

ENHANCING INTERDISCIPLINARY COLLABORATION IN PRIMARY HEALTH CARE



AMÉLIORATION DE LA COLLABORATION INTERDISCIPLINAIRE DANS LES SOINS DE SANTÉ PRIMAIRES

# The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care

PRIMARY HEALTH CARE  
*A Framework That Fits*



E I C P

A C I S

LES SOINS DE SANTÉ PRIMAIRES  
*Une cadre qui réunit tous les morceaux*



## ***Introduction***

The work of the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative is focused on how to create the conditions for health professionals to work together in the most effective and efficient way so that they can produce the best health outcomes for individuals and their families—the patients, clients and consumers of our national health system. The Initiative, spearheaded by a Steering Committee of 10 national health care associations and a health care coalition, brings together leaders, health professionals and key stakeholders in Canada’s primary health care system in a change process designed to facilitate more interdisciplinary collaboration.

The Initiative builds upon previous work and research that confirms the benefits of interdisciplinary collaboration to patients/clients, communities and health professionals in primary health care. Pre-dating the EICP Initiative is a history of effective interdisciplinary collaboration in health. This has occurred formally in health care settings and informally as the need arises in communities. Practice sites in urban, rural and remote settings—community health centres, family medicine teams, chronic disease management teams to name a few—have been in operation for many years in regions across Canada. Interdisciplinary collaboration is often the hallmark of these sites, and they offer valuable lessons and important information that complements the work of more recent initiatives funded by Health Canada’s Primary Health Care Transition Fund (PHCTF).

***“Interdisciplinary collaboration refers to the positive interaction of two or more health professionals, who bring their unique skills and knowledge, to assist patients/clients and families with their health decisions.” (Canadian Association of Occupational Therapists (CAOT), 2005)***

To support the EICP process, a set of principles and a framework have been under development through an extensive pan-Canadian consultation and research endeavour. This work, under the direction of the Steering Committee, has been designed to create a better understanding of how the primary health care system should develop, and to identify what policies, principles and operational infrastructures are needed to support such a system. The Principles and the Framework are intended to provide a vision for interdisciplinary collaboration in primary health care and are relevant to a variety of practice settings across the country, from primary health care organizations, such as community health centres, to health professionals working in public and private practice.

In the context of the EICP Initiative, the Principles are considered to be the values shared by stakeholders that are critical to establishing collaboration and teamwork to achieve the best health outcomes. The Framework builds upon these Principles and is composed of the structural and process elements required to support collaborative primary health care. The elements must be present in order to sustain a health system that maximizes the benefits of interdisciplinary collaboration. The Principles and the Framework should be viewed holistically as a system of interrelated components that clarify the vision and conditions necessary for interdisciplinary collaboration among primary health care professionals.

The Principles and the Framework will be finalized by the EICP Steering Committee in the spring of 2006 to guide the future of primary health care in Canada. The national associations represented on the

EICP Steering Committee will be asked to endorse both the Principles and the Framework as a way of demonstrating their commitment to better collaboration in primary health care. The Principles and the Framework will serve as a workable blueprint for health professionals, the public, governments, educators and regulators—leading them to a future where it is more common to find collaboration among health professions.

This document is intended to provide a distilled outline of the EICP Steering Committee's consensus view of the academic writing and research on the subject of interdisciplinary collaboration, and of the input gathered from a comprehensive consultation process. The process included:

- Steering Committee deliberations;
- Small group consultations (public, health professionals, government officials);
- Regional workshops (health professionals, experts, government officials);
- Analysis of workbooks completed by health professionals and policy-makers;
- The Leaders' Forums (health professionals, experts, government officials);
- Five Barrier/Enabling Task Force Groups (health professionals, experts, government officials);
- Production of five full research reports;
- Consultations with professional associations' memberships; and
- Web-based consultations and surveys.

This document does not include detailed references and annotations.

## ***What Is Primary Health Care?***

A primary health care (PHC) system involves health professionals working together and delivering care within the context of the broader determinants (e.g., education, environment, other socio-economic factors) that affect the health of individuals, families and their communities. A PHC system coordinates and integrates services to respond to the health status of the population. It includes illness prevention, health promotion, diagnosis and management of health concerns. It encourages the use of the health professional(s) from the most appropriate health discipline(s) to maximize the potential of all health resources (adapted from Marriot and Mable, 2002). It is the first level of contact with the health system, bringing health care as close as possible to where people live, learn and work. To be effective, a PHC system is integrated with other services and sectors, for example secondary and tertiary health care, education, workplace, child welfare, and the criminal justice system. Effective responses at the primary health care level also diminish the need for services at other levels and in other sectors.

