Purpose

• To explore role expansion for regulatory bodies

Traditional Role of Regulatory Bodies

• Entry to practice
• Standards of practice
• Complaints and reports
• Discipline process
• Continuing professional development
Expanded Role for Regulatory Bodies

- Individual professional
- System as a whole
- Improvement of quality of care/service

Expanded Role for Regulatory Bodies

- What could and should be the role of regulatory bodies in wider debates regarding quality and safety of services provided by regulated professionals?

Speaker Contact Information

- Debbie Tarshis
- WeirFoulds LLP
- (416) 947-5037
- dtarshis@weirfoulds.com
Evolving the Tradition: New Roles and Expectations for Profession-Based Regulation

Robin Reece, QMP Project Manager, College of Physicians and Surgeons of Ontario

Origins of the Quality Management Partnership

Drivers:
- A series of quality and patient safety incidents across Canada
- Concerns regarding variation in quality of care in hospitals and in the community
- Limited ability for facilities and system administrators to proactively identify quality concerns
- Ontario’s Action Plan for Healthcare and focus on quality

In March 2013, the Ministry of Health and Long Term Care announced the formal partnership between Cancer Care Ontario (CCO) and the College of Physicians and Surgeons of Ontario (CPSO) to develop provincial quality management programs for pathology, mammography and colonoscopy.

Goals of the Quality Management Partnership

- Improve patient safety and quality of care at the physician, facility and system level
- Increase public confidence by improving transparency and accountability
What do CCO and CPSO bring to the Partnership?

CCO:
- Experience in quality programs including provider level reporting
- Experience leveraging funding to improve quality standards system-wide
- Strong IT and health analytics infrastructure
- Proven track record in managing system-wide implementations

CPSO:
- Experience in working with the profession to set standards for patient safety
- Experience in working with the profession to define quality performance
- Works with the profession to implement peer assessment and facility inspection programs
- Provides system leadership by proactively regulating our profession, managing risk and serving the public.

QMP will Align with Quality Initiatives
**QMP Approach and Plan**

<table>
<thead>
<tr>
<th>Work Stream</th>
<th>Phase 1 September 2013 to March 2014</th>
<th>Phase 2 April 2014 to March 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning &amp; Set Up</td>
<td>Conduct preliminary consultations and establish QMP Expert Advisory Panels</td>
<td></td>
</tr>
<tr>
<td>Early Quality Initiatives</td>
<td>Identify and Assess Early Quality Initiatives</td>
<td>Implement Early Quality Initiatives approved by MOHLTC</td>
</tr>
<tr>
<td>Comprehensive Quality Management Program</td>
<td>Draft Preliminary Program Design</td>
<td>Finalize Program Design</td>
</tr>
<tr>
<td>Stakeholder Engagement &amp; Consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports to MOHLTC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**QUALITY MANAGEMENT PROGRAMS**

**What is a Quality Accountability Program?**

A Quality Accountability Program provides:

- A framework that sets out an integrated set of performance standards and quality measures at the provider, facility and system levels
- An integrated data gathering infrastructure in which reporting is linked to quality improvement opportunities and rigorous health analytics to review data
- Organized peer-led approaches to performance improvement
- Quality assurance processes for both the provider and site
Eight Guiding Principles for Quality Accountability Program Development

1. Patient-centred and include patient experience-based quality metrics where relevant
2. Applicable to all physicians, allied healthcare professionals and facilities
3. Supportive and educational in nature but able to activate regulatory and/or funding levers when necessary
4. Based on collaboration and alignment with stakeholders
5. Value-added by addressing current inconsistencies, gaps and duplication
6. Built on and will leverage existing CCO, CPSO and other programs where possible
7. Adequately funded and will identify efficiencies so savings can offset investment where possible
8. Based on a common model of how performance data will be used that balances confidentiality with transparency while protecting the public interest

