

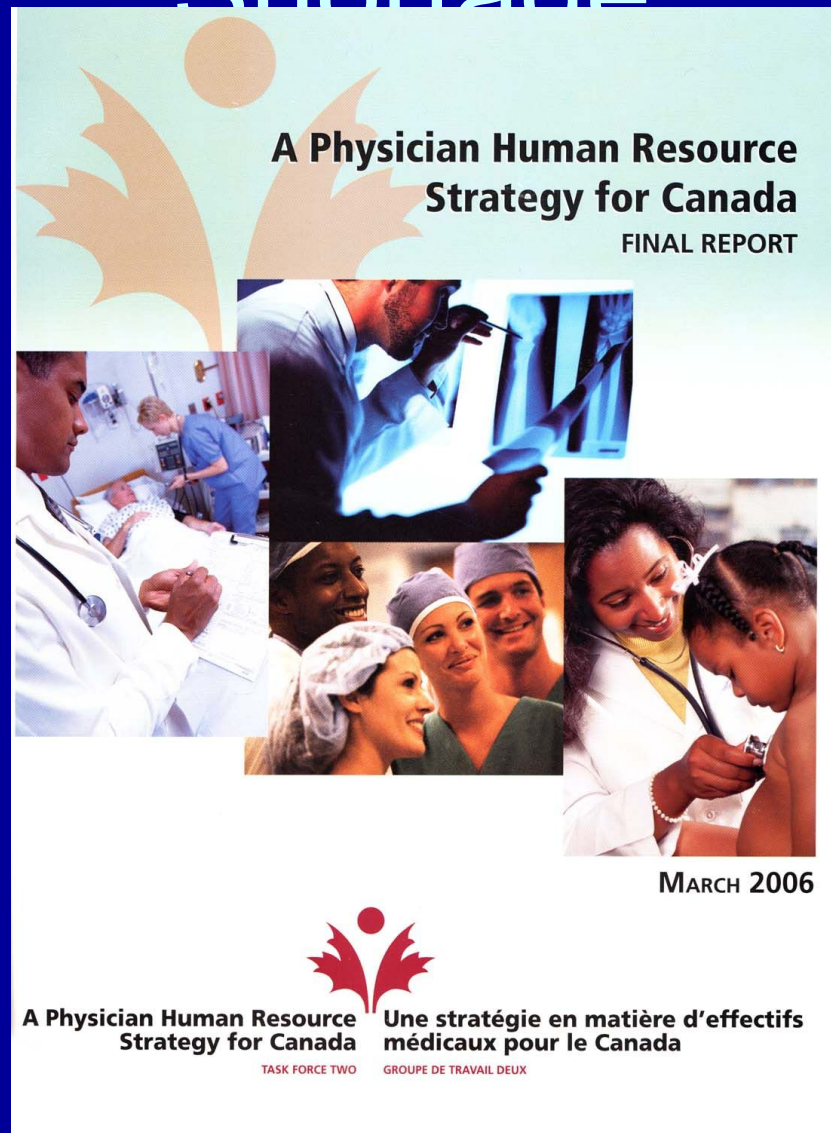
Interdisciplinary Models of Care: Successes, Barriers and Challenges

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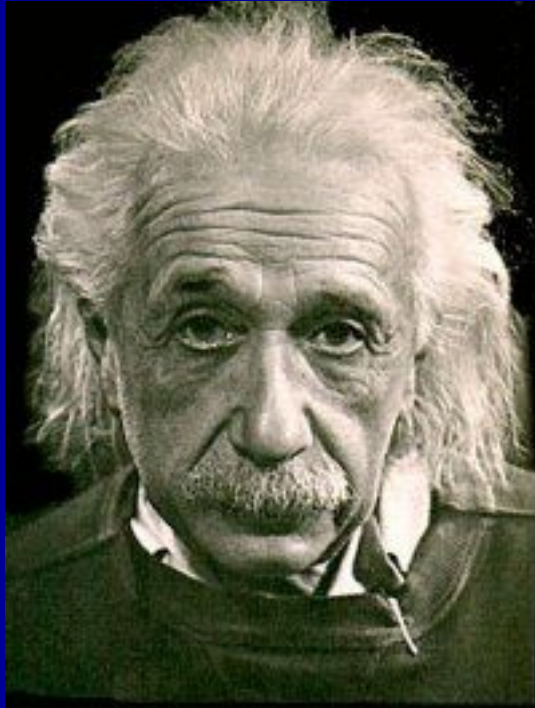


Dealing with Physician Shortage



Dealing with Physician Shortage

“We can’t solve problems by using the same kind of reasoning we used when we created them.”