The range and complexity of factors that influence health and well-being, as well as disease and illness, require health professionals from diverse health professions to work together in a comprehensive manner. For example, individuals need health information, diagnosis of health problems, support for behavioural change, immunization, screening for disease prevention and monitoring of management plans for chronic health problems. Working together, the combined knowledge and skills of health professionals become a powerful mechanism to enhance the health of the population served.

Working together can take various forms. At the simplest level, health professionals consult their patients/clients and, when appropriate, each other about the services needed by their patients/clients. In more complex situations, primary health care professionals work more closely, identifying (together with

their patients/clients) what services are needed, who will provide them and what adjustments need to be made to the health management plan. The number and type of service health professionals depend on the nature of the health issue and the availability of resources. This is a dynamic process that responds to changing needs. Services can be provided in a variety of settings.

Canadians have high expectations for their health system, and quality primary health care is a priority for individuals and their families, no matter where they live in Canada. Primary health care and its professionals will continue to aspire to provide the highest quality health services for Canadians. A shared vision for primary health care, guided by strong principles and values and supported by effective infrastructure and funding, will deliver the kind of health care Canadians have in mind. Interdisciplinary collaboration must be a part of that vision.

## ***Principles***

The Principles that underpin interdisciplinary collaboration in primary health care in Canada reflect shared values and create a foundation for professional and system-wide approaches to primary health care policies, programs and services. The six Principles are as follows:

- Patient/client engagement;
- Population health approach;
- Best possible care and services;
- Access;
- Trust and respect; and
- Effective communication.

These Principles reflect the consensus opinion of the EICP Steering Committee and are based on research literature as well as on the opinions of health professionals in primary health care, health professional organizations and the public. The Principles do not stand alone—they are interrelated and must be considered as a unified whole.

### **1. Patient/Client Engagement**

Individuals and their families are the clients, patients and consumers of primary health care in Canada. They are the priority focus, and services must be responsive to their needs and respectful of their cultural, linguistic, age and gender differences. Patient/client engagement in their own health issues and health-related decisions, together with a corresponding client-centred approach by health professionals, is a fundamental operating principle for primary health care in Canada. At the primary health care level, health professionals work together to optimize the physical, cognitive and mental health and wellness of their patients/clients with a goal of addressing immediate problems, preventing future health concerns and promoting healthy lifestyles. In this continuum of care, those patients/clients are actively engaged in decisions and the management of their health status. Patient/client privacy and confidentiality are always paramount.

### **2. Population Health Approach**

A population health approach is a consistent and rational way to set priorities, establish strategies and make investments in action to improve the health of the population. Health professionals, planners and leaders work with members of the community to assess needs and health problems present in a community. Primary health care professionals balance the mandates derived from population health needs analysis with the needs of individual patients who come for care. Services are provided in a holistic fashion across the continuum of care, including health promotion and prevention, treatment,

referral, therapy, supportive care and palliation. Programs and services are tailored to address the determinants that influence patient/client health. Services are evaluated to assess their impact on the health of the population and the health of patient/clients and families.

**3. Best Possible Care and Services**

Health professionals from all disciplines involved in primary health care aspire to deliver the best care and services possible. Health professionals use the results of research as a basis for setting quality standards and making decisions about the treatment and management of health problems. Services are continuously evaluated to measure health outcomes, ensure accountability, track performance and assure quality. This focus on quality, along with consistent evaluation, is a key principle for interdisciplinary teams because it inspires a high standard of care and service delivery, and a commitment to continuous improvement.

**4. Access**

Where interdisciplinary collaboration is present in primary health care, patients/clients have access to the “right service, provided at the right time, in the right place and by the right health professional.” Through this approach, geographic barriers are minimized and services are available close to where people live, work and learn. Equity of access to primary health care teams must also respect age, income, gender, culture, language, religion and/or lifestyle factors and differences.

**5. Trust and Respect**

Trust and respect among health professions is at the heart of interdisciplinary collaboration in primary health care. Each profession brings its own set of knowledge and skills—the result of education, training and experience—to collaborative care. A collegial environment that supports shared decision-making, creativity and innovation boosts the capacity of individual professionals, teams and health systems. A commitment to teamwork and collaboration allows health professionals to learn from each other and gain an understanding of the competencies of their peers. The health of the patient/client can benefit from the distinct contributions of various professionals.

**6. Effective Communication**

Effective communication at both the organizational and interpersonal levels is the hallmark of productive interdisciplinary collaboration in health care. To make collaboration work, health professionals must be skilled in active listening and effective conversation whether they are interacting with patients/clients or with colleagues. Professionals, and the systems they work in, must have the ability to support team information-sharing and decision-making, while resolving conflicts appropriately.

