



RPNs in Independent Business: IBSIG Request for Action

June 2014

(revised November 2015)



www.ibsig.ca

Disclaimer: This information was prepared by the Independent Business Specialty Interest Group (IBSIG). The opinions expressed herein have not been vetted or endorsed by, or do not reflect the official views of the Registered Practical Nurses Association of Ontario (RPNAO).

About IBSIG

*The Independent Business Specialty Interest Group (IBSIG) is comprised of Registered Practical Nurses (RPNs) who belong to the Registered Practical Nurses Association of Ontario (RPNAO) and who run an **Independent Nursing-Based Business**.*

IBSIG strives to build a 'gold standard' of nursing practice in individual (and non-traditional) independent businesses through education and collaboration. IBSIG members abide by, and adhere to, the College of Nurses of Ontario's standards of practice, and embrace RPNAO's mission statement, "creating excellence in health care through RPN advancement and utilization".

In 2011, IBSIG was reenergized with the establishment of a new Executive Committee, bylaws, and a mission statement. IBSIG has seen a steady increase in its membership as it raises awareness amongst RPNs. IBSIG members are optimistic that solutions can be found to issues that face RPNs in Independent Business—if they come together in solidarity and advocate for change as a group.

IBSIG operates with a modest budget based on an annual fee that is collected from its 100+ members. The Executive Board is comprised of volunteers who offer their personal time (away from their independent nursing business), to advocate for RPNs in Independent Business.

For more information about IBSIG and becoming a member, please contact:

Catherine Arnott, RPN, CFN (Chair, IBSIG)

Tel: 416-562-5955

Email: president@ibsig.ca

Website: www.ibsig.ca

Table of Contents

ABOUT IBSIG

PURPOSE	1
---------	---

BACKGROUND

RPNs are Regulated and Highly Skilled Health Professionals	2
The Evolution of RPN Practice Settings	2
The Range of Services Provided by RPNs in Independent Business	3
Governance of RPNs	4

ISSUES FACING RPNS IN INDEPENDENT BUSINESS

Pressure on the Health Care Dollar	7
Insurance Companies and Governments Lagging Behind	7
Lack of Health Promotion/Disease Prevention Focus to Health Care	8
Undue Financial Burden on the Public	9
Limited Definition of “Medically Necessary” Services	10

REQUEST FOR ACTION

A. Proposed Actions for Government	11
B. Proposed Actions for Professional Nursing Bodies/Associations	14
C. Proposed Actions for Third-Party Insurers	15
D. Proposed Actions for IBSIG	16

CONCLUSION

APPENDIX A: EXAMPLES OF RPNS IN INDEPENDENT BUSINESS

List of Businesses	19
Additional Details	19

ENDNOTES

Purpose

RPNs in Independent Business: IBSIG Request for Action, is meant to provide:

- **a high-level background on the issues** that face Registered Practical Nurses (RPNs) in Independent Business, and
- **some proposed actions** that the Independent Business Specialty Interest Group (IBSIG) believes are foundational in alleviating the issues at hand.

This document is brief in nature, and is intended as a 'primer' for **government authorities, professional nursing bodies, and the insurance sector**. It is written from a 'grassroots' perspective in collaboration with IBSIG members who have 'lived experience' running an independent nursing business that offers nursing services to thousands of Ontarians of all ages, with a range of health care needs.

This document is intended as a 'primer' for government authorities, professional nursing bodies, and the insurance sector.

IBSIG Executive Board welcomes an opportunity to meet with government, professional nursing bodies, and third-party insurers in Ontario to provide additional background on RPNs in Independent Business, the valuable role that RPNs play in Ontario's current health care model, and examples of successful and cost-effective independent practices run by RPNs.

Background

RPNs are Regulated and Highly Skilled Health Professionals

The **Scope of Practice of nursing** as defined by the Nursing Act (1991)¹ is:

“the promotion of health and the assessment of, the provision of care for, and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.”

Nursing in Ontario is **one profession with two categories of care providers**: Registered Practical Nurse (RPN) and Registered Nurse (RN) (which includes Nurse Practitioner (NP))². RPN is a designated title that was first defined in 1993 by the Regulated Health Professions Act and is protected by the College of Nurses of Ontario (CNO). RPNs in Ontario formed a professional body, the Registered Practical Nurses Association of Ontario (RPNAO), which plays an important educational and professional advocacy role for its members. It also supports the voluntary organization of four interest groups—one being the Independent Business Specialty Interest Group (IBSIG)³. [NOTE: for more information about IBSIG, please refer to “About IBSIG” found after the front cover].

RPNs receive their foundational education through a College of Applied Arts and Technology and often take additional courses in specialty interest areas. In order to practice as a nurse in Ontario, RPNs must:

- successfully complete an exam (that is administered by the CNO),
- annually renew their CNO registration, and
- continually keep their studies up to date to ensure their nursing practices are current⁴.

The Evolution of RPN Practice Settings

According to the RPNAO, RPNs find themselves practicing in a breadth of locations.

