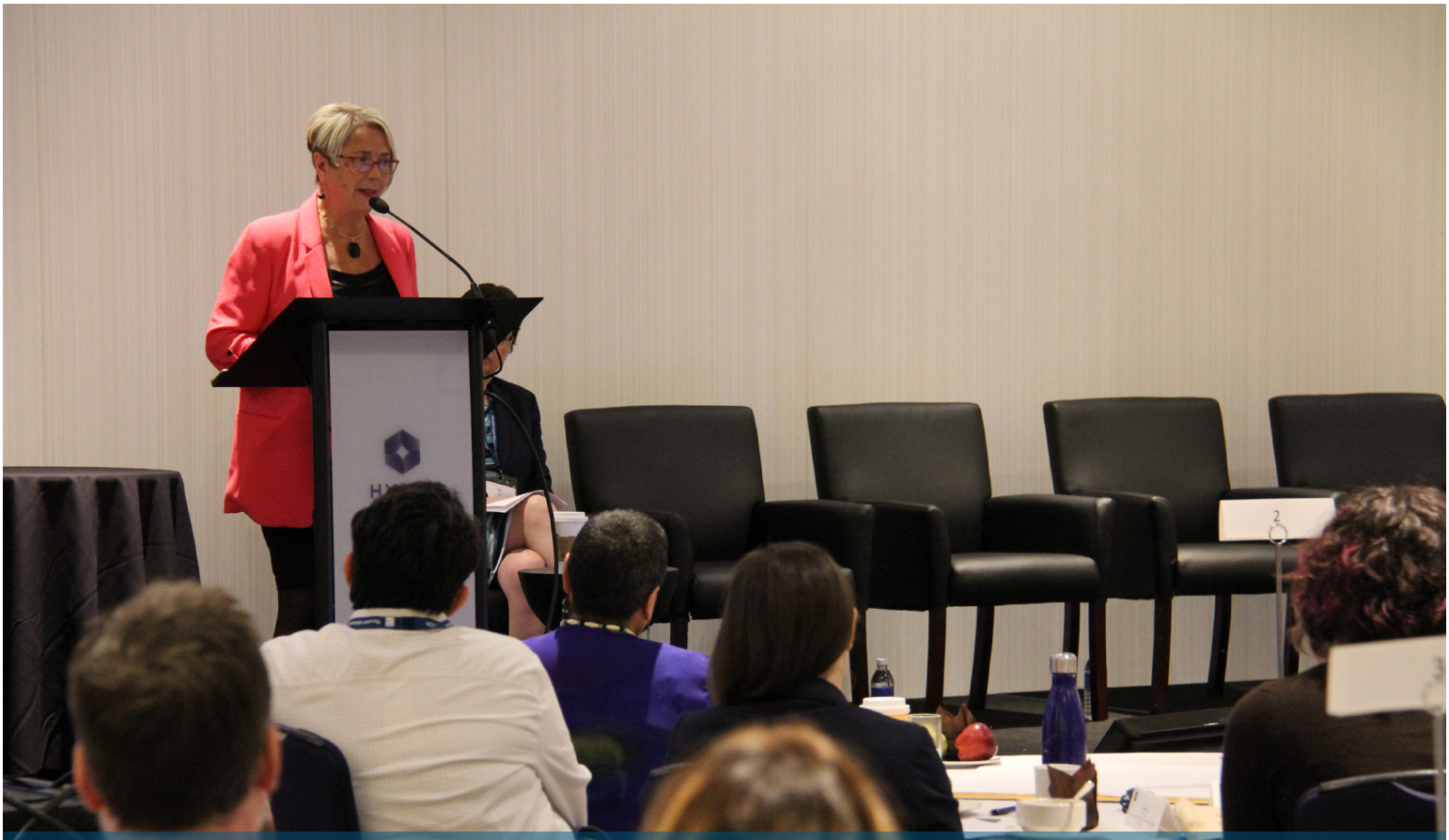

Achieving High-Performing Primary and Community Care: The Critical Role of Health Science Professions

