NORTHERN POLICY INSTITUTE | INSTITUT DES POLITIQUES DU NORD

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The Importance of Interprofessional Collaboration in Health Care in Rural and Northern Settings

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Author's calcuations are based on data available at the time of publication and are therefore subject to change.

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About Northern Policy Institute

Northern Policy Institute is Northern Ontario's independent think tank. We perform research, collect and disseminate evidence, and identify policy opportunities to support the growth of sustainable Northern Communities. Our operations are located in Thunder Bay and Sudbury. We seek to enhance Northern Ontario's capacity to take the lead position on socio-economic policy that impacts Northern Ontario, Ontario, and Canada as a whole.

Vision

A growing, sustainable, and self-sufficient Northern Ontario. One with the ability to not only identify opportunities but to pursue them, either on its own or through intelligent partnerships. A Northern Ontario that contributes both to its own success and to the success of others.

Mission

Northern Policy Institute is an independent policy institute. We exist for the purposes of:

- The development and promotion of proactive, evidence based and purpose driven policy options that deepen understanding about the unique challenges of Northern Ontario and ensure the sustainable development and long-term economic prosperity of Northern Ontario;
- The research and analysis of:
  - » Existing and emerging policies relevant to Northern Ontario;
  - » Economic, technological and social trends which affect Northern Ontario;
- The formulation and advocacy of policies that benefit all Northern Ontario communities that include Aboriginal, Francophone, remote/rural communities, and urban centres; and,
- Other complementary purposes not inconsistent with these objectives.

Values

Objectivity: Northern Policy Institute is a non-partisan, not-for-profit incorporated body providing fair, balanced and objective assessments of policy issues in a pan-Northern Ontario context;

Relevance: Northern Policy Institute will support practical and applied research on current or emerging issues and implications relevant to Northern Ontario now and in the future in keeping with the themes and objectives of the Growth Plan for Northern Ontario, 2011;

Collaboration: Northern Policy Institute recognizes the value of multi-stakeholder, multi-disciplinary, and multicultural contributions to the collective advancement of Northern Ontario and works in a collaborative and inclusive approach to provide a full range of policy options for decision makers;

Coordination: Northern Policy Institute will complement the existing research efforts of Northern Ontario's post-secondary institutions and non government organizations and explore opportunities for coordinated efforts that contribute to the mandate of Northern Policy Institute; and

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About the Author

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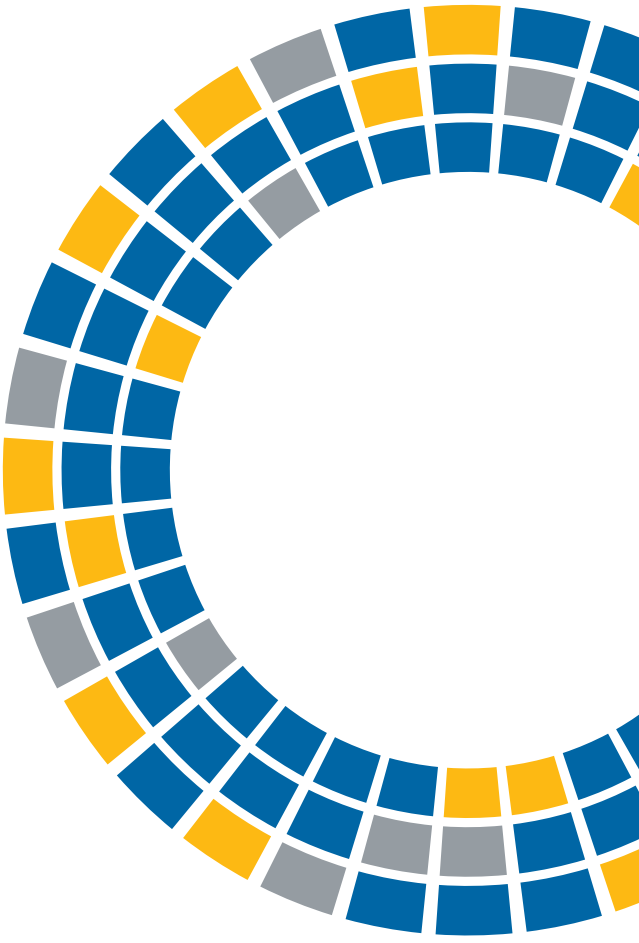

