

**Submission to the Honorable David Caplan,
Minister of Health and Long-Term Care**

January 2009

Interprofessional Collaboration



INTRODUCTION

The College of Physicians and Surgeons of Ontario (CPSO) welcomes the opportunity to offer the Minister of Health and Long-Term Care our comments and advice in response to HPRAC's consultation on issues related to interprofessional collaboration (IPC) among health colleges and professionals.

The following submission pertains to issues raised in two reports prepared by HPRAC:

1. *An Interim Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration Among Health Colleges and Regulated Health Professionals Phase I* (March 2008)
2. *An Interim Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration Among Health Colleges and Regulated Health Professionals, Phase II, Part I* (September 2008)

Each report and each profession contained therein is discussed separately in our submission.

GENERAL COMMENTS ABOUT THE REVIEW PROCESS

The CPSO has a number of comments about HPRAC's consultation process:

- First and foremost, we are greatly concerned that the current profession-by-profession scope review process is not the optimal way to address IPC. Honing in on specific scope details while neglecting broader systems issues serves only to further entrench professional silos, resulting in fragmented care. This is in neither the health care system's nor patients' best interests.
- The CPSO feels that two systemic issues in particular must be addressed: 1) a provincial infrastructure for electronic health records; and 2) a coordinated payment scheme for health care providers.

- IPC is facilitated when health care providers have access to the necessary information about patients are able to communicate with one another. Electronic solutions, including the Drug Information System, and ultimately an electronic health record, will be the foundation of IPC. The CPSO urges the Ministry to make the development of an electronic health record a priority in its IPC mandate.
 - The CPSO also urges the Ministry to continue to explore alternative health care funding models which encourage team-based delivery of care. As payment models evolve, their development and evaluation should be considered from an IPC perspective.
 - Family Health Teams (FHTs) are a good example of an effective IPC-based delivery and funding model. By offering team-based care that is linked through a common electronic infrastructure, and by remunerating care givers outside of the traditional OHIP scheme, FHTs are able to overcome two major obstacles in achieving IPC. The challenge, however, is trying to achieve the same outcome in settings other than FHTs.
- With 21 regulatory Colleges, and more on the way, reviewing scope requests for some professions and not others immediately leads to questions about why not all professions are given an equal opportunity to make submissions.
 - Scopes are changing all the time, driven by health care professionals' innovative efforts to improve access using delegation and medical directives. It will be difficult for this current review process to match the pace of change. Even during this round of consultation, it is clear that that by the time changes are made, more will be required.
 - Given the magnitude of changes being proposed and the implications for Ontario's overall health care system, the CPSO feels that the tight deadline for providing feedback to the Ministry did not allow sufficient time to prepare a considered response.

GENERAL COMMENTS ABOUT THE PROPOSALS

- Health human resource pressures in Ontario continue to grow, making dependence on traditional models of health care delivery unfeasible. The CPSO supports IPC, and believes it must become the new norm for the delivery of health care in Ontario.
- As set out in our May 2008 submission to HPRAC on Interprofessional Care, the CPSO is supportive of initiatives that encourage the collaborative

delivery of health care, including ensuring that every health professional can work to their full scope. In a limited resource environment, access to health care can only be improved by enabling each health professional to do all the things they are competent to do.

- Other regulators regularly consult with us with respect to proposed expansions of scope or additions to their drug lists. The CPSO has taken the position that other regulators are in the best position to determine whether their members are competent to perform particular tasks.
- In general, the CPSO supports expansions of scope for other health care professionals, so long as these expansions meet the following criteria:
 - they are consistent with the knowledge, skill and judgment of the professionals involved;
 - they are subject to a rigorous regulatory structure;
 - they support a truly collaborative, team-based approach to care as opposed to parallel care;
 - they are not so significant as to raise patient safety concerns; and
 - they are accompanied by educational initiatives for both the public and health care providers to ensure that people understand the changes that are being made.
- Several of the proposals, as presented in the reports, lack significant detail and context, and do not meet the aforementioned criteria. Accordingly, the CPSO does not fully support these proposals in their current form.