*“RPNs work anywhere that health care is provided: in hospitals, homes for the aged, nursing homes, retirement homes, public health units, community nursing agencies, clinics, **private practice**, industry, schools, child care centres, and children's camps”⁵.*

Over the decades, the role of RPNs as well as their practice setting has evolved. Prior to 1966 and the adoption of Tommy Douglas’ vision of

Over the decades, the role of RPNs and their practice settings have evolved. Prior to 1966 and the adoption of Tommy Douglas’ vision of Medicare Canada wide, nurses used to run private independent practices and bill their clients directly.

Medicare Canada wide⁶, nurses used to run private independent practices **inside the home**, and bill their clients directly.

Now, although the lion's share of the nursing jobs is found in **publically funded institutions and community care centers**, independent nursing businesses continue to thrive and evolve. In the 21st century, RPNs in Independent Business provide client care services in a range of practice settings, for example, **inside a home office, at the client's place of residence, and in private multi-disciplinary facilities where rooms are rented to a breadth of providers**. Some factors that come into play when selecting the practice setting include: the associated equipment and supplies needed to provide the nursing service, access to and upkeep of a sterilized environment, the benefit of collaboration in a multi-disciplinary setting, and the needs of the client especially those who have limited mobility, just to name a few. In some cases a "permanent" clinical off-site setting is the best option for a viable business, and sometimes a mobile "at home" service is deemed to be best. More and more, RPNs in Independent Business are offering their services in a multi-disciplinary clinical setting alongside *paramedical* and other *allied health practitioners* such as physical/occupational therapists, nutritionists, clinical laboratory personnel, medical record keepers, and more. [NOTE: *paramedical and allied health practitioners are in a different category than "nurses", "medicine" and "pharmacy". As such, these practitioners can charge privately for their services and are recognized by 3rd party insurers and Revenue Canada as eligible medical expenses. Nursing services are not recognized in the same way, and therefore this is an important challenge to overcome. Additional information about this challenge and possible solutions are found later in this paper*].

Range of Services Provided by RPNs in Independent Business

RPNs who run Independent Businesses offer the public a diverse range of health care services—a choice in services that span traditional nursing, health promotion, disease prevention, and other illnesses such as Diabetes, which is not only "medically necessary".

Most RPNs in Independent Business hold specialized training and additional certification to meet the health care needs of Ontarians in the following areas:

- foot care
- wound care
- wellness and lifestyle management (such as nutrition, dietetics)
- naturopathic medicine, aromatherapy, reflexology
- massage and physiotherapy
- colon hydrotherapy
- emergency services and training
- infection control and public health injections

RPNs who run Independent Businesses offer the public a diverse range of health care services—a choice in services that span traditional nursing, health promotion, disease prevention, and other illnesses such as Diabetes, which is not only "medically necessary".

- health promotion (such as Yoga, Meditation, Chi Gong)
- Tai Chi exercise⁷

For the most part, the professional health care services that RPNs in Independent Business provide (in the practice settings described above) are billed directly to the client.

For more information about the types of Independent Businesses that IBSIG members are currently running, please refer to **Appendix A** (found at the end of this document). While not an exhaustive list, the Appendix is meant to provide an overview of the breadth and cost of services, the client groups that are served, and the places of practice. As well, the IBSIG website (<http://ibsig.ca/consumer-resources>) provides additional knowledge, education, and information in the FAQ section about RPNs, their value-added services, and their business practices.

Governance of RPNs

Nursing is a self-regulating profession. RPNAO and the CNO recognize the role of nurses working in private practice and/or running their own nursing business as sole proprietors. Before commencing an independent practice, RPNs must know and abide by the rules and Scope of Practice that governs their nursing profession. Guidelines and standards are readily available online with the expectation that nurses must keep up to date, and self-regulate. This obligation is enshrined in the health care system and adopted by many professional bodies that represent health care professions. As such, RPNs should be familiar with the following:

Canada Health Act (1995, Amended 2012) (CHA)

- The provision of ‘private billing’ nursing services is allowable under the Canada Health Act since services provided by nurses in independent business (who may bill clients directly) are currently not insurable under the Act by the Ontario Health Insurance Plan (OHIP). Where nursing is mentioned in the CHA, it is only in reference to those nursing services that are insured under the public health system for example Family Health Teams, Community Care Access Centres (CCACs), Medical Centres, or third party insurer benefits.
- The CHA also provides definitions of the terms “extended health care services” and “hospital services” (found under the subheading Interpretation) as follows:

Extended health care services⁸

“extended health care services” means the following services, as more particularly defined in the regulations, provided for residents of a province, namely,

- (a) nursing home intermediate care service*
- (b) adult residential care service,*

- (c) home care service, and
(d) ambulatory health care service.”

These extended services are commonly **‘from hospital to home’ where the patient/client is still under the hospital umbrella.**

Hospital services⁹

*“hospital services” means any of the following services provided to in-patients or out-patients at a hospital, if the services **are medically necessary** for the purpose of maintaining health, preventing disease or diagnosing or treating an injury, illness or disability...”*

Regulated Health Professions Act (RHPA, 1991)

- The RHPA recognizes that more than one health profession (for example, physicians, chiropractors, and naturopaths) may have similar competencies as nurses do and therefore have overlapping scopes of practice.
- Scope of practice is defined as *“health care professionals optimizing the full range of their roles, responsibilities and functions that they are educated, competent and authorized to perform”*¹⁰.

