CONFERENCE ABSTRACT

Physician Experiences in Co-Designing Interprofessional Services in Primary Care

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Background: In Canada, primary care has multiple structures including solo physicians, small physician teams, and larger interprofessional teams. North Toronto Ontario Health Team is one of ~50 new integrated care models in Ontario, Canada covering ~200,000 people in urban setting with all three different forms of primary care delivery. Currently, a project is underway to increase patient equity to access interprofessional services in primary care with parallel interventions and evaluation arms.

Aims and Methods: This is part of a larger case study and represents a quality improvement initiative to understand physicians’ current experiences and usual care. Data was collected by semi-structured interviews via Zoom®. The guide was created by adapting provider experience surveys and expert opinion guided by literature review. Interviews were recorded for later review and summary documents were created based on a deductive coding frame. One researcher analysed for potential emergent themes for future evaluation purposes. Thematic analysis was based on Qualitative Analysis Guide of Leuven (QUAGOL) but with summaries used instead of quotations.

Results: Interviews were conducted with seven of eight physicians in December 2020 and lasted 25 – 45 minutes. Patient groups identified as having largest gaps in care were those with mental health disorders and older adults. Gaps in mental health care were split between navigation and care delivery (e.g., cognitive behavioural therapy). More diverse gaps were identified for older adults with a clear intersection of mental health but also proactive care to avoid unnecessary admissions. Physicians noted they would like support with medication-related questions for older adults. Positive examples were given with collaborations with community pharmacists and geriatric assessment teams. Mental health and older adults are also the priority groups provincially.

Physicians suggested enablers which included tools to improve communication, algorithms to drive care delivery, and additional relationship building. Collaboration was most often discussed as task-shifting and using algorithms to target care that could be safely performed by other healthcare professionals.

Conclusions: Intervention co-design is happening and will focus on older adults including those with mental health issues or at risk of harm due to polypharmacy. Identified enablers included case
finding, concise communication tools built into the electronic health record, and medical directives which support healthcare professionals to work to top of scope.

**Transferability:** The alignment of physicians’ experiences with pre-existing data allowed the research team to apply external data to the pilot site with more ease. Sharing the enablers designed for this team more widely within our Ontario Health Team may allow rapid development.