

Family Health Team

Caring for Patients with Severe Physical Challenges



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Case

- 35 year old male patient
- Suffers spinal cord injury in MVA
- Discharged from rehab hospital and is wheel-chair confined
- His family physician's office is not accessible and the family physician is uncomfortable with providing care

What can be done?

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OVERVIEW

- The Mobility Clinic
- Setup/Implementation
- Outcomes
- Successes/Challenges



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Mobility Clinic

- To address access to primary care for mobility challenged eg. spinal cord injury, severe multiple sclerosis
- “Level the playing field”
- Use of inter-professional team

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Mobility Clinic

- Many persons without family doctor in Canada
- Access issues more severe in those with disabilities¹
- People with disabilities are less likely to receive the same level of basic services²
- Higher risk and earlier onset of chronic conditions and complications^{9,15,16,17,18}

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Mobility Clinic

Access Issues:

- Physical Barriers to Access⁵
- Lack of Expertise About Disability⁶
- Awareness and Attitudes of Professionals⁷
- Systemic Barriers⁸

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Set Up/Implementation

Collaboration

- Centre for Family Medicine FHT
- Ontario Neurotrauma Foundation
- Research Institute for Aging



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The Centre for Family Medicine Mobility Clinic

- Development phase: July-December, 2009
- Clinic start January, 2010



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Project Objectives

- To increase mobility-impaired patient access to family physicians
- To improve care for patients with mobility challenges
- To promote awareness of mobility issues through education
- To develop further clinical, education, and research projects

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Team

- Family physician
- Chiropractor
- Occupational Therapist
- Social worker
- Nurse
- Pharmacist
- Physiotherapist



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Community Integration

- Community Care Access Centre
- Administration
- Learners
- Patients and families
- Specialist Support
- Community partnerships

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Physical Clinic Set Up

- ½ day per week dedicated Mobility Clinic and 4 other days of accessibility to Mobility Clinic services
- Dedicated rooms/ equipment at 2 sites (Lift; High-Low exam tables; scale)



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Mobility Clinic Visit

- Comprehensive assessment/plan by nurse, physician, chiropractor, occupational therapist
- Use of other professionals as needed
- Follow up via phone, return visit, and/or house calls
- Results conveyed to regular family physician

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Outcomes

Improved Access

- 275 patients referred (of 24,000 patient base), 237 assessed
- >74% of patients reported improved access
- >90% felt care providers knowledgeable, felt safe accessing clinic and utilizations of equipment
- Acceptance of 20 “orphaned” patients with spinal cord injury into primary health care team

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Outcomes

Improved Care

- >90% of patients felt care providers knowledgeable, felt safe accessing clinic and utilization of equipment
- referring health professionals reported appreciative of inter-professional quality care
- Mobility Clinic improved health professionals with management of care and their understanding of the care of patients with mobility impairments

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Outcomes

Promoting Awareness

- Learners involved: family medicine residents, medical & nursing students
- Education sessions: inter-professional, McMaster family medicine, Waterloo pharmacy, Laurier social work
- Development of resources for learners, clinicians, patients, and team

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Outcomes

Sustainability & Knowledge Transfer

- Dissemination via manuscripts, conferences, continuing education
- Integration into local McMaster Family Medicine residency curriculum and Waterloo Pharmacy program
- Goal: development of training program for primary health care groups

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Outcomes

Related Outcomes/Projects

- Spinal Cord Injury Advisory Council
- Development/implementation of “Spinal Cord Injury Primary Care Toolkit” for family physicians and patients with spinal cord injury

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Keys to Success

- Conduct needs assessment
- Identify team members and champion
- Define roles, goals, responsibilities
- Develop team skills
- Forge partnerships/associations
- Create accessible physical environment

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Challenges

- Defining patient characteristics (commonalities)
- “Packaging” the clinic for replication
- Measuring meaningful outcomes (eg. Reductions in emergency room visits, hospitalization)

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Summary

- Access issue in primary health care for those with mobility challenges
- Inter-professional care models such as family health teams can facilitate increased access, quality and integration of care for disabled persons
- Mobility Clinic has realized benefits to patients, healthcare providers, and system

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