Dealing with Physician Shortage

“Accept change as a positive feature to our environment.”



Strategic Directions

- Education and Training of **physicians and other health care providers** throughout their professional life cycle must meet the needs of Canada's diverse populations
- **Interprofessional collaborative practice** where physicians and other health care providers have clearly identified and valued roles

A Physician Human Resource Strategy for Canada Final Report March 2006

Strategic Directions

- A pan-Canadian approach is required for ongoing human resources planning for ***physicians and other health care providers***. This approach must include needs-based factors and must incorporate a coherent and comprehensive recruitment and retention strategy
- ***Complementary regulatory decisions*** that support both patient-centred practice and provider mobility

Strategic Directions

- Ensure that critical components that support effective and efficient system delivery and interoperability are expanded to assist physicians and other health care providers to deliver quality health care at all practice sites and points of care in a timely manner.

The Burning Platform 1994



Development of the PTP Model

- Requirements:
 - Institutional Support
 - Professional Support
 - Physician Support
 - Financial Support
 - The right candidate!
- Task Force

Physiotherapy Practitioner - PTP

- “licensed physical therapist who has **pursued a formalized course of specialized continuing education** to affirm and recognize the role as an independent practitioner in an area of specific expertise”

Program Goals

- To train and prepare an experienced PT to review and manage pre-selected pediatric rheumatology patients independently in an ambulatory clinic, including review and discussion of, but NOT prescription of medications
- Provide coordinated, timely, cost-effective high quality care
- Alleviate heavy physician caseload

Program Outcome

- Upon completion of the program, the PTP would be expected to operate independently in the ongoing management of selected clinic patients and would manage between 3-5 patients in each ½ day clinic

Candidate Selection

- Minimum 2 years, full-time clinical experience in pediatric rheumatology
- Desire to pursue additional academic training
- Completion of Arthritis Society annual training program for PTs and OTs
- Expert clinical judgment
- Excellent inter-personal skills

The PTP Program

- Phase 1
 - Comprehensive academic program PLUS 3 general rheumatology ½ day clinics / week
- Phase 2
 - Independent assessment of pre-selected clinic patients who were then reviewed by supervising rheumatologist
 - Patients with well-defined subtypes of Juvenile Idiopathic Arthritis without systemic manifestations

Curriculum Development

- Members of the Division of Rheumatology, Department of Rehabilitation from both the Hospital and University
- Developed clear, extensive learning objectives and evaluation methods for each component of the program
- Seminars, clinical tutoring, medical ward rounds, case-based discussions, lectures

Academic Curriculum

Course	Hours	Evaluation
Structure and Function of Dense Connective Tissue	28	<ol style="list-style-type: none">1. Formal oral presentation on assigned readings2. Question and answer period subsequent to each presentation
Differential Diagnosis and Complications of JIA	2	<ol style="list-style-type: none">1. Discussion and oral examination based on pre-selected readings and lecture material2. Performance of focused physical examination
Approach to Treatment of JIA	2	<ol style="list-style-type: none">1. Written completion of questions related to hypothetical case2. Oral examination