Nursing Act (1991)

- Before starting a business using nursing practice, RPNs must ensure their business falls within the **Scope of Nursing Practice Statement** that is set out in the Nursing Act, (1991) and further reinforced by CNO which states:

“The practice of nursing is the promotion of health and the assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.” (Nursing Act, 1991)

“The practice of nursing is the promotion of health and the assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.” (Nursing Act, 1991)

College of Nurses of Ontario

- Nursing in Ontario is a self-regulated, autonomous profession with multiple designations and registration categories under the protected title of Nurse: Registered Practical Nurse (RPN), Registered Nurse (RN), and Registered Nurse Extended Class (RN (EC)). All types of nurse are accountable to a single regulatory body, the College of Nurses of Ontario (CNO).
- The CNO publishes a series of Practice Guidelines and Fact Sheets. Two important publications are: "**Are you Practicing Nursing?**"¹¹ and "**Independent Practice**"¹² ("IP"). Both articulate important definitions, conduct requirements, and standards of practice for nurses who are licenced to practice in Ontario—including those who run sole proprietorships, limited partnerships, or community agencies. (*Follow the links in the Endnotes section for a copy of these publications*).

Nursing in Ontario is a self-regulated, autonomous profession with multiple designations and registration categories under the protected title of Nurse: Registered Practical Nurse (RPN), Registered Nurse (RN), and Registered Nurse Extended Class (RN EC). All types of nurse are accountable to a single regulatory body, the College of Nurses of Ontario (CNO).

Issues Facing RPNs in Independent Business

There are a number of issues that face RPNs in Independent Business. Below are descriptions of some of the key barriers that deter—and even erode—the viability of RPN businesses, and ultimately impact the availability of important health care services to the public. Unfortunately, these issues render the services provided by RPNs in Independent Business under-supported, under-promoted and under-utilized.

Pressure on the Health Care Dollar

In this era when the health care dollar is stretched to keep up with demand, **the health care system in Ontario is looking for efficiencies and ways to do “more with less”**. Furthermore the Ontario Health Insurance Plan (OHIP) continues to trim spending and **some nursing services are falling outside public funding**.

The upside is that **RPNs in Independent Business offer cost effective, ‘continuity of care’ to the public—where the publicly funded health care system leaves off**—by providing important traditional nursing, as well as a diverse range of health promotion, and disease prevention services. The downside is that the public, who hire these nursing services, do so without financial assistance under OHIP or third-party insurers.

Insurance Companies and Governments Lagging Behind

Third-party insurers are slow to **recognize the expanded role of all nursing classifications and their full Nursing Scope of Practice as defined in the Nursing Act, 1991, (and upheld by the CNO and the RPNAO)** which includes **“health promotion and disease prevention focused” services and/or services that are provided outside the home**. This problem is not limited to third-party insurers—OHIP is also lagging behind in its acceptance of the expanded role of RPNs.

This **lack of recognition** goes back to the Canada Health Act (CHA) and the Income Tax Act (CRA) where the definitions of nursing services assumes that **all nurses work under the public health system and/or provide services in the home, which is not presently true, nor has it been for over 20 years**. As stated earlier in this paper, the practice settings for nurses have evolved.

RPNs in Independent Business offer a cost effective, ‘continuity of care’ to the public—where the publicly funded health care system leaves off—by providing important traditional nursing, as well as a diverse range of health promotion, and disease prevention services.

Unfortunately, the public, who hire these nursing services, do so without financial assistance under OHIP or third-party insurers.

Third-party insurers are slow to recognize the expanded role of all nursing classifications and their full Nursing Scope of Practice as defined in the Nursing Act, 1991. This lack of recognition goes back to the Canada Health Act (CHA) and the Income Tax Act (CRA) where the definitions of nursing services assumes that all nurses work under the public health system and/or provide services in the home which is not presently true, nor has it been for over 20 years.

Also, the use of "medically necessary" in the definition of services **does not take into account health promotion and disease prevention care**. The private health insurance companies take their cue from the definitions of nursing services within these Acts. Changes within legislation will have to occur for the health system to work as a cohesive whole for the benefit of all Canadians seeking health care without prejudice to those who cannot pay out of pocket.

Therefore, many funding and policy decision-makers take the view that **only customary, front-line nursing services that are physician ordered, and performed in institutional settings or when necessary confined to the home, are "medically necessary"**. As a result, the health promotion and disease prevention services provided by RPNs in Independent Business are not eligible for coverage—leaving residents of Ontario and policyholders of third-party health insurance forced to pay out of pocket without reimbursement for these fee-for-service expenses.

The exclusion of providing coverage for health promotion and disease prevention focused services is sending the wrong message, disadvantaging those who seek to preserve their health, and discouraging the choice of service provider. Nurses in Independent Business working in the field constantly encounter Ontarians who complain about this lack of coverage for the nurses they wish to use as collaborators in the maintenance of their health who are restricted due to lack of coverage for their services.

