

# Transitioning to a New Interdisciplinary Model of Primary Care Delivery: The Challenges of Provider Expectations

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# Today

- Introduce Ontario's new model of primary care delivery
- Describe a 2 year investigation of the model
- Examine the importance of provider expectations in evolving inter-disciplinary care.



# Family Health Teams (FHTs)

- Ontario's primary care reform flagship.
- Interdisciplinary primary care delivery model:
  - Teams of family physicians, nurse practitioners, nurses, other health providers and administrators.
  - Formed following tender (usually from physicians)
  - Serve a rostered population
  - Payment by capitation + incentives for access, prevention, chronic disease care.
- 150 FHTs funded since 2005.



# Research Objective

- To understand organizational change in primary care practices, and to illustrate how the transition into a FHT influences organizational and clinical routines, particularly those relating to the care of persons living with chronic illness.



**Today “How do provider expectations influence the development of FHT routines?”**



# *Our* Entry Point- Routines

- ...Routines are patterns of behaviours that are followed repeatedly, but are subject to change if conditions change...
- ...They are vital in gaining a sense of trust and safety in daily life...



# Design

- Mixed methods based on ethnography.
- Set in 6 purposefully sampled Ontario FHTs (4 urban, 1 rural, 1 semi-rural)
- Ethnographers embedded in FHTs for 4-6/52 over 15 months. (2007-2008)



# While in the Practices...

- Direct Observation of:
  - Patient – Provider visits
  - All levels of staff interactions
- Interviews:
  - Providers, practice staff and 8 patients with a chronic condition
  - Key informants
- Document analysis
- Teamwork survey



# Findings



# The FHT vision

*“The Ministry of Health has this great idea, we're going to put everybody together in these big health teams and we're all going to be one big happy group and it's going to be fun. No, it's not quite that easy...”*

*Nurse practitioner*



# Ministry expectations for FHTs

- “...FHTs are designed to give physicians support from other complementary professionals....”

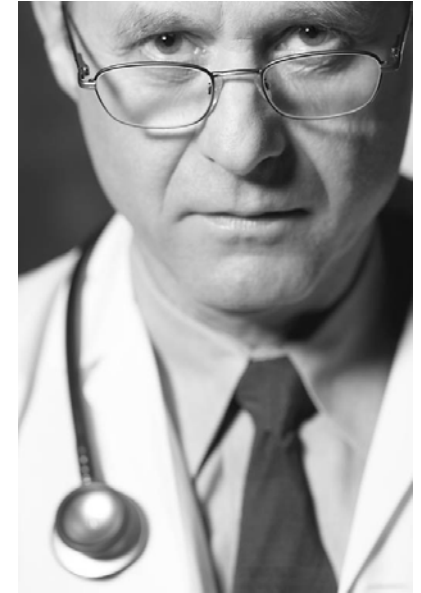


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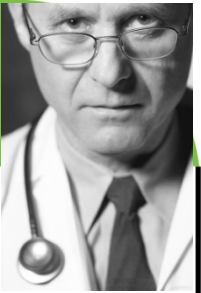


# Physician Expectations of Becoming a FHT

*“Well, we were looking for better access for our patients which ultimately I felt would be better care. The access was to things like mental health and eventually diabetes (care). I know some of my colleagues were hoping that it would mean that they didn't have to see as many patients...” (MD)*



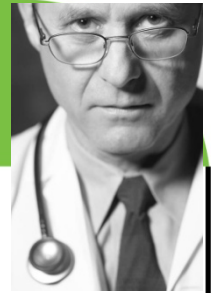
# The reality



- *I was surprised to learn that the doctors, even though they bought into this Family Health Team philosophy that they're still independent and they still kind of run with their head down and kind of bulldoze through their day. (RN)*



# For physicians



- Routines ‘traditional’ and influenced by ongoing demand to increase patient numbers.
- In most FHTs, FPs actively influenced routines of other health providers.
- Where organizational routines changed, patient encounters became “far more satisfactory”.

