# PRIMARY CARE ORGANIZATIONAL CHARACTERISTICS SUPPORTING CARE FOR PATIENTS WITH MENTAL-PHYSICAL MULTIMORBIDITY

## A QUALITATIVE CASE STUDY

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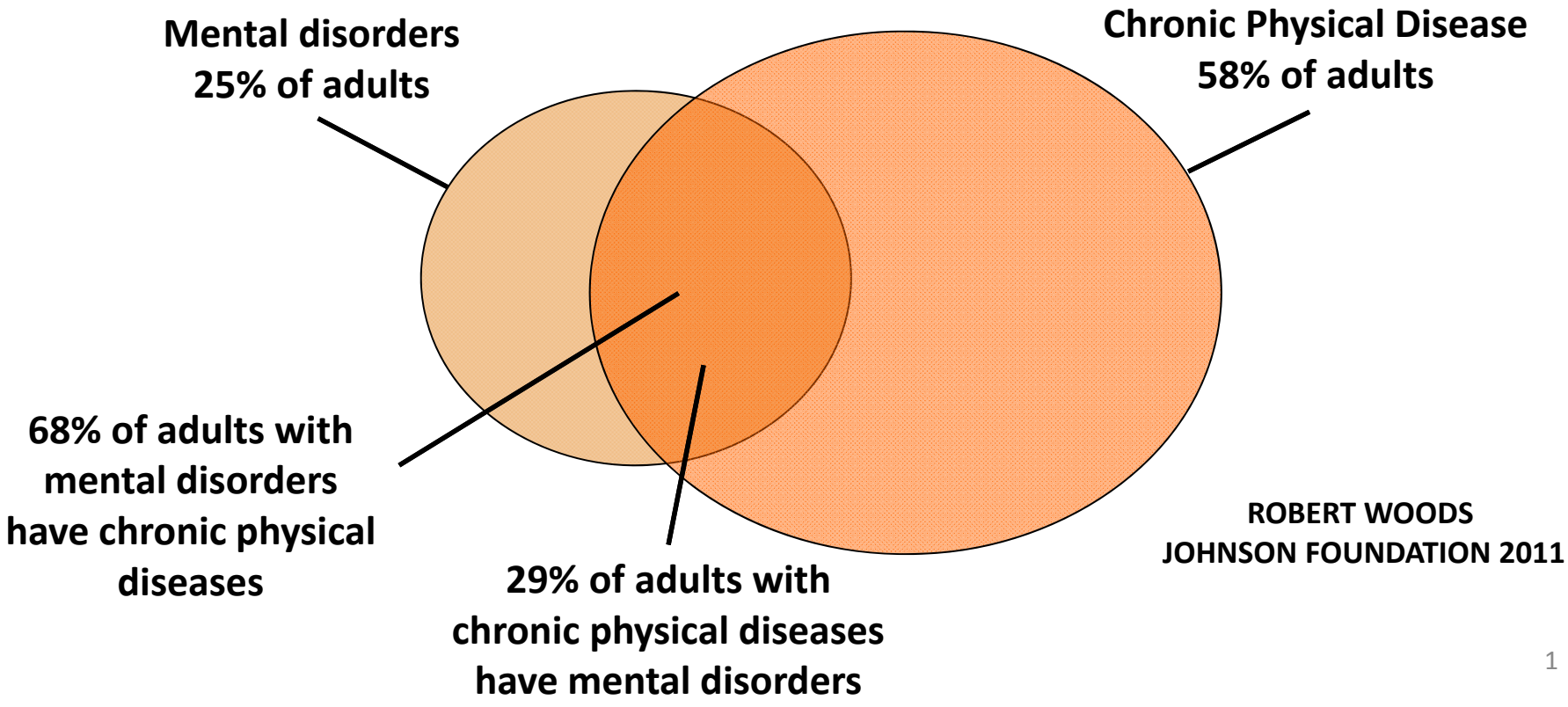
# Background

- Co-occurrence of mental disorders and chronic physical conditions (i.e. mental-physical multimorbidity) is a common phenomenon in populations



- Mental-physical multimorbidity is also common in primary care
- These patients are challenging to manage and are more likely to experience poor access, coordination, and quality of care
- Little is known about the features of primary care providers' practice environment that facilitate the delivery of high-quality care to these complex patients

