Primary Health Care as the Stage for Strengthening Interprofessional Education & Practices

Ruth Martin-Misener NP PhD

2nd Regional Technical Meeting Interprofessional Education in Health Care: Improving Human Resource Capacity to Achieve Universal Health
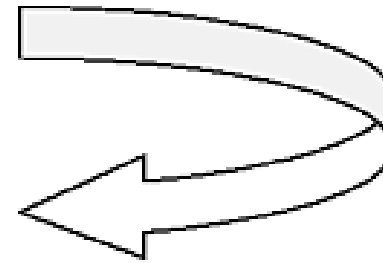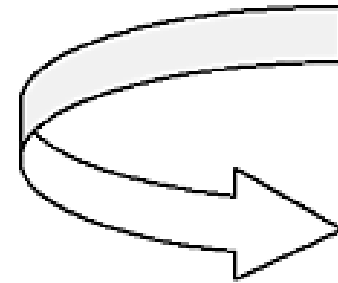
Presentation Outline

- Importance of the first level of care (primary health care)

- Experiences with interprofessional practice and education

- Enablers of interprofessional team-based care

- Building capacity for interprofessional primary health care through research

Right to Health

"The right to health"

Underlying determinants

water, sanitation, food, nutrition, housing, healthy occupational and environmental conditions, education, information, etc.

Health-care

AAAQ
Availability, Accessibility, Acceptability, Quality

(General Comment No. 14 of the Committee on Economic, Social and Cultural Rights)

Progress Towards Universal Health

- Improvements in maternal and child health services and vaccination rates.

- No improvements in use of preventive services.

- Barriers to access
  - Geography
  - Cost

(PAHO & WHO, 2017)

Challenges to Attaining Universal Health

- Differences in availability and quality of human resources

- Composition of the health workforce

- Inequalities in availability of human resources for health between urban and rural areas

(PAHO & WHO, 2017)

Elements to Guide Change in Health Systems

- Strengthen organization & management of health services.

- Move toward designing comprehensive progressively expanded services.

- **↑ investment in first level of care to improve response capacity.**

- **↑ employment options, especially at first level of care**.

- Improve availability & use of medicines/vaccines & health technologies.

- Facilitate the empowerment of people & communities.

(PAHO, 2014)

