

**Submission
of Recommendations
to HPRAC
Regarding Interprofessional Collaboration**

**Submitted by the
Ontario Athletic Therapists Association (OATA)**



29 May 2008

PREAMBLE

The Ontario Athletic Therapist Association (OATA) is pleased to have this opportunity to respond to HPRAC's request for comments in response to the Minister's request for advice regarding interprofessional collaboration. As mentioned in the HPRAC's discussion guide, learning from and about other health professions can improve interprofessional collaboration. As such the OATA has included in this submission a brief description of our organization and our profession. As a rapidly expanding member of Ontario's private health care system, Certified Athletic Therapists regularly deal with front-line health care issues. Nevertheless due to the relatively small number of professionals, our profession is often unknown to or misunderstood by other health care professions. It is hoped that this text will provide some background on both our perspective and our suggestions for HPRAC.

The OATA has responded only to questions which either pertain to some aspect of our profession, or with which we have some previous experience.

OATA and the Canadian Athletic Therapists Association (CATA)

OATA is the voluntary professional association that governs the practice of all Certified Athletic Therapists in the Province of Ontario. More information on the OATA may be obtained by visiting www.athletictherapist.on.ca. The OATA is a recognized chapter of the CATA, a leader within the Sport Medicine Community of Canada through its continuing development, implementation and monitoring of professional standards. In collaboration with other allied health professionals, CATA creates a healthier environment that encompasses the needs of the active community through to the high performance athlete. The scope of practice of a Certified Athletic Therapist includes the assessment, prevention, immediate care and reconditioning of musculoskeletal injuries. Continuing education programs, examination preparation courses, publications and participation as a member of the Sports Medicine Council of Ontario are examples of the initiatives undertaken by the OATA.

Certified Athletic Therapists are not currently regulated under the *Regulated Health Professions Act*, nor under any other regulatory statute in the Province of Ontario. However, the profession of Athletic Therapy in Ontario is currently self regulated by the CATA through a rigorous process of pre-certification educational requirements, certification exams, a stringent scope of practice and code of ethics and a mandatory maintenance of certification process.

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" Athletic Therapists can be found almost anywhere people are physically active, including in secondary schools, colleges and universities, major games core health teams, professional sports, industrial and commercial settings, sports medicine clinics, hospitals, in private practice and in the military. As part of a complete health care team, athletic therapists work in cooperation with other health care providers, such as physicians, physiotherapists, exercise physiologists, athletic administrators and coaches.", (World Federation of Athletic Training and Therapy).

Prior to application for CATA certification, athletic therapists must have obtained at least a baccalaureate degree from an accredited institution approved by the CATA Program Accreditation Committee. The curriculum set by CATA for post-graduate certification is offered by six universities and colleges across Canada, including two in Ontario¹. Upon graduation from a CATA -accredited institution, applicants must complete a minimum of 1200 hrs of practical work under the supervision of a Certified Athletic Therapist. Half of this practical requirement must be completed in a rehabilitation clinic. Certification candidates must also successfully complete both written and oral examinations created, monitored and continually updated by CATA. CATA certification also requires continued proof of CPR/AED and sports first responder certifications. The health services provided by Athletic Therapists are often a required element for organized school sports, recreational and professional sporting leagues.

Responses to HPRAC's Discussion Guide Questions

In this Submission, OATA has not responded to those questions that require intimate knowledge of or experience with the Regulated Health Professions Act (RHPA). We have respond to those questions that are relevant to collaborative care involving Athletic Therapists and between regulated and unregulated health care practitioners.

Question #1: HPRAC has stated that it wishes to find ways to improve patient care and facilitate better results for patients. It is the opinion of the OATA that the HPRAC should investigate the considerable benefits to be gained through collaboration with both regulated and unregulated health care practitioners. The Minister of Health and Long Term Care's letter to HPRAC stated " Our government is committed to ensuring that the health profession regulatory system keeps pace with and supports the health care needs of Ontarians". Everyday, Ontarians consult non-regulated health care practioners for a multitude of health care services. These providers are currently working in close collaboration with other members of Ontario's health care team, both regulated and unregulated. A complete assessment of the regulatory system must include this sector of health care if it is to truly achieve its goal of keeping pace with Ontarians' expectations of

¹ [York University and Sheridan College.]

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their healthcare system. The service capacity represented the unregulated sector is a valuable tool to help deal with the current and potential health human service shortage.

The OATA suggests HPRAC investigate the effect of a patient's choice to consult alternate health care providers on perceived patient satisfaction and patient outcome. Patient choice is recognized as a fundamental right in health care delivery and is currently the driving force for interprofessional collaboration. Given that Ontario lacks legislation to propel interprofessional collaboration, it is evident that market forces, such as patient choice and options for best practices among health care practitioners have spawned this shift in health care delivery. Statistics Canada has compiled much data on the unprecedented growth of alternate and unregulated health care use. This data should be included in any thorough investigation of Ontario's health care service providers.

There is also the perhaps unintended inference in the Statement that competition among health care providers should be avoided and that competition and collaboration are somehow mutually exclusive. Ontario's current "silo approach" to health care delivery does promote the wrong kind of competition, where gains in one silo often come at the expense of other silos, where there is inadequate collaboration and communication among silos, where each silo tends to be inward looking and unaware of the competencies and potentials of other silos and where technology, best practices and other innovations are slow to be shared among silos. The right kind of competition occurs when health care professionals, whether regulated or unregulated, are allowed to practice to the maximum of their competencies and capabilities and when there is real and fluid understanding, knowledge sharing and practice collaboration among professionals, among professions and between the regulated and unregulated sectors. The right kind of competition in a collaborative model can improve the quality and accessibility of care by controlling pricing and administrative costs, expediting technological innovation and encouraging the maximum use of available physical and human resources².

