



Submission to the Health Professions Regulatory
Advisory Committee
Respecting the Review of the Scope of Practice of:

Registered Dietitians
Pharmacists
Physiotherapists
In Ontario

August 2008

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Introduction

The Ontario Long Term Care Association (OLTCA) is pleased to provide comments on the requests to the Health Professions Regulatory Advisory Committee (HPRAC) from six Ontario health professions for changes to their professional scopes of practice. OLTCA represents 430 long-term care (LTC) homes, or 70% of the private, not for profit, charitable and municipal homes across the province that provide care and services to some 50,000 frail, elderly people with increasingly complex chronic illnesses, dementia and psycho geriatric conditions. Traditionally, primary care in LTC homes has been the responsibility of Family Physicians with the support of other health professionals including registered nurses, registered practical nurses, clinical pharmacists, registered dietitians, physiotherapists, nurse practitioners, social workers, activity professionals, etc. Predictably, any changes to the scopes of practice for Pharmacists, Registered Dietitians and Physiotherapists would directly affect the existing interprofessional relationships and quality of care provided by this primary care collaboration. In addition, these proposed changes have the potential to influence LTC homes as they address several system level challenges such as the health human resource deficit, enhancing care capacity and quality, drug and resident safety, as well as meeting the strategic directions of the Ministry of Health and Long Term Care (MOHLTC). At the same time, we believe that these changes are not completely free of risk to the LTC sector and resident care. We therefore welcome the opportunity to provide our comments to HPRAC as it undertakes this review of the changes to the scope of practice of these three professions (Pharmacists, Registered Dietitians and Physiotherapists).

Background:

Primary care in LTC homes has been steadily evolving beyond the conventional partnership between physicians, registered staff and front line caregivers envisaged in the current regulatory and programmatic frameworks supporting the sector. One of the main drivers has been the increase in acuity of residents, 71% of whom are over the age of 80 years, as demonstrated by a nearly 30% increase in the MOHLTC levels of care classification acuity index since its introduction over 14 years ago. During this time, the prevalence of chronic diseases such as diabetes, osteoarthritis, and osteoporosis among residents of LTC homes¹ has grown as with levels in community-based populations, while the proportion of residents living with the late effects of stroke and Alzheimer's and related dementias has grown well beyond that of the elderly population in the community. In addition, the health system has increased expectations that LTC homes will provide more complex or specialized care as it grapples with sustainable management of chronic diseases and an aging population. One of the other drivers of the changing model of primary care in LTC homes has been the Ministry led initiatives related to interprofessional care:

- The introduction of Nurse Practitioners
- Drug Services Branch has introduced changes to the Ontario Drug Benefits Plan that will refocus the clinical role of pharmacists;

¹ January 2008 MOHLTC Annual Classification reported rates as follows: 20% diabetes; 18% osteoarthritis; 10% arthritis; 16% osteoporosis, 19% late effect stroke; 53% Alzheimer's and related dementias

- The LTC raw food allowance was increased in part to address the complexity of therapeutic diets for managing nutritional needs of residents
- OHIP funding for physiotherapy in LTC homes increased access to services for residents throughout the province

These initiatives all bear witness to the growing evidence that the use of providers other than Family Physicians in the skill mix enhance the delivery of primary care to LTC home residents². It is within this evolving primary care model that OLTCOA believes that an expanded scope of practice for Pharmacists, Registered Dietitians and Physiotherapists could provide the following direct benefits to residents of LTC homes by enhancing:

- Primary care
- Safe medication management
- Quality of work life
- Resident and Family Satisfaction

However, OLTCOA also believes that key structural or system-based issues enablers must also be in place in order to mitigate the following risks that these expanded scopes of practice pose to the LTC sector:

- Impact on costs to provide services
- Resident safety

The following sections address both the benefits and the risks to the LTC sector.

Benefits:

Enhancing Primary Care:

As early as 2003, the College of Family Physicians of Canada Studies³ was predicting both Canada-wide and Ontario-wide shortages of Family Physicians. Shortages of family physicians in Ontario present a unique challenge to the provision of primary care to residents of LTC homes: availability and workload. In 2001 the Ontario Long Term Care Physicians Association identified that, physicians in LTC homes are older and nearing retirement faster than their colleagues who do not work in LTC homes. The Queen's University study completed by Christopher Frank, et al (2006)⁴ confirmed that most medical directors believe there is a serious shortage of physicians in LTC that will only get worse through retirement and reduction in practice as the workforce ages. In addition, physician workload is often a barrier to adequate inter-professional primary care. Physicians are typically only present in the home several days a week (in some cases several days per month) and only accessible after regular business hours by on-call coverage. The impact of this shortage may be mitigated through expanded scopes of practice for Pharmacists, Registered Dietitians and Physiotherapists.

