

# By Design or Default: The Impact of Health Care Reform on Professional Autonomy

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## Background

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- Canadian health care "system"
  - 10 provincial systems
  - Hospital and physician services protected
- The Need for Home Care Reform in Ontario
  - Variability in access to services
  - Acute care restructuring / aging population
  - Rising costs
  - Limited access of for-profit provider agencies
- 1995, Ontario's progressive conservative government implemented a "managed competition" model as its reform of the home care system

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## Background

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- The “managed competition” model
  - Creation of 43 CCACs
    - Replaced 38 Home Care Programs and 36 Placement Coordination Offices
  - Separation of purchaser and provider
    - Divestment of rehabilitation professionals
  - Use of bidding process for contracts
    - Allowed for-profit provider agencies to compete
  - Emphasis on lowest cost with best quality
    - Required the need for measuring and monitoring quality

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## What Makes This Reform Interesting?

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- The speed with which it was implemented
- Dramatic change in government policy
- Unique impact on rehabilitation services
  - Divestment of professionals required
  - Example of a low volume, specialized service

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## Importance of Professional Autonomy

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- Direct & indirect links with quality of patient care
  - Reductions in professional autonomy associated with:
    - Reduced job satisfaction and organizational commitment of nurse managers (Acorn et al., 1997)
    - Increase in job strain and short-term sick leaves in nurses (Bourbonnais and Mondor, 2001)
    - Increased stress of physicians and reduced quality of care (Arnetz, 2001)
    - Reduced quality of patient care by nurses (White et al., 2000)

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## Importance of Professional Autonomy

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- Direct & indirect links with quality of patient care
  - Professional autonomy may provide some important protection to the quality of patient care when the profit motive is introduced into health care delivery by acting as a check to hold organizations accountable
    - Forsberb et al., 2001
    - Jochemsen and Have, 2000
    - Horner, 2000
    - Have, 2000
    - Deber and Williams, 1995

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## Professional Autonomy

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*Freedom to make discretionary and binding decisions consistent with one's scope of practice without external control either by individuals or by organizational constraints.*

Batey and Lewis (1982) and Haug (1988)

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## Professional Autonomy

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- Economic (control over remuneration)
  - Independence in determining the price of services
  - Independence in determining the volume and mix of services
- Political (control over context of work)
  - Independence in scheduling hours of work
  - Independence in determining location of work
- Clinical (control over content of work)
  - Independence in determining patient needs
  - Independence in determining the quality of care

Schulz and Harrison, 1986

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## Methods

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- Qualitative case study design
  - Ontario home care rehabilitation professionals
- Data collection
  - Surveys (43 CCACs and 36 Provider agencies)
  - Data collected between Feb. and May 2003
  - Key informant interviews (36)
    - 17 CCACs (of 43 – 39%)
    - 5 not-for-profit provider agencies (of 9 – 54%)
    - 14 for-profit provider agencies (of 27 – 50%)
  - 6 measures of professional autonomy

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## Findings

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- Economic (control over remuneration)
  - Independence in determining the price of services
    - No change in autonomy
  - Independence in determining the volume and mix of services
    - Reduction of autonomy
- Political (control over context of work)
  - Independence in scheduling hours of work
    - Regional reduction of autonomy
  - Independence in determining location of work
    - Reduction of autonomy
- Clinical (control over content of work)
  - Independence in determining patient needs
    - Reduction of autonomy
  - Independence in determining the quality of care
    - Reduction of autonomy

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## Conclusions

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- ❑ Perverse outcomes
  - Reduced job satisfaction & quality of work life
    - ❑ E.g. Inability to predict income
  - Increased ethical dilemmas
    - ❑ Regulatory colleges reported increased complaints
  - Professionals leaving sector
    - ❑ Exacerbation of recruitment and retention problems
  - Possible reduction in quality of patient care
    - ❑ Reduced availability of services
    - ❑ Reduction in quantity of care
- ❑ Suggest a need for a more nuanced approach in designing health care reforms
  - Minimize reductions in autonomy where possible

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# Questions?

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