Primary Health Care-the Foundation of Health Systems

- People-centred

- First point of entry to overall health system

- Ongoing point of contact with overall health system

- Where most people get most of their health care

Outcomes of Strong Primary Health Care Systems

- Better population health

- Reduced inequities in population health

- Reduced health care costs

(Starfield et al., 2005; Shi, 2012; Freidburg et al., 2010; Kringos et al., 2013; McMurchy, 2009)
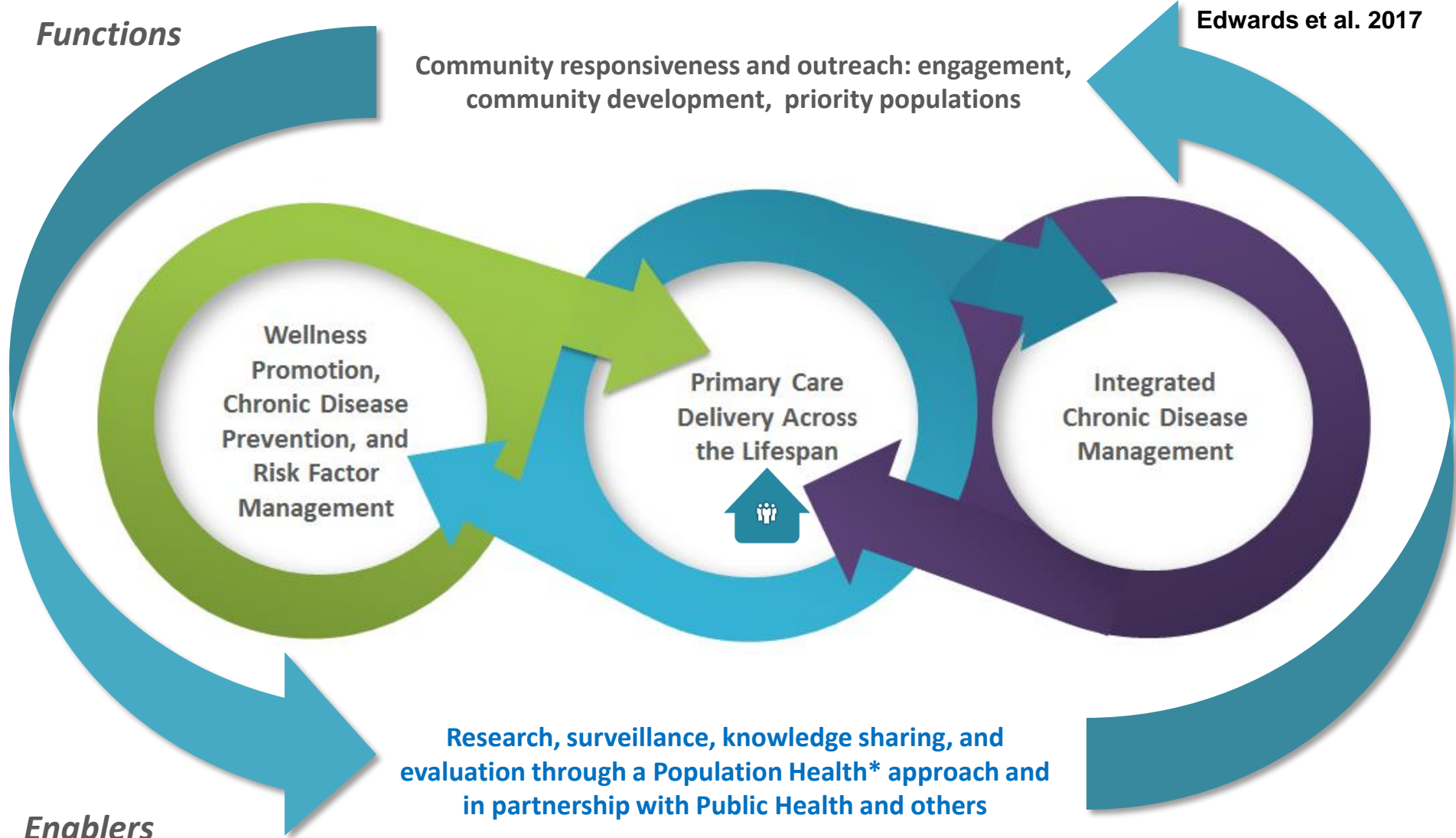
People Centred Health Care Models

- Improve access to comprehensive high quality first level care
- Involve people in their own health care & decisions.
- Emphasize illness/injury prevention, chronic disease management & health promotion.
- Coordinate patient & family care.
- Include interdisciplinary teams.
- Link with community organizations & hospitals.

(PAHO & WHO, 2017)

Functions

Community responsiveness and outreach: engagement, community development, priority populations

Edwards et al. 2017

Wellness Promotion, Chronic Disease Prevention, and Risk Factor Management

Primary Care Delivery Across the Lifespan

Integrated Chronic Disease Management

Research, surveillance, knowledge sharing, and evaluation through a Population Health* approach and in partnership with Public Health and others

Enablers

| Leadership & Governance | Economic Conditions | Workforce | Engagement Platform | Quality, Safety, & Risk | Infrastructure | Accountability | Culture |

Functions and Enablers for the Nova Scotia Primary Health Care System

nova scotia health authority
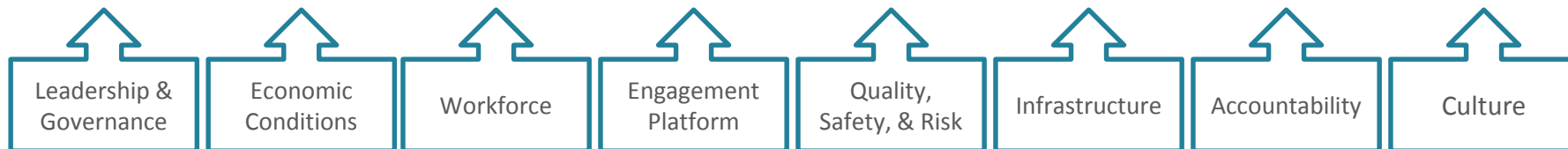
Health Home (similar to Medical Home)

