The Health and Economic Impact of Interprofessional Primary Care Teams (IPPC)

April 16, 2012
Toronto, Ontario

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Advisory Committee

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• Mr. Jonathan Mitchell, Accreditation Canada
• Dr. Peter Sargious, Alberta Health Services
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Context

- Primary care is fundamental in the sustainability of the overall system.

- **Primary care**: Health or medical care that begins at the time of the first contact between a physician or other health professional and a person seeking advice or treatment for an illness or injury (Last, 2007)

- **Interprofessional Primary Care Team (IPPC)** – team of health professionals from different disciplines who work together to provide health services to a patient population.
Context

• In 2004, governments committed to providing 50% of Canadians with primary health care teams by 2011.

• IPPC can:
  – Improve access
  – Improve quality of care
  – Improve health outcomes
  – Incur cost-savings in the long-term to the system

• To optimize IPPC is to make the best or most effective use of opportunities and resources for interprofessional collaboration within a primary care setting which will in turn generate maximum benefits.
Context

• What does the Conference Board add to the current dialogue?
  – Most current analysis of the status and challenges of IPPC in Canada by province/territory
  – Objective analysis of the potential health and economic impacts of optimized IPPC
  – By addressing the identified challenges, make recommendations on the step forward to facilitate IPPC optimization
Project Objectives

1. Describe the current status and challenges of IPPC in Canada.

2. Estimate the expected health (access, quality, improvements) and economic (cost-effectiveness) outcomes expected if we can optimize their use in the management of chronic conditions.

3. Provide recommendations for IPPC by addressing the challenges and identifying what is needed to move forward.
Methodology

• **Briefing 1: Current Status of IPPC (Literature Review)**
  – What is IPPC and why?
  – What is the current status of IPPC use across Canada?

• **Briefing 2: Challenges in IPPC (Literature Review, Expert Opinion)**
  – What are the perceived and measured challenges in IPPC development, implementation, and effectiveness?
Methodology

• Briefing 3: Health and Economic Impact (Literature Review, Retrospective Analysis)
  – What is the health or clinical impact of IPPC (empirical evidence)?
  – Predict the potential health and economic impact of optimized IPPC.

• Briefing 4: Conclusions and Recommendations
  – According to the evidence, what specific conclusions and recommendations can we make regarding IPPC in Canada, for practice, government and business?
Preliminary Findings – Current Status of IPPC

• Regional variation in form, function, governance and funding

• Core team: physician, nurse (registered and/or nurse practitioners)

• Other team members: dieticians/nutritionists, social workers/counsellors

• Lesser extent: pharmacist, exercise physiologist, physiotherapist

• Continuum of IPPC – develop, implement, evaluate, adjust, and re-evaluate.

• IPPC is (should be) focused on the needs of the patient and communities they serve.
## Preliminary Findings – Current Status of IPPC