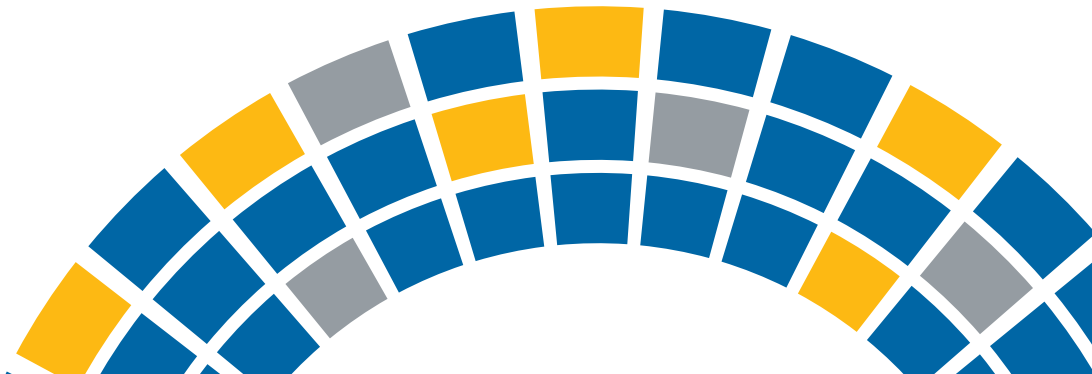

Purpose

The purpose of this briefing note is to outline how interprofessional care can be implemented as a strategy to improve health care access for remote, rural, and northern communities.

Introduction

Several government initiatives have occurred in the last fifteen years that point to the importance of interprofessional care as a strategy to improve access to health care. Interprofessional care is "the provision of comprehensive health services to patients by multiple health care providers who work collaboratively to deliver quality care within and across settings," (Interprofessional Care Steering Committee, 2007, p. 7). The extent that interprofessional care is relevant to meeting health care needs in rural and northern settings needs to be determined, as well as its utility within the context of the present health system, expectations of the population, and establishing rationale for choosing it as an intervention (Huicho et al., 2010).

The *Rural and Northern Health Care Framework/Plan: Report of the Rural and Northern Health Care Panel* indicated that challenges relating to health care access are experienced by communities throughout the province, but that certain access challenges are uniquely exacerbated in rural, remote, and Northern Ontario (MOHLTC, 2010). The framework of the health care system also plays a role in access to health care in these communities. Although the provinces have jurisdiction over health care administrations, they delegate the actual service delivery to various health service providers and a multitude of organizations (Marchildon, 2013). This has created a system of fragmented care and varied access to health care services across rural and northern communities, further validating the need for strategies to provide improved access to care in these settings.

The Drummond Report indicated that Ontarians and Canadians want access to quality care, and that proper planning for health care delivery will ensure that this happens (Drummond, 2012). It has also been noted in the literature that access is an issue for rural and northern communities, which should be considered when evaluating the health status of individuals living within these communities (Adams et al., 2015; Bourke, Humphreys, Wakerman, & Taylor, 2012; DesMeules et al., 2012; Moss et al., 2012; Muir-Cochrane, 2014; White, 2013; Pong et al., 2011; Russell et al., 2013). *The Growth Plan for Northern Ontario* called for increasing the number of health care professionals and increasing access to health care to promote growth and sustainability of Northern Ontario communities (Ministry of Infrastructure, Ministry of Northern Development and Mines, 2011).