# Objective

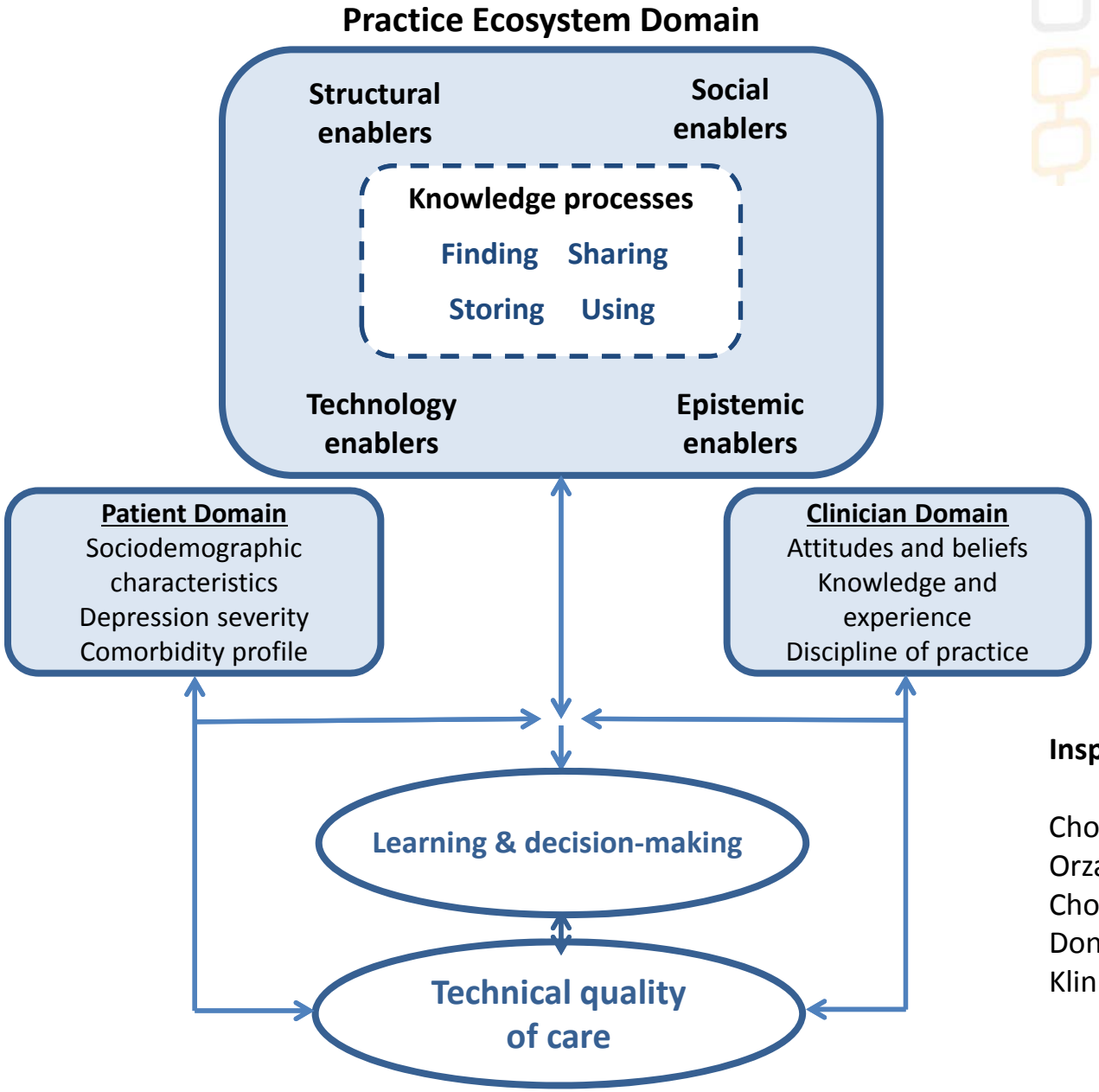
To explore primary care providers' perceptions of the characteristics of their organizations that supported their ability to provide high-quality care to patients with mental-physical multimorbidity

# Conceptual

# Framework

# Conceptual framework

- Drawn from the organizational science literature on Knowledge Management (KM)
  - Knowledge is the most strategically important resource within organizations and central to sustainable organizational performance GRANT 1996