EXECUTIVE SUMMARY AND RECOMMENDATIONS FROM THE PRIMARY AND COMMUNITY CARE CONFERENCE

JULY 2018

180 East Columbia Street
New Westminster, V3L0G7

HEALTH SCIENCES ASSOCIATION
The union delivering modern health care hsabc.org

HSASU

Achieving High-Performing Primary and Community Care:
The Critical Role of Health Science Professions

Executive Summary and Recommendations

Health Sciences Association of BC
July 2018

The Health Sciences Association of BC (HSA) is a democratic union that represents more than 18,000 health science and social service professionals in over 250 acute and community-based settings across BC including primary care, mental health and substance use centres, long-term residential care homes, child development centres, and community social service agencies.

HSA is committed to working with government and health system partners – including professional associations and community advocates – to strengthen our public health care system. HSA is a member organization of the BC Health Coalition – a coalition community representing over 800,000 people in BC that works to defend and strengthen public health care in the province.

This executive summary and the full report are available for download at the Health Sciences Association website: www.hsabc.org.

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HSA would like to acknowledge that our office is located on the unceded homelands of the Qayqayt First Nation (pronounced keekite) on whose territories we live and thrive on. Our union works and has members in unceded territories across the province. Unceded means that Aboriginal title to this land has never been surrendered or relinquished.

HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

A Message from HSA President Val Avery

On behalf of the Health Science Association's 18,000 members, I am pleased to share the Final Report and Recommendations from our April 2018 Primary and Community Care Conference – *Achieving High-Performing Primary and Community Care: The Critical Role of Health Science Professions.*

Too often in BC's public health care system there is a disconnect between frontline clinicians and decision-makers who are responsible for making policy decisions that affect patients and the health care workforce. With the Ministry of Health's vision to move towards an integrated system of team-based primary and community care, at HSA we felt it would be critical for decision-makers to hear directly from health science professionals about what's working and what's not.

Health science professionals are highly skilled, dedicated and caring professionals who are committed to strengthening our public health care system. The conference was the first of its kind to focus on the contributions of public-practice health science professionals and their commitment to team-based care. I encourage you to watch our short conference video where HSA members and the Honourable Judy Darcy, Minister of Mental Health and Addictions, describe the important contributions of health science professionals working together on the team to improve care for British Columbians.

Health science professionals are already on the frontlines of innovative programs that seek to fill gaps in the current system – but we know that our system can, and must, do better. But this will only be achieved by learning from clinicians about what facilitates and impedes interprofessional teamwork, implementing proven strategies based on the evidence from BC and internationally, and taking action on the urgent workforce challenges that create barriers to health care improvement.

Thank you to all the health science professionals who are working to improve care for British Columbians. I hope you find that your comments, concerns and recommendations are reflected in this report. As well, we were delighted to have such interest and participation from government, health authorities, researchers and patient and community advocacy organizations. Thank you to everyone for your thoughtful contributions to this important discussion. We hope that the conference contributes to ongoing dialogue that includes health and social care providers, policymakers, patients and the public.

Sincerely,

Val Avery

Executive Summary

On April 13, 2018, over 70 Health Sciences Association (HSA) members, representatives from professional associations, Ministry policymakers, health authority decision-makers, researchers, family physicians and primary care advocates came together at BC's first-ever multidisciplinary primary and community care conference focused on the contributions of the health science professions.[1]

In high-performing health systems internationally, there has been a greater focus on recognizing and optimizing the roles of public-practice health science professionals (hereafter, "HSPs") working in public in order to improve health services and population health outcomes. The HSA conference – *Achieving High-Performing Primary and Community Care: The Critical Role of Health Science Professions* – provided participants with an opportunity to better understand the different and critical roles of HSPs in primary and community care, as well as the barriers and opportunities for making interprofessional team-based care a reality for British Columbians in communities large and small, rural and urban.