- Individuals and families work in partnership with their team

- Each individual has a most responsible provider

- Care is continuous and coordinated across the lifespan from birth to death

- Provide primary care, wellness care and chronic disease management

- Organized as part of community networks
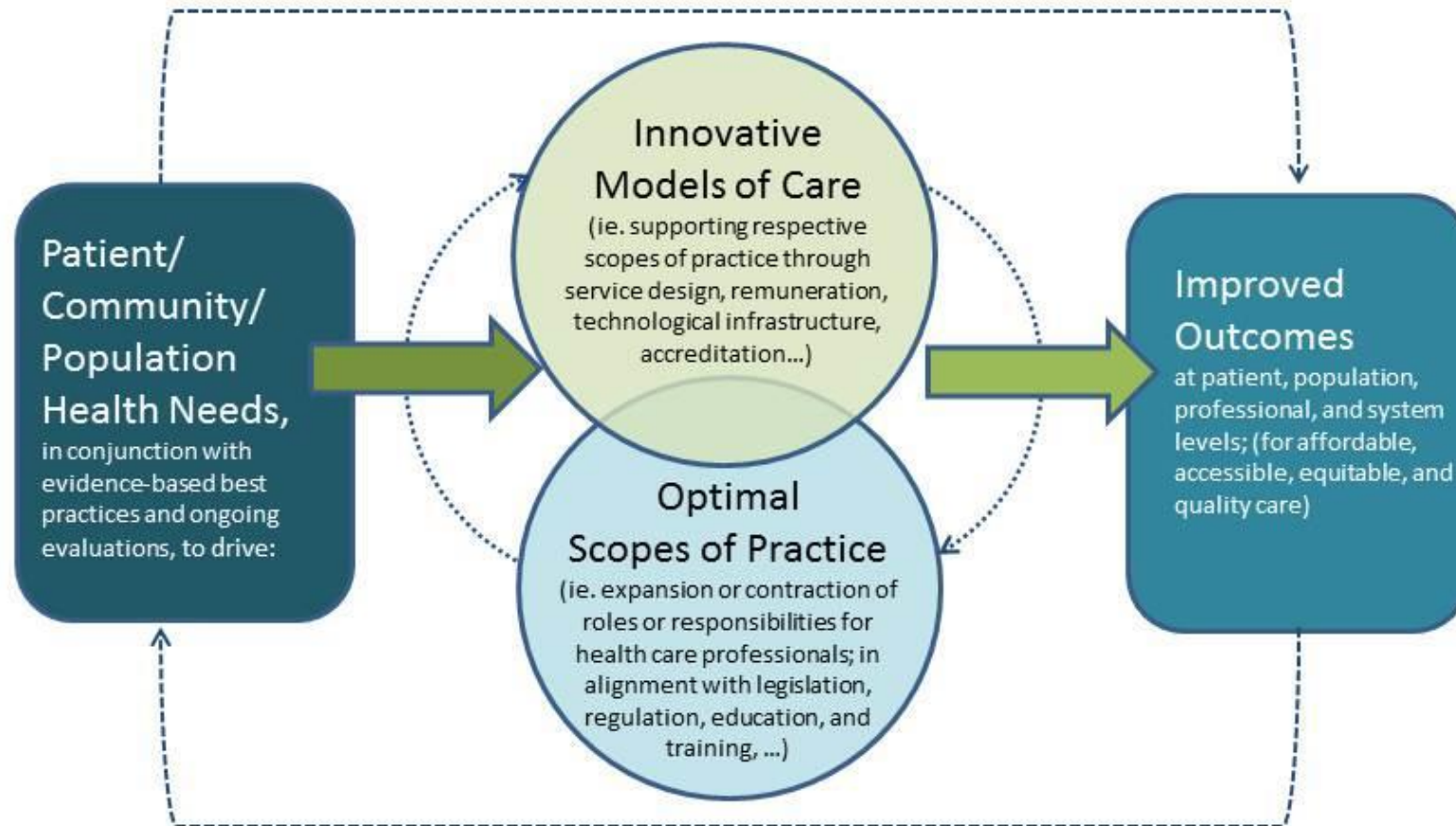
NSHRF, 2017

Collaborative Family Practice Teams

- Patients and families are partners on the team

- Health care providers collaborate and share responsibility for a practice population

- Team members include family physicians, nurse practitioners, family practice nurses. Others such as dietitians, pharmacists etc.

- Team includes managers and clerical support

(NSHA, 2017)

How do Models of Care relate to Scopes of Practice ?

Innovative models for health care delivery are typically seeking to optimize health human resources through decreasing reliance on independent physician services while increasing the role of non-physician health care professionals. Changes to the organization of health care need be reflected in the legislative, regulatory, educational, and training parameters of the respective scopes of practice.

Patient/ Community/ Population Health Needs,
in conjunction with evidence-based best practices and ongoing evaluations, to drive:

Innovative Models of Care
(ie. supporting respective scopes of practice through service design, remuneration, technological infrastructure, accreditation...)

