

# Interprofessional Collaboration & Healthcare Quality and Safety – Legal Aspects

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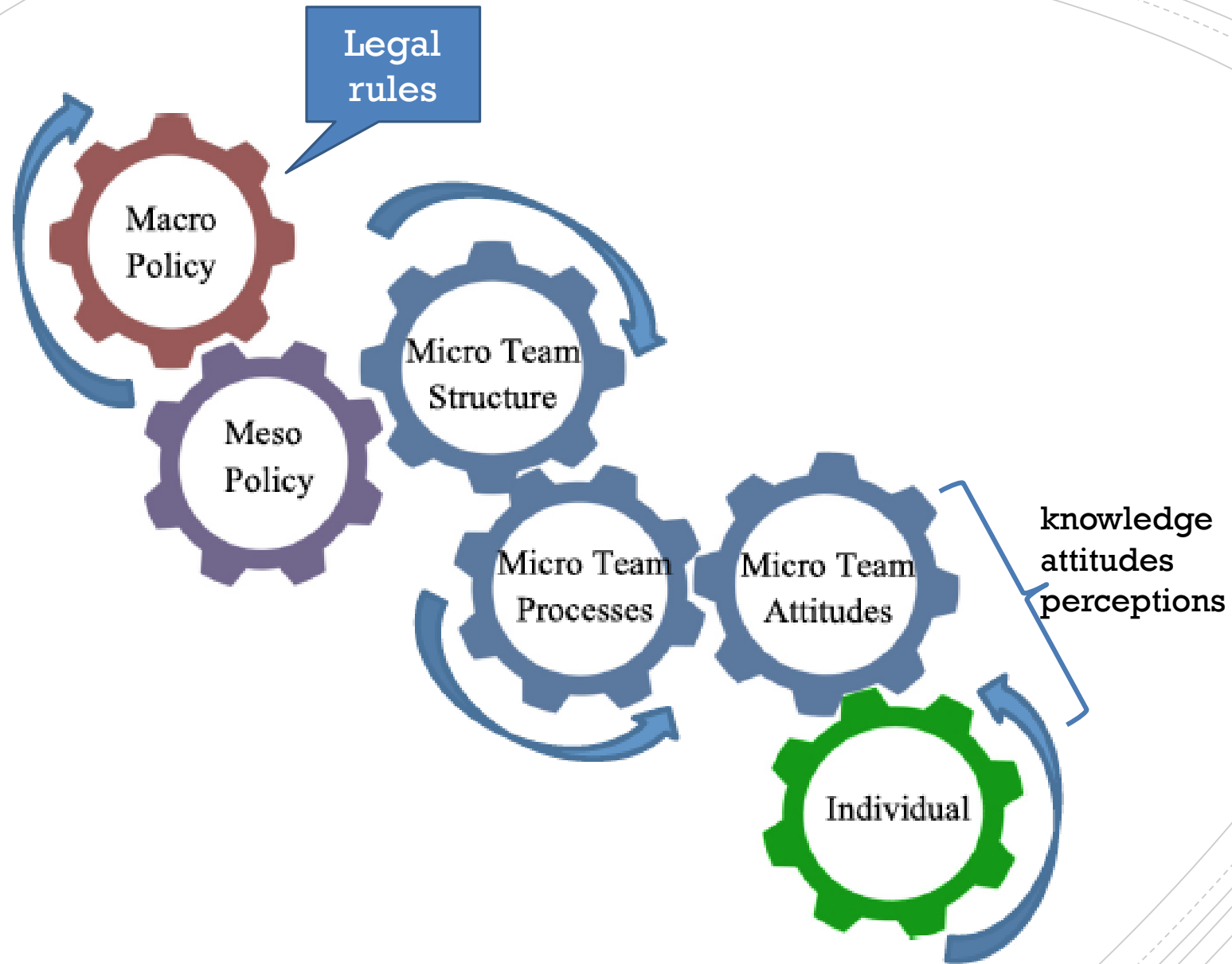
# Impact of Law on IPC

Legislation affecting scopes  
of practice and collaborative  
models of care

Legal liability risks  
(real and perceived)



# Factors that influence IPC



*G Mulvale et al, 'Gearing Up' to Improve Interprofessional Collaboration in Primary Care: A Systematic Review and Conceptual Framework (2016) 17:83 BMC Family Practice*

# Findings

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**Osgoode Hall Law Journal**

*Volume 54, Issue 1 (Fall 2016)*

Article 3

## Innovation in Healthcare, Innovation in Law: Does the Law Support Interprofessional Collaboration in Canadian Health Systems?