The morning began with an opening welcome from Elder Roberta Price from the Snuneymuxw and Cowichan Nations, followed by opening remarks from HSA President Val Avery and the Honourable Judy Darcy, Minister of Mental Health and Addictions. Minister Darcy spoke about the critical role HSPs play in providing interprofessional team-based mental health and addictions care, including Foundry youth mental health and wellness centres that have opened across the province.

During the morning workshop, HSA members discussed the unique roles of their disciplines in providing care to individuals with mental health and substance use issues and the frail elderly – two groups that require improved access to multidisciplinary team-based primary and community care, but too often end up in hospitals because comprehensive care and supports are not available.

Throughout the morning and afternoon panel discussions, conference participants learned about promising models of team-based care in which HSPs play integral roles. Social worker Elise Durante discussed the Vancouver Granville Foundry Centre and how staff work as an integrated team, with a focus on the social determinants of health, to meet the needs of youth with mental health and addictions issues. The Foundry is also designed to meet the primary care needs of youth who may otherwise not have access to a primary care provider or team.

Physiotherapist Chris Petrus highlighted how the Home Visits to Vancouver's Elders (Home ViVE) program provides 24-7 primary care to frail elders and reduces hospital visits. Health system consultant Cindy Roberts and Vancouver Coastal Health VP of Community Services Yasmin Jetha spoke about key ingredients to designing, implementing and sustaining unique and creative team-based programs, including the need for clinicians to take ownership over service redesign in order to sustain improvements.

Within the context of BC's ongoing overdose crisis, frontline clinicians from recreation therapy, family medicine, physiotherapy, occupational therapy, and social work identified challenges to, and

[1] Health science professions are often referred to as, and part of the larger grouping of, "allied health professions". Health science professions in primary and community care include, but are not limited to, Occupational Therapy, Dietetics, Physiotherapy, Social Work, Recreation Therapy, Pharmacy, Art Therapy, Clinical Counselling, Music Therapy, Respiratory Therapy, and Psychology.

opportunities for, strengthening team-based addictions care based on their experience working in innovative, low-barrier programs.

The day concluded with a panel discussion of lessons from BC and internationally on policy changes that can help BC overcome barriers to implementing interprofessional and multidisciplinary team-based primary care. Panelists discussed the importance of system-level changes, such as alternatives to fee-for-service physician compensation that facilitate team-based care; organizational structures to better support and engage frontline clinicians in implementing collaborative team models; and increasing community governance in primary health care, including the Ontario Community Health Centre model. Panelists included Professor Kimberlyn McGrail (UBC), Pam Mulroy (Northern Health), Adam Lynes-Ford (BC Health Coalition and Catherine White Holman Wellness Centre), and Marcy Cohen (Canadian Centre for Policy Alternatives).

Many participants remarked that the day was full of learning and stimulating discussions, and provided a unique opportunity to make new connections, especially between frontline practitioners and policymakers. Based on a synthesis of conference workshops, panel discussions, participant feedback and a review of the relevant peer-reviewed and policy literatures, HSA identified the following key themes/lessons and policy recommendations.

Key Themes and Lessons

1. **Health science professionals are critical members of primary and community care teams**.

   HSPs are necessary to achieve a high-performing system of primary and community care. Throughout the conference, we heard from clinicians, administrators, health system leaders, researchers and community health and patient advocates about the importance of multidisciplinary teams where health science disciplines contribute to effective interprofessional diagnosis, treatment, and rehab of seniors with frailty and complex care needs as well as individuals with mental health and addictions issues. Public practice HSPs working in the public system ensure that British Columbians, regardless of their socio-economic status, have access to necessary care and supports. HSPs also play important leadership roles in the development and delivery of primary and community care to frail elders and patients with mental health and substance use issues.