Lack of Health Promotion/Disease Prevention Focus to Health Care

It is not uncommon for the public to seek health care professionals only once illness sets in. Due to a number of factors, which may include: busy dynamic lifestyles, a general shift from physical labour jobs to sedentary office work, and increased exposure to a degraded natural environment, the public is behind the ball rather than being out front taking a proactive approach to care that focuses on health promotion and disease prevention.

Benjamin Franklin once wrote "an ounce of prevention is a pound of cure"¹³. Although Franklin was speaking to the issue of fire prevention in early American cities, the same sentiments hold true for the current health care system. **Disease prevention and health promotion can contribute towards an exponential cure for the resource pressures that ail the current health care system**. The system can experience great savings by alleviating health care expenditures on preventable protracted and chronic illnesses by rewarding those who subscribe to the health promotion and disease prevention construct. For example, foot care services that are provided by RPNs in Independent Business (both at home and in community care facilities) often treat diabetic seniors. A series of \$30 visits can prevent more serious diabetic complications that require expensive inpatient care where hospital beds cost exponentially more per day. (Visit the following [link](http://www.diabetes.org.uk/Documents/nhs-diabetes/footcare/footcare-for-people-with-diabetes.pdf) for more information about the cost of neglected foot care in diabetics. <http://www.diabetes.org.uk/Documents/nhs-diabetes/footcare/footcare-for-people-with-diabetes.pdf>)¹⁴.

Another example of prevention efforts is related to colon cancer, which is the number two cancer of both men and women in Ontario. With the health promotion, disease prevention counseling and colon hydrotherapy to restore healthy bowel functioning provided by specialized nurses, their services and education to the public can offset the huge costs involved in managing and treating colon cancer with public health care dollars.

The tide is turning, however, and people are taking back the reins to their health and rediscovering a traditional health promotion and disease prevention attitude. The federal and provincial governments are also becoming more vocal about the benefits of adopting disease prevention behaviours, such as the importance of daily exercise. But they are not as swift to change their health care policies and definitions to fund promotion and prevention-focused health services that are provided by RPNs in Independent Business. There is a ways to go to in this evolution.

Undue Financial Burden on the Public

The services that fall inside and outside the publically funded health care model are inconsistent. As described earlier in the paper, RPNs in Independent Business may offer **similar or the same health promotion/disease prevention services** that are rendered in a private practice setting to clients by paramedical and allied health professionals who have overlapping competencies and scopes of practice, **but whom are recognized by OHIP and third party insurers—while RPN services are not.**

If the public requires the services of an RPN in Independent Business, they are left to follow up with the health system and third party insurers to seek reimbursement for these ‘out-of-pocket’ health care expenses. The services provided by RPNs in Independent Business are not publically funded by OHIP, or in many cases not covered by third party insurers either and must be directly billed to the client.

It proves to be difficult to explain to the public why such health care services—that play an important role in their health promotion and disease prevention regimen—are not covered by the public health care system, or by a health plan they are paying into to insure them for health services not covered by the public health care system.

Limited Definition of “Medically Necessary” Services

The government, professional nursing member organizations, and third-party insurers have a limited interpretation of the nursing definition and scope of practice. IBSIG believes that this is the crux of the antiquated funding/insurance policies. Without a change in the definition of “medically necessary” and recognition that RPNs in Independent Business are nurses who provide valid nursing services that are driven by public need, things will not improve. In this situation, services that are provided by RPNs in Independent Business will continue to struggle to be covered by the publically funded health care system (OHIP) and third-party insurers. However, similar services performed by colleagues in an institutional environment are recognized and covered for payment. As we are working towards allowing people to remain in their home, save costs, and reduce risks, why are Nurses in Independent Business not recognized?

It would serve us well to recognize that, prior to the national, publicly funded Medicare model, nurses ran private, independent practices and billed their clients directly. Today, nurses who continue this traditional practice need recognition within the definitions of nursing and medical service provision that includes nursing services provided whether in the home or outside the home in private practice settings, and includes health promotion, and disease prevention care.

Request for Action

It is time that the government, professional nursing bodies, insurance providers, and the public recognize and raise awareness of the true scope of RPN practice in the 21st century which goes beyond the restrictive definition of “medically necessary in-home nursing care” and **extends to direct billing, independent business models**. RPNs in Independent Business offer an economical option for Ontarians to receive high quality care in this current climate of concerns over the health care dollar.

A. Proposed Actions for Government

1. Revisit the Canada Health Act (CHA) to recognize and fund the health promotion/disease prevention services provided by RPNs.

