RNAO Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Speaking out for nursing. Speaking out for health.

Registered Nurses' Association of Ontario

Submission to Health Canada's Advisory Panel on Healthcare Innovation

November 2014

158 Pearl Street, Toronto, ON M5H1L3 ■ Ph. 416 599 1925 ■ Toll-free 1 800 268 7199 ■ Fax 416 599 1926 ■ www.RNAO.ca

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RNs), nurse practitioners (NPs) and nursing students in all roles and sectors within Ontario. Our mandate is to foster knowledge-based nursing practice, promote quality work environments, deliver excellence in professional development, and advance healthy public policy. We promote the full participation of present and future RNs and NPs in improving health, and shaping and delivering health-care services. Given our mandate, we are pleased to provide this submission to Health Canada's Advisory Panel on Healthcare Innovation.

How well does the current system support innovation?

RNAO defines innovation, within the context of this submission, as new evidence-informed strategies, initiatives and approaches with broad reach that can be implemented within a health-care system to advance health outcomes, while being cost-effective. Innovation is about finding unique ways of doing things better and maximizing resources. We feel that the *Canada Health Act*, which governs in its principles and spirit Canada's single tiered, publicly-funded and not-for-profit health-care system, supports opportunities for innovation. RNAO will not support 'innovation' as a disguise for increasing privatization within Canada's health-care system, including implementing user-fees, co-payments or income-based means testing. Nor will we support any innovation that seeks to jeopardize Canada's cherished Medicare system. Evidence shows that privatized and/or dual-tiered systems are highly inefficient and place an even greater burden on the public purse.[1] Rather, we urge the panel to place emphasis on sustaining and advancing a single-tiered, publicly-funded and not-for-profit health system.

Innovation is about doing things differently within the Canadian context. While medical science and technology have rapidly advanced within health care over the past 50 years, culture and the process of delivering care has evolved at a much slower pace. We believe the system needs a fundamental shift away from its current emphasis on illness care to one with a greater emphasis on health promotion, illness prevention, chronic disease prevention and management, and improved mental health services offered within the community.

How can the federal government support innovation in health care?

Focusing on the macro-level enablers and facilitators of innovation in health care, the federal government can effectively support innovation through three key interventions:

1) Restoring the long-form census:

In order to support any innovation, it is critical that the right data is in place. Policy-makers cannot create robust health and social policy without comprehensive evidence. It was disappointing that the federal government eliminated the mandatory long-form census questionnaire that was historically implemented by Statistics Canada every five years. The information collected was invaluable and necessary to help health-care planners, researchers and public health officials track the needs of Canadians. The data is also essential for those interested in the health and social needs of marginalized people in this country. RNAO was one of the leading figures speaking in support of the long-form census in 2010.[2] We continue to urge the federal government to reinstate the long-form census to support innovation for the greater good of all.

2) Advancing a Health Accord

The federal government's decision not to negotiate a new health accord governing the transfer of funds to the provinces was disappointing.[3] Instead of adopting a leadership role in the area of health and health care, the government unveiled a funding plan with no national standards. Innovation demands strong leadership and an acknowledgement that best practices ought to be shared among provincial and territorial counterparts. While it is encouraging that Health Canada has initiated this panel, more concrete action is needed. A health accord can serve as a vehicle for co-ordinating national standards and disseminating innovation. The following could be incorporated within a new national health accord.

a) Anchoring the health-care system in primary care

A shift in focus to primary care is the most significant advancement needed within Canada's health-care system. Comparing the health-care systems of 11 OECD countries, The Commonwealth Fund ranked Canada 10th overall, just behind the United States.[4] Canada fared 8th in the area of co-ordinated care, 11th for timeliness of care and 10th for efficiency. These rankings emphasize the focus that is placed within the Canadian health-care system on illness based care and institutions (largely hospitals). Ideally, hospitals should be used as a last resort to treat complex illness and to perform elective surgeries. Primary care is the best setting to co-ordinate care and should serve as the entry-point to the system. However, this is not happening consistently across the country. To achieve this aim, a culture shift is needed to recognize and allow primary care to be the foundation of the health-care system. This means expanding hours and ensuring accessibility.

The Commonwealth Fund ranked the United Kingdom as first in almost all categories and first overall.[5] This is not surprising given the significant advancements made within the UK model of primary care delivery, including accessible after-hours care, which divert people away from emergency departments.[6] The UK is also a leading jurisdiction in the expanded utilization of health-care professionals, including RN prescribing.

One only needs to consider basic math when understanding the cost-effectiveness of anchoring the health-care system in primary care. In 2008/09 approximately $960M was expended on emergency department visits in Ontario. In 2007/08 the average emergency department visit cost the system $260 for the general population and $386 for seniors.[7] This figure has undoubtedly increased since that time. It is not uncommon for an urban community hospital to have upwards of 300 emergency department visits daily. By contrast, an average visit to a primary care physician costs the system approximately $34.[8] This figure is likely lower in other settings such as Nurse Practitioner-led Clinics. Therefore, ensuring co-ordinated and accessible primary care services could significantly decrease spending.

