

ASTHMA MANAGEMENT AND COLLABORATION IN PRIMARY CARE

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South Eastern Division of General Practice ²

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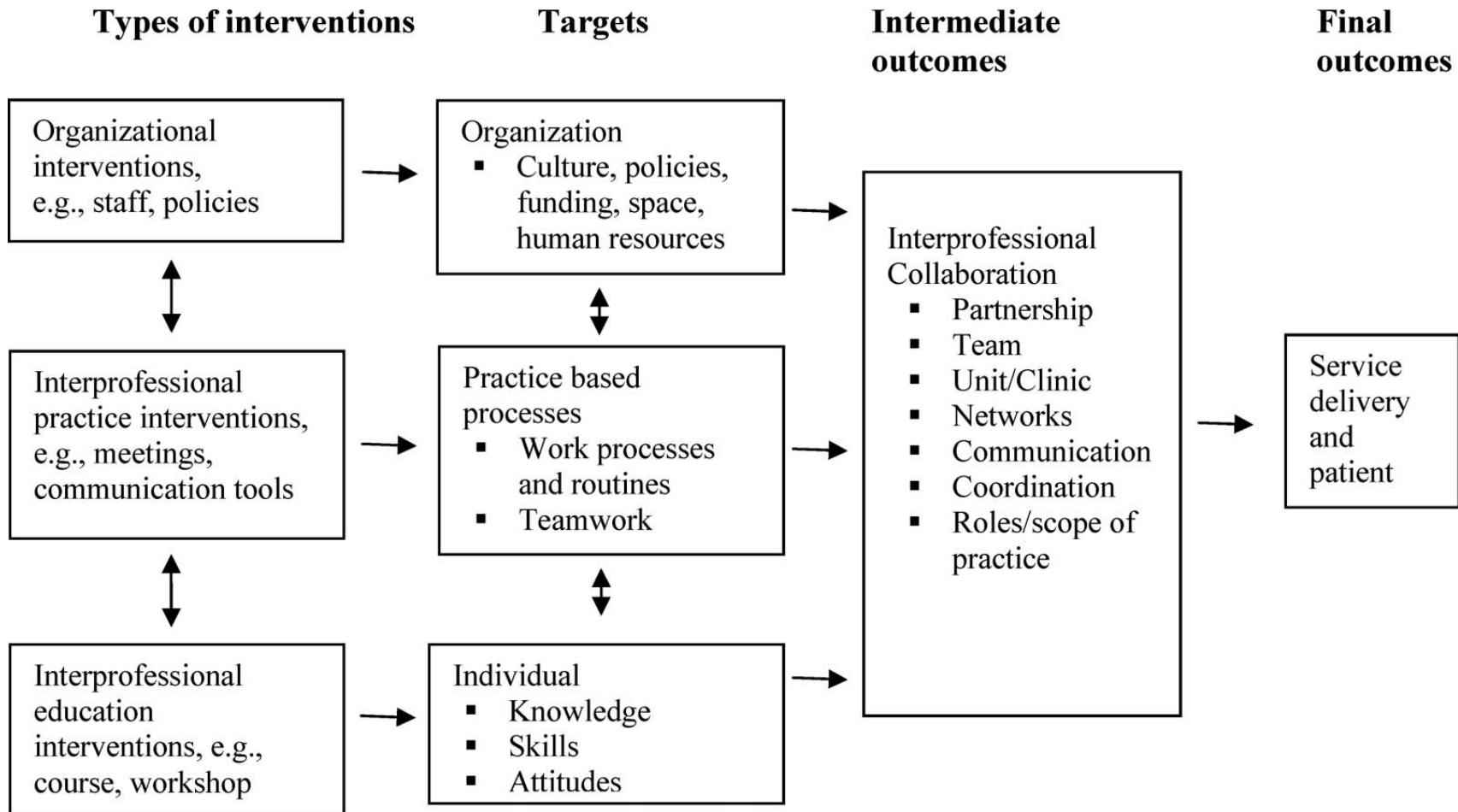


