THE REGULATORS' DILEMMA

Reimagining Roles in a Changing Health Care Environment

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Focus of this Presentation

- There are many types of regulation in health care
  - Health science education programs
  - Certification and licensing
  - Mandated standards of care
  - Accreditation of facilities and services (hospitals, labs)
- Focus here is on the **regulation of health care professions**
- Feel free to ask questions about issues not addressed here (e.g., self-regulation as a concept, role of data, etc.)

My Starting Points

- History is not destiny
- Health professional regulation (HPR) is not an intrinsic good – it is justified by its impact
- HPR can’t solve every problem but can it solve more than it does?
- Regulation can’t define itself - it must find the niches where it adds the most value
- Look at it from “outside in” – what do we aspire to in health care and how might HPR help achieve it

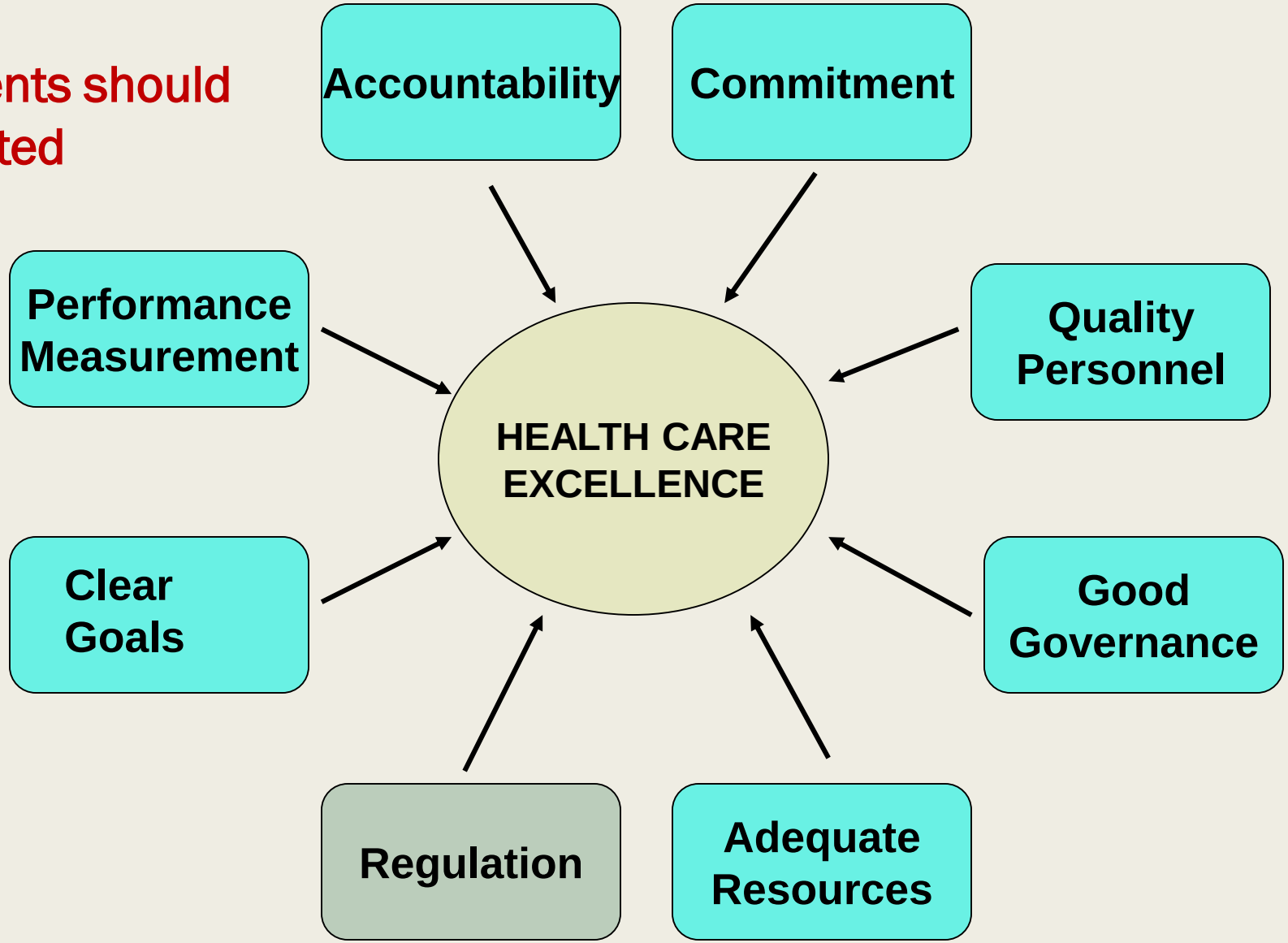
Questions Addressed

- What is health professions regulation (HPR) supposed to achieve and how well does it achieve it?
- What is the conceptual basis for HPR and is it still sound?
- What approaches and roles might make HPR more effective?
- What can regulators do to ensure they remain relevant and add value?