Interprofessional care as a strategy to improve access to health care

Access to health care is one of the main issues facing rural and northern communities and interprofessional care may serve to improve access for individuals living in these regions. The Romanow report recommended that a new *Rural and Remote Access Fund* be established to support new approaches of health care delivery and that a portion of this fund be used to address the need for health care providers in these communities (Romanow, 2002). The report further recommended collaborative approaches to service delivery in order to maximize the benefits of skilled multidisciplinary teams and networks (Romanow, 2002). In 2004, the *First Ministers Accord on Health Renewal* stated that 50 percent of Canadians should have around the clock access to multidisciplinary health care teams by 2011 and improved access in northern communities (Health Canada, 2004). In July 2007, *Interprofessional Care: A blueprint for action in Ontario* was released by Health Force Ontario (Interprofessional Care Steering Committee, 2007), which provided information and recommendations designed to enhance the functioning of the Ontario Health Care System and increase access through the practice of interprofessional care (Interprofessional Care Steering Committee, 2007). Amendments to the *Regulated Health Professions Act* came into place in 2009 with the aim of improving health care and access by:

- expanding the scopes of practice in 12 different health care professions;
- requiring the health professional regulatory authorities to work together to develop common standards of knowledge, skill, and judgment in areas where their professions may provide the same or similar services; and,
- making team-based care a key component of health professional regulatory authority quality-assurance programs to ensure the ongoing competence of registered health professionals

(Interprofessional Care Strategic Implementation Committee, (2010).

These amendments allowed health care professionals such as Nurse Practitioners to practice with an expanded scope, providing access to a wider breadth of services and also set the stage for team-based health initiatives where a variety of health providers work together to provide accessible care.

What does interprofessional care look like in rural and northern communities?

According to Hutchinson, Lévesque, Strumpf, and Coyle (2011) government initiatives such as providing support for interprofessional primary health care teams, as well as expansion of the primary health care provider pool, are transformative changes that improve access to health care. One of these initiatives was the creation of the *Quality Management Collaborative*, renamed the *Quality Improvement and Innovation Partnership* by the MOHLTC in 2007, the objective of which was to assist in the transition to a team-based model of primary health care delivery (Hutchinson, Lévesque, Strumpf, & Coyle, 2011). The development and increase in the number of Family Health Teams and Nurse Practitioner-led clinics in rural and Northern Ontario are examples of this transition, which have been reported as providing increased access to care (MOHLTC, 2014; RNAO, 2015).

Parker et al., (2013) indicate that even though interprofessional care has been associated with positive health outcomes in rural settings, there is limited evaluation on successful models. Variations in workload and the decreased number of health care professionals within rural settings, along with the non-valuing of professional roles and fragmentation of services, were found to be the major barriers to successful interprofessional care in rural communities (Parker et al., 2013). Many health care professionals in rural and northern settings work part-time and often have more than one place of employment because of a decrease in the number and variety of health care professionals in these settings. Also, despite attempts to initiate and develop interprofessional care teams, there still exists a lack of knowledge among health professions of each other's roles, leading to a non-valuing of the very team members with which they work.

Rural and northern communities differ in the amount of government funding they receive, as well as a community's investment in, or demand for, specific initiatives such as Nurse Practitioner-led clinics or Family Health teams (MOHLTC, 2010). This has created inconsistencies in the implementation of interprofessional care models in these settings. There are also inequities in access to care along the rural-urban continuum (Sibley & Weiner, 2011; Hutchinson, Lévesque, Strumpf, & Coyle, 2011). These inconsistencies, inequities, and issues in establishing successful interprofessional care influence the type of care that occurs, contributing to varying models of health care delivery.

More work must be done to support interprofessional care in rural and northern settings and more research on successful models is required. Some recommendations that have been suggested to remedy this are to provide the required resources to support models of interprofessional care in health human resource planning for northern and rural areas; and to provide professional supports such as implementing activities to promote development of professional networks among health professionals, which may assist in the sustainability of interprofessional care teams in rural and northern settings (WHO, 2010; MOHLTC, 2010).

Interior of the Meno Ya Win Health Centre in Sioux Lookout, Ontario

Has interprofessional care in rural and northern communities improved access to care?

The development of Family Health Teams and Nurse Practitioner-led clinics are examples of interprofessional care initiatives that improved access to care in rural and northern communities. However, inconsistencies in the implementation of interprofessional care models make it difficult to evaluate the impact. The ongoing issue of recruitment and retention of health care professionals in the north further complicates efforts to improve access to health care through interprofessional care - if there are few or no health professions within a rural or northern setting, then how is interprofessional care to occur? Strategies for recruitment and retention need to begin with educational programs across health professions.

