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

Philippe Mairiaux MD Ph.D

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.

Research team

- Family Medicine Department
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  Dr. Ph. Denoël

- Occupational Health and Health Education
  University of Liège
  Pr. Ph. Mairiaux
  N. Schippers

- Occupational, Environmental and Insurance Medicine Department
  Catholic University Leuven
  Pr. P. Donceel
  C. Tiedtke
  Dr. K. Mortelmans (Idewe)

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.

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.

- 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

<table>
<thead>
<tr>
<th></th>
<th>French-speaking</th>
<th>Dutch-speaking</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General practitioners</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1:</td>
<td>13 participants</td>
<td>11 participants</td>
<td>42 GPs</td>
</tr>
<tr>
<td>Group 2:</td>
<td>7 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupational Health physicians</strong></td>
<td>9 participants</td>
<td>7 participant</td>
<td>16 OPs</td>
</tr>
<tr>
<td>Group 1:</td>
<td>9 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1:</td>
<td>7 participant</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Insurance physicians</strong></td>
<td>9 participants</td>
<td>7 participants</td>
<td>16 SIPs</td>
</tr>
</tbody>
</table>

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 GP (about fitness for work, exposure to occupational risks)

4. Federal Service for Employment Website offering information about work regulations and OP roles

Results classified in 4 categories

- **Facilitating information transmission**
  - Availability through electronic channels
  - The patient as information transmitter
  - Establishing a common directory of coordinates

- **Interprofessional collaboration**
  - Need for consultation, for shared decision-making
  - Need for information exchange
  - Driving physicians responsibility, awareness
  - Driving patients responsibility, awareness
  - 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**

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

Example of results synthesis

Priority and popularity indices

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
<th>Group 5</th>
<th>Group 6</th>
<th>Group 7</th>
<th>Group 8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaboration interprofessionnelle / Interprofessionele samenwerking</strong></td>
<td>23,0%</td>
<td>23,5%</td>
<td>23,3%</td>
<td>35,0%</td>
<td>35,0%</td>
<td>25,0%</td>
<td>25,0%</td>
<td>25,0%</td>
</tr>
<tr>
<td><strong>Motivation de l'information / Motivering van informatie</strong></td>
<td>14,7%</td>
<td>15,7%</td>
<td>14,0%</td>
<td>18,0%</td>
<td>0,0%</td>
<td>0,0%</td>
<td>27,1%</td>
<td>0,0%</td>
</tr>
<tr>
<td><strong>Responsabilisation, sensibilisation des médecins / Responsabiliseren, sensibiliseren van artsen</strong></td>
<td>0,6%</td>
<td>0,3%</td>
<td>0,0%</td>
<td>0,0%</td>
<td>23,7%</td>
<td>0,0%</td>
<td>0,0%</td>
<td>12,6%</td>
</tr>
</tbody>
</table>

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.

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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