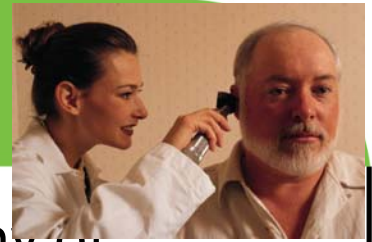


# Nurse practitioner expectations

*I thought right off the bat that the physicians were going to know how I practice, what I do and why I'm doing it ... it was frustrating because everybody had their expectations about what that the role should look like ...(NP)*



# NPs reality



- Ongoing struggle to educate about the NP philosophy of practice, restricted scope and need for longer appointments.
- Variable, generally positive attitudes from physicians.
- Work routines varied with experience - senior cohort strove for independent practice...



# NPs reality?



- *When you ask them, for example, to do prevention, you know, the preventative work that we're saying nurse practitioners are trained to do. They...they tell you, "I do my prevention for my own patients. You do your prevention for your own patients."...in other words, "those patients are yours, and those patients are mine." (FP)*



# Nurses expectations

- Nurses new to the FHT were keen to implement a broader model of nursing.
  - *....Our nursing team has been told that we've been hired to (have a CDM focus). So that's two-thirds of our job. So we are wanting to downplay the day-to-day task completion that nurses often do ... and really pushing towards working to a full scope of nursing...*
- Existing practice nurses had no special expectations.



# Nurse reality



*“there’s frustration ... that what we have been asked to do is ... more an administrative role, in terms of filling out lab requisitions for the doctors, calling patients back with abnormal test results, and things like that. And that is not...purposeful use of our time, that...in terms of working to maximum scope, there’s lots more that we can do.” (RN)*



# Other health providers: the dream

- Other health practitioners hoped to bring skills in planning and patient care to a model of collaborative primary care practice.



# A pharmacist's hopes



*Her perception was that she would rather be both system and patient based, seeing patients, being a drug resource, keeping up to date on evidence, etc.*

FIELD NOTE



# Other health providers' reality



*...(it's hard) because (the physicians) kind of have almost preconceived notions about what dieticians can see. You know, like diabetes, and weight management, and high cholesterol. And then a lot of times they don't think outside of that.*

*(RD)*



# Other health providers' reality

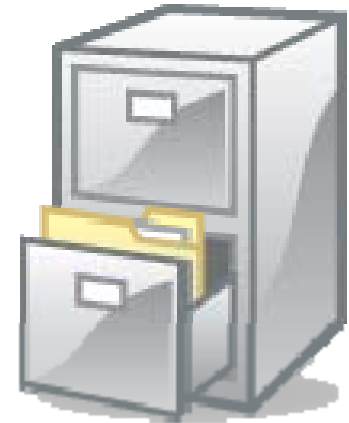


- Family practice routines for other health providers don't pre exist.
- Feel their skills exceed their tasks, many of which they feel are physician determined.
- Wide variation in utilisation by physician.
- Physical space and part time work act to isolate many.