Recognizing the need to produce a model to guide the transformation of Ontario's health-care system, RNAO proposed the *Enhancing Community Care for Ontarians* (ECCO) model.[9] The model was first introduced in 2012 and updated in 2014 with an expanded white paper that includes more operational details. ECCO provides a detailed blueprint to guide transformation efforts by positioning primary care to serve as the foundation of the health system. A key component of the model involves providing person-centred care that is accessible through the

full utilization of all regulated health-care professionals and structural reform that will produce significant administrative savings. RNAO urges the panel to review the ECCO model as a key example of innovation for the Canadian health-care system.

b) Full scope of practice

Interprofessional team care is the delivery model of the future in all sectors. However, the success of these teams will never be realized until each professional is enabled to practise to their full potential. Perhaps one of the greatest cost-effective solutions that the panel can consider is ensuring that value for money is captured through the full utilization of each regulated health professional in Canada. It does not make financial sense to partially utilize the competency, knowledge and skills potential of regulated health-care professionals.

In 2012, RNAO released *Primary Solutions for Primary Care*, which is a key report that identified better utilization of thousands of primary care nurses in Ontario.[10] These nurses and other health-care professionals are encountering structural, funding and/or cultural barriers preventing them from embracing their full scope of practice across the system. A key area of growth for the system is to expand the role of RNs to enable them to prescribe medication, order diagnostic testing and communicate a diagnosis within the level of knowledge and skill. RN prescribing is common in the UK where it has demonstrated substantial evidence supporting its positive impact on patients, providers and the health-care system.[11] RN prescribing in Canada requires minimal investments in educational programs and will significantly decrease health-care expenditures through improved access and better co-ordinated care.

In addition, NPs are positively transforming the Canadian health-care system. NPs are RNs who pursued additional education, often at the Masters level, and are registered in an extended class that enables them to provide an expanded scope of practice. The shining success of NPs can be found within Ontario's 25 Nurse-Practitioner-led Clinics. Each of these clinics employs NPs who work in collaboration with RNs, registered practical nurses and other health-care professionals to provide accessible, co-ordinated and high quality primary care services. A physician is available for consultation at each clinic, however, the actual on-site time varies. The Lakehead Nurse Practitioner-led Clinic[12] in Thunder Bay serves over 3,200 patients, most of whom were previously without a primary care provider, and the physician is on-site for approximately two hours every second week. The clinic has been able to provide same-day access to care through the full utilization of NPs and RNs. It is imperative that the panel consider the potential of full scope of practice of all regulated health-care professionals and the role of interprofessional teams within its work.

c) Evidence-informed practice

Significant variation in how care is delivered can drive cost inefficiencies. Unproven approaches to deliver care may not produce the best/most ideal outcomes for patients, while significantly costing the system. The research is ripe with many examples of how evidence-informed practice saves money. For example, a 2010 study that used evidence-based clinical pathways to treat non-small-cell lung cancer found a 35 per cent reduction in cost when comparing on-pathway patients with off-pathway patients.[13] This is just one of many studies demonstrating the positive impact of evidence-informed practice.

RNAO is an international leader in the advancement of evidence-based practice through its award-winning International Affairs and Best Practice Guidelines (IABPG) Centre and as an accredited ICNP Research and Development Centre, and member of the International Guidelines Network. The IABPG Centre leads a number of initiatives to support the development, dissemination, implementation and evaluation of clinical and healthy work environment best practice guidelines. The 50 guidelines developed to date include those that support direct care delivery across all sectors of care, and those that support the creation of healthier work environments for nurses and other health-care professionals.[14] Each guideline is developed through a systematic review of the literature and is supported by a panel of experts, and broad stakeholder input.

A key implementation and evaluation strategy used by RNAO's IABPG Centre is the Best Practice Spotlight Organization (BPSO) program.[15] BPSOs are health-care and academic organizations selected by the association through a request for proposals process to implement and evaluate the RNAO's best practice guidelines. It is a dynamic partnership that focuses on making a positive impact on patient care though evidence-based practice. There are currently 73 BPSOs representing over 350 sites around the world. BPG implementation is further supported by RNAO's vendor-neutral nursing order sets, comprised of action-oriented evidence-based interventions derived from the RNAO BPGs that can be used in an electronic, paperbased or hybrid environment, and are coded to the international nursing language, ICNP. The order sets include clinically relevant nursing assessments, interventions and optimal patient/client outcomes for a variety of topics related to women and children, addiction and mental health, skin and wound care, chronic diseases and functional care (i.e. activities of daily living).

To support the evaluation of guidelines, each BPSO contributes to Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) database.[16] NQuIRE is a database system of quality indicators designed for BPSOs to systematically monitor the progress and outcomes of implementing the RNAO practice guidelines. NQuIRE is the first international quality improvement initiative of its kind, and involves development and measurement of structural, process and outcome indicators related to each of the RNAO clinical practice guidelines.