² OLTCOA submission to HPRAC on NPs, ABC, Collaborative Care Models for LTC Project (Champlain LHIN), Toronto Region Long Term Care Mental Health Psychogeriatric Framework Report, MOHLTC, 2006

³ McMaster University Department of Family Medicine, School of Nursing and Shalom Village. *Actively Building Capacity in Long Term Care, Recruitment & Retention of Family Physicians, Nurse Practitioners and Pharmacists, Collaborative Service Delivery, Interdisciplinary Collaborative Curriculum*. September 2003

⁴ *Medical Directors of Long Term Care Facilities Preventing another Physician Shortage* Frank C. et al Canadian Family Physician, vol. 52 June 2006: pp.753 - 756

Improving the Admission Process

Within the first 24 hours of being admitted to a LTC home, registered staff begin to develop and implement care plans including new medication orders reconciled to the medications the new resident was receiving in their previous care setting. Increasingly there is pressure for LTC homes to facilitate admissions beyond “regular business hours”, i.e. in the evening and on weekends in order to support provincial ALC strategies in the LHINs. In many areas of the province On-call or after hours coverage by physicians remains problematic. However, pharmacy services respond 24/7. Expanding the scope of Pharmacists to extend a prescription for continuity of care may facilitate the ability of the LTC home to provide the level of admission services required to support the Ministry’s strategic health goals.

Improving timely access to care for residents

LTC legislative and compliance standards reinforce the gatekeeper role of the Attending Physician to primary care for residents of LTC homes. Physicians are required to process/approve orders before treatment or care plans can be initiated. This means that every minute of time spent by Registered Dietitians, Pharmacists and Physiotherapists on tracking the physician to process or approve an order comes at the expense of direct care time with LTC residents. Direct care time by these professions is already a limited resource in LTC since:

- the Ministry currently funds only 15 minutes per resident per month for nutritional care;
- Physiotherapy services are capped at \$600 per bed per annum by OHIP and Alternate Payment Plans (approximately 100 OHIP sessions per annum per resident receiving service)
- Pharmacists deliver the LTC pharmacy program through a “right to provide” contract with LTC homes with any clinical time eked out of the pharmacy services funding through the Ontario Drug Benefits Plan.

The proposed expanded scopes of practice would go a long way to streamlining procedures and alleviating some of the pressure on the limited time available to residents of LTC from these key professionals.

Enhancing Safe Medication Management:

Pharmacists dispense medications for long-term care home residents on the basis of a physician’s, or other recognized health professional’s, prescription, as well as the pharmacist’s knowledge of the individual and the prescribed drug. It’s the responsibility of the pharmacists to work with the prescriber and home to identify potential drug interactions and provide advice on the appropriate drug therapy. The release of the Auditor General’s Report on Medication Management in LTC homes (January 2008) has provided the opportunity to focus on the potential role of interprofessional collaboration, particularly among physicians, nurses and pharmacists in the safe and effective management of medications. The Ministry and the sector have established a Medication Management Task Force to facilitate this drug safety initiative. In addition, the *Long Term Care Homes Act*, once proclaimed, will continue to focus on the safety of the use of psychotropic drugs. Evidence

already supports the notion that the close collaboration of pharmacists with physicians in LTC homes could be one of the contributing factors to the lower rates of atypical and traditional psychotropic drug utilization in LTC homes versus the community⁵. We believe the proposed expanded scope of practice for Pharmacists would continue to enhance drug safety and medication management in LTC homes.