Optimal Scopes of Practice
(ie. expansion or contraction of roles or responsibilities for health care professionals; in alignment with legislation, regulation, education, and training, ...)

Improved Outcomes
at patient, population, professional, and system levels; (for affordable, accessible, equitable, and quality care)

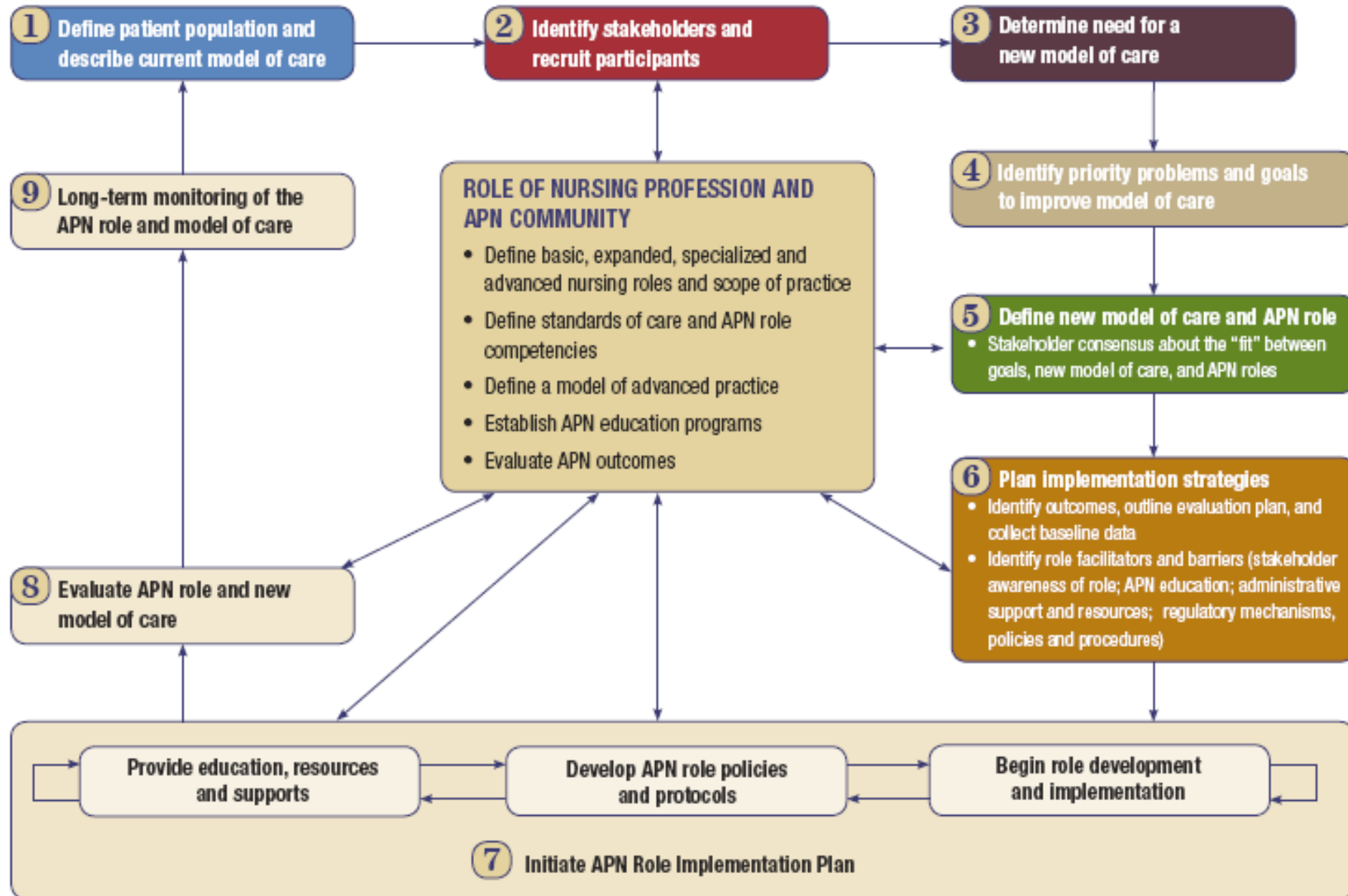**How do Scopes of Practice relate to Models of Care?**

Expanding scopes of practice (ie. pharmacists' ability to prescribe), overlapping scopes of practice (ie. nurse practitioners working with family physicians) , and new roles (ie. associated with technological innovations), necessitate modifications to the design and delivery of health care services.