2. **Health science professionals have important insight into what's working and what's not in primary and community care for frail seniors and individuals with mental health and addictions issues.**

   At the conference, we heard about the leading roles that HSPs play on innovative teams, including OASIS, Home ViVE, the Rapid Access Addiction Clinic, the Complex Pain Clinic, and Foundry. HSPs have important insight into what's working and what's not working. The Ministry of Health and health authorities need to more purposefully and systematically ensure the participation of frontline clinicians in service implementation, redesign, and continuous improvement.

3. **The lack of a province-wide approach to professional and interprofessional team development is a barrier to effective interprofessional teamwork**.

   A common theme from HSPs was the lack of infrastructure and supports for professional and interprofessional team development. Management styles and organizational cultures pose significant barriers to improving how disciplines work together. From the conference, there was a notable desire for more meaningful and ongoing opportunities for interprofessional dialogue, networking and learning in order to facilitate greater trust and respect between disciplines.

4. **The inability to work to full scope of practice is a concern and frustration expressed by many health science professionals across disciplines and public practice settings.**

   Since team supports, education and structured approaches to improving trust, respect and understanding of each other's roles on the team are lacking, HSPs are not often working to their full scope of practice, thereby exacerbating recruitment and retention challenges in the public sector. The lack of health science disciplines represented in clinical management and leadership roles often means that the roles of HSPs are not well understood. As a result, HSPs are not supported to work to full scope. When health authority clinical leadership and management is dominated by nursing and medicine, it can lead to role expansion and scope 'creep' among nursing and medicine, resulting in low morale and frustration among HSPs who do not see their disciplines represented, recognized or their scope of practice respected.

   Heavy workloads – exacerbated by public sector shortages – make it more difficult for HSPs to work to full scope and provide optimal patient care. This was a key theme arising from HSA's recent member survey as well.[2]

5. **Public sector recruitment and retention challenges – contributing to shortages and heavy workloads for health science professionals – undermine effective teamwork and each discipline's ability to work to full scope.**

   The issue of vacancies for funded HSP positions is a significant challenge and means that public practice HSPs are expected to take on greater workloads, resulting in shorter visits with clients and a narrowing of scope. For example, due to the shortage of occupational therapists on the team, the role of an occupational therapist may be reduced to that of focusing exclusively on clients' equipment needs rather than having the time and being supported to work to full scope. As scopes narrow and practice becomes more repetitive, HSPs are more likely to exit public practice and new graduates may be less inclined to pursue public practice.

[2] Health Sciences Association, 2018.

6. **Health science professionals are committed to improving BC's integrated system of primary and community care – but they need to be recognized for their contributions and supported as leaders and improvement champions.**

   HSPs comprise many diverse professions and disciplines committed to excellence in primary and community care. However, HSPs do not always feel recognized or supported by their health authority or the broader health care system for their contributions, expertise and leadership. This is often reflected in the culture and management of health authorities where health science professions are not often represented in clinical leadership roles. Recent health authority staff surveys validate this theme, showing that HSPs experience some of the lowest work satisfaction among provider groups.

7. **Promising and evidence-based practices and models of team-based care often suffer from the lack of a coordinated approach to scale-up and spread innovations and improvements province-wide.**

   Health system improvement depends on coordinated approaches to learn from promising and evidence-based practices and innovations by harnessing the knowledge and dedication of frontline practitioners.[3] At the conference, many HSA members stated that they appreciated the opportunity to engage and be heard by decision-makers – an opportunity that many believe should happen more often and lead to change. Conference participants indicated a desire for their frontline expertise and dedication to be better utilized and inform service design and improvement.

Recommendations

1. **Learn from what is working and what is not on interprofessional primary and community care teams in BC and internationally. Apply those lessons in a coordinated, province-wide and ongoing manner by implementing a top-down and bottom-up approach to health system governance and improvement.**

   This will require provincially coordinated infrastructure that listens to, supports, and empowers, frontline clinicians in identifying what's working and what's not working on primary and community care teams, in order to apply those lessons in a systematic manner and inform decision-making at the health authority (organizational) and Ministry of Health (system) levels.

