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Practitioner perspectives of an interprofessional and integrated program for seniors in a family health team

October 26, 2011

Association of Family Health Teams of Ontario, Toronto, Ontario

Outline

- Clinical Setting
- Description of Seniors Collaborative Care Program
- Key evaluative component pilot phase – practitioner perspectives
- Next steps

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Clinical Setting

- Stonechurch Family Health Centre (McMAster FHT) affiliated with McMaster University Department of Family Medicine
- Hamilton, Ontario population 0.5 million
- 3 clinical teams: Geriatric Program developed in one team

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Seniors at Stonechurch, McMaster FHT

- Total number of patients = 15,512
- 1,515 patients over 65 years
- 747 patients at over 75 years
- 188 patients at over 85 years

- 20 % of visits to Stonechurch are seniors

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Stonechurch Seniors Collaborative Program

- Shared care model in psychiatry: N. Kates
- Establish a model: patient centred, optimal provider input and dialogue
- Team based care

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The Shared Care Team

- Joy White - Nurse Practitioner
- Shelly House – Pharmacist
- Rachelle Gervais - Nurse
- Ainsley Moore – Family MD
- Chris Patterson – Geriatrician
- Glenda Pauw – Registered dietician
- Lynn Dykeman – Social worker

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Stonechurch Seniors Collaborative Program

- GOALS:
- Improve efficiency, coordination care for frail and complex elderly in the community
- Enhance geriatric and interprofessional skills for practitioners and learners at Stonechurch

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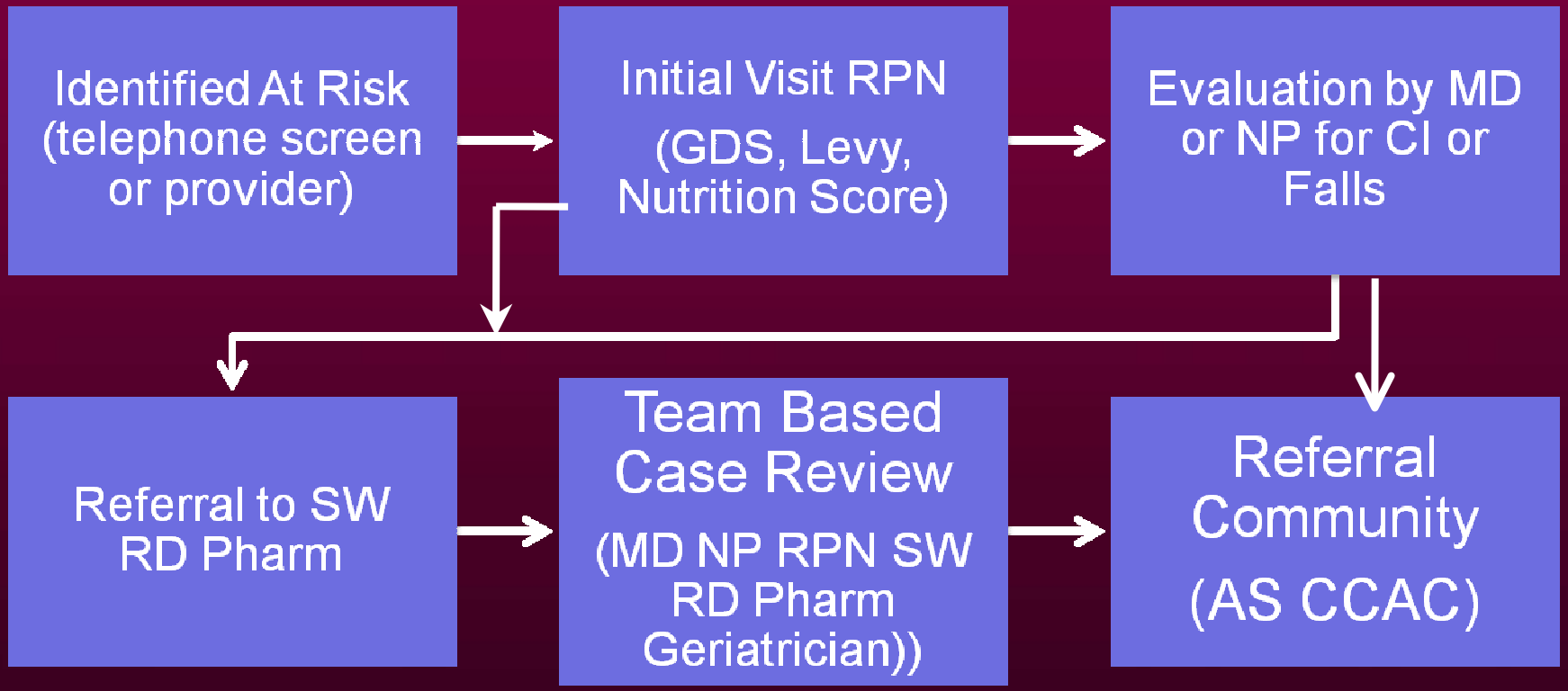
Model – Care Path



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Team based community care of the elderly

"…a major theme in health reform."[1]

- All inclusive care (PACE, SIPA), Guided care, Home based care, Integrated Care, Interdisciplinary transitional care, Home hospital care, integrated case management, comprehensive team care