SPECIFIC COMMENTS ABOUT THE PROPOSALS

PHASE I (MARCH 2008)

Traditional Chinese Medicine

- The CPSO supports HPRAC's suggestion that the emergence of TCM is an opportunity for existing colleges whose members perform acupuncture to undertake an interdisciplinary review of their standards to ensure that they demand the highest level of safety and quality.
- This is also an opportunity for more established colleges, including the CPSO, to collaborate with the new TCM college to identify areas where mutual benefits can be achieved.

Psychotherapy

- The CPSO supports HPRAC's recommendations relating to the regulation of psychotherapy. We have no additional comments at this time.

Eye Care Professionals

- Although HPRAC is not currently undertaking a formal consultation of eye care professionals, the CPSO is concerned that barriers to collaboration may threaten the public interest. The CPSO echoes the concerns in HPRAC's April 2006 report *Regulation of Health Professions in Ontario: New Directions*. In particular:
- Optometrists should be permitted to prescribe drugs with the exception of anti-glaucoma agents due to the high risk associated with these drugs. Optometrists should only be allowed to administer anti-glaucoma agents via a co-management approach involving an ophthalmologist acting as primary caregiver.
- There is concern that once an optometrist becomes certified to prescribe glaucoma medications, he/she would no longer be required to collaborate or consult with a physician. This does not adequately address the intent of co-management as recommended by HPRAC.
- There is concern that the College of Optometrists of Ontario's proposed certification process enabling optometrists to independently prescribe anti-glaucoma medications lacks rigor.
- The CPSO supports the interprofessional Vision Care Council (which includes optometrists and ophthalmologists), which will investigate best practices for the safe co-management of glaucoma.

PHASE II, PART I (SEPTEMBER 2008)

Pharmacy

- The CPSO is generally supportive of an enhanced role for pharmacists, recognizing their cognitive expertise and the potential to improve access to care for patients.
- Some aspects of the proposal, however, are too vague. Without further clarification of appropriate restrictions on what pharmacists may be permitted to do, the proposal could potentially result in an overly broad scope of practice for which pharmacists do not possess the necessary knowledge, skill and judgment. This could put the public at risk.
- The CPSO is particularly opposed to the minor ailments program. Our primary concern is that while pharmacists may be able to identify and treat some minor ailments in isolation, these conditions may have underlying pathology of a more complex nature, requiring more specialized care. Pharmacists lack the necessary knowledge, skill and judgment to discern

this. Without further detail on the minor ailments proposal, we cannot provide a considered response at this time.

- The CPSO has other concerns about the minor ailments program from a systems perspective.
 - The minor ailments program in the UK, upon which this proposal is modeled, has not yet been formally evaluated. Absent data on its effectiveness and safety, we feel that it is premature to think about implementing a similar program here.
 - Moreover, the CPSO is not convinced that there is sufficient evidence to demonstrate a need for a similar program here. Our information suggests that many patients currently self-manage minor ailments rather than seek care from a physician. The administrative cost of creating a new program in the absence of real need seems to be an imprudent use of health care dollars.
- Expansion of pharmacy scope should be mindful of the difference between hospital and community based practice. Different practice settings may require different knowledge, skills and judgment. Scope expansion should only be permitted where pharmacists can sufficiently carry out their expanded role safely and effectively.
- The CPSO supported the Pharmacists Authorization of Prescription Extensions (PAPE) agreement, which, while not currently in force, laid the foundation to enable pharmacists to extend prescriptions for stable chronic conditions in certain circumstances. The PAPE agreement set out clear accountabilities between the pharmacist and physician, and ensured that communication occurred throughout. It is our understanding that the Ontario College of Pharmacists (OCP) would like to apply the principles of the PAPE agreement to other conditions. This will require further consideration and review.
- While the OCP is not proposing pharmacist prescribing in this submission, this is clearly the longer term objective of the Ontario Pharmacists Association, and is further supported by the introduction of the Pharm. D. degree in Canada.
- With respect to prescribing, the CPSO agrees with HPRAC's statements around conflict of interest, specifically the importance of having the necessary regulatory checks and balances in place.
- Pharmacists who have the knowledge, skill and judgment may provide inoculations now, through delegation. This process ensures communication between the primary health care provider and other members of the health

care team. Not only does severing fractions of controlled acts for certain professions lead to confusion about who can do what, it may contribute to the creation of a system of parallel care.

