

Multidisciplinary Primary Care

Last Updated: August 2011

BCMA Position

- *The BCMA supports efforts to enhance multidisciplinary primary care in BC as an important solution to the challenges of the increasing prevalence of chronic disease, the growing needs of an aging population, and the ongoing concerns of patient access to primary care.*
- *The provincial government must ensure the safety of patients, the quality of care, and provider accountability in multidisciplinary care by:*
 - *requiring that all health professionals practising in a multidisciplinary care setting have appropriate and adequate liability coverage;*
 - *requiring that all multidisciplinary care teams have a clinical team leader with ultimate responsibility for patient care and who is the best-trained generalist. In the majority of instances, this would be the GP; and*
 - *granting changes to health professionals' scopes of practice when such changes are substantiated with sufficient evidence of training and demonstrated expertise; are ethical, appropriate, and consistent with the best available scientific evidence; and protect the quality of care and the safety of patients.*
- *The provincial government must dedicate long-term, sustainable funding and resources to multidisciplinary care initiatives. This includes the removal of financial barriers to incorporating allied care providers within physician offices.*
- *Physician participation in multidisciplinary care initiatives must remain voluntary. Likewise, physicians must be free to discontinue participation in MDC initiatives if and when they so choose.*
- *The provincial government must support the establishment of an IT infrastructure as a critical element of multidisciplinary care with the goal of enabling communication between physicians and allied health professionals.*

Background

The BCMA defines multidisciplinary primary care (MDC) as “a GP who practises with co-located non-physician providers, and whose practice setting is a private office, community health centre (CHC), or primary health care organization (PHCO).”ⁱ

MDC is an important component of a broader primary care approach designed to meet the challenges of the increasing prevalence of chronic disease, the growing needs of an aging population, and the ongoing concerns of patient access to primary care. If implemented properly, MDC can result in better coordination of care, help to alleviate physician shortages, better maximize health care resources, and improve patient outcomes, especially for those with chronic conditions.^{ii, iii}

Reports commissioned by provincial and federal governments over the past decade have identified the need to reform the way primary health care services are organized and delivered.^{iv, v, vi} A common element among these reports includes the use of MDC teams to provide continuity and coordination of care.

In 2005, the BCMA conducted a web-based survey of General Practitioners in BC to understand the overall state of MDC practice in primary care. Of those surveyed, 17% were GPs practising MDC. In the 2007 National Physician Survey, 20% of second year medical residents indicated an MDC practice environment would be an important factor in having a satisfying and successful medical practice.

The use of clinical teams is becoming an increasingly important component of the British Columbia GP Services Committee's chronic disease management (CDM) initiatives. For example, the BCMA and Ministry of Health launched the Practice Support Program in 2007, which provides ongoing support to GPs and their medical office assistants to improve their management of patients with chronic diseases. Similarly, integrated health networks (IHNs) were launched across the province with the goal of improving access to health services through a team-based and coordinated approach to patient care. Both the CDM initiatives and IHNs are positive steps toward developing MDC in BC.

Analysis

Challenges remain in the adoption of MDC, including issues of liability, accountability, changes to scopes of practice, funding, and the use of information technology (IT).

To ensure the highest levels of patient safety and the quality of care, all health professionals practising in a multidisciplinary care setting must have appropriate and adequate liability coverage. Furthermore, all multidisciplinary care teams must have a clinical team leader with ultimate responsibility for patient care and who is the best-trained generalist. Participation in MDC must be voluntary.

MDC implementation requires that regulatory bodies and professional associations be closely involved in any proposed changes to the scope of practice for allied health professionals who work with physicians. Such changes must be substantiated with sufficient evidence of training and demonstrated expertise; be ethical, appropriate, and consistent with the best available scientific evidence; and protect the quality of care and the safety of patients.

BC cannot realize the gains in collaborative MDC if they are not implemented in physician offices, as the vast majority of British Columbians want a physician as their first point of contact within the health care system. Government must remove the administrative and financial barriers that prevent allied professionals from working within physician practices.

Together with the BCMA, the provincial government and health authorities should continue to support the establishment of an IT infrastructure as a critical element of MDC with the goal of enabling communication between physicians and allied health professionals.

References

- ⁱ BCMA. *Working Together, Enhancing Multidisciplinary Primary Care in BC*. October 2005.
- ⁱⁱ BCMA. *Physicians Speak Up, BC Conversation on Health Submission*. June 2007.
- ⁱⁱⁱ BCMA. 2005.
- ^{iv} Health Council of Canada. *Health Care Renewal in Canada: Accelerating Change*. January 2005.
- ^v Commission on the Future of Health Care in Canada. *Building on Values: The Future of Health Care in Canada, Final Report* (Saskatoon: Commission on the Future of Health Care in Canada, 2002).
- ^{vi} M. Kirby. *The Health of Canadians – The Federal Role, Volume 6: Recommendations for Reform* (Ottawa: The Standing Senate Committee on Social Affairs, Science and Technology, 2002).