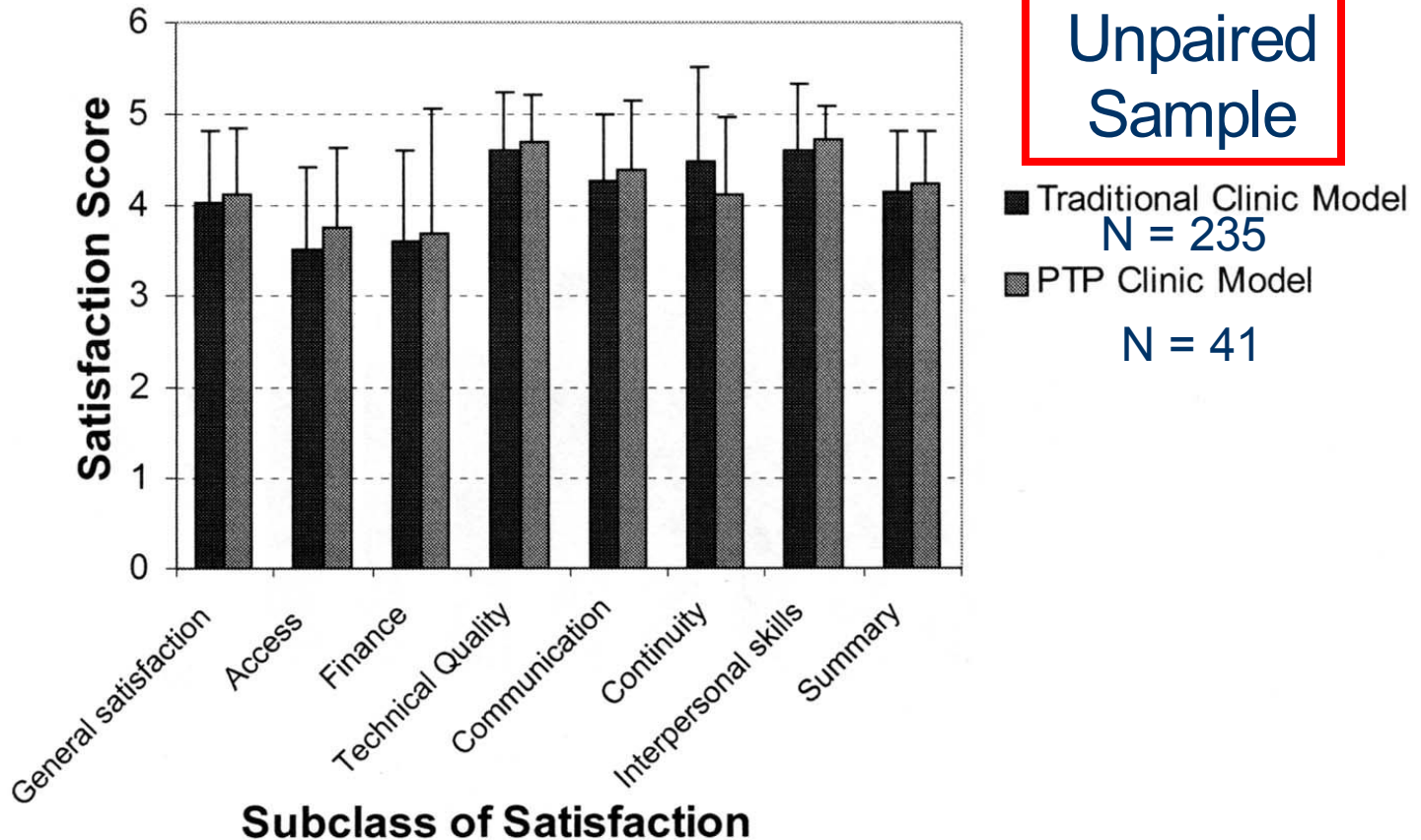
Academic Curriculum

Course	Hours	Evaluation
Pharmacologic treatment of JIA	4	<ol style="list-style-type: none">1. Oral presentation of assigned topics2. Question and answer period subsequent to each presentation
Radiologic Principles in Paediatric Rheumatology	10	<ol style="list-style-type: none">1. Written completion of questions based on clinical case scenarios2. Review of X-rays in clinic and in Radiology Rounds
Functional Outcome Measures in Arthritis	20	<ol style="list-style-type: none">1. Oral review and critique of selected literature2. Documentation of the functional status of patients in clinic