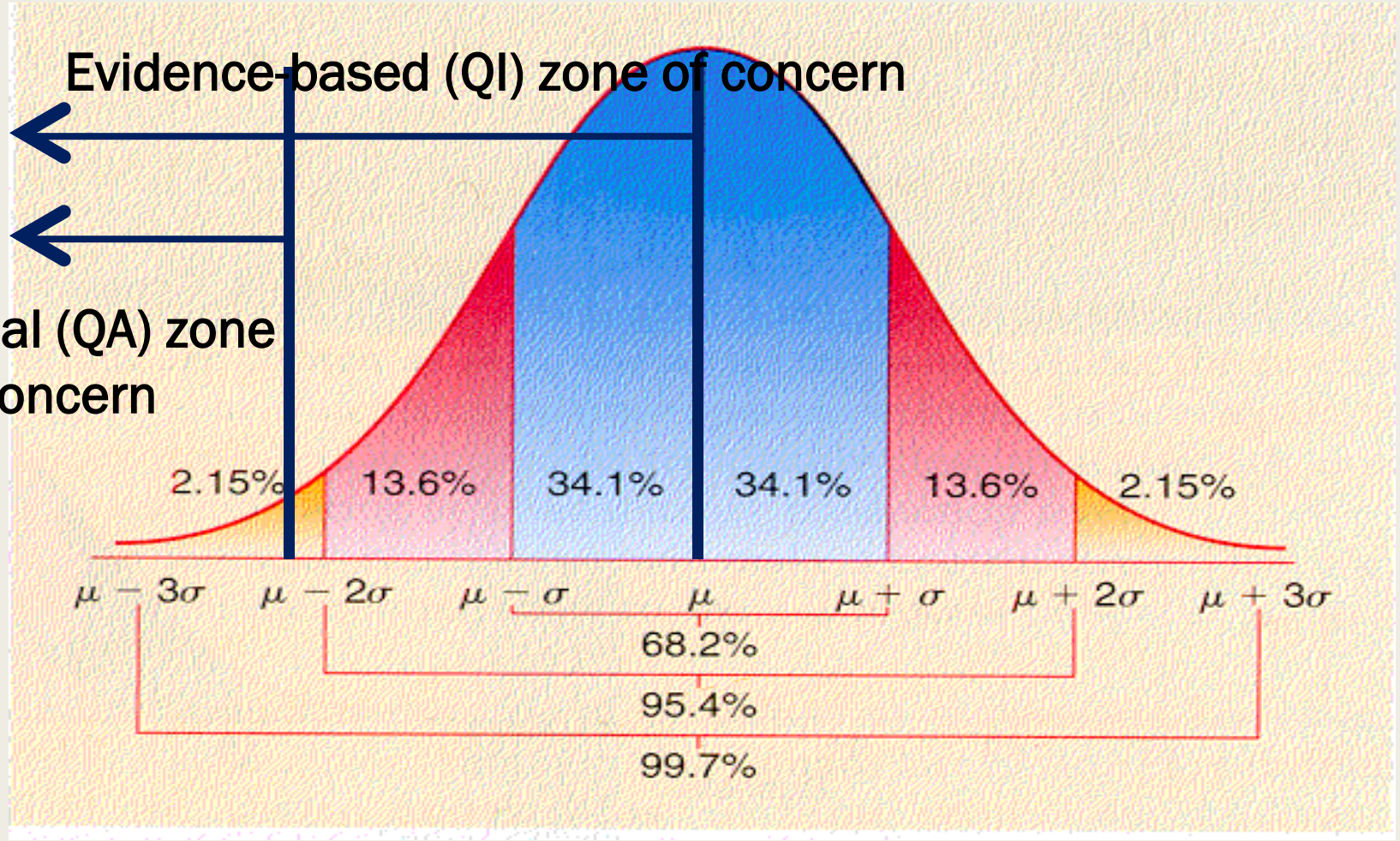
A Tip of the Hat to Australia

- National HPR body in a federalist country (amazing)
- Spans 15 occupations that delegate various powers to AHPRA
- Single registration system that among other things removes barriers to mobility between States and Territories
- Common framework eliminates duplication and fragmentation
- It may not be perfect but as a Canadian I’m impressed

The elements should be integrated



Where Do We Think the Problems Lie?