Benefits of Quality Accountability Programs Across Health Services

<table>
<thead>
<tr>
<th>Patients</th>
<th>Providers</th>
<th>Facilities Managers</th>
<th>Health Care System Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improvements in:</td>
<td>• Organized peer-led approaches to performance improvement</td>
<td>• Greater visibility into quality performance and how provider compares to peers</td>
<td>• Greater visibility into quality performance across the system</td>
</tr>
<tr>
<td>• Safety of the care provided</td>
<td>• Greater visibility into individual performance and how provider compares to peers</td>
<td>• Can identify and react to potential issues at earlier stages</td>
<td>• Reduced gaps and duplication of quality programs</td>
</tr>
<tr>
<td>• Consistency of care regionally and across different types of facilities</td>
<td>• Clinically driven definitions of quality and of quality assurance evaluation processes</td>
<td>• Consistent practices across all providers, facilities and locations</td>
<td>• Greater transparency in managing quality resulting in increased public confidence</td>
</tr>
<tr>
<td>• Access to services</td>
<td></td>
<td>• Can identify and react to potential issues at earlier stages</td>
<td></td>
</tr>
<tr>
<td>• Guidelines and standardization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Transparency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Patient-centred care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Decreased variability of care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Components of the QMP Provincial Quality Accountability Program

<table>
<thead>
<tr>
<th>Quality Defined</th>
<th>Three tiers of QMP Clinical Leads will provide an independent review of physician, facility and regional quality reports and provide clinical guidance &amp; expertise to support the quality management programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Reporting</td>
<td>Provincial QMP Clinical Lead Role includes reviewing quality reports at all levels &amp; following up as required</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>Regional QMP Clinical Lead Role includes reviewing facility quality reports &amp; following up as required</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Facility QMP Clinical Lead Role includes reviewing physician quality reports &amp; following up as required</td>
</tr>
<tr>
<td>Quality by Design</td>
<td></td>
</tr>
</tbody>
</table>
QUALITY MANAGEMENT PARTNERSHIP: PHASE 1

Established Expert Advisory Panels, the Legislation and Regulatory and IM/IT Working Groups and the Healthcare System Reference Group

Developed the quality management program framework and preliminary designs

Identified Early Quality Initiatives for each health service that could begin to be initiated in 2014/15

Conducted stakeholder engagement and communications activities using webinars, surveys, the QMP website and newsletters

Submitted Phase 1 Report to the Ministry of Health and Long-Term Care

Proposed Early Quality Initiatives

**Mammography**
- Conduct a current state assessment of breast imaging and recommend next steps for expanding data collection, reporting and other future projects
- Expand data collection to all sites providing screening mammography – process to begin in 2014/15
- Expand the breast cancer outcome report to all sites providing screening mammography – process to begin in 2014/15

**Pathology**
- Produce a baseline provincial quality report for pathology
- Develop resource(s) for pathologists to inform practices related to tissue exhemption and tissue release
- Identify and assess options for improving communication within pathology diagnostic reporting

**Colonoscopy**
- Develop and trial a bowel preparation dosing reference tool
- Draft and evaluate guidelines for a standardized endoscopy report for referring providers
- Draft and evaluate guidelines for standardized patient discharge information
- Draft and evaluate pre- and post-procedure checklists
- Design and pilot version 1 of a provider quality report for colonoscopy
- Conduct phase 1 of an adenoma detection rate indicator development
Phase 1 Stakeholder Input

We heard the following themes:
- Clinicians who provide the service must drive the design process
- Learn from the patient experience
- Do not reinvent the wheel. Align with other quality initiatives that are already in place.
- Be cautious about deciding whether services should be performed in a hospital or community setting based on the complexity of the case and/or on efficiency
- Quality requires financial investment
- Move slowly with implementation

QUALITY MANAGEMENT PARTNERSHIP: PHASE 2

Phase 2 Q1 Achievements

- Expert Advisory Panels (EAPs): Developed initial draft of quality indicators and review of current standards and guidelines to inform how quality will be defined for each health care area
- Health System Reference Group: Engaged thought leaders who influence provider and facility policies/decision making to attend 5 meetings during Phase 2
- Information Management/Information Technology Working Group: Began looking at technology requirements for the quality indicators and reports being proposed by the EAPs
- Legislative and Regulatory Working Group: Developed current state of Legislative and Regulatory implications
- Communications and Engagement: Supported presentations/communications to the field and began to develop consultation plan
Draft QMP Quality Accountability Model

How will QMP Assist Regulation?