1. Boult C. JAGS 2009 57: 2328

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Teams composed of…

- Nursing, Social work, Psychology, Psychiatry, Geriatrics, Geriatric psychology, Physiotherapy, Occupational therapy, Internal medicine, Family medicine

Target Populations

- Seniors with:
  - Dementia
  - Depression
  - Arthritis
  - Minority groups
  - Veterans
  - Housebound
  - Palliative
  - Low Income

Dominated by quantitative analyses

- Few studies physician perspectives
- Fewer still other health care professional perspectives
- Mostly quantitative ratings of satisfaction
- Important stakeholders

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Important Pilot Evaluation Component:

- Fundamental Qualitative Descriptive Approach [1]
- Explore perspectives nurses and family physicians referring to program
- What works, what problems exist what are the benefits and limitations

1. Sandelowski M. Res Nurs Health 2000, 23: 234

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Methods

- Inclusive sample, all physicians and nurses
  (5FPs, 4 NPs, n= 9)
- Open-ended questions one-to-one, semi-structured interviews
- Conventional content analysis

6 Interconnected Themes

Accessibility / convenience
Benefits of multidisciplinary team
Clear Communication
Learning
Preventive aspects of the program
Need for clarification of responsibilities

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Accessibility

- 4 sub themes:

- Ease of process
- Physical Space
- Specialized Care
- Timeliness

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Accessibility

- Ease of process

  "….not a lot of muss or fuss getting to happen".

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Accessibility

- Physical space

  "*They come here for their primary care… so their comfort level and how the system works, they already know.*"

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Accessibility

Specialized care

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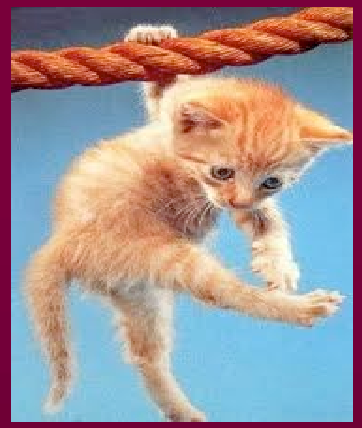
Accessibility



- Specialized care

"*The fact is most of the time when we're involving them …it's because we're feeling at the end of our best understanding of how to manage that problem…it makes, can make a real difference between these patients continuing to do well in a community setting or potentially ending up in a situation where they're needing more support like being in a nursing home.*

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Accessibility

- Specialized care

I was feeling a bit stuck in terms of knowing how best to optimize their care and what more I could do for them. And with the involvement of the geriatrics team, I mean all of the sudden the ideas about, about different things that could be implemented or trialed or offered or the services that were enhanced or set up for them made a, I think made a significant difference. (Physician#1)

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Accessibility

Timeliness

"I think it works well that now the clinic has somewhere that they can refer to without waiting months and months in the community. The length of the wait, like the waiting time to see a geriatrician is decreased".

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Multidisciplinarity: Multiple Perspectives

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Multidisciplinarity

”You can get appropriate management ideas and plans from a variety of sources that are geared to the nature of the problems that our family medicine patients have and that patients can access and you know in a way that’s possible for them”.

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Clear Communication

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Clear Communication

"I think it [communication] leads to better patient care outcomes because it's so timely and accessible and appropriate. So the communication is so excellent so there's no delays. You can implement changes right away. And I'm just I think that it's more efficient and I think there's less costly interventions done because of the better and more timely communication"

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Preventive Nature of the Program

"*Intercepting safety concerns and not just identifying them but putting an action plan together that gives caregiver relief*".

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Preventive Nature of the Program

"Meeting patients where they're at, surveying the environment, identifying, it allows identification of concerns that you might not pick up on in the office". (Physician#1)

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Need for Clarification of Roles

"I think it's just because all of the sudden you end up having all these different care providers involved. It might be confusing for families and patients to know who they should follow up with and when they should follow up"

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Learning

“These are complex and potentially vulnerable patients who are on the edge I think of being able to continue to manage in the community. And I think this service, a service like this is essential to build capacity and confidence among family docs to keep managing those patients in their current setting”.

Need for Clarification of Roles

"So for instance, when a patient phone calls come in let's say from a family member I don't know if that's my job to handle it or if it's their job to handle it or just not knowing how things are sort of working. But I think that's just growing pains, I think that just comes over time as you start to develop those relationships and you have a better understanding of how things, what other people think about whose role is what". (Physician#2)

Conclusions

Access – Major theme

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Conclusions

Access – Major theme

Learning – Consistent and Uniform Theme

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Conclusions

Access – Major theme

Learning – Consistent and uniform Theme

Preventive Benefits

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Conclusions

Access – Major theme

Learning – Consistent and uniform Theme

Preventive Benefits

Clarification of Roles

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Limitations

Study limited to two professional groups

Pilot phase evaluation

Mainly benefits described, respondents may have been reluctant to provide negative feedback?

Next Steps

Prospective non-randomized controlled study

Relevant Outcome measures:
QOL, Medication reduction, advanced directives, Caregiver burden, depression scores, pain scales

Elder Mediation - evaluation

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