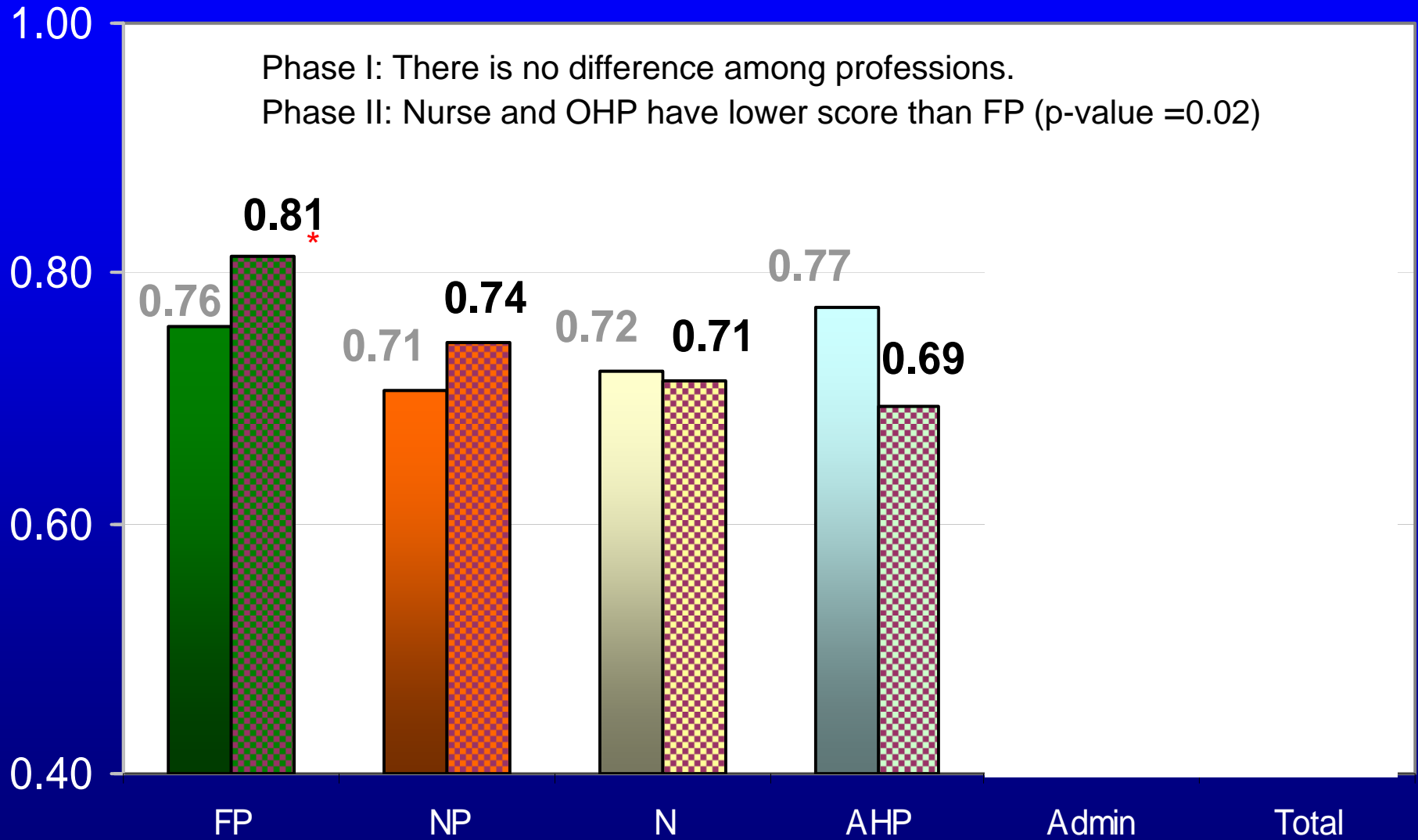


# Teamwork survey

- 16 item survey of all team members
  - Vision (4 items)
  - Participative Safety (4 items)
  - Task orientation (3 items)
  - Support for innovation (3 items)
  
- Administered twice 12/12 apart



# Total Score (Phase I - II)



\* Significant difference between two phases

# Summary

- Family physicians are (generally) constrained by traditional routines.
- Non physicians bring considerable expectations to their work in FHTs.
- The realization of these expectations is challenged by professional culture, limited appreciation of scope of practice and physical space.
- The new roles of OHPs are still emerging.
- Healthy, well governed organizations manage these issues more effectively.



# Implications

- It is a work in progress - 2 years is a short time.
- Clarify Ministry expectations
- FHT governance and payment structures may prove an unanticipated barrier
- Clarity in hiring staff
- Educational?



# “Healthy organisations integrate”

- Articulate a common vision.\*
- Clear governance and strong leadership.
- Embody “rich communication.”
- Actively negotiate the divide between expectations and reality.
- ...integration evolves over time