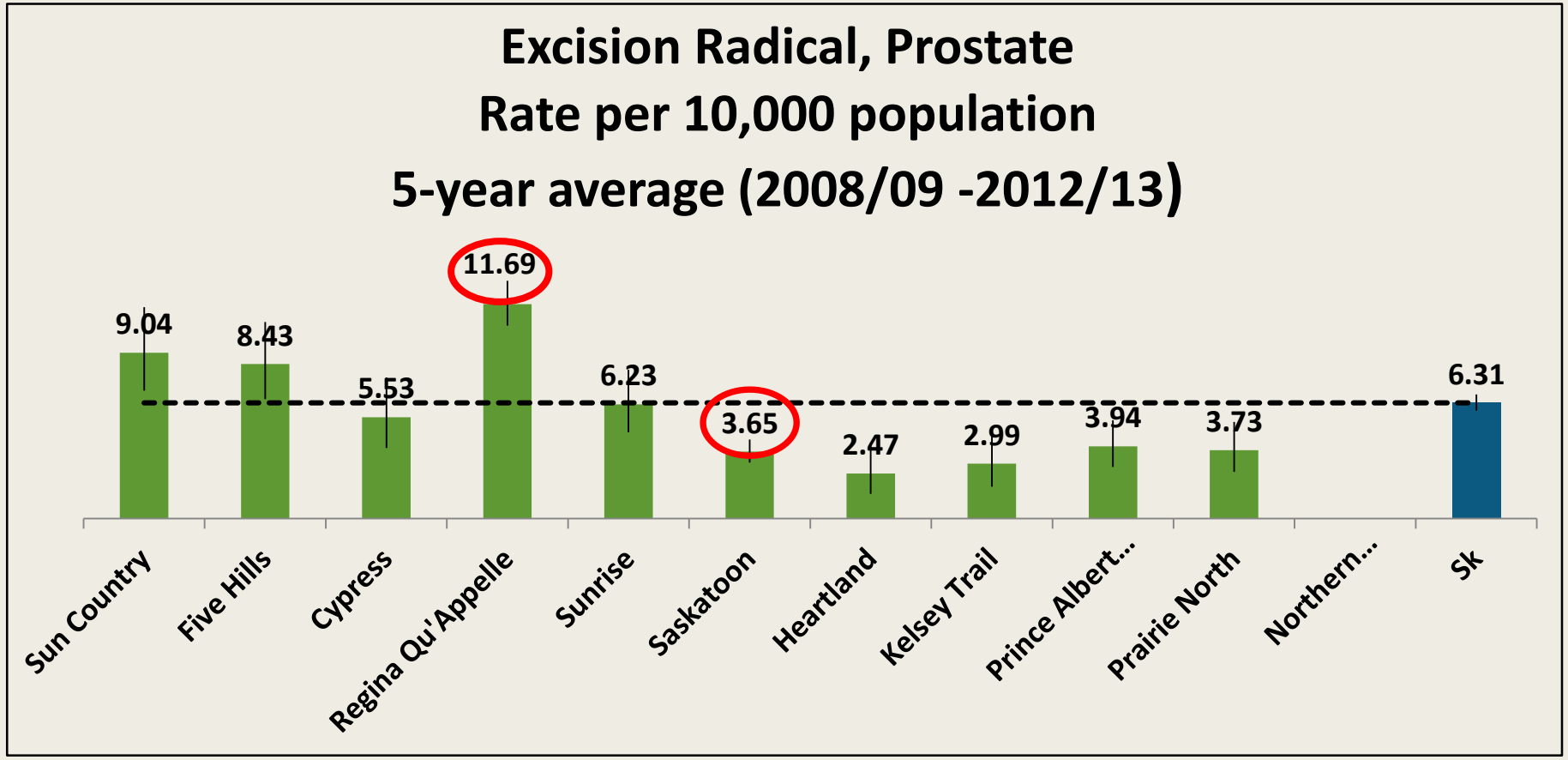
The Paradox

- Workforce is better trained than ever
- Regulation is more sophisticated than ever
- Technology is better than ever
- Analytics are better than ever
- So why is health care still plagued with variation, error, and waste?