RPNs in today’s health care system play an expanded role more than ever before. Consider revising/expanding the Canada Health Act to recognize the services that RPNs provide; specifically:

- Redefine the **work settings** under which “extended health care services” [Section 2, CHA] are performed to include all settings whether inside the home, health institutions or in private practice locations.
- Redefine “**extra-billing**” [Section 2, CHA] to include the health services of RPNs so they may be paid for by the health care insurance plan of a province, not just those rendered by “medical practitioners or dentists”.
- Clarify that health services provided by RPNs are indeed “**insured health services**” under the “health care insurance plan” definition [Section 2, CHA].
- Expand the definition of “**health care practitioner**” [Section 2, CHA] to include providers such as RPNs. RPNs are instructed by their governing body to not use the term “practitioner”, thus are currently excluded from this definition.
- Acknowledge that RPNs may **render “user charges”** [Section 2, CHA] for insured health services that are authorized or permitted by a provincial health care insurance plan that are not payable by an insurance plan, so that clients may see reimbursement by their private or workplace insurance plan.

We invite you to collaborate with the executive stakeholders representing RPNs in independent practice (IBSIG of RPNAO) and RNs in independent practice represented by IPNIG of RNAO when reviewing and making amendments to these definitions.

2. Educate the public about the valuable role RPNs in Independent Business play in today's health care system.

RPNs in Independent Business provide cost effective health promotion and disease prevention services in a variety of roles and settings. The role of RPNs has evolved exponentially in the 21st century. They deliver services privately, inside and outside the home. By doing so, RPNs in Independent Business save the health care system money and alleviate capacity pressures on the system.

3. Support the freedom of choice for Ontarians who seek health care services.

IBSIG advocates that Ontarians should have the freedom to choose whom they wish to employ to be part of their health care team throughout all phases of their life continuum, and in the location where they choose to receive their care. In addition, Ontarians should be able to find third party insurers who recognize the full scope of nursing practice that includes RPNs working independently and running their own business. The Nursing Act, 1991 Scope of Practice definition for RNs and RPNs does not restrict nursing practice to location or continuity of care and neither should definitions found elsewhere in legislation.

4. Extend public funding for nursing services provided by RPNs in Independent Business.

The Canada Health Act, 1985 [preamble] states "...The Parliament of Canada recognizes...continued access to quality health care without financial or other barriers will be critical to maintaining and improving the health and well-being of Canadians." IBSIG believes that using the services of RPNs is one way to reduce the financial barrier and over expenses of the current health care system. IBSIG appreciates that there are a number of factors that are straining the health care system and competing for the health care dollar. No doubt, cost savings need to be found. IBSIG offers several suggestions:

- Use the services of RPNs in Independent Business over other, more expensive providers or paramedical professionals who perform the same duties or level of care.
- Fund health promotion and disease prevention services that are offered by RPNs in Independent Business as a means to improve the overall wellness of Ontarians and reduce the costs of lengthy hospitalizations that could have been prevented.
- Take into account the needed change in nursing service definitions so they are inclusive of RPNs' full scope of practice including workplace settings.

5. Direct insurers to include RPNs in literature and policies, and standardize the invoice/payment process.

Make it clear in literature and internal policies that required health services provided by RPNs in Independent Business are covered. This will reduce the time it takes clients and RPNs to address this confusion with insurers on a case by case basis.

Make it easier for RPNs in Independent Business to make invoices that are to be paid by our clients for reimbursement by their insurer or paid directly by the insurer. Currently individual insurance companies mandate different policy requirements in terms of invoice details (provider name, designation, CNO number, service, invoice date/service date). One comprehensive invoice template would be very helpful so that all the necessary details are collected and displayed adequately to reduce delays in payment/reimbursement of clients. This could be accomplished with one Ontario numbering system whereby each RPN who offers a nursing service submits all the necessary details/credentials. Once vetted, a single number is assigned and used across all insurance organizations, rather than having to go through the application/vetting process separately for Ontario Blue Cross, Green Shield Canada, Manulife Financial, The Great-West Life Assurance Company, Sun Life Financial, etc.

6. Reward the public who focus on personal health promotion and disease prevention.

The way that health promotion and disease prevention services are funded in Ontario is inconsistent. The practice of not allocating health care dollars to health promotion and disease prevention services that are provided by RPNs in Independent business upholds an archaic view, which needs to change.

Fostering the public's responsibility for their personal health promotion and disease prevention is an essential shift in mindset that needs to be invested in—as a means of reducing health care expenditures on protracted illness treatments. Obviously not all health care dollar woes can be solved through promotion and prevention-based care, but it is a good start to reward these positive public changes.

B. Proposed Actions for Professional Nursing Bodies/Associations

1. Become more familiar with the client-driven nursing services that are provided by RPNs in Independent Business.

The Role Clarity Project such as the one undertaken by RPNAO with RNAO provides an excellent opportunity to inventory the breadth of roles RPN members play in today's health care system—not only in the public funded system, but also the sole proprietorships, limited partnerships, and larger community-based agencies that are providing cost effective health care services to Ontarians.

2. Uphold the full breadth of Nursing Scope of Practice, and in collaboration with IBSIG develop a formal statement on the role of RPNs that acknowledges Independent Business.