Kulig and Williams (2012) suggest that the educational programs of health professions should include rural and northern health content, as well as practice experiences. The Rural Health Training Institute (Goodman, 2012) is an example that Kulig and Williams use to show how this can be accomplished, which is a model for interprofessional care. Furthermore, Deutschlander, Suter and Grymonpre (2013) found that interprofessional education (IPE) occurring in practice settings of undergraduate health professional programs had a modest influence on recruitment to underserved areas immediately following graduation. The authors caution, however, that it is uncertain whether the inclusion of this interprofessional experience is an overall added benefit to successful recruitment in underserved areas, and that more research in the form of longitudinal studies is required (2010).

Conclusion

Interprofessional collaboration among health professionals is one piece of the puzzle to meeting health care needs in rural and northern settings. Attempts to ensure that interprofessional care occurs in these settings have resulted in varied health care delivery across communities. Some of this is due to the availability and variety of health professionals within these communities, as well as other barriers to interprofessional care as identified in the literature. Recently, The World Health Organization made the recommendation that IPE be implemented in undergraduate programs to prepare health science professionals for inter-collaborative practice pre-licensure, emphasizing that studies are required to look at the relevancy of IPE to the communities being served, cost effectiveness, and sustainability (World Health Organization, 2013). A strategy to address the successful implementation of interprofessional care is to include interprofessional education as part of undergraduate professional education, as well as providing ongoing resources and supports for models of interprofessional care in rural and northern settings.

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Who We Are

Internally, Northern Policy Institute seeks to be as "lean" as possible with much of the work contracted out to experts in the fields under consideration. This approach avoids the risks associated with large bureaucratic organizations. It also allows Northern Policy Institute to flexibly respond across a wide range of issues while also building up in house and regional expertise by matching bright young minds on temporary placements and project specific work with talented experts who can supply guidance and coaching.

Some of the key players in this model, and their roles, are as follows:

Board: The Board of Directors sets strategic direction for Northern Policy Institute. Directors serve on operational committees dealing with finance, fundraising and governance, and collectively the Board holds the CEO accountable for achieving our Strategic Plan goals. The Board's principal responsibility is to protect and promote the interests, reputation, and stature of Northern Policy Institute.

President & CEO: Recommends strategic direction, develops plans and processes, and secures and allocates resources to achieve it.

Advisory Council: A group of committed individuals interested in supporting, but not directing, the work of Northern Policy Institute. Leaders in their fields, they provide advice on potential researchers or points of contact in the wider community.

Research Advisory Board: A group of academic researchers who provide guidance and input on potential research directions, potential authors, and draft studies and commentaries. They are Northern Policy Institute's formal link to the academic community.

Peer Reviewers: Ensure specific papers are factual, relevant and publishable.

Authors and Research Fellows: Provide independent expertise on specific policy areas as and when needed.

Standing engagement tools (general public, government stakeholders, community stakeholders): Ensure Northern Policy Institute remains responsive to the community and reflects THEIR priorities and concerns in project selection.

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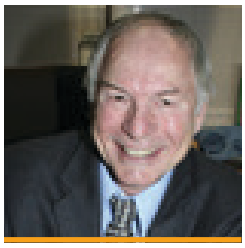
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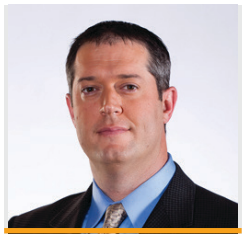
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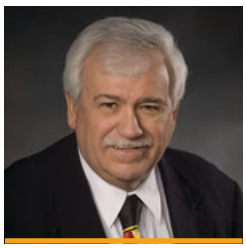
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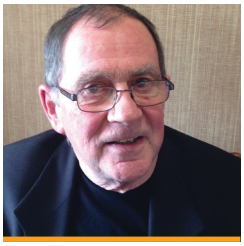
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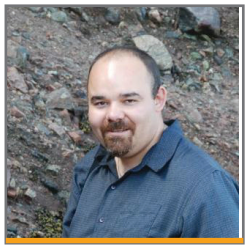
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