Breaking the logjams

Can interprofessional and intraprofessional care teams help?

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For patients, journeys through the health system can be complex, frustrating, and even frightening. Which provider do they see for which problem? How do they get timely appointments for tests, counseling, physiotherapy, occupational therapy, social services, or referrals? Are the various caregivers communicating with one another? Is the information they share up-to-date and correct? Breakdowns in information flow are legend, resulting in increased risk to patients and unnecessary costs to the system.

We don't talk like we used to

Canadians have become increasingly upset with the wait times they experience for many elements of their care. Shortages of providers contribute substantially to these access problems. Deinstitutionalization—moving more care from hospitals to communities—has not been accompanied by adequate resource support for community-based care, resulting in large gaps in the availability of services. The movement of family physicians and other generalist specialists away from hospitals has also resulted in the loss of an important milieu in which doctors regularly met and communicated about patients and approaches to patient management. The loss of the traditional hospital "doctors' lounge" has damaged the working and collegial relationships (which often benefited patients and the referral-consultation process) among physicians. To redress this, we need ways to welcome all physicians back into hospitals and better support for electronic information and communications systems for every community-based health care setting.

System planners have spent considerable energy developing practice models to help various professions work together more effectively. As a result, practices increasingly offer the services of *interprofessional teams,* comprising combinations of family physicians, other specialists, nurses, physician assistants, psychologists, pharmacists, occupational therapists, social workers, dietitians, physiotherapists, and others. Physicians themselves make up what have been called *intraprofessional teams.*

There is growing interest in and support for family practices offering the services of a range of health professionals. Opportunities abound for these teams to improve access for patients seeking timely and better coordinated care, particularly for those with complex or chronic conditions. Studies show that family physicians are critical to the success of teams; health outcomes are better when patients have family doctors and when the care of their own family physicians is supported by other primary care team members.[1] Compared with those without family physicians, Canadians who have family doctors are more satisfied with the care they receive from all other providers.

To each his own

Although the effectiveness of health care teams is still being researched, the College understands their potential and supports many initiatives currently unfolding. Last year the College and the Canadian Nurses Association agreed to a vision that would see each Canadian having a personal family doctor and a nurse or nurse practitioner, plus access to other team members as needed. We made it very clear, however, that our support of interprofessional teams is contingent upon appropriate funding and resource support; provision of liability protection for each team member; and assurance that the unique knowledge and skills of each professional will be optimized, with each provider contributing services that fall within the boundaries of his or her training. We encourage and support patient-centred complementary care that leads to the safest and best outcomes for patients. We oppose substituting one profession for another. In times of health human resource shortages, it is essential this last point in particular be understood and respected by system planners.

The College also supports enhanced intraprofessional care. Together with the Royal College, we recently approved core competencies for intraprofessionalism to be introduced into our training programs and we will encourage development of continuing education programs presented by and for mixed audiences of family physicians and other specialists. We will also be providing guidelines for the referral-consultation process and advocating for more shared care models involving family physicians working together with our Royal College specialty colleagues. We hope that well-supported interprofessional and intraprofessional care teams will help reduce the frustration currently felt by patients and their physicians regarding access to and quality of care.

Cet article se trouve aussi en français à la **page 223.**

References

1. Starfield B. The effectiveness of primary health care. In: Lakhani M, editor. *A celebration of general practice.* Abingdon, UK: Radcliffe Publishing; 2003. p. 19-36.
2. Canadian Medical Association. *8th annual national report card on health care.* Ottawa, ON: Canadian Medical Association; 2008.