Quality of Work Life:

The recent *People Caring for People Report* (May 2008) submitted to the Ministry by Shirlee Sharkey, noted the need for more effective team based care and health professional leadership in contributing to both care capacity building and quality of care in LTC homes. Many of the factors reviewed by Ms. Sharkey that were identified as contributing to a healthy work environment for health professionals relate to the ability to consult with peers and to create mentoring opportunities⁶. One of the consequences of expanding the scope of practice of these professionals in LTC homes may actually result in enhanced interprofessional interaction. While this does not substitute for additional time, the knowledge that other professionals have an enhanced role in the care of the LTC home's residents may have a positive affect. It may also increase both physician and LTC home Director of Care (nursing) job satisfaction by expanding access to other health care professionals.⁷

Resident and Family Satisfaction:

Residents and family members are key stakeholders in any changes to primary care in LTC homes. Their desire for increased flexibility to meet individual resident care needs was strongly voiced through the *People Caring for People Report* (May 2008) and identified the specific need for enhancements to increase the capacity and access to therapy and nutritional care. Putting aside, for the moment, the issue of adequate funding, the proposed expanded scopes of practice may respond to some of the issues identified by residents and families. The predicted streamlining or increased care efficiency from expanded scopes of practice could contribute to greater satisfaction. Residents and families may view the changing roles of these three professions as contributing to better outcomes and more individualized care. This, of course would have to be verified over time through a provincial satisfaction survey for each of these key stakeholders.

Risks:

⁵ Rochon P, Normand S, Gomes T, Gill S, Anderson G, Melo M, Sykora K, Lipscombe L, Bell C, Gurwitz J. Antipsychotic therapy and short-term serious events in older adults with dementia. *Arch Intern Med.* 2008; 168 (10): 1090-1096.

⁶ *People Caring for People*, Sharkey, S. May 2008 p.50

⁷ *Care Models for LTC Project* (Champlain LHIN)

Resident Safety

While OLTCAs supports the expansion of the scopes of practice for Pharmacists, Registered Dietitians and Physiotherapists, we caution that without the presence of an electronic health record for all Ontarians, this expansion may increase the risk of error and actually negatively affect resident safety. All three of the health professions also note in their individual submissions the importance of an electronic health record as a key enabler for the success of expansion of scopes of practice. It is clear that an increased ability to prescribe, order diagnostic and lab tests and independently provide treatments requires even greater coordinated communication in order to avoid the increased opportunities for error, duplication and risk of harm. The province of Ontario is currently lagging in its implementation of an electronic health record in for hospitals. The changes to the scope of practice recommended by these health professionals will have a profound impact on community-based care including care in LTC homes where little has been done to implement the electronic health record. We strongly urge HPRAC to advise the Ministry that the electronic health record is an essential enabler for meeting the expectations of clients and health providers and delivering on the opportunities for improving the performance of the health care system that expanded scope for Pharmacists, Registered Dietitians and Physiotherapists can offer.

Impact on Costs to Provide Services

As noted earlier, the amount of time that these three health professions spend in LTC homes is very limited due to the funding structures. Homes are already experiencing cost pressure in the Program and Support Services (PSS) envelope because of a Ministry policy change to allow the Registered Dietitian time to increase from 15 minutes per resident per month to a maximum of 30 minutes, without providing appropriate funding to homes. The gaps in availability of Registered Dietitians in some areas of the province have also contributed to upward pressures on consulting fees. Since both funding for quality of life programming for residents and the purchase of clinical nutrition services by Registered Dietitians is through the PSS envelope, LTC homes can be faced with the difficult decision of reducing activation programming, social work and other programs and services in order to provide more dietitian time or meet the cost of fees. The expanded scope of Registered Dietitians may continue to exacerbate this pressure on the envelope with the unintended consequence of diminishing quality of life programming. Similar funding caps for physiotherapy service may also not result in residents of LTC homes benefitting fully from the opportunities presented through expanded scope of service. It is our understanding that the outcome of the review of expanded scope of practice for Pharmacists will contribute to the next steps in the ongoing redesign of pharmacy services in LTC homes funded by the Ontario Drug Benefits Program, so the impact on cost of service is yet to be determined.

Conclusion:

We have attempted to illustrate that there are both benefits and risks to the expansion of the scopes of practice for Pharmacists, Registered Dietitians and Physiotherapists to the programs and services for residents of LTC homes. These changes will help to address the growing need for timely and safe treatment of residents in LTC homes and enhance the existing model of interprofessional primary care in LTC homes. OLTCAs also

believes that these changes can support the Ministry to achieve its strategic direction of providing the right care in the right place in an integrated health system. At the same time, we also caution that in the absence of an electronic health record, these changes increase the risk of error, duplication and harm to residents and costs to provide services in LTC homes.