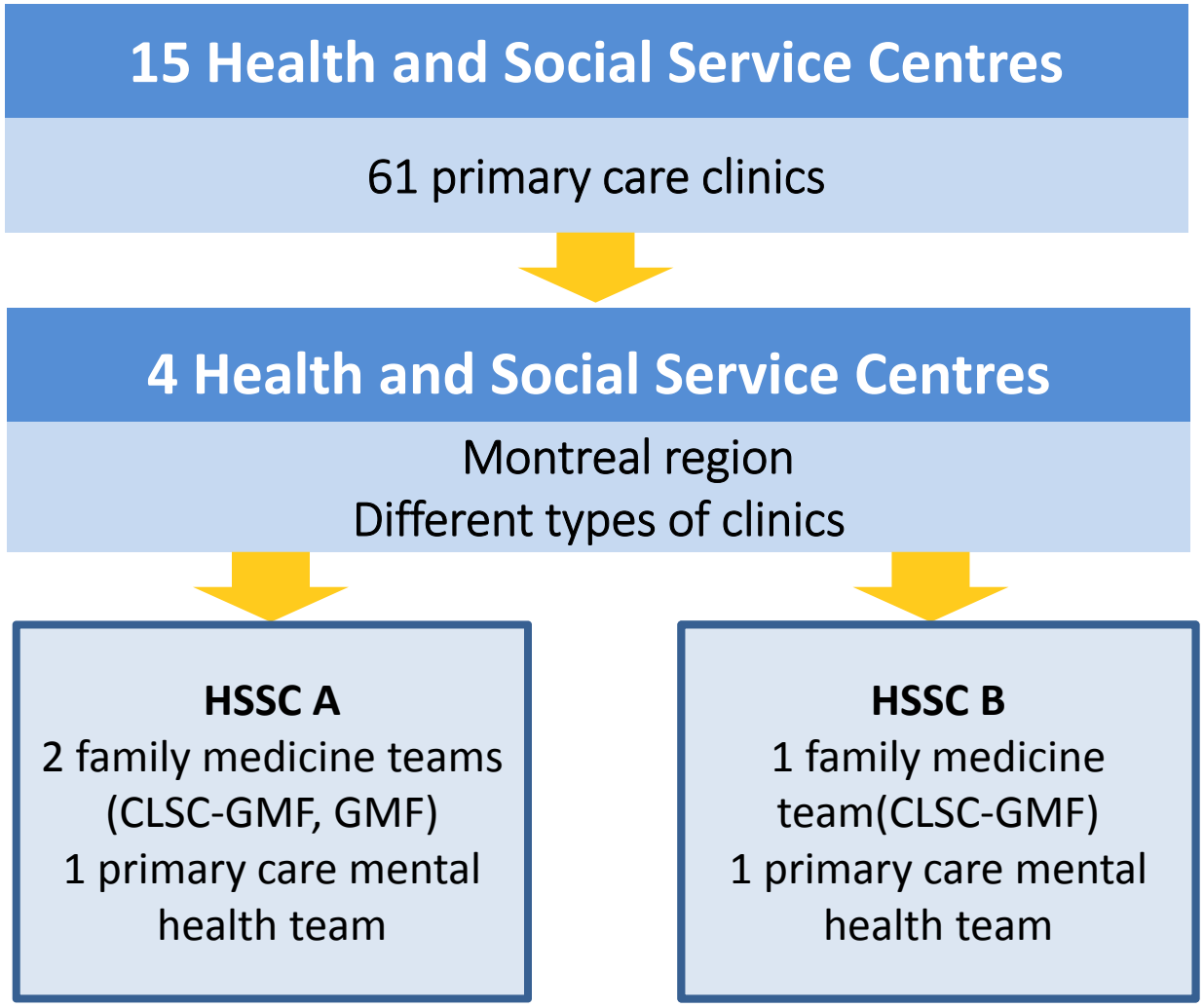



**Inspired by:**

Choi & Lee (2003)
Orzano et al (2008)
Choo and Neto (2010)
Donabedian (1973)
Klinkman (1997)

# Methods

# Multiple case study - selection



# Data collection

| | |
|---|---|
| **Interviews** | • 16 interviews (9 HSSC A, 7 HSSC B)<br>• Interview guide based on conceptual framework<br>• Diversity in **professionals**, **gender** and **experience** |
| **Non-participant observations** | • On days of interviews using a structured guide<br>• Collected data on clinic location, office layout, meeting rooms, information technologies |
| **Documentation** | • Written descriptions of services, newsletters, annual reports, etc.<br>• Fieldnotes were taken to support reflexivity |

# Qualitative data analysis

- Analysis was facilitated by NVivo 10 software
- Analysis followed a thematic approach
  - Built initial coding structure based on conceptual framework
  - Inductive coding to capture emerging themes outside of the conceptual framework
- Prepared case summaries and used matrices to examine links between organizational enablers, processes and outcomes
  MILES & HUBERMAN 1994
- 8 participants reviewed and commented on case summaries

# Results

# Structural characteristics

Organizational structures and strategies that facilitate knowledge flows in organizations.