Good Practice Is Evidently Harder Than It Looks

- Hand-washing rates are distressingly low
- Annual pap tests are common
- Many congestive heart failure patients aren't on ACE inhibitors or beta-blockers or aspirin
- Many asymptomatic men get screening PSA tests
- These basic failures occur every day based on the decisions and practices of certified, formally competent professionals

All of This Is Apparently Competent in the Province of Saskatchewan



What Does the QI Literature Say About Regulation, Credentials and Licensure?

Pretty much nothing

Intrinsic vs. Extrinsic Motivation

- Performance assessment as we know it focuses on what professionals know and do
- Alternate hypothesis: performance is at least as much a function of what professionals are
  - Humble and healthy dose of self-doubt
  - Willingness to subordinate tradition and comfort level to evidence
  - Motivated knowledge-seeker
  - Views improvement as a collective and collaborative responsibility

Does Contemporary Health Human Resource Culture Help or Hinder System Performance?

- High degree of specialization a challenge to holistic, integrated care
- Professions develop distinct theories and cultures of health and health care which risk fragmentation
- Increasing entry-to-practice credentials makes workforce adjustments long and difficult
- Entrenched hierarchies and power inequalities
- Battles over scope of practice and gatekeeping role

Let Us Concede that Barbers Are Not Surgeons

- However, there is a lot of evidence of unused skills and professions working at the bottom end of their capabilities
  - 9 years of medical training to do cataracts
  - Medical specialists performing routine tasks like endoscopy and anaesthesia that nurses do well in advanced settings
  - Dozens of studies reveal nurse practitioners can do 70% to 90% of what GPs do but most are under-deployed
  - Specialists often complain about referrals of issues that GPs should be able to handle (both prosper as a result)
- Progressive regulatory regimes are less rigid than in past but theory is more advanced than practice

Career-Long Excellence: Achievable Goal or Unrealizable Regulatory Aspiration?

- Entry-to-practice requirements are rigorous and standardized
- Continuing competency requirements vary greatly in rigour and are largely self-defined
- Continuing professional development is more systematic and needs-based among auto mechanics and fast food employees than in health care
- Recertification is a positive step but only if it is meaningful, rigorous, timely, and transparent

Would We Accept Ten Year Intervals for…

- Airline pilot assessment and certification
- Restaurant inspections
- Auto mechanic competency review
- Lab test audit and review

Does Collaborative Practice Demand Collaborative Regulation?

- Self-organizing teams appear to be the cornerstone of high quality, efficient care
- Competencies may be shared, and may change continuously
- If team-based care is the norm for complex cases, how can the public be assured that the whole is more than merely the sum of the parts?
- What does individual professional accountability mean and deliver in a collaborative practice setting?

What If Formal HPR Disappeared

- Greater employer vigilance in hiring
- Scope of practice defined by organization
- More continuous observation, mentorship, evaluation
- Cooperative information exchanges among employers
- Less focus on what can you do and more on what have you done
- Greater commitment to compiling and using real-time performance data at various levels

Possible Transitions in Regulation

HISTORICAL	FUTURE
Credential-focused	Competency-focused
Reactive	Anticipatory
Core standards orientation	Continuous improvement orientation
Siloed and distinct	Integrated and fluid
Professional autonomy culture	Collaborative and joint accountability culture

QA or QI? The Regulators' Dilemma

- Formal regulatory authority is mainly about safety
- Contemporary health care goals are mainly about continuous quality improvement
- QI is a cultural phenomenon that regulation can only advance so far
- Can regulators get into this game given their formal mandates and their relationships with their professions?

QA vs. QI: The Regulators' Dilemma

Entry-level Competence	Complaints Resolution	Cont. Ed. Standards	Periodic Assessment	Formal Recertif.	Continuous Assessment	Quality Improvement

Formal/Sporadic/Isolated

Active/Continuous/Engaged

Regulators' Most Powerful Asset: Their Voice

- Regulatory power and resources are limited by law, tradition, capacity, and expectations
- Regulators' most valuable asset is truth
- Transparency is the midwife of improvement
- Regulators can make huge contributions by addressing systemic policies and structures that compromise quality and safety

Conclusion

- Health care is increasingly a team sport dealing with complex issues
- Success depends on effective collaboration within and across occupations, services and programs
- An incompetent environment will defeat competent individuals
- In the future HPR will have to adapt to the cultural and environmental factors that affect system performance