   This will require a hybrid approach to health system governance and improvement, often referred to as "top-down and bottom-up" in the research literature.[4] Health systems must create the conditions that will support practitioners to do their best work based on "the intrinsic motivation of the healthcare workforce" and put more effort into "learning and less into managing carrots and sticks."[5] We know from HSA members that these organizational factors are directly related to professional satisfaction, shortages and recruitment/retention.

[3] Dayan and Edwards, 2017; NHS Scotland and Institute for Healthcare Improvement, 2018.
[4] See Bacon and Samuel, 2012; McDermott et al., 2015; NHS Scotland and Institute for Healthcare Improvement, 2018.
[5] Berwick, 2016, p. 1329.

The Scottish NHS, supported by the Institute for Healthcare Improvement, has done leading work internationally within a single-payer health system context that is similar to BC:

> *Scotland has a unique system of improving the quality of health care. It focuses on engaging the altruistic professional motivations of frontline staff to do better, and building their skills to improve. … It uses a consistent, coherent method where better ways of working are tested on a small scale, quickly changed, and then rolled out. Unlike the rest of the UK, this is overseen by a single organization that both monitors the quality of care and also helps staff to improve it.*[6]

That single organization – Healthcare Improvement Scotland – embodies a top-down and bottom-up governance approach to public health system improvement by providing the critical infrastructure that supports health authorities, teams and clinicians to be drivers of improvement.[7]

Scotland also implemented a "Staff Governance Standard" which includes specific requirements in which "[health authority] employers must demonstrate that they are striving to both achieve and maintain exemplary employer status [and are] expected to have systems in place to identify areas that require improvement and develop action plans that will describe how improvements will be made."[8]

2. Establish a *Health Science Professions Policy Secretariat* in the BC Ministry of Health as a necessary step to recognize, support and develop the roles of health science professionals in BC's integrated system of interprofessional primary and community care.

HSA recommends the creation of a *Health Science Professions Policy Secretariat* to ensure that health science disciplines receive the necessary and ongoing recognition and policy attention required to address the critical workforce challenges that must be overcome in order to achieve a high-performing system of integrated, interprofessional primary and community care. Establishing a Health Science Professions Policy Secretariat, similar to the existing Nursing Policy Secretariat, would ensure focused and ongoing attention on significant policy and practice challenges that exist.[9]

British Columbia is embarking on ambitious health system transformation. There is a growing body of evidence demonstrating that large-system transformation depends on *all* clinicians, including HSPs, to be engaged and take ownership of the change process.[10] This requires HSPs to be "at the core of the dialogue or debate on primary health care system reforms that affect them" in order for interprofessional teamwork to take hold.[11]

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[6] Dayan and Edwards, 2017, p. 3.
[7] Healthcare Improvement Scotland, n.d.; 2016; NHS Scotland and Institute for Healthcare Improvement, 2018.
[8] NHS Scotland, n.d. See also Bacon and Samuel, 2012.
[9] See Byres (2018) for an example for the kind of focused and consultative policy work that has been achieved through the Nursing Policy Secretariat.
[10] Best et al., 2012.
[11] Mable et al., 2012, p. 9. In a 2012 research report on the status of primary care reform across Canada, Key Findings Nos. 5-6 are still very much the case in BC: "Most informants commented often that teamwork to date is still too physician-centric and not in sync with patient-focused PHC objectives. Even though teams are a major component and more kinds of health providers are involved, the allied providers do not appear, form literature or informant input, to be at the core of the dialogue or debate on primary health care system reforms that affects them."