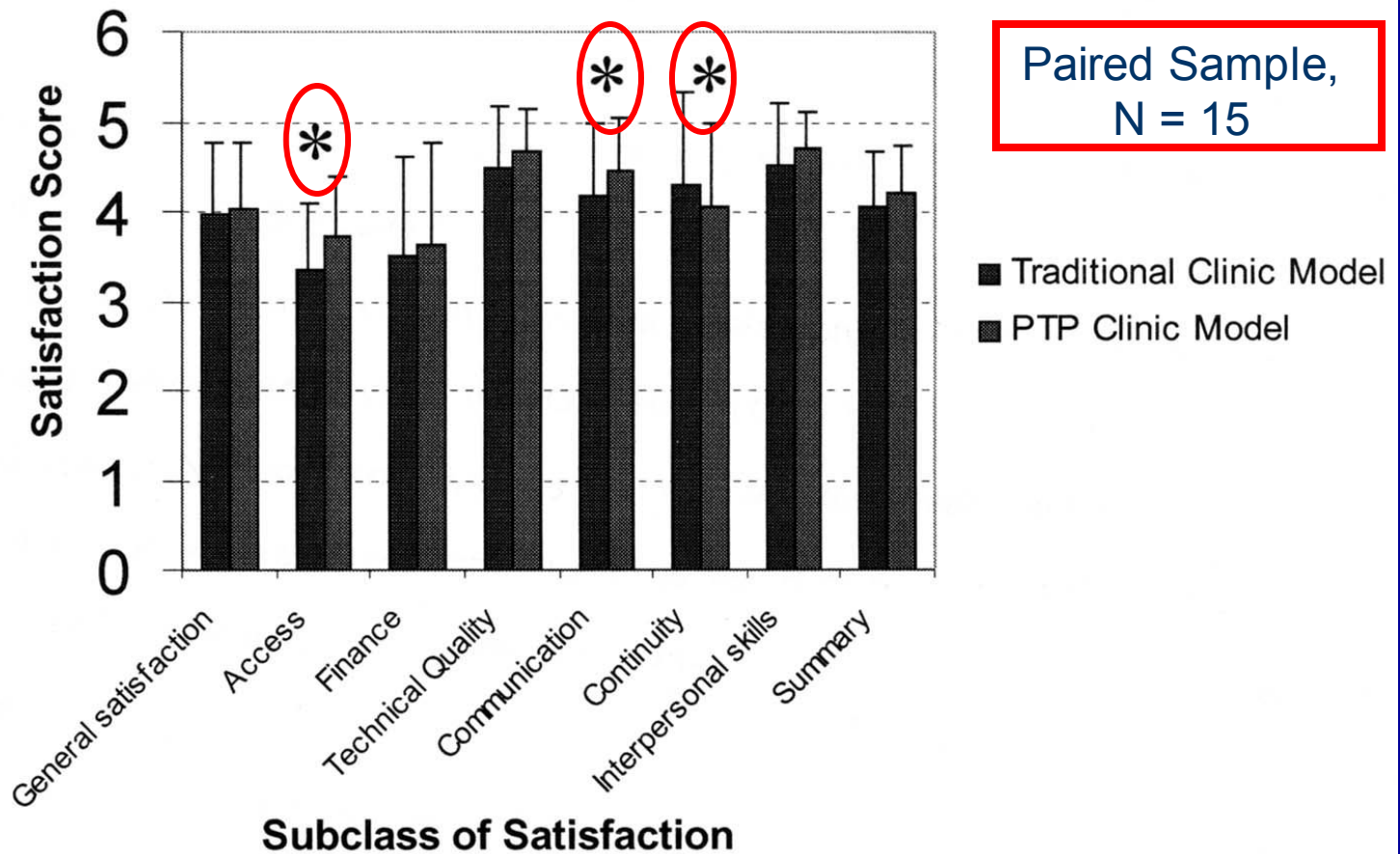
Program Evaluation

- Group Health Association of America Consumer Satisfaction Survey
 - Assesses satisfaction with and attitudes toward health care providers on a 5 point Likert scale rating 30 items in 8 subclasses of satisfaction
 - General satisfaction, access, finance, technical quality, communication continuity, interpersonal care and outcomes