OATA believes that patient centred care in a collaborative model is most likely to be advanced when the right kind of competition is encouraged, rather than discouraged.

Questions #2-4: Any college regulations, policies or guidelines that apply blanket prohibitions or limitations on the working relationship between regulated and unregulated practitioners should be removed.

Restrictions imposed by OHIP and by other third-party payers that inhibit collaboration should also be examined and removed if practicable. For example, the *Workplace Safety and Insurance Act* prohibits payment for the treatment of an injured worker by any practitioner not regulated under the RHPA, but will pay for exactly the same treatment if

² See Porter M.E. and Teisberg E.O. Redefining Health Care. Creating Value-Based Competition on Results: Harvard Business School Press, Boston, Mass., 2006.

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delivered by an RHPA-regulator practitioner. OHIP regulations prohibit payment for a treatment, or portion thereof, performed by any practitioner who does not have OHIP billing privileges in their own right, even if the treatment is delegated or assigned by a practitioner with billing privileges. Provisions of the *(Ontario) Business Corporations Act*, inter alia, allow unregulated practitioners to incorporate their practices and to have members of multiple professions involved as shareholders, directors or officers, but prohibit unregulated practitioners from being shareholders, directors or officers in professional corporations owned by regulated practitioners.

Question #5: There are two cultural barriers faced by Athletic Therapists in working with regulated practitioners. The first is a perception within the regulated sector that unregulated practitioners are somehow inferior, or that patients who choose to consult unregulated practitioners are at risk. (This is usually a perception held by those who have had no actual contact or experience with Athletic Therapists.) The second is a profound lack of knowledge among many regulated professions as to the competencies and scope of practice of Athletic Therapists and how our engagement could improve health care delivery for their patients. These cultural barriers frustrate interprofessional collaboration and reduce the incidence of referrals from physicians and other regulated practitioners to Athletic Therapists, even when such referrals would be in patients' best interests.

Question #6-8: OATA members must maintain liability insurance at a minimum of one million dollars per claim. We suspect that many regulated practitioners simply presume that Athletic Therapists have no liability coverage, or at least inadequate liability coverage, and this could well be another barrier to their collaboration with us.

In our view, all health practitioners who provide services to the public should be required to have at least minimum professional liability insurance. That minimum would obviously vary from profession to profession and it would be presumptuous of the OATA to suggest what the minimum threshold for other professions should be.

Questions #9-10: One recommendation is that the RHPA acknowledge the existence of the unregulated sector and that it, the profession-specific acts and regulations thereunder not impose arbitrary or unreasonable barriers against collaboration between regulated and unregulated practitioners. Doing so would better enable unregulated practitioners to contribute to Ontario's health care delivery system to the maximum of their abilities.

Another recommendation is to inject an added degree of flexibility into the RHPA to facilitate and expedite the regulation of new professions under existing colleges when certain predetermined public interest tests are satisfied.

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Questions #13-20: One loophole that has appeared in the enforcement of the RHPA is the apparent inability or disinclination to prosecute unregulated practitioners for contraventions of the RHPA in areas such as statutory professional titles, performance of controlled acts, or using the "Dr." title. This is particularly problematic for regulated practitioners working with unregulated practitioners, because the burden of regulatory liability will inevitably fall on the regulated practitioner, regardless of the true or fair apportionment of responsibility. This is clearly a practical barrier to collaboration. Should the Ontario government decide to establish a common framework for receiving, investigating and prosecuting complaints, we suggest that a division of the common framework be charged with receiving, investigating and prosecuting complaints relating to the unregulated sector, particularly if the complaint related to an incident involving both regulated and unregulated practitioners.

Question # 21: We assume that some legislative underpinnings would be required for the common framework to receive, investigate and prosecute complaints relating to the unregulated sector. We would prefer that those legislative underpinnings be provided through amendments to the RHPA as a step towards a more unitary approach to regulated and unregulated health care delivery, however we acknowledge that a separate statute may be required, at least for the time being.

Questions #22-24: The OATA would like to have the opportunity to consult with relevant RHPA colleges, such as the College of Physiotherapists and the proposed College of Kinesiologists, to work towards consistent Quality Assurance programs, standards of practice and professional practice guidelines in areas where our scopes of practice intersect or overlap and where collaborative care occurs, or where there is potential for it to occur.

Question #33: The OATA supports the concept of joint colleges, particularly if it would facilitate the regulation of unregulated professions.

Question #40: It seems clear to us that greater collaboration among colleges would promote interprofessional collaboration:

- by identifying and removing unnecessary barriers to collaboration, such as statutes or regulations that prohibit delegation, or prohibit business or other associations among members of different professions; and
- by creating common or consistent platforms, such as regulations, standards of practice, policies and guidelines, that pave the way for collaboration.

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There is also a huge contribution that the professional associations and individual frontline caregivers can and must make if the potential of interprofessional collaboration is to be realized

Questions #41-43: The OATA respectfully suggests that Ontario should exhaust the other avenues available to promoting interprofessional collaboration before resorting to laws similar to the one in New Zealand. It seems to us that there is considerable scope and potential to promote interprofessional collaboration through better interprofessional education and awareness, through the removal of existing barriers and by establishing consistent platforms for regulations, standards of practice, policies and guidelines. Resorting to the "hammer" of enforcement, before the "honey" of encouragement and persuasion is exhausted could easily prompt resistance to rather the acceptance of interprofessional collaboration.