## ***Framework***

The EICP Framework is built upon the foregoing foundational Principles. The Framework describes the characteristics of a systemic approach to primary health care. Attention to the following seven key framework elements is required to sustain interdisciplinary collaboration in primary health care.

- Health human resources;
- Funding;
- Liability;
- Regulation;
- Information and communications technology;
- Management and leadership; and
- Planning and evaluation.

These framework elements do not stand alone—they are interrelated and must be considered as a whole.

## **Health Human Resources**

The education, use, availability, and distribution of health human resources (HHR) are at the core of the shift to interdisciplinary collaboration in primary health care. Interdisciplinary collaboration will maximize the skill sets and competencies of all health professionals for the benefit of their patients/clients. This is true whether they are working in the publicly funded or the private side of the health system. Research on the supply and demand, productivity and demographics of human resources in the health sector will provide the basis for planning.

Progressive recruitment and retention activities, such as providing a healthy workplace, enhancing the professional satisfaction of each health professional and offering a suitable work–life balance, will ensure that the health human resource requirements in PHC are met. Interdisciplinary collaboration will help address the work–life balance issues experienced by many professionals, while at the same time improve the quality of service delivered to patients/clients. Within this interdisciplinary environment, professionals will be supported in developing their competencies to align with population needs.

Effective teams function best when there are clearly articulated roles and responsibilities for each health professional on the team. Professionals will gain the necessary understanding of how to work together through integrated interdisciplinary education programs. Skill development is required in areas such as patient/client engagement, team building, communication, conflict resolution and the use of information technology.

## **Funding**

Innovative funding models have the potential to create a positive incentive for health professionals who are considering interdisciplinary collaboration. Payment methods for health professionals (fee-for-service, salary, capitation or various blended mechanisms) must facilitate and promote interdisciplinary collaboration. The provision of health services (whether public or private), as well as payment for services (user-pay, tax-based, or co-pay), must respect the principles of interdisciplinary collaboration. Effective primary health care in Canada requires adequate and reliable funding.

## **Liability**

Liability is a concern for all health professionals, and this is especially true when they are asked to work in a collaborative setting. Two directions are needed: (1) each member of the collaborative practice team should have his or her own adequate liability protection or insurance to protect himself or herself from liability, and insurers and protective associations should work together to ensure that no gaps exist in the coverage/protection given to the various members of the collaborative practice team; and (2) there should be clearly legislated scopes of practice for each health care professional involved in the collaborative practice team. Patient safety and risk management activities must be pursued in an environment where participants are protected from liability.

## **Regulation**

Support from regulatory colleges and their commitment to reviewing and adjusting their policies to address and encourage an interdisciplinary approach will be key. In addition, mechanisms are needed to enable regulators of various health professions to work together.

## **Information and Communications Technology**

Sharing information among team members is essential to improving continuity of care and service delivery, and information and communications technology creates those critical information pathways. Continuity of information between and among health professionals correlates with improved quality of care and administrative processes, and improved patient safety.

Technological communications supports, such as e-mail and even telehealth systems involving satellite technology, mean that health professionals and administrators can collaborate more easily and access accurate and up-to-date information when they need it. The result is improved access and more effective services for patients and clients and the communities they live in.

Learning about and adapting to communications technologies is a key challenge for health professionals. Hastening their comfort with electronic information systems, through education and training, is a priority if collaborative teams are to become more commonplace.

Electronic health care records (EHRs), slowly evolving in Canada, are forming an information “backbone” for health administrators and professionals. An interoperable, private and secure EHR will be fundamental to the ability of a team of health professionals to collaborate, now and in the future.

## **Management and Leadership**

Leaders must be committed to a vision for collaborative primary health care. Existing models offer a wealth of information about best practices in areas such as workplace health, job satisfaction and retention and recruitment. Skills development for managers in areas such as communication, change management, teamwork and leadership is critical to the successful operation of interdisciplinary teams. Strong administrative support, coupled with appropriate governance structures, is necessary. The time and resources needed to collaborate must be accounted for. The governance structure needs to facilitate and support client and community engagement.

## **Planning and Evaluation**

Strong administrative support is required for the planning and evaluation of primary health care and must include relevant information systems. Effective planning must be based on the characteristics and needs of the population served and support interdisciplinary collaborative care and service models. Evaluation frameworks and assessment tools to measure the performance of interdisciplinary collaborative practices and primary health care are being developed. The use of these frameworks and tools must be encouraged in evaluating teams and organizational outcomes and should include benchmarks for quality improvement.





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