Group Health Association of America Consumer Satisfaction Survey



Satisfaction Survey Results



Current State at SickKids

- The program expanded to include an additional Rheumatology PT and OT, a Rheumatology PT practicing in Northern Ontario, an Orthopedic PT and a Neonatal PT and OT
- Both the academic and clinical components were enhanced

Career Satisfaction

- **“The practitioner training program and implementation of the role has been very rewarding. It has broadened and changed my scope of practice. I was experienced in pediatric rheumatology prior to the training program but the learning curve was huge. The environment continues to be stimulating, new knowledge through educational and research rounds, clinical exposure, patients/families and team.”**
- **“Career satisfaction has improved dramatically. It has been a tremendous experience to be able to make career advancements in a clinical arena within a discipline where advanced career paths typically are management or research driven.”**

Career Satisfaction

- **“Enhanced opportunities to inform and change practice based on reviewed evidence. The role is more challenging / autonomous than a staff therapist position – provides greater overall satisfaction (it would be difficult to return to a staff position).”**
- **“Major impact on satisfaction in being able to provide care closer to home. Knowledge gained has enabled me to provide better and more comprehensive care. It means that patients’ needs are addressed in a more timely manner, especially when they flare or when their arthritis is uncontrolled.”**

Critical Success Factors

- Motivated Practitioners
- Physicians open to changing models of practice
- Division where inter-professional care seen as essential
- Institutional support
- Ongoing academic program
- Pre-clinic meetings
- Medical Directives

Medical Directive

- An order that may be implemented for a number of clients when specific conditions are met and when specific circumstances exist

Medical Directive - Requirements

- Must include
 - Name and description of procedure(s) / treatment(s) / intervention(s) being ordered
 - Specific client clinical conditions and situational circumstances that must be met before the procedure(s) can be implemented
 - Clear identification of the contraindications
 - Name and signature of physician approving and taking responsibility for the medical directive
 - Date and signature of the administrative authority approving the Medical Directive

Medical Directive

- Medical directives, correctly used, can be an excellent means to provide timely, effective and efficient client care, using the expertise of the physician who orders the directive, and the health care practitioner who uses discretion and judgment when implementing it. It is important to remember that a medical directive, regardless of how generic its contents, is a medical order for which the physician has ultimate responsibility.

Challenges / Barriers

- Financial - funding not secure
- Legislative
- Internal – e.g. lack of Medical Directives for X-Ray ordering
- Lack of formal recognition for the role outside of SickKids, especially by Professional bodies

College of Physiotherapists of Ontario

- Recognizes that many registrants have invested considerable time and resources to improve their knowledge and skills in the area of PT practice; this is of benefit to the public and the profession as a whole

College of Physiotherapists of Ontario

- “Specialist”: registrant who possesses a specialist certification in a defined area of PT practice
- Requires formal post-graduate training that meets a pre-defined body of knowledge and competencies as well as an evaluation process that involves an examination, as well as a requirement for periodic re-certification

College of Physiotherapists of Ontario - POSITION

- “There are currently no programs in Canada that provide specialist certification in an area of PT practice that is recognized by the profession as a specialty area of practice. As such, at this point in time, ***the College does not recognize specialists or specialization in any area of PT practice.***”
- The College’s professional misconduct regulation (O.Reg 861/93s. 1. 11.), which forbids registrants from using a term, title or designation indicating or implying a specialization in the profession, reflects this position

Current State Outside of SickKids

- UK NHS trusts positions
- Australia
- New Zealand
- Advanced Clinician Practitioner in Arthritis Care (ACPAC)

Extended Scope Practice in the UK

- The ***Physiotherapy extended scope practitioner*** is a clinical specialist who has the ***opportunity to develop and demonstrate expertise beyond the currently recognized scope of practice***. In the UK, PT extended scope practitioners order and interpret diagnostic tests, such as scans, X-rays and blood tests, and undertake some invasive procedures (such as joint and soft tissue injections) pertinent to their field of practice, following ***appropriate additional training and certification where necessary***.

