The impact of ACPAC program-trained extended role practitioners on health care delivery: A two year study

American College of Rheumatology/Association of Rheumatology Health Professionals
ACR/ARHP Annual Scientific Meeting
November 7, 2011

The impact of Advanced Clinician Practitioner in Arthritis Care (ACPAC) program-trained extended role practitioners on health care delivery: A two year prospective study

C Kennedy¹,²,³, K Warmington¹, L Soever¹,², L Passalent¹,²,³, S Lineker⁶, K Lundon¹,², R Shupak¹,², R Schneider¹,²

¹University of Toronto; ²Mobility Program Clinical Research Unit of the Li Ka Shing Knowledge Institute, St. Michael's Hospital; ³Martin Family Centre for Arthritis Care and Research, St. Michael's Hospital; ⁴Mount Sinai Hospital; ⁵University Health Network – Toronto Western Hospital; ⁶The Arthritis Society; ⁷The Hospital for Sick Children.

Disclosure

The present study was funded by the Ontario Government: Ministry of Health and Long-Term Care, HealthForceOntario.

Evidence Based Medicine: Key References

ACPAC Education Program

Evaluation Framework

The ACPAC Program

Background
What? An innovative, clinical and academic post-licensure training program
Who? For practicing physical therapists (PTs) and occupational therapists (OTs)
Where? Developed at St. Michael’s Hospital, the Hospital for Sick Children, Toronto, Canada.
Focus: Assessment, diagnosis, triage, independent management of selected musculoskeletal (MSK) and arthritis-related disorders
Goals: a) Preparation for extended practice roles; b) Foster the development of innovative models of arthritis care.
Delivery: 10 weeks over a 10 month period.
Faculty: Rheumatologists, orthopaedic surgeons, PTs, OTs, social workers, registered dieticians, radiologists, nurses, pharmacists.
Graduates: 30 (at time of study), 37 total.

Acknowledgements

• The Ministry of Health and Long-Term Care, Health Force Ontario.
• Arthritis Health Professions Association (AHPA).
• Canadian Initiative for Outcomes in Rheumatology Care (CIORA).
• St. Michael’s Hospital Foundation.
• Study participants: ACPAC-trained extended role practitioners (ERPs)
ACPAC System-Level Evaluation: Purpose

- To evaluate the extent to which graduates have developed and integrated into new models of arthritis care throughout Ontario, Canada.
- To provide stakeholders with feedback about internal processes and external outcomes at the patient, organization and system levels.
- To foster continuous performance improvement and support program sustainability and growth.

ACPAC Balanced Scorecard Quadrants

Quadrants, Indicators, Data Collection Methods

Methods

- Indicator development:
  - Involved steering committee of ACPAC graduates representing all 14 institutions/organizations where graduates practice.
    - Monthly teleconferences held to brainstorm to develop indicators.
  - Patients and other stakeholders (including physicians and healthcare administrators) were then consulted for their input.
    - Feedback on face and content validity, clarity, relevance, format.
    - Ranking of importance of indicators.
  - Pilot tested with ACPAC graduates three separate occasions.
Methods

- ACPAC-trained ERPs (n=30) received electronic questionnaire each quarter over 2009 and 2010 fiscal years.
- Descriptive and univariate statistics used.

Quality Indicators Survey - Results

- Quarterly response rate varied from 83 to 97%.
- Majority of ACPAC-trained ERPs were:
  - Physical therapists (84%)
  - Working in urban settings (77%)
  - Focused on adult populations (87%)

Access to Care

Average wait time per quarter to access extended scope practitioner services

Role Utilization

Proportion of full time equivalent ACPAC-trained therapists reporting practicing in an extended practice role

Opportunity to maximize use of ACPAC-trained ERPs since not all working in full-time capacity.

Extended Role Practice under Auspice of Medical Directive

Enhancing Patient Care

ERPs working in Ontario may perform clinical activities (i.e. ordering x-rays and lab tests) currently beyond the authorized controlled acts assigned to their profession.

- Why? To assist ERPs in the evaluation and management of patients.
- Medical directives implementation:
  - Instructions, written in advance, outline specific conditions under which they can be enacted.
  - Usually provided by physicians.
- At least 75% of ACPAC-trained ERPs reported performing extended activity under the auspices of a medical directive in 2009 and 2010.
Conclusions

- Most ACPAC-trained ERPs are working in extended practice roles, performing tasks which may improve access to care for patients with arthritis.

- This new human health resource may also be an effective way to address the decline in the number of traditional arthritis care specialists.

- ACPAC-trained ERPs are also contributing to patient care beyond the direct clinical responsibilities, through the education and research pillars of healthcare.

- Future evaluations should monitor the evolution of graduates’ extended roles and assess the impact of ERP-based care on patient outcomes.

Questions?

Contact:
Carol Kennedy
St. Michael’s Hospital
Toronto, ON
kennedyca@smh.ca