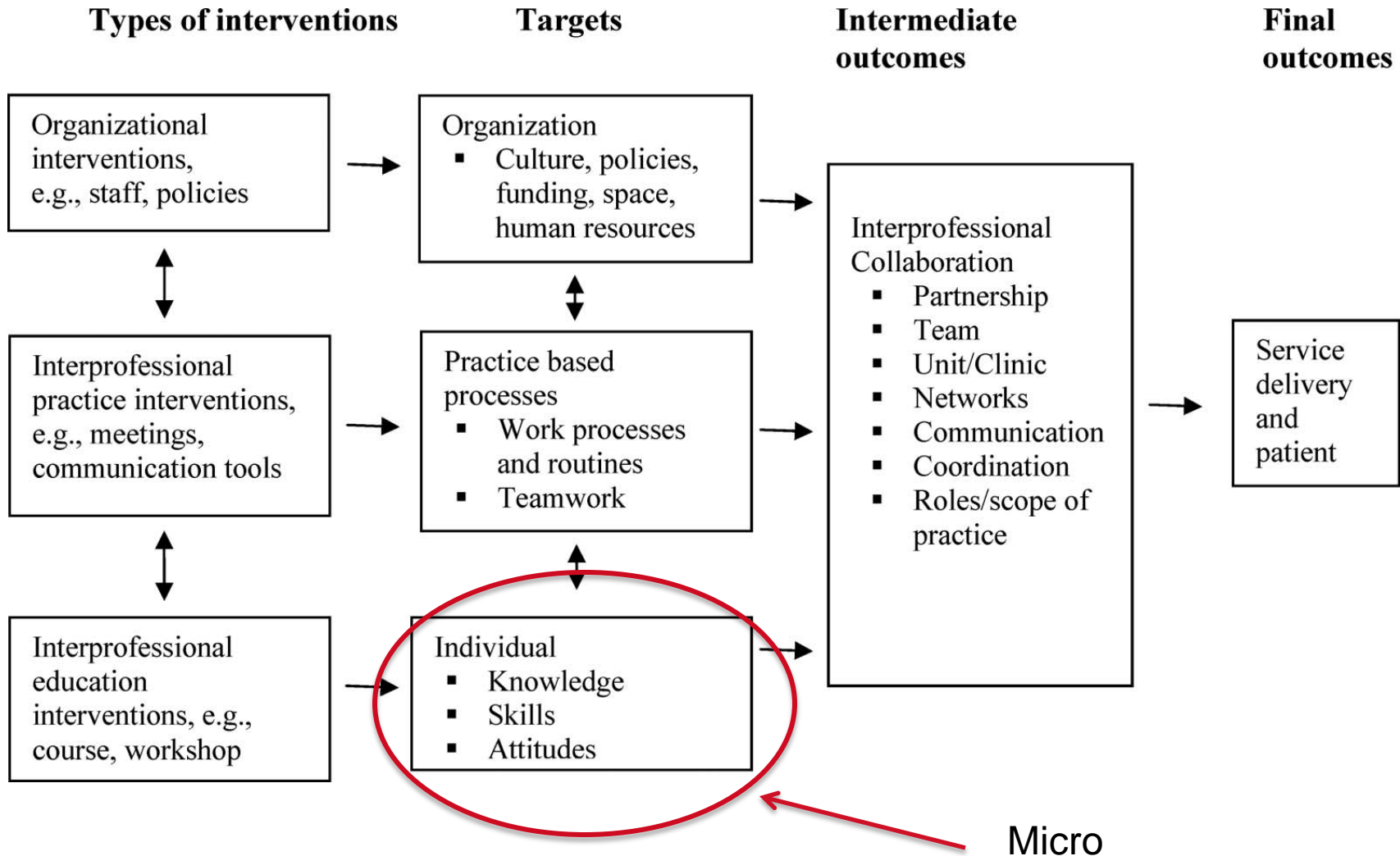
THE UNIVERSITY OF
SYDNEY

- › Interprofessional care, collaboration, interdisciplinary care, team health care
- *“the process in which different professional groups work together to positively impact on health care” (Zwarstein et al., 2009).*

Question:

How can we get doctors and pharmacists to do this in asthma management?





Primary care setting

- › Multitude of health care professionals
 - GPs and allied HCPs

- › Current opportunities:
 - Home medication reviews/Domiciliary Medication Management Reviews (DMMR) (dr+ph)
 - Enhanced Primary Care Planning Team (Dr +2)
 - Team Care Arrangements (Dr +)
 - Mental Health Plan (Dr + psychologist)
 - Medicare chronic disease dental scheme (Dr + dentist)
 - GP immunisation incentive (Dr + practice nurse)

- › **How does our HC system define collaboration for HCP?**

- › “One of the requirements of the GP when developing a Team Care Arrangement is to make sure that they collaborate with the other health professionals involved.....”

Frequently asked questions:

- › Q: “What is meant by collaboration when you are asked to be part of a Team Care Arrangement organised by the patient’s GP?”
- › A: It is expected that the GP will collaborate with you to discuss the potential treatment or services that you can provide to the patient as part of the care team. The GP needs to record that collaboration has occurred...”

www.medicareaustralia.gov.au/provider/pubs/program/optometry-articles/article-5.jsp

- › Focus is at the macro level.
- › Reimbursement for services does not include reimbursement for the process of collaboration.
- › Collaboration in primary care rarely occurs.

Inter-professional learning demonstration projects

ITA – 289/0708

- › These projects aim to improve the capacity of the current primary care workforce to work more effectively together, respect the contributions of primary health care providers from other disciplines, and provide better connected care to patients with chronic conditions. This aims to improve the coordination of primary health care services, leading to more effective outcomes for both health professionals and patients.