- Teaching status of clinic
- Salary-based physician payment (affects consultation length)
- Increased access to education & training in mental health
- Clinical supervision for allied professionals and residents
- Physical workspaces facilitating exchanges between clinicians

# Structural – GMF nurses

- In Quebec, Family Medicine Groups (GMFs) receive Ministry of Health funding for nurses whose role is to work collaboratively with family physicians and support treatment and follow-up care

Family physician
Site A2

"For certain chronic diseases our nurses can help us. At some point, we need someone to take charge of a part of the patients' problems. Otherwise it's impossible. (…) Sometimes I give her the physical side and sometimes the mental side and it allows me to take care of the rest. Sharing things is really helpful in those cases."

# GMF nurses

Family physician
Site A2

"By sharing, for one it's less heavy. So that's a factor that is helpful, to have someone with whom I can share the load **but also someone with whom I can define things as well** because sometimes neither her or myself we have the impression that we're doing something… and so to have someone with whom we can question what we're doing and all that. So that's really helpful. ."

"Well it's clear that since we became a GMF and we got our GMF nurse**, it improved a lot the quality of our care**. (…) I can't see many more patients because of her but the patients that I do see are better treated."

Family physician
Site A1

# Social characteristics

Attributes that foster social environments conducive to knowledge flows in organizations.

- Norms of trust and mutual support
- High value given to teamwork
- Helpful informal relationships with experts/specialists
- Values of respect and professional autonomy

# Social – Mutual support

- A culture at the clinic promoting mutual support facilitated information and help seeking when clinicians (young and old!) encountered uncertainty or difficulty in managing patients with mental-physical multimorbidity

Family physician
Site A1

"In a general sense there is a strong sense of mutual support. If you're not sure and all that, you can just knock on a colleague's door and people are very open to that. (…) So sometimes when you have patients that are more complex cases, having advice on treatment or diagnosis, it's really helpful. "

# Epistemic characteristics

Attributes or practices that allow clinicians to be exposed to new ideas and diverse forms of knowledge while also helping to establish common knowledge and goals.

- Interprofessional care
- Interdisciplinary or inter-agency meetings
- Meetings with “responding psychiatrists”
- Case discussion meetings within teams

# Epistemic – Interprofessional care

- The province has introduced new actors into the system, such as the “responding psychiatrist” and primary mental health care teams and this has enhanced opportunities for interdisciplinary collaboration and learning between primary care providers and mental health professionals

Family physician
Site B1

“The other thing that is really, really fun is that we have a responding psychiatrist. (…) …once a month we can present our cases and generally the doctors come as a group. (…) So that provides a sense of team and we can improve our knowledge together.”

# Interprofessional collaboration

Family physician
Site A2

"On Thursday afternoons there is a multidisicplinary activity that integrates a lot of professionals that also integrates teaching activities. (…) …people came to know each other more and more and now we have a better sense of each other's expertise and there's a good sharing of knowledge also, and a good sharing of knowledge between the psychologist and us ."

"…I see some changes in the psychiatrist and even among us **where each of us adopt different ways of doing things.** So, for example I saw a R1 (family medicine resident) where his interview was coloured a bit by the psychiatrist (…) …there was a R6 (psychiatry resident) where his way of intervening was more like a psychologist would do **and so it colours their practice and way of doing things** and it's really interesting. "

Social
Worker
Site A2

# Technological characteristics

Information technologies that support knowledge activities in organizations.

- Electronic medical records with note sharing functions
- Web-based decision support (© Up to Date)
- Internet access (computers, hand-held devices)
- Videos used in training residents
- Web-based systems to communicate with pharmacists

# Technological – Decision support

- Neither family medicine teams or primary mental health care teams used clinical practice guidelines in routine care. Instead, they preferred the use of web-based decision support tools that provided evidence summaries and search functions for drug-drug interactions

Family physician
Site A2

"…you can type in Up to Date and it goes faster. (…) let's say **you're not sure** about the doses of antidepressant to prescribe, I can open that and check or sometimes the patient says this symptom could it be a side effect of this medication though we know that all medications have a list of about 100 symptoms that could be side effects."

# Organizational interrelationships

- Organizational characteristics do not work independently but rather together to create contexts that are conducive (or not) to effective patient care
  - Responding psychiatrist or case discussion meetings and climate of trust
- The interactions between organizational, clinician and patient factors are complex
  - Shared care with GMF nurses and patients' comorbidities (e.g. depression with comorbid diabetes vs comorbid arthritis)

# Take home messages

- Primary care providers identify a number of organizational characteristics that can facilitate the management of patients with mental-physical multimorbidity
- One pathway through which primary care organizational characteristics can influence care quality is through providers' ability to find, share, store and use knowledge needed to solve problems and make decisions for these complex patients
- Organizational characteristics are often interrelated – the effects of one factor can be enhanced or attenuated by other factors

# Thank you!

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