President's Message

Interdisciplinary collaborative care

Face of the future

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We work in collaborative relationships throughout our professional lives. As physicians, we have ongoing relationships with nurses, pharmacists, physiotherapists, psychologists, occupational therapists, and a host of other health professionals, not to mention our receptionists, secretaries, and office managers. We already work in a health care team. Collaboration and teamwork are nothing new in the health sciences.

Often, though, our team does not fulfill its potential because each player performs independently of the others. Gradually, over the last few decades, the notion of multidisciplinary teams has developed into both service-specific and disease-specific teams. Thus, on geriatric wards, groups of professionals meet regularly to discuss optimal care plans for their patients. Intensive multidisciplinary interventions for diabetic patients in outpatient settings have been shown to improve patient outcomes. So our experience with interdisciplinary care is evolving, and we are coming to appreciate that integrated care leads to better outcomes than care provided by the same professionals working alone.

Imagine a better world in which the full potential of all of these synergies was realized. Imagine a world where your secretary can be a case manager who seamlessly coordinates your patients' access to a host of services, from specialist consultation to magnetic resonance imaging, to housekeeping for homebound patients, to psychotherapy. Imagine that your consultant cardiologist has a relationship with you that permits him to freely obtain your expert opinion in matters of primary care (remember that subspecialist physicians often rate access to family physicians as difficult—this is a two-way street!). Ultimately, everyone's job could become both easier and more enjoyable.

In the context of primary care reform in Canada, more and more jurisdictions are creating multidisciplinary teams as a new template for the delivery of health care. As with any change, those affected have questions, concerns, and worries. Prime among these is the definition of the role of the family physician. This is a crucial issue for our profession. Multidisciplinary collaboration is not about family doctors abdicating their responsibilities or about delegating doctors' jobs to other health professionals. Family physicians' scope of practice must be carefully protected in the broadest terms. Family physicians must remain the experts at defining problems, diagnosing disease, and prescribing treatments. Family physicians must be front and centre in provision of biopsychosocial care, ranging from the performance of a host of technical procedures to the practice of preventive medicine and health promotion.

The challenges are not small. Many other professions are seeking to expand their scope of practice. We must preserve family physicians' central role within a context of mutual respect and collaboration. To do less would be to endanger the future of our profession.

As part of Health Canada's Primary Health Care Transition Fund initiatives, a project has brought together major stakeholders in the health care field, including our College, to examine issues relating to these questions. This is the Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative. These stakeholders have identified some of the main barriers and facilitators to achieving this new paradigm of practice. Of prime concern to physicians are issues pertaining to professional responsibility and liability. While doctors

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de l'initiative sur l'amélioration de la collaboration interdisciplinaire dans les soins de première ligne. Les intervenants en cause ont identifié les obstacles majeurs à la réalisation de ce nouveau paradigme de pratique ainsi que les différents catalyseurs. L'une des principales préoccupations des médecins concerne la responsabilité et les obligations professionnelles. Les médecins sont profondément conscients de leurs responsabilités légales et professionnelles, et leur culture de responsabilité individuelle ne concorde pas toujours bien avec la notion d'une responsabilité plus diffuse, assumée par les institutions ou l'équipe, que d'autres ont épousée. Il faut que la pensée évolue au point de produire un modèle sans équivoque, qui s'adapte aux nouvelles réalités.

De nombreux médecins s'inquiètent des changements dans les modèles de rémunération. Le Collège des médecins de famille du Canada préconise un modèle de financement mixte, adapté à la situation, qui soutient le mieux chaque médecin de famille dans son travail. Nous ne devrions pas avoir peur d'expérimenter de nouveaux modes de rémunération dans la mesure où ils sont axés sur la mise en valeur du travail des médecins de famille et l'amélioration des résultats dans les soins aux patients. Il est évident que le travail des médecins de famille doit être rémunéré à un niveau qui tient compte de la valeur de leur expertise.

Le partage de renseignements sera essentiel à la réussite de tout effort d'intégration en équipe. La protection des renseignements personnels tout en ayant un système permettant l'échange d'information utile en temps opportun représentera tout un défi.

Enfin, il faudra aborder le problème de la pénurie flagrante de ressources humaines en santé et le régler complètement. L'accès à des ressources humaines en nombre suffisant est une condition préalable essentielle à la réussite des nouveaux modèles de soins, et non l'inverse.

De nombreux défis se posent à l'élaboration de la pratique interdisciplinaire en collaboration. Par ailleurs, ce nouveau modèle est porteur de promesses d'une meilleure vie professionnelle et de meilleurs résultats pour la santé des patients. C'est la voie de l'avenir.

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are acutely aware of their legal and professional responsibilities, their culture of personal responsibility does not always mesh well with the notions of a more diffuse institutional or team responsibility often held by others. There needs to be an evolution in thinking that is crystal clear and that matches new realities.

Many physicians worry about changes in remuneration models. The College of Family Physicians of Canada supports a blended funding model that is adapted to the situation and best supports each family physician in his or her work. We should not be afraid to experiment with new remuneration models, as long as they focus on enhancing physicians' work and improving outcomes in patient care. Of course family physicians' work must be rewarded at a level that acknowledges the value of family physicians' expertise.

Information exchange will be crucial to the success of any integrated team effort. Protecting privacy while providing a system that allows for useful and timely information exchange will be a challenge.

Finally, the issue of woefully inadequate health human resources must be fully addressed and resolved. Adequate human resources are a prerequisite to the success of new models of care, not vice versa.

Many challenges face the development of interdisciplinary collaborative practice. But this new model holds promise for a better professional life and better patient outcomes. It is the way of the future.