Nola M. Ries

<https://digitalcommons.osgoode.yorku.ca/ohlj/vol54/iss1/3/>

- ✓ law reform initiatives to promote collaborative practice, expand scopes of practice and break down siloes
- ✓ legal adaptability through judicial understanding of the modern context of health service delivery

## Legal risk

- the law expects reasonably prudent care, not infallibility
- benefits and practical realities of team care recognised
  - practitioners have to rely on each other
- organisations must provide supportive policies and structures
- communication is vital
  - “One of the advantages of a shared-care approach for the patient is that two heads examining a problem is better than one. Such is true if the two heads communicate.”
- effective IPC should lower risk by improving quality and safety

Persistence of  
legal fear



## Right care 1

### Evidence for overuse of medical services around the world

Shannon Brownlee, Kalipso Chalkidou, Jenny Doust, Adam G Elshaug, Paul Glasziou, Iona Heath\*, Somil Nagpal, Vikas Saini, Divya Srivastava, Kelsey Chalmers, Deborah Korenstein

*Lancet* 2017; 390: 156–68

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[http://dx.doi.org/10.1016/](http://dx.doi.org/10.1016/S0140-6736(16)32585-5)

[S0140-6736\(16\)32585-5](http://dx.doi.org/10.1016/S0140-6736(16)32585-5)

This is the first in a Series of four papers about right care

See Comment pages 101, 102, and 105

own Institute, Brookline, MA, USA (S Brownlee MSc,

Overuse, which is defined as the provision of medical services that are more likely to cause harm than good, is a pervasive problem. Direct measurement of overuse through documentation of delivery of inappropriate services is challenging given the difficulty of defining appropriate care for patients with individual preferences and needs; overuse can also be measured indirectly through examination of unwarranted geographical variations in prevalence of procedures and care intensity. Despite the challenges, the high prevalence of overuse is well documented in high-income countries across a wide range of services and is increasingly recognised in low-income countries. Overuse of unneeded services can harm patients physically and psychologically, and can harm health systems by wasting resources and deflecting investments in both public health and social spending, which is known to contribute to health. Although harms from overuse have not been well quantified and trends have not been well described, overuse is likely to be increasing worldwide.

## Low-value care in Australian public hospitals: prevalence and trends over time

Tim Badgery-Parker,<sup>1,2</sup> Sallie-Anne Pearson,<sup>1,3</sup> Kelsey Chalmers,<sup>1,2</sup> Jonathan Brett,<sup>3</sup> Ian A Scott,<sup>4,5</sup> Susan Dunn,<sup>6</sup> Neville Onley,<sup>6</sup> Adam G Elshaug<sup>1,7</sup> *BMJ Qual Saf* 2018;0:1–10. doi:10.1136/bmjqs-2018-008338

► Possible drivers

✓ Possible solutions

**Culture**

- Beliefs; for example, more = better
- Faith in early diagnosis
- Intolerance of uncertainty
- Biased media reporting
- Medicalisation

**Culture**

- ✓ Awareness/information campaigns
- ✓ Healthy scepticism about early diagnosis
  - ✓ Address uncertainty
  - ✓ Improve media reporting

**Health system**

- Financial incentives
- Expanding disease definitions
- Quality measures
- Complexity of care
- Guidelines
- Screening

**Health system**

- ✓ Reform incentives from quantity to quality
- ✓ Reform disease definition
- ✓ Reform quality measures
  - ✓ Reform guidelines
  - ✓ Reform screening
- ✓ More research on OD and OI
- ✓ Multicomponent interventions

**Industry and technology**

- Industry promotion
- Diagnostic test sensitivity
- Medicine as a business
- Industry expands markets

**Industry and technology**

- ✓ Better regulate promotion
- ✓ Better evaluation of tests
- ✓ Declare, reduce, exclude COIs
- ✓ Better evaluate disease definitions

**Professionals**

- Fear of litigation
- Fear of missing disease
- Flaws in training
- Lack of confidence or knowledge
- Over-reliance on tests

