Improving Informational Continuity within Interprofessional Primary Care Teams

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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

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Background & Approach

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

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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". p. 1220

Haggerty, J. L., Reid, R. J., Freeman, G. K., Starfield, B. H., Adair, C. E., & McKendry, R. (2003). Continuity of care: A multidisciplinary review. *British Medical Journal* 327(7425); 1219-1221.

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?

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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

Sample: S

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.

Sample: S

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.

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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?

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Questions?

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