

## **Moving from Barriers to Facilitators: Funding and Remuneration Models to Optimize Health Professional Scopes of Practice**

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**Objectives:** Economic factors such as funding and provider payment mechanisms can influence interprofessional collaboration within health care teams, across organizations and episodes of care. However, the success of economic interventions in promoting such collaborative models of delivery also depends on the regulatory environment and other structural factors. This research explores the importance of economic factors as part of a broader assessment of barriers and facilitators of optimal scopes of practice to support innovative models of care delivery in Canada.

**Methods:** A scoping review of the literature and 50 key informant interviews including a focus group of academic health economists in Canada were carried out as part of an assessment of education, economic and legal interventions on scopes of practice and innovative models of care. The Embase, PsycInfo, Healthstar, CINAHL, ERIC, and Sociological Abstracts databases of published literature were electronically searched using key words associated with the core concepts of 'collaboration,' 'models of care' and 'scope of practice'; and 'economic', 'regulatory' and 'legal' interventions. Searches of gray literature were based on reports and studies identified by the research team and an expert panel. The focus of this analysis is on extracted data pertaining to economic interventions from the literature reviews, interview and focus group transcripts. The source articles and transcripts for the extracted information were reviewed in their entirety. The analysis identified the economic interventions and changes to scopes of practice in each innovative model of care described in the literature and distilled key themes from the interviews.

**Findings:** The scoping review identified five articles that described economic interventions introduced in association with a change in professional scopes of practice in Canada. These involved either dedicated funding or changes to remuneration of health professionals by the government or regional authority to support expanded professional roles, task shifting, delegation or substitutive acts within care delivery. The innovative models included: expanded pharmacists' roles in drug management; an interdisciplinary neonatal resuscitation team; and three multidisciplinary primary health care teams, two of which were targeted to particular demographics or health conditions. Key informants suggested additional economic interventions such as population-based funding for the continuum of care, bundled payments across the care pathway, and payment tailored to intensity of need of different patients. Participants stressed that funding must be stable over time and that no single model exists that is ideal for all situations. Instead, economic interventions must be adapted to health of population and other specific circumstances. Participants were cautious about performance-based payments that could lead to unintended consequences such as a lessening of intrinsic motivation on the part of health care professionals.

**Conclusions:** Alternative remuneration schemes and stable additional funding can facilitate expanded scopes of practice and innovative delivery models, however they must be accompanied by political, legal, policy and regulatory changes and administrative support. Further research is needed to consider economic factors as part of a suite of policy tools and consider the interactions between different policy interventions in order to support optimal scopes of practice and innovative care delivery.