In 2012, the Council of the Federation, with the aim of strengthening Medicare, identified three areas of priority outlined in the Working Group Report on Health Care Innovation, *'From Innovation to Action.'*[17] These priority areas included: clinical practice guidelines; team-based models; and health human resource management. RNAO contributed as a leading member of the clinical practice guidelines working group, in collaboration with the Canadian Nurses Association (CNA) and the Canadian Medical Association (CMA). The report recommended the adoption of RNAO's Guideline for the *'Assessment and Management of Foot Ulcers for People With Diabetes.'*[18] The Council of Federation's support of this recommendation is a first important step in recognizing that transformation of our country's health-care system must be grounded in evidence to improve patient care. RNAO has continued to work with stakeholders across the country to provide support for implantation of this BPG based on its comprehensive set of evidence-based resources and knowledge related to implementation science.

It is critical that the federal government support processes and structures that enable the dissemination and uptake of evidence-informed practice. This is a proven strategy that drives cost-effectiveness and value for money.

Recommendations

RNAO further extends its gratitude to the *Advisory Panel on Healthcare Innovation* for the opportunity to provide feedback. Furthermore, we recommend that the advisory panel consider the following:

1. Support innovation that expands Medicare as a single-tier, publicly-funded and not-for-profit health-care system, while rejecting the introduction of co-payments, user-fees, means testing or increased privatization of service delivery.

2. Shift away from illness care within institutions to interprofessionally-delivered health promotion, illness prevention, chronic disease prevention and management, and improved mental health services offered within the community.

3. Reinstate the long-form census to generate valuable data that can be used to support health system improvements.

4. Renew the federal Health Accord with the following priorities:

    a. Building a robust and accessible primary care system that is the anchor of the system

    b. Ensuring that all regulated health-care professionals are enabled to practise to their full scope

    c. Develop frameworks that enable a culture of evidence grow within health service delivery

References

[1] Canadian Doctors for Medicare (n.d.). *International Health Systems.* Available at: http://www.canadiandoctorsformedicare.ca/International-Health-Systems/international-health-systems.html?Itemid=172

[2] Registered Nurses' Association of Ontario (2010). *Ontario nurses urge Prime Minister Harper to reverse decision to eliminate long-form census questionnaire.* Available at: http://rnao.ca/news/media-releases/Ontario-nurses-urge-Prime-Minister-Harper-to-reverse-decision-to-eliminate-long-form-census-questionnaire

[3] Registered Nurses' Association of Ontario (2013). *RNAO to Prime Minister Stephen Harper: now is the time to discuss a 2014 Health Accord.* Available at: http://rnao.ca/news/media-releases/2013/07/24/rnao-prime-minister-stephen-harper-now-time-discuss-2014-health-accor

[4] The Commonwealth Fund (2014). *Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares* Internationally. Available at: http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror

[5] *Ibid.*

[6] Roland, M., Guthrie, B., & Thomé, D.C. (2012). Primary Medical Care in the United Kingdom. *Journal of the American Board of Family Medicine*, 25(1), 6-11.

[7] Canadian Institute for Health Information (2010). *Seniors' Use of Emergency Departments in Ontario, 2004-2005 to 2008-2009.* Available at: https://secure.cihi.ca/free_products/seniors_ed_e.pdf

[8] Ontario Medical Association (2012). *Primary care model enrolment and hospital length of stay in Ontario: patient rostering associated with reduced length of stay, significant health system savings.* Available at: https://www.oma.org/Resources/Documents/Sept2012_primary_care_model.pdf

[9] Registered Nurses' Association of Ontario (2014), *Enhancing Community Care for Ontarians 2.0*. Available at: http://www.rnao.ca/ecco

[10] Registered Nurses' Association of Ontario (2012). *Primary Solutions for Primary Care* (2012). Available at: http://www.rnao.ca/primary_care_report

[11] *Ibid* see appendix for evidence.

[12] Lakehead Nurse Practitioner-led Clinic. Available at: http://lnplc.com/

[13] Neubauer, M.A., ... Beveridge, R.A. (2010). Cost effectiveness of evidence-based treatment guidelines for the treatment of non-small-cell lung cancer in the community setting. *Journal of Oncology Practice*, *6*(1), 12-18.

[14] Registered Nurses' Association of Ontario (2014). Nursing Best Practice Guidelines. Available at: http://www.rnao.ca/bpg

[15] Registered Nurses' Association of Ontario (2014). Best Practice Spotlight Organizations. Available at: http://www.rnao.ca/bpg/bpso

[16] Registered Nurses' Association of Ontario (2014). NQuIRE. Available at: https://nquire.rnao.ca/

[17] The Council of the Federation (2012) *From Innovation to Action: The First Report of the Health Care Innovation Working Group.* Available at: http://www.conseildelafederation.ca/en/featured-publications/75-council-of-the-federation-to-meet-in-victoria

[18] Registered Nurses' Association of Ontario (2013). *Assessment and Management of Foot Ulcers for People with Diabetes, Second Edition.* Available at: http://rnao.ca/bpg/guidelines/assessment-and-management-foot-ulcers-people-diabetes-second-edition