# PRIMARY HEALTH CARE A Framework That Fits

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ENHANCING
INTERDISCIPLINARY
COLLABORATION IN
PRIMARY HEALTH
CARE INITIATIVE

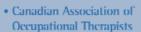
# **Teamwork:** E-news from the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative

# **Letter from the Steering Committee**

Delegates to Leaders' Forum 2, a conference convened by the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative, clearly had their eye on the future when they met in Montreal in June. In a forum devoted to a careful review of progress to date on the Initiative's key deliverables — principles and a framework for interdisciplinary collaboration — the talk was about moving forward and having an impact.

Forum delegates represented the 10 national health care professional organizations that head up the Initiative. Many were newly elected board members and so brought a fresh perspective to EICP deliberations. In Montreal, delegates were generally supportive of the latest draft of the EICP principles and framework elements, especially

### **EICP Steering Committee**



- 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

since it reflected findings from the Initiative's comprehensive research and consultation program. Delegates were most comfortable with the proposed principles, but there was new thinking and feedback about the proposed framework elements.

Veteran diplomat, **Stephen Lewis**, and federal Public Health Minister, **the Honourable Carolyn Bennett**, headlined the forum and encouraged those gathered to take their own leadership role in cre-

ating changes at the primary health care level. Mr. Lewis spoke about the impact of changing leadership at the World Health Organization (WHO) as an example of the difference one or two people can make. He went on to challenge health care professionals — individually and collectively — to encourage reform through their own actions and advocacy within their individual spheres of influence. He argued that collaboration only really happens when arrogance is put aside, and when people really listen to their colleagues and commend them for their contributions.



The Honourable Carolyn Bennett

The EICP research team will now collect and analyze new input from the Forum, in order to update and refresh the EICP draft document. Through the summer, the Initiative will consult more broadly on this next version of the principles and framework. We're definitely getting closer to our endgame – a definitive package that will aid governments, health care professionals and others in the health community understand what it takes to encourage, build and sustain primary health care teams. Next steps for the EICP Steering Committee includes the development of a toolkit that will support this effort.

...it's the lesson in life that I cherish most, that the best collaborative spirit, the best quality of interdisciplinary collaboration, which makes it work, is to acknowledge the work of your colleagues. It is so fascinating to me, after more than 20 years in the multilateral system, to see how incredibly begrudging leaders are about acknowledging the work of their colleagues. And there is nothing that means more to colleagues than to have the very significant work that they do acknowledged, treasured, celebrated, recognized --- and we're so curmudgeonly about it. We're so reluctant to confer



Stephen Lewis

on people who do the basic work, whether it's the basic science or the basic front-line interventions, we're so reluctant to confer on them the praise and the recognition which they deserve and which makes collaboration possible. If one wants to create a collaborative environment, then set immediately a standard of recognition so that everybody feels worthy, and so that everybody feels merited.

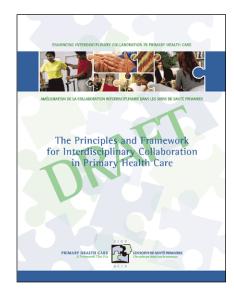
- Stephen Lewis, Address to the EICP Leaders' Forum 2 (Montréal, June 2005)

# **EICP Principles and Framework**

#### **Evolving Principles and Framework Elements**

In time for the Leaders' Forum 2, the EICP Steering Committee developed an updated version of the EICP principles and framework that integrated findings from more consultations, the December Leaders' Forum, and the Barrier/Enabling Factor Task Group meetings held in early 2005. This latest version reflects a growing consensus and sharpened perspectives about how to create a solid foundation for change and innovation.

The full text of this new draft can be found on the EICP web site in the **Principles and Framework section**.



Based on feedback from the Montreal Leaders' Forum 2, the EICP Steering Committee will amend the draft Principles and Framework and will disseminate the third version of this key document shortly. Watch for it on our web site soon.

# **Research Highlights**

The Barriers and Facilitators to Enhancing Interdisciplinary Collaboration in Primary Health Care report recently posted to the EICP web site finds that funding, regulation, liability, electronic health records and health human resources issues can function as both barriers and facilitators to interdisciplinary collaboration. The study's authors, Dr. Raisa Deber and Dr. Andrea Baumann, contend that how "insured services" are designated, and the amount and allocation of funding by the provinces, will determine if these factors support or undermine the trend toward more collaboration. A shift in one area can provide good (or less desirable) results in another. The report also takes a detailed look at a variety of funding and financing options that might produce system-wide and/or provider-focused incentives that encourage collaboration.

The authors suggest four policy alternatives for how to proceed with next steps, stressing the importance of confronting the difficult issues that arise with implementation directly and immediately.

# **Spotlight on Collaboration**

#### An Experiment in Teamwork in Yellowknife

Wendy MacDonald has worked as a Speech-Language Pathologist (SLP) for 19 years, 14 of them at Stanton Territorial Hospital in Yellowknife. During that time, she has seen a lot of changes in the way services have been provided, but nothing that has been quite as effective and worthwhile as her time spent working with the Child Development Team.

"The team began as the dream of Dr. Nicole Chatel," explains Wendy. "She envisioned collaboration between different professionals at the hospital who were working with the same children, but doing so independently of each other. To her, it only made sense to bring those professionals together to exchange ideas and information, and then meet with the families as a team. This was back in 1989 and at the time, it was very innovative thinking."

(To read the rest of this story, visit our web site at <a href="www.eicp-acis.ca">www.eicp-acis.ca</a> and look for the Spotlight on Collaboration).

#### What's New?

#### New on the EICP web site:

- The Barriers and Enabling Factors Task Group Report (English only) captures the results of five issue-specific consultations held in January and February 2005.
- The **Leaders' Forum Report** (French language, previously posted in English) highlights commentary from the first EICP Leaders' Forum in December 2004.

Health Canada has released two new reports on the Primary Health Care Transition Fund (PHCTF): the Interim Report and the Summary of Initiatives. The reports can be viewed at:

- Primary Health Care Transition Fund, Interim Report www.hc-sc.gc.ca/phctf-fassp/english/phc\_transition\_fund\_interim\_report.pdf
- Primary Health Care Transition Fund, Summary of Initiatives www.hc-sc.gc.ca/phctf-fassp/english/summary-of-initiatives.pdf

#### What's Ahead?

The EICP Steering Committee begins work this autumn on a toolkit that will facilitate the development and management of interdisciplinary teams at the primary health care level. The goal is to gather examples of items like checklists, definitions, models, training modules, interviews with experts and other administrative tools that health care professionals, health administrators, educators and government officials can use as they experiment with various aspects of coordinated and/or interdisciplinary care. The toolkit will provide suggestions about how to realize the benefits associated with interdisciplinary care more quickly and effectively.

#### For More Information

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