**Professionals**

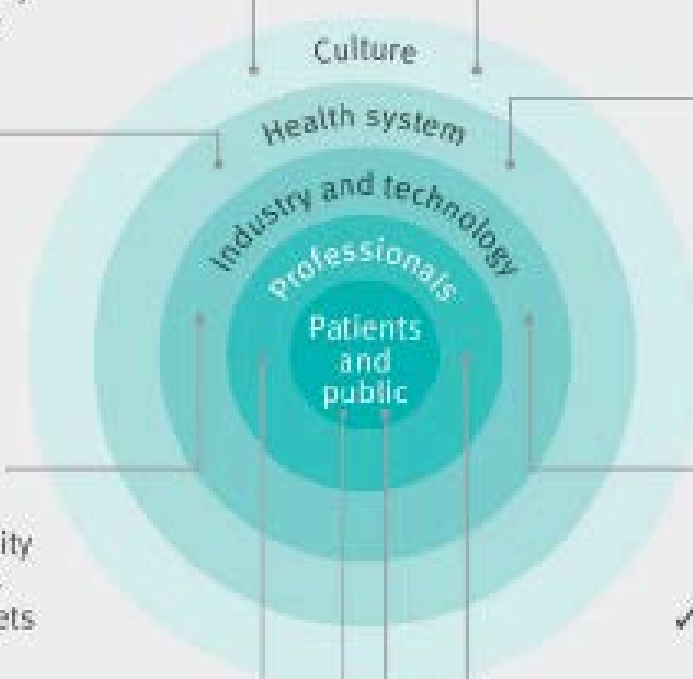
- ✓ Reform litigation driver
- ✓ Comfort with uncertainty
  - ✓ Educate and inform
- ✓ Interventions for providers
- ✓ Reduce test over reliance

**Patients and public**

- Over-reliance on tests
- Lack of confidence or knowledge
- Expectation clinicians will "do something"

**Patients and public**

- ✓ Shared decision making
- ✓ Education and information campaigns
- ✓ Promote "doing nothing"



Defensive practice – reduce perceived legal risk, not advance patient care



} Attention to IPC

# The role of law

## Choosing Wisely: Law's Contribution as a Cause of and a Cure for Unwise Health Care Choices

Nola M Ries\*      *J Law & Med* 2017(25):210      Free download via SSRN

**Law as a cause** – defensive practice

**Law as a cure** – communication and shared decision-making



The patient

## A Systematic Review of Interventions on Patients' Social and Economic Needs

Laura M. Gottlieb, MD, MPH,<sup>1</sup> Holly Wing, MA,<sup>2</sup> Nancy E. Adler, PhD<sup>2</sup>

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**Context:** Healthcare systems are experimenting increasingly with interventions to address patients' social and economic needs. This systematic review examines how often and how rigorously interventions bridging social and medical care have been evaluated.

**Conclusions:** Healthcare systems increasingly incorporate programs to address patients' social and economic needs in the context of care. But evaluations of these programs to date focus primarily on process and social outcomes and are often limited by poor study quality. Higher-quality studies that include common health and healthcare utilization outcomes would advance effectiveness research in this rapidly expanding field.

*Am J Prev Med 2017;53(5):719–729 © 2017 American Journal of Preventive Medicine. Published by Elsevier Inc.*

# Interprofessional collaboration

- “the process by which different professional groups work together to positively impact health care”  
*M Zwarenstein et al. Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes (2009) Cochrane Database of Systematic Reviews*
- “the process by which different health and social care professional groups work together to positively impact care” *S Reeves et al. Interprofessional collaboration to improve professional practice and healthcare outcomes (2017) Cochrane Database of Systematic Reviews*
- “the process by which different health, social care and legal professional groups work together to positively impact health and justice outcomes”

# Health justice partnerships

**As the national centre for health justice partnerships, we help achieve better health and justice outcomes for vulnerable communities.**

**In Australia many people on low incomes have three or more legal problems a year. Evidence shows they are more likely to talk about these with a trusted health professional than a lawyer. And those legal problems can often contribute to - or even cause - their health problems.**

## Collaboration & safety more broadly

Finally, this review also helped to identify domains and interventions where there are some promising early findings. For instance, there is mounting observational evidence to support the integration of legal services into clinical care delivery, such as how medical legal partnerships positively impact patient health and healthcare cost and utilization outcomes. These primarily observational studies focused on legal services integrated into clinical delivery systems and reported financial return on investment related to recovered benefits from previously denied benefits claims, reductions in inappropriate or unnecessary healthcare utilization, and positive impacts on asthma control and general well-being. Experimental studies would strengthen this promising initial evidence base. This program has achieved modest dissemination

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### **Elder abuse: The role of general practitioners in community-based screening and multidisciplinary action**

Aust J Gen Practice

Nola M Ries Elise Mansfield

Health–justice partnerships offer another promising approach to supporting older people experiencing abuse.<sup>16</sup> By integrating lawyers into healthcare settings, such partnerships offer coordinated services to meet older patients' intersecting health and legal needs and enable timely access to help when screening identifies a problem. In Victoria, for example, a collaboration between a pro bono legal service and a community health organisation in Melbourne has focused on improving timely identification and supports for older clients experiencing abuse.<sup>17</sup>

## Future directions - collaborative research

- **Optimal legal frameworks to support IPC, with international comparisons**
- **Knowledge and application of law in practice**
- **Strategies to reduce defensive practice, with attention to IPC**
- **Expanding the interprofessional team to involve legal practitioners**