- Further, with respect to inoculations, the CPSO has concerns about the potential complexities relating to education, consent, reporting and record-keeping. We would need considerably more information about how all of these aspects of patient care would be managed before we could provide a detailed response.

Midwifery

- The CPSO is supportive of HPRAC's recommendation that the government consider exploring a variety of primary care maternity care models for the delivery of low risk, normal births. We concur that structural barriers can be overcome through enhanced IPC.
- The CPSO is supportive of many of the specific midwifery proposals, including:
 - prescribing antibiotics for uncomplicated conditions, including STIs;
 - emergency manual removal of placenta;
 - c-section assist;
 - communicating a diagnosis;
 - ordering lab tests for cord blood, drug screen, and pregnancy induced hypertension; and
 - administering vaccines.
- We note, however, that for the safest and most effective delivery of care, midwives should perform the aforementioned acts within the context of IPC. Moreover, we believe that midwives should work collaboratively with physicians throughout the entire duration of pregnancy, not just when problems arise.
- With respect to some of the other proposals, the CPSO feels further discussion is required. For example, the following activities, while not always technically difficult, are usually indicative of a complex delivery, requiring back-up and support:
 - vacuum extraction;
 - scalp pH testing; and
 - ordering maternal postpartum ultrasounds.
- The CPSO is aware of the College of Midwives of Ontario's (CMO) standard 'Indications for Mandatory Discussion, Consultation and Transfer of Care' and would encourage the CMO in its efforts to make this information better known to hospital administrators and physicians.

- The CPSO is concerned that some of the proposed changes, particularly those suggested by the CMO, may result in parallel primary care delivery, rather than truly collaborative practice. We do not think parallel practice patterns – amongst any of the health professions – would benefit Ontario’s patients. Our support for scope expansion is contingent upon the changes enhancing, not impeding, collaborative care.

Dietetics

- The CPSO generally agrees with some aspects of the proposal. However, further detail is required to more fully understand the extent of the changes being requested and the context in which they will occur. In particular, we require more detail about the tests dietitians seek authority to order.
- The CPSO agrees with HPRAC’s recommendation that dietitians receive additional tools so that they can better contribute to IPC, and better serve the needs of their patients, particularly with respect to health promotion.
- The CPSO is in favour of having a dialogue with the College of Dietitians of Ontario to establish guidelines to ensure that dietitians and physicians work together in a consultative manner, as opposed to authorizing dietitians to bypass physicians, thereby creating parallel care.
- There is also concern regarding the independent ordering of tests, including MRIs and ultrasounds, especially in the absence of an electronic health record. If dietitians are able to independently order tests, there is less need for collaboration and an increased likelihood of duplication of tests for patients.
- The CPSO agrees with HPRAC that:
 - psychotherapy does not lie within the scope of practice of dietitians;
 - dietitians should not be able to independently adjust medication dosages (e.g., insulin). This act should be done in consultation with physicians; and
 - dietitians lack the training and expertise to independently treat minor ailments.

Physiotherapy

- The CPSO supports HRPAC’s recommendation for a Physiotherapy Standards Committee, which would include input from the CPSO and College of Nurses of Ontario. We also agree that the development of any new standards for physiotherapists should include referral to a physician when required.

- While we are open to considering changes to physiotherapists' scope of practice, further detail is required to more fully understand the extent of the changes being requested and the context in which they will occur.
- One major concern is the request for physiotherapists to perform pelvic and rectal examinations. We feel that the need for this is unsubstantiated.