The Nursing Act (1991) sets out the nursing Scope of Practice, which is inclusive of all RPNs extending to RPNs in Independent Business. Professional nursing bodies/associations play a pivotal role in embracing and supporting their members' choice to work in non-institutional practice settings to provide much needed nursing services at a reasonable cost. A role clarification statement that is affirmed by RPNAO will go a long way to remedying the lack of recognition by funders and policy makers towards RPNs in Independent Business.

3. Help to raise public awareness that RPNs in Independent Business are regulated and highly skilled health professionals and provide value-added services.

RPNs use their nursing skills, knowledge, and judgement to provide cost effective health care in a variety of practice settings including Independent Business. Offering services such as traditional care as well as health promotion and disease prevention services—both inside and outside the home—provide Ontarians with options that can improve their quality-of-life.

C: Proposed Actions for Third-Party Insurers

1. Recognize an RPN's expanded Scope of Practice.

RPNs in Independent Business work within their nursing Scope of Practice, and as appropriate, work inter-professionally with other allied health practitioners. RPNs provide value-added, necessary health care services inside and outside the home. It is time to put away old views and interpretations, and recognize that RPNs in Independent Business provide client-driven services that aim to meet their diverse needs in the place their clients wish to receive the services.

2. Provide coverage for policyholders who receive services from RPNs in Independent Business.

The Nursing Act, 1991 does not differentiate between services provided inside or outside the home. Whether to promote health and/or for disease prevention, and whether or not nursing care is billed directly to the client are all within a nurse's scope of practice according to the Nursing Act 1991.

The lack of consistent recognition amongst third party insurers needs to change so that all clients of RPNs in Independent Business can receive reimbursement. Currently, some providers provide reimbursement to their policyholders, and others do not. One must learn each insurance provider's requirements and be sure they meet/match precisely what they want otherwise payment is refused. In other cases there is no insurance coverage whatsoever at any time and other cases of companies not recognizing that RPNs are nurses (heeding the definition of nurses by CNO).

3. Level the playing field between RPNs and other Health Care professionals in Independent Business.

Many services that are provided by non-nursing health care practitioners such as paramedical/extended health (e.g., Chiropracist, Physio/Occupational/Recreational therapists) and allied health (e.g., Naturopath and Reflexologist) are recognized by third party insurers for reimbursement even though their services are geared toward health promotion and disease prevention, and rendered in a private practice setting (not in the home). Why then are insurers not consistently extending coverage across the board to cover the services that are provided to policyholders by RPNs in Independent Business? As RPNs in IB are health practitioners regulated under RPHA as in the above examples and working with overlapping scopes of practice and similar practice settings, IBSIG asks insurers to reconsider.

D: Proposed Actions for IBSIG

1. Lobby Government to provide Public Health Care funding for services provided by RPNs in Independent Business.

There is strength in numbers. RPNs in Independent Business must come together with one voice and outreach to federal and provincial politicians and decision makers, and remind them that RPNs in Independent Business contribute a great deal to promoting health and preventing illness amongst their patients, and encourage them to fund these services.

2. Reach out to other nursing bodies and private practices to garner support for these issues.

IBSIG sees great benefit in working with RPNAO and outreaching to colleagues and stakeholder organizations in its quest for the adequate recognition of RPNs in Independent Business by the public system. There are a number of organizations that may share common interests in this capacity, including:

Nursing Organizations

- Canadian Association of Foot Care Nurses (CAFCN) <http://cafcn.ca>
- Canadian Association of Wound Care (CAWC) <http://cawc.net>
- Canadian Nurses Association (CNA)
- College of Licensed Practical Nurses of Alberta <http://clpna.com>
- College of Licensed Practical Nurses of BC <https://clpnbc.org>
- International Nurses Association (INA) <http://inanurse.com>
- Licensed Practical Nurses Association of BC <http://lpnabc.ca>
- Nurses Entrepreneurial Foot Care Association of Canada (NEFCA) <http://nefca.ca>
- Ontario Nursing Association (ONA) <http://ona.org>
- Practical Nurses Canada (PN Canada) <https://www.linkedin.com/company/pn-canada>
- Registered Nurses' Association of Ontario, Independent Practice Nurses Interest Group (RNAO IPNIG) <http://rno.ca/connect/interest-groups/ipnig>
- Registered Practical Nurses Association of Ontario (RPNAO) <http://www.rpnao.org>

Other Enterprise/Entrepreneurial Organizations

- Business and Professional Women's Clubs of Ontario <http://bpwontario.com>
- City or Regional / Small Business Association
- Canadian Association of Medical Device Reprocessing <http://camdr.ca>
- Ontario Medical Device Reprocessing Association (Central Service Association Ontario (CSAO)) <http://csao.net>
- Professional Women's Network <http://pwncanada.ca>
- Women's Enterprise Centre <http://womensenterprise.ca>

3. Continue to ensure proper governance through education and building new knowledge.

Continuous improvement and developing new knowledge will serve RPNs well. IBSIG must continue to support its membership by researching such topics as: successful business models, optimal level of insurance, and best practices in accounting, as well as providing information materials that are tailored to RPNs in Independent Business.