<table>
<thead>
<tr>
<th>Province/Territory</th>
<th>Model(s)</th>
<th>What does it look like?</th>
<th>How well does it work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>Community Health Centres (CHC)</td>
<td>Multiple disciplines</td>
<td>Comprehensive care; social services; uptake relatively low</td>
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<td></td>
<td>Family Health Teams (FHT)</td>
<td>Physician, nurse, others</td>
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<td></td>
<td>Nurse Practitioner -Led Clinics (NPLC)</td>
<td>Nurse practitioner (NP) and others</td>
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<tr>
<td></td>
<td>Group Health Centre (GHC)</td>
<td>Alternatively funded; one centre in Sudbury; multiple disciplines (determinants of health)</td>
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<td>Quebec</td>
<td>Local Community Service Centres (CLSC)</td>
<td>Physicians, nurses, others</td>
<td>Low physician recruitment/retention</td>
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<td></td>
<td>Family Medicine Groups (FMG)</td>
<td>Physicians, nurses, admin support, external health professionals</td>
<td>Better continuity of care but no improvement in access</td>
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<tr>
<td>Manitoba</td>
<td>Physician Integrated Networks (PIN)</td>
<td>Physicians, nurses</td>
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<tr>
<td></td>
<td>Primary Care Networks (PCN)</td>
<td>Physicians, nurses, and others; focus on chronic diseases</td>
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<tr>
<td>Saskatchewan</td>
<td>Primary Health Care Teams</td>
<td>Physician or NP and clinical nurse, administrative assistant, (behavioural consultant)</td>
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<td>Mobile Units (Health Bus)</td>
<td>Paramedic and NP</td>
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<tr>
<td>Alberta</td>
<td>Primary Care Networks (PCN)</td>
<td>Physicians, nurses, dieticians and pharmacists</td>
<td>Decreased wait-times</td>
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<tr>
<td>British Columbia</td>
<td>Community Health Centres (CHC)</td>
<td>Physicians, nurses, social workers, dental health workers, nutritionists</td>
<td>Improved HbA1c; complex chronic disease focused therefore limited access</td>
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<tr>
<td></td>
<td>Integrated Health Networks (IHN)</td>
<td>Physicians (network), nurse, social worker, dietician, administrative support</td>
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<tr>
<td>New Brunswick</td>
<td>Community Health Centres (CHC)</td>
<td>Physicians, NPs, social workers, dietitians, health educators/promoters, others</td>
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<tr>
<td></td>
<td>Health Service Centres (HSC)</td>
<td>Physicians, medical specialists</td>
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<td>Nova Scotia</td>
<td>Community Health Centres (CHC)</td>
<td>Physician, nurses/NPs, others</td>
<td>Lower wait times, fewer ED visits, greater perceived access to care</td>
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<tr>
<td>Newfoundland &amp; Labrador</td>
<td>Chronic Disease Management Collaboratives (CDM)</td>
<td>Physician, nurses/NPs, others</td>
<td>Fewer ED visits, reduced repeat visits for COPD, improvement in HbA1c</td>
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<tr>
<td>Prince Edward Island</td>
<td>Family Health Centres (FHC)</td>
<td>Physicians, nurses/NPs, others (mental health counsellor)</td>
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<tr>
<td></td>
<td>Primary Care Networks (PCN)</td>
<td>Physicians, nurses/NPs, admin staff, others</td>
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<td>Yukon Territories</td>
<td>Community Health Centres (CHC)</td>
<td>NP, nurse(s), auxiliary staff</td>
<td>Increased uptake of preventive health services (HbA1c, LDL cholesterol testing)</td>
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<td>Diabetes Collaborative</td>
<td>Physicians, nurses, physiotherapists, nutritionians</td>
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<tr>
<td>Northwest Territories</td>
<td>Integrated Service Delivery Model (ISDM)</td>
<td>Physicians, NPs, others (midwives, pharmacists, physiotherapist aids)</td>
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<tr>
<td>Nunavut</td>
<td>Community Health Centres (CHC)</td>
<td>CH nurse, social worker, CH representative, clerk interpreters, x-ray technicians</td>
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<td></td>
<td>Northern Medical Unit (visiting teams, tele-consults)</td>
<td>Physicians, physiotherapists</td>
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Preliminary Findings – Current Status of IPPC

• IPPC is more developed in those regions where legislative and infrastructural frameworks are in place.

• Some IPPC models effective in the control of chronic conditions, especially for diabetes (HbA1c), hypertension (blood pressure), and heart disease (LDL cholesterol)

• Improved uptake of preventive health services, access to secondary and tertiary care.
Preliminary Findings – Challenges of IPPC

- Authoritarian structures
- Legislation/ Regulation
- Funding
- Scope of Practice
- Education and Training
- Inter- and intra-provincial/territorial variation
- Evaluation
- Information technology
Key Messages

• IPPC has the potential to improve system efficiencies and population health (especially for chronic conditions).
• IPPC implementation varies across provinces and territories.
• Primary care delivery is still mostly centered around the physician.
• True collaboration with other non-physician health professionals and primary care delivered by a solo nurse practitioner is limited.
• There remains many challenges to IPPC uptake, however they can be overcome.
Next Steps

• Further analysis of the challenges of IPPC.
• Predict the impact of increased or optimized IPPC uptake on disease cases avoided and potential economic benefits.
• Conclusions and recommendations – how to address the challenges and what we need to move forward.
• Expected time of completion Summer 2012.
Analytical Framework (Briefing 3)

*IPPC team structures and functions vary and are often dictated by the needs of the community they serve. They may include all or some of these professionals.
Thank You