

Partnership in medicine: how to promote the collaboration between general practitioners, occupational physicians and social insurance physicians?

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Research team

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Study background

- ▶ Health – work interrelationship → many contact needs between general practitioners (GP), occupational health physicians (OP) and social insurance physicians (SIP)
- ▶ Health limitations due to disease, aging or accident may compromise employability
- ▶ → A more active policy of return to work for workers on long term sickness absence requires more interprofessional cooperation and better communication
- ▶ Study objective : identify communication channels and tools that could support such a cooperation
- ▶ Study supported by the Belgian Federal Service for Employment, Labour and Social dialogue

Study methodology

- ▶ Qualitative design involving
 - Collecting perceptions, opinions and proposals for improvement in each professional group using the “nominal group” technique ;
 - Analysing and interpreting the data collected with the help of a review committee including experts from the three physician populations (GPs, OPs, SIPs) : electronic review of the interim report and plenary meeting to discuss the draft final report including the recommendations
- ▶ Study conducted between June 2010 and March 2011

Qualitative study : nominal group (NG) technique

- ▶ NG provides a structured discussion framework :
 - Introduction of the question to be discussed
 - Individual thinking phase : each participant writes down his ideas or proposals (1 idea / card)
 - Sharing opinions phase : participant's proposals are reported on the meeting room board and categorised
 - Individual vote : scoring the five most important proposals (from 1 to 5)
 - Calculation of summary scores
- ▶ NG allows a prioritisation of problem-situations and improvement proposals by the group members themselves
 - Priority : sum of the scores obtained by a proposal
 - Popularity : number of votes for a given proposal

Qualitative study: nominal group (NG) technique

- ▶ Initial question submitted to the group :

“Try to remind recent patient cases when you had to take contact with, or to collaborate with another health professional, either a MG, OP or SIP, and with these cases in mind, how will it be possible in your view to improve communication with the two other professional groups ? “

Participation to nominal groups meetings

	French-speaking	Dutch-speaking	Total
General practitioners	Group 1 : 13 participants	Group 1 : 11 participants	42 GPs
	Group 2 : 7 participants	Group 2 : 11 participants	
Occupational Health physicians	Group 1 : 9 participants	Group 1 : 7 participant	16 OPs
Insurance physicians	Group 1 : 9 participants	Group 1 : 7 participants	16 SIPs

Results classified in 4 categories

- ▶ **Facilitating information transmission**
 - Availability through electronic channels
 - Traditional communications channels (telephone...)
 - The patient as information transmitter
 - Establishing a common directory of coordinates
- ▶ **Interprofessional collaboration**
 - Need for concertation, for shared decision-making
 - Need for information exchange
 - Driving physicians responsibility, awareness
 - Driving patients responsibility, awareness
 - Contacts not needed ! Each professional have his own role...
 - Better mutual recognition
- ▶ **Knowledge**
 - Knowing the roles, missions and limits of the other professions
 - Information about workplace and working conditions
 - Information about the regulatory framework
- ▶ **Law, political evolution**

Example of results synthesis

Priority and popularity indices

	MG/HAFR	MG/HANL	MT/BAFR	MT/BAANL	MC/VAFR	MC/VANL
2. Collaboration interprofessionnelle / Interprofessionele samenwerking						
2.1 Besoin de concertation, de partage de la décision / Nood aan overleg, deelname aan de beslissing						
Indices / categorie professionnelle / régime linguistique - Index / beroeps categorie / taalstelsel						
	22,0%	49,5%	13,3%	10,4%	0,0%	1,9%
Indices / categorie professionnelle - Index / beroeps categorie	35,9%		12,0%		0,9%	
2.2 Besoin d'échange d'informations / Nood aan informatieuitwisseling						
Indices / categorie professionnelle / régime linguistique - Index / beroeps categorie / taalstelsel						
	14,7%	15,7%	14,0%	18,0%	0,0%	27,1%
Indices / categorie professionnelle - Index / beroeps categorie	15,2%		15,8%		12,8%	
2.3 Responsabilisation, sensibilisation des médecins / Responsabiliseren, sensibiliseren van artsen						
Indices / categorie professionnelle / régime linguistique - Index / beroeps categorie / taalstelsel						
	0,6%	0,3%	0,0%	0,0%	23,7%	0,0%
Indices / categorie professionnelle - Index / beroeps categorie	0,5%		0,0%		12,6%	

Proposals having obtained priority in most NG groups

- ▶ 1. Formalised procedures designed to facilitate the interrelationship between GP, OP and/or SIP when the patient is off work for more than 3 months
- ▶ 2. Motivation of the SIP decision about the GP sick note (prolongation, termination...) made accessible to the GP
- ▶ 3. Systematic information transfer from OP to GP after each medical examination by the OP (about fitness for work, exposure to occupational risks)
- ▶ 4. Federal Service for Employment Website offering information about work regulations and OP roles

Proposals having obtained priority in most NG groups

- ▶ 5. Training of the medical professionals
 - Including interprofessional collaboration as a competency objective in the basic medical training
 - Continuous education involving common training seminars for the 3 professional groups
- ▶ 6. Promotion of electronic communication channels

Discussion

- ▶ NG discussions fruitful, providing a rich variety of opinions and proposals
- ▶ 8 groups involving 74 professionals cannot however ensure the validity and acceptability of the proposals in each professional group at the country level; these should be assessed in a further phase of the study

Discussion

- ▶ An asymmetric relation was observed : each group expressed the need to receive information from the two others
- ▶ Misconceptions of the role of the different professional disciplines are still barriers to an effective collaboration.
- ▶ Opportunities for exchanging points of views between the disciplines are in fact not frequent
- ▶ The common client of the three disciplines, the patient/worker, was barely considered in the group discussions

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Study conclusions

- ▶ Technical and regulatory measures alone will not be enough to promote interdisciplinary collaboration.
- ▶ The other proposals arising from the study will contribute to increase reciprocal knowledge between professionals from the three disciplines and thus form the basis of a more effective collaboration in a patient-centered approach
- ▶ In turn, a positive experience of collaboration could have a beneficial effect on the reciprocal representations of each partner role

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Thank you for your attention !
 Merci pour votre attention!
 Dank u voor uw aandacht !

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