Conclusion

IBSIG members believe (without a doubt) that the traditional nursing, health promotion, and disease prevention services they provide to the public are economical, value-added, and necessary. RPNs in Independent Business continue in their efforts, despite the ongoing challenges with role recognition and inclusion in the public health funding model. They have found that skilled patient care that is married with business success is personally rewarding on several levels:

- Reinforces their career choices for entering the field of health care in the first place, which is to provide safe, professional patient care in their communities.
- Provides the public with health care options that are delivered inside and outside the home.
- Offers a means of income, an opportunity to achieve their entrepreneurial aspirations, and the creation of local jobs for other nurses.

Much work needs to be done, and further research is required to define the issues, and identify some viable short-term and long-term solutions that will:

- Level the playing field amongst health care professionals who run an Independent Business.
- Support the growth of health care jobs outside of traditional institutions.
- Foster the move towards health promotion and disease prevention.
- Save the health care system money over the long term.
- Ease the financial burden on the public of “out-of-pocket” health care services.

If you would like to input to this topic, or would like to meet with IBSIG representatives, please contact Catherine Arnott, IBSIG Chair, at president@ibsig.ca.

Appendix A: Examples of RPNs in Independent Business

RPNs in Independent Business provide an economical solution for the public who wish to receive traditional, health promotion, and disease prevention nursing services. In short, they are examples of a good “bang for the health care buck”.

List of Businesses

Below is a list of businesses run by RPNs:

1. Wellness and Lifestyle Management
2. Mental Health
3. Autistic, Care in home
4. Health Care Staffing Agency Management
5. Nursing Agency
6. EMS Training
7. Education
8. Public Speaking
9. Colon Hydrotherapy
10. Tai Chi
11. Meditation
12. Reflexology
13. Therapeutic Touch

Additional Details

Foot Care

Average Fee for Service: \$25-\$50 per visit.

Description: Provide foot assessment's, nail reduction, relief from ingrowing nails, fungus treatment, callous reduction, client education and self-care plan, and referrals to a physician, podiatrist, diabetic nurse specialist, or the hospital ER, as needed for the client's optimal care.

Clients: Service all ages, diabetics, seniors, wound care, education

Place of Practice: In the foot care clinic, hospital, nursing home, and in community run clinics.

Payment: Out-of-pocket, or through insurance reimbursement, Green Shield, Veterans Affairs.

Nutrition & Lifestyle Counselling with Colon Hydrotherapy

Average Fee for Service: RHPA Regulated provider such as nurse \$100 (follow-up) - \$180 (initial); Unregulated providers in their home or other practice location \$50-\$100.

Description: Colon Hydrotherapy is a therapy using water to eliminate accumulated fecal material that does not pass with a bowel movement. This can reduce colon spasms and re-tone the muscle of the colon, making its contractions and subsequent elimination more effective. Like any other muscle in our body, when stimulated to contract in a healthy manner it will become stronger, reducing the likelihood of spasm, and aid in re-establishment of healthy bowel habits. If provided at the nursing 'gold standard level' of treatment, disposable equipment is used, a comprehensive health intake form with review of medical history is completed and reviewed with a nurse, nursing education on the physiology of the GI system and how colon hydrotherapy will work to help the client and an abdominal assessment prior to starting the session will be done. The entire 5-6 feet of the colon will be gently hydrated with temperature-controlled, filtered water to soften any accumulated fecal matter in the colon. Nurses use the 'slow fill method', which assures clients will have larger releases, strengthening the colon and thereby improving functional status. It may take several hydrations during a session in order to gently facilitate the release of the old and/or accumulated fecal material. Abdominal massage is employed during the session. Nursing assessment, planning, implementation, evaluation, and documentation after each session are part of the nutrition, lifestyle, and colon hydrotherapy services provided. The number of follow-up sessions needed is based on a client's health goals, health condition and will be assessed by the nurse, as well based on objective results from each session and the client's progress.

Clients: Service all ages for those with functional conditions of the colon with the goal of improving functional status of the digestive and eliminative systems and greater wellbeing. Clients are self-referred or referred by regulated health professionals such as naturopaths, MDs, and registered nutritional consultants.

Place of Practice: Private practice location in clinical setting, outside the home.

Payment: Out-of-pocket. No insurance coverage for clients seeing nurses for this service even though the College of Nurses Guideline Document "Are you Practicing Nursing" (criteria) confirms we are practising nursing.

Traditional Chinese Medicine & Acupuncture

Average Fee for Service: \$30 - \$45 per half hour.

Description: Nurses trained in the Chinese health care system provide nursing care using herbal remedies, acupuncture, tai chi exercise, and chi gung. The use of holistic nursing assessment aids in relief from pain, treating a variety of disorders to increase life quality. They also provide client education, a self-care plan, and referrals to a physician, nurse specialist, or the hospital ER as needed for the client's optimal care. Other modalities used as needed for the client's well being could include; acupressure/Tui na (Asian bodywork massage), moxibustion (a traditional Chinese medicine in which a stick or cone of burning mugwort, *Artemisia vulgaris* is placed over an inflamed or affected area on the body/cone is placed on an acupuncture point and burned), auricular therapy (stimulating specific points in the ear, creating a therapeutic effect to treat many disorders), and reflexology or zone therapy (applying pressure to the feet, hands, or ears with specific thumb, finger, and hand techniques without the use of oil or lotion which promotes healing by stimulating the nerves in the body and encouraging

the flow of blood, relieves the source of the pain, controlling the muscle pain associated with fibromyalgia, relieving difficult breathing, stress, back pain, and chronic fatigue).

