



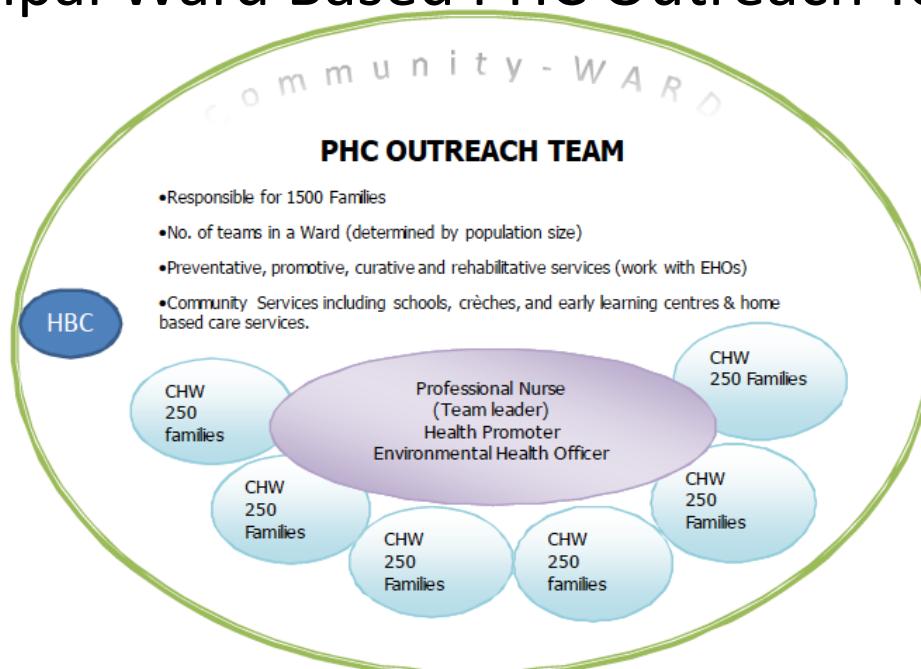
Inclusion of Allied Health Professionals in Integrated Primary Care Teams

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PHC Reengineering

- PHC Re-engineering in South Africa
- Three Streams
 - District Specialist Team
 - School Health Team
 - Municipal Ward Based PHC Outreach Team





Role

- **Role: Ward Based PHC Outreach Team**

1. Promote health (child, adolescent and women's health)
2. Prevent ill health
3. Ante and post natal community based support and interventions that reduce maternal mortality
4. Provide information and education to communities and households on a range of health and related matters
5. Offer psychosocial support
6. Screen for early detection and intervention of health problems and illnesses
7. Provide follow-up and support to persons with health problems including adherence to treatment
8. Provide treatment for minor ailments
9. Basic first aid and emergency interventions



Concern....

- Allied Health Professional have not been included
 - Occupational Therapists, Physiotherapist, Radiologists, Speech and Language therapists, audiologists, radiologists, dentists, pharmacists, social workers
- Seen as a luxury

South African Context: Community Based Education Collaboration and Practice

- Pedagogy informing Community Based Education focused on discipline specific (siloed)
- Produce skilled practitioners but not necessarily effective team members
- Professionals leave with a poor understanding of roles or scope of practice of other disciplines
- No sharing of information on the ground
- Referral relationship - No feedback from referrals
- Hierarchy and leadership

Leads to:

- Care is not centered around the patient
- Inter-disciplinary Conflict
- Poor inter-professional respect
- No task shifting





A New Vision

- “If health care providers are expected to work together and share expertise in the team environment, it makes sense that their education and training should prepare them for this type of arrangement”
- Inter-professional Education, collaboration and practice

(Romanow, 2002)

Royal commission on the future of health care in Canada





Inter-professional Education

- **Inter-professional Education** occurs when learners (from two or more professions) are provided with **structured learning opportunities for shared learning**
- They learn about, from and with each other to **enable effective collaboration and improve health outcomes**
- **Expand on** knowledge base, skill set and professional attitudes
- **Build on** understanding of complexities of working in a multi-professional environment.
- Learning together to **work together**

(Louw, 2012) (CAIPE, 2002)



Inter-professional Education

- **Key drivers:**

Need to develop adaptable, collaborative team workers with high level interpersonal skills, who understand the contribution each health profession makes to client and health outcomes (Horburgh et al., 2001).

(Louw, 2012) (CAIPE, 2002)

Inter-professional Collaborative Practice

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- "...the process of developing and maintaining effective inter-professional working relationships with learners, practitioners, patients/clients/ families and communities to **enable optimal health outcomes**. Elements of collaboration include respect, trust, shared decision making, and partnerships.
- Promote **active participation** **clinical decision** making within and across disciplines
- **fosters respect** for disciplinary contributions all professionals
- Enhances **patient- and family-centered goals and values**
- Provides mechanisms for **continuous communication** among care givers

(Canadian Inter-professional Health Collaboration) Health Canada, 2004)



IPC Competency Framework

6 Domains to assess effective Inter-professional Collaboration

1. Role clarification
2. Team functioning
 - Share information
 - Listen attentively
 - Understandable communication
 - Providing feedback to others
 - Responding to feedback from others
3. Patient-/client-/family-/community-centred
4. Collaborative leadership
5. Inter-professional communication
6. Inter-professional conflict

(Canadian Inter-professional Health Collaboration) Health Canada, 2004)



Evidence of benefit of IPE

- Patient safety
- Chronic disease management
- Primary health care
- Rehabilitation
- Enormous potential to improve healthcare delivery
- Effective teams do not happen by chance. They are a result of:
 - Clear purpose and roles
 - Effective relationships
 - Communication
 - Personal and team accountability



Conclusion

- Inter-professional Education and Collaboration framework should be applied to PHC reengineering
- The way people learn to work in a team – helps them to be effective team based practitioners
- If PHC reengineering is promoting team based approaches to work – Health care professionals need to be trained in that way
- Currently: PHC does not represent team work – but it offers an opportunity to start thinking about team work in that way

Relevance for Family Physicians

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- Family physicians who are committed to integrated team based approaches centered around the person, family, community should organize themselves as advocates, leaders, collaborators to ensure that government



Questions?

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