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- › **Aim 1:** to identify key barriers and facilitators to collaborative relationships, inter-professional teams and chronic disease management from the perspective of health care providers, at a local level.
- › **Aim 2:** to develop a chronic disease care IPL module, for the delivery of primary health care in one Division of GP.
- › **Aim 3:** to implement and evaluate the newly developed IPL module within one Division of General Practice, NSW.

- › **Aim 1:** to identify key barriers and facilitators to collaborative relationships, inter-professional teams and chronic disease management from the perspective of health care providers, in the area of asthma management.
- › **Aim 2:** to develop a chronic disease care IPL module, for the delivery of primary health care in one Division of GP.
- › **Aim 3:** to implement and evaluate the newly developed IPL module within one Division of General Practice, NSW.

What was different for us

1. Involved more than Drs and pharmacists, with a temporal relationship, within a common timeframe.
2. Framed within the asthma management context.

METHODS



- › SE Sydney Division of General Practice (214 GPs, 81 practices, 112 allied HCP).
- › Theoretical and empirical qualitative approach.
- › Focus groups.
- › Sampling frame all:
 - GP
 - Practice nurses
 - Pharmacists
 - Psychologists
 - Asthma educators *
- › Focus groups audiotaped, transcribed verbatim, content analysis and identification of themes, development of framework.

* interview

In the primary care setting

- › Asthma management.
- › Self-management.
- › Who should be involved in asthma management.
- › Opportunities/barrier for HCP to work together.
- › Practical ideas about how collaboration could/should/would ideally work.

RESULTS



GPs (n=7)

- › Asthma - not a problem anymore.
- › Patients - self-manage well on their own or come to GP when they need a new prescription.....in a hurry....there is no review.
- › Challenge - educating the patient; lack of opportunity for long consultations; superficial issues dealt with.
- › Self-management – did not get the chance to educate as patient did not present.
- › HCP roles - pharmacists (re medication – supply and inhaler technique) and asthma educators (education), psychologist (anxiety).
- › Range of roles for practice nurses: delegation of specific tasks, free-lance.
- › Collaboration – too many HCP, increased fragmentation. GP should be key, co-ordination is critical, consistency essential.
- › Solution - undergrad education, shared medical records, focus on specific aspects of asthma management.

Practice nurses (n=7)

- › Asthma - Wide range of practice, dependant on GP and their expectations.
- › Better medications but still problematic and poor self-management, lack of formal review, online information.
- › Challenges - with patient knowledge (medications), behaviours, mis-information, de-prioritisation of their asthma, limited time for education.
- › Self-management – range of skills amongst patients, many issues ranging from denial to adherence.
- › HCP roles: GP (diagnosis, communicate problems to the patient, provide back-up, see patient if an issue identified), pharmacist (education re medications), psychologist (anxiety), asthma educator (education – but few of them).
- › Collaboration - as-needed basis, difficult to manage, ? Financial implications.
- › Solution - Defined process, limited HCPs, defined role would be a solution.

Pharmacists (n=7)

- › Asthma - patients did not want to be asked about their asthma, just wanting to collect their medications. Pharmacists took this as a sign of good control.
- › Patients - Incorrect device use, action plan ownership, impatient, disinterested and even resentful, lack of awareness of their asthma control, smoking.
- › Other challenges - Inconsistent practices between pharmacies was a problem, prescriptions without review.
- › HCP roles - GP (primary relationship, overall management), practice nurses (support the work of the GP), psychologist (management of anxiety), pharmacists (self-management and medications), patients (interest in their well-being, understand medications).
- › Collaboration – difficult, GPs either difficult to develop rapport or very supportive. GPs felt they were being questioned, others happy to have a double-check.
- › Solution – well defined roles, a co-ordinator, reinforcement of the same message, more interaction with practice nurses, HMRs could be a helpful context.

Psychologists (n=6)

- › Dealing with anxiety and depression, may have chronic condition, referral through GPs or patient-initiated.
- › No referrals related to chronic illness outside of mental health.
- › Understood the concept of self-management, adherence and the relationship with mental health.
- › Asthma - did not recognise a role in asthma.
- › HCP roles- Were not sensitised to the role of others in asthma management. Articulated the need for GPs not to get involved in psychological issues. Felt GPs were either supportive or against the role of psychologists.
- › Collaboration – did not collaborate or interact with any other HCP except for GP referral and letter.
- › Challenge - GP “gatekeeper to health care access”; Collaboration difficult due to GP attitude and privacy.
- › Solution - Good relationship with GP often resulted in early referral and good relationship with psychologist.

CONCLUSIONS AND SALIENT FINDINGS

› **Within professional groups**

- inconsistencies
- are we ready to collaborate?

› **Between professional groups**

- common understanding of issues
- Common goals
- Common goals
- Different approaches and perspectives based on the professional group.

› **Patients**

- Do we have the relationship with the patients?
- they are the focus, they are the common goal, they are a challenge.

› **The future....**

- Is there knowledge in other domains? It can not just be and “add on”.
- The patient – what role do they play in collaboration ...or not?

- › Participants
- › Commonwealth Government of Australia, Department of Health and Aging.