



Teamwork

E-news from the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative

Edition #1
November, 2004

Letter from the Steering Committee

The Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative, launched in early September, is a national initiative that engages health care professionals involved in primary care, along with individuals and their families. It is supported by a contribution agreement with Health Canada's Primary Health Care Transition Fund.

The EICP Steering Committee is comprised of 10 national associations and one coalition on preventative practices. Together, we are starting to put a new face on primary health care so it is clear that there are a lot of different professionals involved in the delivery of care at the primary level, and there is a lot of innovation going on, particularly in the area of interdisciplinary collaboration.

Interdisciplinary collaboration is about ensuring that patients/clients have **access** to the right professional and the right services, at the right time.

A broad spectrum of care providers — physicians, nurses, dietitians, occupational therapists, pharmacists, psychologists, physiotherapists, social workers, speech-language pathologists and audiologists — will be engaged in the development of a collaborative approach that works for both patients/clients and their care providers.

The EICP Initiative has already established an ambitious schedule of research and consultations, so it can complete its important work by the spring of 2006. Specifically, the EICP Initiative will deliver:

- A set of **principles and a framework** that will enhance the prospects and options for more collaborative care in various settings across the country;
- **Research** describing best practices and the state of collaborative care in Canada;
- **Tools** to help primary health care providers work together more effectively; and
- **Recommendations** that will help the public, provincial/territorial governments, regional health authorities, regulators, private insurers and educators embrace and implement the principles and framework.

The EICP Steering Committee

- Canadian Association of Occupational Therapists
- Canadian Association of Social Workers
- Canadian Association of Speech-Language Pathologists and Audiologists
- Canadian Medical Association
- Canadian Nurses Association
- Canadian Pharmacists Association
- Canadian Physiotherapy Association
- Canadian Psychological Association
- College of Family Physicians of Canada
- Canadian Coalition on Enhancing Preventative Practices of Health Professionals
- Dietitians of Canada

Currently, the EICP Initiative is in a consultative phase. We are gathering as much opinion and direction as we can from all those involved in primary health care — providers, governments, regulators, educators, health organizations and patients/clients.

Some of the same themes and messages are cropping up in every region — people are telling us that interdisciplinary collaboration in primary health care has the potential to improve:

- Patient/client **health outcomes**;
- Patient/client **satisfaction**;
- The professional capacity and **job satisfaction** of providers;
- **Access** to a needed range of primary health care providers;
- The **cost-effectiveness** of our health system;
- The **prevention** and **health promotion** aspects of our health system; and
- The long-term **sustainability** of our health system.

Through a variety of open doors (i.e., our web site, consultations, on-line surveys and feedback sessions) the EICP Initiative is encouraging input from experts, care providers and the public.

This is an exciting national initiative that is sure to have an impact because it is backed by federal funding, provincial government support and the eager participation of health care providers and their patients/clients.

We look forward to sending you reports in the months ahead about the success stories and the challenges we are encountering. We've called our e-newsletter *Teamwork* because that is what collaboration is all about — working together with a common goal.

Spotlight on Collaboration

Case management for a geriatric outreach program in British Columbia

by *Marnie Lamb*

Angela Hardie is the occupational therapist and one of four case managers for the Geriatric Outreach Program on Vancouver's North Shore. She works with a diverse team that includes a pharmacist, a dietician, a nurse, a physiotherapist, a recreational therapist, a social worker and a geriatrician (a physician specializing in caring for the elderly). Having the resources of so many other health professionals has made this a "dream job for an occupational therapist," Angela enthuses.

The Geriatric Outreach Program is a short-term, intensive service that provides assessment and treatment for frail older adults with complex conditions. These individuals have difficulty living in the community or have been recently discharged from the hospital and are considered high risk for readmission....(To read the rest of this story, visit our web site at www.eicp-acis.ca and look for the Spotlight on Collaboration).

This article originally appeared in the September/October 2003 Edition of "Occupational Therapy Now".