The creation of a provincial-level Health Science Professions Policy Secretariat would align BC with Scotland, England and Australia, all of which have recognized the need for greater policy capacity and leadership to support the development of Health Science/Allied Health Professions in shifting to team-based primary and community care. In the Scottish NHS, the first Allied Health Professions Officer in the Scottish Government Health Department was established in 2002. This position was changed to Chief Health Professions Officer to reflect the 10 Allied Health Professions Groups and the 51 Healthcare Science Professions the position has policy responsibility for. The Chief Health Professions Officer provides advice to Ministers and the government on professional matters affecting all 61 disciplines including education, training, regulation and role/service development.[12]

England followed Scotland's lead by establishing the Chief Allied Health Professions Officer in 2014 to drive the strategic work of advancing the allied health professional workforce and maximizing their contributions across health and social care. In 2013, the Australian Minister of Health established the first Chief Allied Health Officer "to further support allied health professionals and provide advice on how to best strengthen their role in the Australian health system."[13]

Put simply, a Health Sciences Professions Policy Secretariat would provide voice at senior policy levels for HSPs, and ensure that the Ministry of Health, working collaboratively with partners, has the capacity to address urgent HSP workforce challenges that require focused attention and strategic action if we hope to achieve a high-performing health system where clinicians are champions of quality improvement and find joy in their work.[14]

3. **Address urgent public sector shortages for health science professions**.

It is very positive to see the Ministry of Health engaged in health human resources planning and taking more leadership in this important area of health policy. Earlier this year, the Ministry of Health identified 13 (current) priority professions as having labour market challenges that require provincial attention and monitoring. The majority of disciplines identified as both current and future priorities are health science professions. The frontline perspectives articulated at the conference made it apparent that immediate action is necessary to address public sector shortages for health science professions.

Consistent with conference discussion, immediate strategies should consider market (compensation) adjustments, student loan forgiveness, rural/remote practice incentives and medium and longer-term strategies including structured approaches to health authority culture change, workload, creating new leadership opportunities for HSPs, and addressing other practice and workplace concerns. Immediate and longer-term actions could be developed by the *Health Sciences Professions Policy Secretariat* and be the focus of a first-ever health science professions vision and strategy document (see Recommendation 5).

[12] Scottish Government, 2017.
[13] Australian Government Department of Health, 2013.
[14] Perlo et al., 2017.

4. **Immediately expand training seats for health science professions, beginning with those identified as current priority professions by the Ministry of Health.**

   Building on Recommendation 3, the Ministries of Health, Mental Health and Addictions, and Advanced Education, Skills and Training should immediately expand the training seats for designated priority health science professions, and bring BC in line with the training seat capacity in other provinces.[15] BC currently lags behind other provinces, and the lack of in-province training capacity has contributed to the shortages we face today.

5. **Develop a vision and strategy for public-practice health science professionals based on outreach and consultation with frontline health science professionals.**

   Following the lead of high-performing systems, including Scotland's NHS, it would be important to develop a vision and strategy document for the health science professions. For example, NHS Scotland's first-ever strategic document laid out the vision and actions to develop and support the health science professions. As a model of how to begin this work in BC, the initial NHS Scotland vision and strategy made three important contributions and identified areas for future policy work based on consultation:

   - It profiled the work of HSPs and highlighted their contribution to improving and maintaining patient health and wellbeing.
   - Explained how [these] diverse groups of health professionals will be supported and developed.
   - Set out the vision that will enable them to fully engage their expertise in improving health in Scotland, deliver excellence in health and social care, and support the development of best practice in multi-professional teams.[16]

   Importantly, in developing the vision and strategy document, the Scottish NHS consulted widely with frontline practitioners and stakeholders, similar to what the BC Ministry of Health's Nursing Policy Secretariat has done in the January 2018 consultation report and priority recommendations.[17]

[15] These are physiotherapists, occupational therapists, perfusionists, and sonographers. We also recommend speech language pathologists and MRI technologists be added to the current priority health science professions based on the provincial government's recently announced surgical and diagnostic strategy (which requires increasing public MRI capacity) and the shortage of public-practice SLPs identified by employers, unions, families and disability advocates and affirmed in Recommendation 20 of the BC Legislature's Select Standing Committee on Finance and Government Services' *Report on the Budget 2018 Consultation*.

[16] NHS Scotland, 2002, p. 8.

[17] Byres, 2018.

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