- Increase in knowledge among physicians and facilities about standards
- Increase in usage of quality accountability reports
- Improvements in the identification of issues and follow-up by Quality Management Partnership (QMP) Clinical Lead
- Decrease in variability of care

Challenges & Risks

- Capacity/resources
- Understanding and communicating roles
- Decision making
- Internal resources for operations
- Resistance from the profession
- Data access

Clear Annual Educational Conference
New Roles and Expectations for Profession Based Regulation
New Orleans, Louisiana
Sept. 11-13, 2014

Council on Licensure, Enforcement & Regulation
www.clerf.org

*Referral to CPSO based on guidelines to be developed
Landscape Architecture and Public Welfare – An Innovative Approach to Regulatory Relevance
Kate Nosbisch, Executive Director
Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects

Agenda
- About CLARB
- Why “Welfare”?
- Defining Welfare
- Integration into the Licensure Exam
- Validation and Building Awareness
- Regulating Welfare Plan
- Discussion

Speaker Contact Information
Robin Reece
Project Manager
Quality Management Partnership
College of Physicians and Surgeons of Ontario
rreece@cpspo.on.ca
416-967-2600 ext. 396
About CLARB

- Dedicated to ensuring that individuals who affect the natural and built environment through the practice of landscape architecture are qualified to do so.
- Members include the licensure boards in 48 states, three Canadian provinces and the territory of Puerto Rico.

CLARB’s Role

- Establishes standards for licensure
- Preparation, administration and scoring of the licensure exam
- Facilitates reciprocity between jurisdictions
- Maintains professional credentials

Why “Welfare?”

Background
Strategic Vision

Goal of regulating public welfare as an innovative way to increase the relevance and value of licensure

Desired Outcomes

- Increased regulatory relevance
- Greater board relevance
- Full scope of practice recognized
- Global recognition of well-being

Justification for Licensure

- Landscape Architects are licensed to ensure the protection of public health, safety and welfare.
Opportunity

- While the concepts of health and safety are well established, there is a lack of definition for “public welfare.”
- Welfare aspects of practice differentiates Landscape Architects from other design disciplines.
- Opportunity to strengthen regulation by defining welfare.

Plan for Regulating Welfare

1- Define Welfare
   Define how the profession of landscape architecture positively impacts public welfare.

2- Integrate into L.A.R.E.
   Incorporate the welfare-related aspects of practice in the Landscape Architect Registration Examination (L.A.R.E.)

3- Validate & Build Awareness
   Increase awareness and understanding of the vital role landscape architects play in enhancing public welfare.

4- Regulating Welfare
   Strengthen licensure laws to include welfare-related aspects of practice in the definition of landscape architecture.

1 - Define Welfare
   Research conducted to define welfare as it relates to the practice of landscape architecture.
Research Goals

CLARB commissioned Erin Research, Inc. to:

- Define public welfare and expand the knowledge of the components of public welfare
- Establish the impacts or benefits of landscape architecture on public welfare

The Results

Definition of Welfare

Public welfare in the context of Landscape Architecture means “the stewardship of natural environments and of human communities in order to enhance social, economic, psychological, cultural and physical functioning, now and in the future.”
Impacts of Landscape Architecture on Public Welfare

1. Environmental Sustainability

2. Economic Sustainability
3. Public Health and Well Being

4. Community Building

4. Community Building
Summary

Landscape Architecture positively affects public welfare by:

- Enhancing environmental sustainability
- Contributing to economic sustainability
- Promoting public health and well-being
- Building community
- Encouraging landscape awareness and stewardship
- Offering aesthetic and creative experiences
- Enabling communities to function more effectively

Integrate into the Licensure Exam

Incorporate the welfare related aspects of practice in the Landscape Architect Registration Examination (L.A.R.E.)

