HHR INNOVATION