A Tale of Three Cities:
Novel Approaches to Integrated Care

The Prologue

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The Narrator

- Helen Loshny
  - Principle and Founder of IRCG, a health research company
  - Training and background in the sociology and culture of medicine and organizational theory
  - Ethnographic methods (Interviews, Observation)
  - Grounded Theory, Margaret Wheatley

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The Plot

- The Protagonists
  - Patients with Multiple Co-Morbidities
  - Primary and Secondary Care Providers
  - BC Health Agencies & Authorities – PHSA, Renal Agency, PHC, FH, IHA

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The Primary/Specialty Care Integration Project

Goal

Identify successful communication and operational strategies for general practitioners (GPs), specialists and others on the interdisciplinary team that result in improved care for patients with multiple co-morbidities.

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The Primary/Specialty Care Integration Project

Objectives

- Integrate specialist visits…
- Enhance communication…
- Improve community primary care provision…
- Improve patient health outcomes and patient satisfaction.
- Integrate prevention, education and patient self-management tools.
- Reduce testing & procedure duplication.
- Reduce emergency room visits and inpatient care days.

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The Scene

- Langley Memorial
  - Internal Medicine Clinic (IMC)
- St Paul's Renal Unit
  - Integrated Care Clinic (ICC)
- Shuswap General
  - Shared Care Clinic (SCC)

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Organizational Theory

- "Self-Organizing" Systems
- 'Identity' – Shared sense of purpose and commitment
- 'Information' – Accessible, Systematized
- 'Relationships' – Connections, Quality Interactions

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Different Paths

- Genesis and configuration of the clinic teams
- Physical infrastructure and location of the clinics in the hospitals
- Organizational and administration procedures of the hospitals and health authorities
- Patient demographics in the communities
- Relationship with primary and community care providers

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Langley Memorial IMC

- Unit Clerk, 5 Rotating Internists; COPD & Geriatric Sub-Specialist
- 2 Clinics per week – amalgamation of Rapid Access and Urgent Care clinics
- Project Director
- GP Advisory Group
- Avg. 7 Patients per Session
- 50% GP Referral Rate

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St. Paul's ICC

-Unit Clerk, 2 Registered Nurses, Pharmacist, Dietitian, Social Worker, 2 Nephrologists, Cardiologist, Endocrinologist

- Weekly Clinic – core staff and administrative support based in the Kidney Function Clinic

- Project Coordinator

- Avg. 12 Patients per Session

- 30% GP Referral Rate

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Shuswap General SCC

-Unit clerk, Registered Nurse, Dietitian, 3 Rotating Internists; Liver & Cardio Sub-Specialist

- 4 out of every 6 weeks clinic – core staff and administrative support based in the Diabetes Education Clinic

- Project Coordinator

- Avg. 8 Patients per Session

- 90% GP Referral Rate

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Commonalities

- Preparation, Planning, Communication
  - Dedicated, Competent and Motivated Team
- Patient rosters full
  - Referrals from GPs trending upwards
- Productive and Efficient Team
  - Knowledge, Experience, Respect
  - Debriefing/Rounds Process
  - 'Patient Package'

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Patient Satisfaction

"It was a tremendous experience. I really appreciated the doctor's style. I know what I need to do – (she) was much more helpful than my family doctor"

"They are nice engaging people… It's a chance to really discuss things and not feel a pressing time limit…"

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Patient Satisfaction

"Comprehensive nature of advice makes me feel comfortable. It's a place I feel I can get answers any time I need them."

"The doctor really knows his diabetes and the difference between 1 and 2. Other doctors say we're going to this and that but they don't seem to want to listen to what's working for me."

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Provider Satisfaction

"They (patients) might not be able to afford test strips or they have really weird working schedules that make it a lot harder for them to manage so we have a lot more time to discuss those kind of issues and then we can let the GP know about those issues and that helps them make a better decision."

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Provider Satisfaction

"Part of problem in the health system is that there can sometimes be a gap between doctors and other health professionals on the team. It is often just a matter of perception – I feel more shy talking to doctors than I would to a nurse – a feeling of hierarchy even though it might not be there. Shared care is good in helping to break that down. I feel I can talk to doctors, it feels more comfortable. I think it's good for doctors as well – working as part of a team people are more likely to give them factual information rather than feeling they have to give the doctor the answer they might want to hear. You see that in hospital – the nurse or whoever will say one thing but they don't feel comfortable in saying what is actually going on – because it might be questioning the doctor's judgement. Sometimes a decision is made that you don't agree with but it helps if you have the understanding of why the decision was made and working in a shared care clinic provides you with the opportunity to hear and see how decisions get made."

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Summary

"…we work where we are, with the system that we know, the one we can get our arms around".

Margaret Wheatley, 2007

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The End

Questions?