Improving Informational Continuity within Interprofessional Primary Care Teams

Erin Wilson
Dr. Gerrard Prigmore & Dr. Martha MacLeod

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Research Frame

- Perspective of a clinician-scientist
- Question generation
- Consideration of how practice-based research fits into a broader discussion of continuity and primary health care
Background & Approach

- Solo Practice ➔ Interprofessional teams
- Continuity
- Intrinsic case study
- Patterns of practices and intentionality
- Refining understandings
Definitions

- **Management:** “A consistent and coherent approach to the management of a health condition that is responsive to a patient’s changing needs”.

- **Relational:** “An ongoing therapeutic relationship between a patient and one or more providers”.

- **Informational:** “The use of information on past events and personal circumstances to make current care appropriate for each individual”.

Patient Concerns:

- Receiving conflicting advice (MacPhail et al, 2009)
- Having to tell their stories multiple times (Jones et al 2009)
- Having to start over with someone new (Wong et al 2008)
- That relevant information is not documented/communicated/ transferred (Schers et al 2006)
Past Events & Context

- Information about patient values, preferences and contexts is usually in the memory of providers (Haggerty et al, 2003)

- Reid & Wagner (2008) term this information that is accumulated by clinicians as “tacit” (p. 987).

Is it?
The Social History

- Education, family of origin, current living situation, personal interests, formal and informal supports (Bickley, 1999)

- Belief system, ADLs, sleep patterns, nutrition, relationships, smoking, alcohol, drug use, environmental hazards, employment, intimate partner violence (Jarvis, 2009)

- When is it non-contributory?
Interprofessional Practice

- Beyond collaboration – practice = the how

- Who else will see the chart

- Where are the efficiencies - for patients and providers

- Fostering relationships with more than one provider
S: Recently moved and misplaced her lab requisition. Requesting new requisition. Plans to have labs done tomorrow before leaving to attend her sister’s wedding in Calgary.
S: In for renewal antihypertensives. Not checking BP at home. No CVS symptoms or other concerns.

S: In for renewal antihypertensives. Not checking BP at home as ran out of pills 6 weeks ago. Lost his job/benefits so unable to afford prescription. No CVS symptoms. Past 2 weeks difficulty falling/staying asleep due to financial concerns.
Sample P:

P: Discussed triggers, encouraged routine. Rx as below. Return or seek care if no improvement, if h/a lasts longer than usual or symptoms not resolving, or further concerns.
Sample P:

P: Discussed triggers. Keep h/a diary x 6 weeks. Encouraged routine for sleep, timing of meals, regular exercise. Try rx as below with first symptoms of h/a. May repeat dose if no improvement after 30-60 mins. Return if: rx not effective, h/a lasting longer than usual, symptoms not resolving or further concerns.

Next step might consider sumatriptan – safe in younger adolescents initial dose 25mg up to max single dose of 50mg, may repeat in 2 hrs. Max dose 200mg per 24hrs as per uptodate.com (mgmt of migraine h/a in children).
Discussion and Recommendations

- Consider a broad, social model of health to frame document analysis for research activities in practice settings
- Examine current efforts (natural & intentional) of primary care team members to understand role and scope of other disciplines within their team
- Educate students in health care disciplines to document in ways that reflect information that other providers will find useful
- Support electronic health record systems that can extract data related to the social determinants of health
Further Inquiry

- What practices enacted by providers within an encounter help patients feel ‘known’ by the provider?
- Do patients feel known by a team? Who knows them? How does this develop, and does it change over time?
- Does co-location of a team matter to patient experience and/or team function?
- What structures could be changed to positively influence continuity in primary care practices?
References


Questions?