About the L.A.R.E.

- 4-part fully computerized examination
- Determines if applicants for licensure possess the knowledge, skills and abilities to provide services without endangering the public.
- Prepared and scored by CLARB in accordance with all current standards for fairness and quality of licensure exams.
Exam Development

- Content is based on a job “task analysis” study conducted every five to seven years
- Task analysis identifies what is required at the initial point of licensure
- The most recent study was conducted in late 2010/early 2011
- Updated L.A.R.E. was introduced in September 2012.

Welfare Integration Process

Included in 2010 TA → Mapped concepts to KSAOs

Question development → Integration into the exam

Mapping Health, Safety and Welfare

<table>
<thead>
<tr>
<th>Content Areas</th>
<th>Health</th>
<th>Safety</th>
<th>Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare Existing Conditions Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare Demolition and Removal Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare Site Protection and Preservation Plans (e.g., soil, existing features, existing pavements, historic elements, vegetation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare Erosion and Sediment Control Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare Layout and Materials Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare Grading Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare Stormwater Management Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare Planting Plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare Project Sections and Profiles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare Construction Details</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare General Contract and Bidding Specifications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare Technical Specifications</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3- Validate and Build Awareness
Increase awareness and understanding of the vital role landscape architects play in enhancing public welfare.

Grassroots Approach

Groundwork

- Expose research results to members and collect feedback
- Establish “line of sight”
- Conduct member workshops to identify and prioritize opportunities
Development and Implementation

- Identified key audiences, messaging
- Developed 12 month strategy for enhancing local awareness and improving “case”
- Reassessing, adjusting strategy based on audience feedback
- Considering approaches for next phase

Stronger Statutory Authority

- Develop model approach to recognizing expanded scope and definition of practice to include public well being

4-Regulating Welfare

Strengthen licensure laws to include welfare-related aspects of practice in the definition of landscape architecture
Project Purpose

Shape standards for the built environment
Leverage existing knowledge about evidence-based impacts of practice on public welfare
Engage the licensure community, friends, and allies in support of a tangible goal
Effectively partner with a Member Board to learn and create a replicable model

Partner Selection Criteria

• Availability of existing data to support welfare regulation
• Organizational readiness
• Supportive board executive
• Active ASLA chapter with good relations with the Board
• Favorable licensure environment

Partner Selection

Ohio Architects Board
Ohio Landscape Architects Board
Indicator of Success

- Tangible and meaningful change in the standards that inform, govern regulation of the practice:
  - law
  - regulations
  - building/construction codes
  - continuing education requirements

Next Steps

- Begin work with partner board in Fall 2014
- Develop model for regulating welfare
- Implement model broadly among membership

Summary

- Identified opportunity to increase relevance of regulation
- Defined “welfare” as it relates to the practice
- Integrated welfare concepts into the licensure exam
- Built strong awareness and support
- Working toward implementation of welfare concepts in regulation
Questions

Speaker Contact Information

Kate Nosbisch
Executive Director
Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects (APELICELA)
Board for Branch Pilots
Board for Professional Soil Scientists, Wetland Professionals, and Geologists
Board for Professional and Occupational Regulation
Asbestos Board
Professional Boxing, Wrestling, and Martial Arts Advisory Board
At: 804-367-8514
kate.nosbisch@dpor.virginia.gov
http://www.dpor.virginia.gov

Veronica L. Meadows
Director of Member Engagement
CLARB
571-432-0332 ext. 116
vmeadows@clarb.org
www.clarb.org

Landscape Architecture and Public Welfare

FOUNDATION PAPER BY ERIN RESEARCH INC. FOR CLARB 2010
www.clarb.org/wellbeing