Clients: Service all ages: those with pain, cancer, diabetes, seniors, Parkinson's disease, and those seeking weight loss, and health education.

Place of Practice: In the Chinese wellness clinic, holistic nursing clinic, hospital, nursing home, retirement home, in community-run clinics, and private nursing practice located in nurse's home.

Payment: Out of pocket: by cash or through insurance reimbursement, Greenshield, Veterans Affairs.

Private Health Care Agency

Average Fee for Service: \$25-\$61 per hour.

Description: Provide staff to: Group Homes, Nursing Homes, Retirement Homes, Private Homes, Hospitals, Day Programs, Families, Hotels, Doctor's Offices, Companies, wherever the need arises. In addition, providing nursing and medical care, home care and personal services, acquired brain injury and spinal injury care, Alzheimer's and dementia care, palliative care, specialty care, and first aid, CPR, AED and specialty training.

Clients: Service all ages.

Place of Practice: Private Health Care Agency with office location in Southern Ontario serving Toronto, Kitchener and Niagara.

Payment: Insurance companies, or Visa, Master Card, Cheque, or cash.

Tai Chi Exercise for Health Promotion & Disease Management

Average Fee for Service: \$90 - \$110 for 10 Sessions

Description: Based in martial arts movements, tai chi provides training in proper body mechanics and natural alignment through a series of slow moving, flowing, and connected movements. It fosters a relaxed body and a peaceful state of mind, which are essential ingredients for cultivating healthy energy or qi. Teaches individuals how to perform tai chi movements while addressing any limitations due to pre-existing health conditions within a small group setting.

Clients: Service all ages and levels of health and ability. It is especially therapeutic for heart patients, arthritis sufferers, fibromyalgia sufferers, those with COPD and cancer.

Place of Practice: At workplaces, in church halls, school gyms.

Payment: Cash or cheque

Endnotes

- ¹ Nursing Act, 1991. Scope of Practice. Available from: <http://www.ontario.ca/laws/statute/91n32>
- ² College of Nurses of Ontario, 2002. Professional Standards. Available from: http://www.cno.org/Global/docs/prac/41006_ProfStds.pdf.
- ³ RPNAO [Internet]. Independent Business Specialty Interest Group. Cited Jun 2014 from: <http://www.rpnao.org/node/340> The IB Special Interest Group (IBSIG)
- ⁴ RPNAO [Internet]. What is an RPN? Cited Jun 2014 from: <http://www.rpnao.org/rpncareers/what-rpn>.
- ⁵ RPNAO [Internet]. What is an RPN? Cited Jun 2014 from: <http://www.rpnao.org/rpncareers/what-rpn>.
- ⁶ Canada's History [Internet]. History Idol: Tommy Douglas. Cited Jun 2014 from: <http://www.canadashistory.ca/Magazine/Online-Extension/Articles/History-Idol-Tommy-Douglas>
- ⁷ IBSIG [Internet]. History. Cited Jun 2014 from: <http://ibsig.ca/about-us/history>
- ⁸ Canada Health Act, 1985. Definitions [extended health care services]. Available from: <http://laws-lois.justice.gc.ca/eng/acts/c-6/page-1.html#h-1>
- ⁹ Canada Health Act, 1985. Definitions [hospital services]. Available from: <http://laws-lois.justice.gc.ca/eng/acts/c-6/page-1.html#h-1>
- ¹⁰ Health Authorities Health Professions Act Regulations Review Committee, 2002. Toward increased integration of LPNs into health authority employment settings: Four discussion papers by the Health Authorities Health Professions Act Regulations Review Committee. Available from: http://www.clpna.com/wp-content/uploads/2013/02/doc_HPA.pdf
- ¹¹ College of Nurses of Ontario, 2011. Fact Sheet: Am I Practising Nursing? Available from: http://www.cno.org/Global/docs/general/44007_fsAmipractising.pdf
- ¹² College of Nurses of Ontario, 2013. Practice Guideline: Independent Practice (Revised 2013). Available from: http://www.cno.org/Global/docs/prac/41011_fsIndepPrac.pdf
- ¹³ Franklin, B. Protection of Towns from Fire. Letter to the Editor. The Pennsylvania Gazette. Feb 4, 1735 issue. Available from: <http://www.ushistory.org/franklin/philadelphia/fire.htm>
- ¹⁴ National Health Service (England), 2012. Foot care for people with diabetes: The economic case for change. Available from: <http://www.diabetes.org.uk/Documents/nhs-diabetes/footcare/footcare-for-people-with-diabetes.pdf>



www.ibsig.ca

Catherine Arnott, RPN, CFN (Chair, IBSIG)

Tel: 416-562-5955

Email: president@ibsig.ca