JOB DESCRIPTION

389-C289SLH

1. JOB DETAILS

Job Title:	<i>Specialist Physiotherapy Practitioner - Rotational</i>
Department:	Physiotherapy
Location:	Bradford Teaching Hospitals NHS Foundation Trust
Reports to:	Advanced Physiotherapist Clinical Co-ordinator
Accountable to:	Professional Manager

2. JOB PURPOSE

To undertake a defined range of high standard professional duties, within the rotational scheme, working across the Trust in a range of ward, out-patient, and community settings.

To assess, develop and implement physiotherapy treatment.

To share supervision with a more experienced practitioner and assess the performance of assistant practitioners, unqualified staff, peers and colleagues of junior rank or less experience, and physiotherapy students.

To hold responsibility for own case load and be responsible for a defined area of the service or a particular patient type, working with out direct supervision and within clearly defined operational policies and procedures. Supervision takes the form of regular formal training and clinical reasoning sessions, peer review, case conferences. Access to advice and support from more senior physiotherapists is available if required. clinical work is not routinely evaluated

To undertake all aspects of clinical duties as an autonomous practitioner, working within the ethical framework provided by the rules of professional conduct.

To perform advanced physiotherapeutic assessment of patients with diverse presentations, to provide a diagnosis and develop and deliver an individualised treatment programme.

To undertake evidence-based audit and research projects to further own and team's clinical practice within each rotation. Make recommendations to clinical lead/manager or service for changes to practice by the team. May lead the implementation of specific changes to practice or contribute to service protocols.

“Physio Banishes the hip hop blues”

“Dysplasia of the hip affects 2-3 / 1000 babies causing lifelong disability unless recognized and treated effectively in the neonatal period. **A PT-practitioner was appointed to co-ordinate the diagnosis and treatment of hip dysplasia.** Since the strategy has been in place **the number of babies with a missed diagnosis has fallen from 9 to 4 annually, failures of treatment have been abolished and there have been significant cost savings.**”



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MEDIA RELEASE

November 23, 2005

Australia risks losing health talent to UK

"Australia is at risk of losing quality allied health professionals to the UK," said APA president, Cathy Nall. "Qualifications and skills are well recognised there, and physiotherapists can seek top positions within the National Health Service with challenging work and high pay."

Ms Nall's comments came at a conference forum in Brisbane today, where Australia was advised its health system would do well to follow the UK practice of extended scope care (ESP) in physiotherapy.

Speaking at the forum on extended scope care, visiting UK consultant physiotherapist, Darryn Marks, said the practice has gained much momentum in the UK National Health Service over the past decade, where it has reduced hospital waiting lists, relieved demands on doctors, and reduced the number of consultations a patient has before receiving appropriate treatment.

"Extended scope physiotherapy in the UK is now commonplace in the delivery of both primary and secondary care musculoskeletal services," said Mr Marks. "Duties often include case management previously reserved for orthopaedic and rheumatology consultants, ordering and interpreting of diagnostic tests (such as scans, x-rays and blood tests), administering certain injections, and directly listing patients for surgery.

"Reform to your national health system urgently needs to address this, both to retain workforce numbers and to improve the quality of health care provided," said Mr Marks.

"In general, doctor groups are resistant to the allied health professions extending their scope of practice," said Ms Nall, "though the only explanation for such opposition must be blatant turf protection and self interest.

"Thankfully, there are members of the medical profession who are putting the needs of ordinary Australians first, and are chafing at the bit to get these kinds of services underway," she said.

"We need more doctors to understand of the potential benefits to the healthcare system and the improvements for patients' access to suitable health services. It's working well in the UK and patients are welcoming the improved care and access which have occurred as a result."

Reforms to the UK national health service to develop extended scope physiotherapy practitioner roles have both maximised the use of physiotherapists' skills and reduced workforce attrition.

cont'd..

Advanced Clinician Practitioner in Arthritis Care (ACPAC)

SickKids



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Thank you!!

College of Physiotherapists of Ontario - POSITION

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Revised Regulations of Ontario. "Ontario Regulation 861/93, Amended to O.reg 531/98, Professional Misconduct"