What's New? – Consulting about Collaboration

In September, the EICP team crossed Canada to consult with primary health care providers and their patients/clients about their views on, and experience with, interdisciplinary collaboration. This first round of small group consultations allowed us to reach some of Canada's larger urban centres and several more remote communities.

Preliminary findings indicate that:

- Some health care providers are already working in tandem with other providers in their communities. Others are intrigued about how to make that happen.
- Health care providers are burdened by their workloads and their responsibilities.
- Providers see that patients/clients want input from different disciplines.

- Patients/clients are frustrated by wait times between visits to different providers and specialists, and they don't like having to provide their medical histories repeatedly.
- Access is sometimes still a problem for many patients/clients, so that first contact with the health care system is often delayed.
- Interestingly, rural communities demonstrate a higher rate of interdisciplinary collaboration, possibly due to proximity and necessity.
- Primary health care providers need to learn more about their colleagues in other professionals who also work at the primary level.

What's Ahead?

Validating Findings

With the first round of consultations under their belts, the EICP team is currently reviewing session notes and planning a series of regional workshops to validate findings. These "next step" sessions, planned for November and early December, will engage more primary health care providers, patients/clients and policy-makers from each of Canada's provinces and territories.

At present, regional workshops are scheduled for the following dates and locations:

Montréal: November 26, 2004
 Yellowknife: November 29, 2004
 Calgary: December 1, 2004
 Toronto: December 3, 2004
 Halifax: December 9, 2004

For more information about these workshops, watch the [EICP website](#).

On-line surveys

By mid-November, the EICP Initiative plans to post on-line surveys aimed at both health care providers and patients/clients. These surveys will supplement and validate data already gathered in the face-to-face small group consultations. These surveys are a great way for all Canadians to get involved in improving primary health care in Canada.

EICP Research

Members of the EICP Steering Committee are adamant that this Initiative must be grounded in quality evidence, and the best thinking and research about interdisciplinary collaboration available in North America and around the world.

As part of its own original research program, the EICP Initiative has commissioned research in the following areas:

- Literature Review: Principles and Framework;
- Enhancing Interdisciplinary Collaboration in Primary Health Care in Canada;
- The Policy Context for Primary Health Care Renewal in Canada;
- Individual Providers and Organizations in Primary Health Care in Canada;
- Public Health and the Social Context for Interdisciplinary Collaboration; and
- Facilitators and Barriers to Interdisciplinary Collaboration in Primary Health Care in Canada.

All of this research — asking questions, seeking new sources of information and making linkages — will inform the EICP final reports and deliverables.

Change, Change, Change

Everyone associated with the EICP Initiative knows that encouraging more interdisciplinary collaboration is going to require a lot of change. Health professionals will need to accept some changes, as will patients/clients, educators, institutions and health administration systems. During the life of the EICP Initiative, change and its implications will always be on the front burner. As a result, every aspect of the Initiative's work will involve encouraging change, recommending change and/or quantifying change.

During the recent small group consultations, the EICP team had the opportunity to experiment with change at the personal level. As part of the consultation process, participants had the chance to see if doing things differently might have some merit.

During the consultations, health care providers were first asked to consider a patient profile and health complaint, and then, develop their own diagnosis and treatment plan. As a second step, the participants formed multi-disciplinary groups to tackle the same health concerns.

When asked about their two experiences, providers commented that:

- When working in groups, participants were able to develop a more holistic view of the patient's health problem and possible solutions. As a result, the treatment program they devised involved different types of care (including diagnostic tests), occurring concurrently or chronologically.
- The group approach was very patient-centric.
- They felt more satisfaction as professionals and felt the support of the other care providers.
- When working as a team, participants felt that they were managing this patient's care with more prevention in mind.
- The team approach contributed to their own learning process — they learned about other professional approaches and new ways of looking at a health problem.

Feedback from these preliminary change exercises was extremely positive. Most participants reported that they liked the opportunity for information exchange, they learned a lot about each other's skills and they felt that the patient would definitely benefit from the multi-disciplinary attention.

Get Involved

All Canadians have a stake in this dialogue about primary health care transformation. So check out our website at www.eicp-acis.ca.

For More Information

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