Practice Level Enablers of Interprofessional Teams

- Shared team vision
- Systematic approach to team development
- Role clarity & optimization for all team members
- Communication (e.g., huddles)
- Shared electronic medical record
- Shared and flexible governance
- Redistribution of clinical responsibilities from physician-oriented model
- Links with local community including health services

(Martin-Misener et al., 2014; Nelson et al., 2014; NSHA, 2017; Russel et al., 2017)

The PEPPA Framework

1 Define patient population and describe current model of care

2 Identify stakeholders and recruit participants

3 Determine need for a new model of care

9 Long-term monitoring of the APN role and model of care

ROLE OF NURSING PROFESSION AND APN COMMUNITY

- Define basic, expanded, specialized and advanced nursing roles and scope of practice
- Define standards of care and APN role competencies
- Define a model of advanced practice
- Establish APN education programs
- Evaluate APN outcomes

4 Identify priority problems and goals to improve model of care

5 Define new model of care and APN role
- Stakeholder consensus about the "fit" between goals, new model of care, and APN roles

6 Plan implementation strategies
- Identify outcomes, outline evaluation plan, and collect baseline data
- Identify role facilitators and barriers (stakeholder awareness of role; APN education; administrative support and resources; regulatory mechanisms, policies and procedures)

8 Evaluate APN role and new model of care

Provide education, resources and supports

Develop APN role policies and protocols

Begin role development and implementation

7 Initiate APN Role Implementation Plan

Systems Level Enablers of Interprofessional Teams

- Education

- Funding beyond fee-for-service

- Attitude of health professional organizations to interprofessional teams

- External accountability required of practices

- Shared electronic medical record

IPE at Dalhousie University

- IPE mandatory for all students in health focussed faculties
- Goal to help develop interprofessional competencies
- Various activities
  - Mini-courses (6-9 hours, wide range of topics)
  - Simulation
  - Clinical practice
  - Team challenge events

Role of Interprofessional Research

- Collaborative Research in Primary Health Care (CoR-PHC)

- Originally funded by Dalhousie University

- Created to respond to health system needs for evidence

- Members from 12 disciplines

http://www.dal.ca/sites/cor-phc/home.html

Successes

- Inter-faculty collaboration growth

- Learner support: events, partnering with TUTOR-PHC

- Increased collaboration with the Health Authority

- Annual Nova Scotia PHC Research Day

- Visiting scholars and annual retreats

- Grant successes

- Increasing focus on patient/citizen participation

TUTOR-PHC
Transdisciplinary Understanding and Training on Research Primary Health Care

CoR-PHC
Collaborative Research in Primary Health Care

12 UNIVERSITIES
TUTOR-PHC Co-Investigators represent 12 Universities across Canada, including: Western, Dalhousie, Sherbrooke, Montreal, McGill, Ottawa, Queen's, Toronto, McMaster, Saskatchewan, UBC & UNBC

27 CO-INVESTIGATORS
The number of Co-Investigators from institutions across Canada that support & run TUTOR-PHC. These Researchers & Policy Makers are spread across 5 provinces & represent disciplines from across PHC.

189 TRAINEES
The number of trainees trained between 2003 and 2017. This includes 167 Canadian trainees, 11 UK, 8 New Zealand, 2 Australian & 1 Belgian.

922 GRANTS
Number of Grants obtained by TUTOR-PHC trainees as PI or Co-PI from their time in the program until 2017.

1,546 ARTICLES
Number of Peer-Reviewed Articles published by TUTOR-PHC trainees from their time in the program until 2017

$310 MILLION IN FUNDING
TUTOR-PHC trainees have obtained $310,115,503 worth of funding in grants as PI or Co-PI from their time in the program until 2017.

Evaluating the Involvement of Patient and Family Advisors in Quality Improvement Safety Teams in PHC in NS

- Patient engagement fundamental principle of PHC
- Patient and Family Advisors engaged in PHC Quality Teams
- Understand how well they are integrated and their impact

What does Patient Centered Care Mean for Nova Scotians with Multimorbidity?

- Approaches to make PHC by IP teams more patient-centered.
- What patients with multimorbidity (PWM) perceive as important in IP team-based care.
- Co-design an intervention.

Final Reflections

- Interprofessional teams essential for new models of care
- Changing systems is slow
- Enablers at practice and systems levels important
- The longer a team is in place, the better the outcomes

(NSHA, 2017)

Thank you

Obrigada

Gracias