

**Moira Stewart symposium
Group notes**

Group	Challenges	How can these be overcome?	Priorities
1	<ul style="list-style-type: none"> ✳ Finding a PHC team ✳ Time to share and communicate ✳ Patient at centre versus focus on team process ✳ Tribalism – each tribe sees a different patient (even though same entity) 	<ul style="list-style-type: none"> ✳ Cynically not by EPC items ✳ Prerequisite – acknowledge this is a “wicked problem”: one that remains when the easy ones have been solved. 	<p>Look for examples within and outside health care and apply learning to develop a study model</p>
2	<ul style="list-style-type: none"> ✳ New language: patients haven’t heard it, GPs not aware, is it only for adults? ✳ GP might not be interested to use it ✳ You put a monetary value but how can you put value for patient ✳ If there is a reason to having access to all health providers then we have to worry about teamwork ✳ Systems approaches for patient safety ✳ Why do we need teams? ✳ Team approach can work better in patient’s management ✳ Story of patient to be shared. How? ✳ Cost effectiveness? 		
3	<ul style="list-style-type: none"> ✳ PNs wear too many hats within a PHC team (rehab, education, assessment) so capacity is stretched ✳ Communication within practice problematic and many GPs working part time ✳ GP – nurse pivotal for teamwork (forgotten in Canada) ✳ Comorbidities: disease specific models don’t suit CDM 	<ul style="list-style-type: none"> ✳ Shift in remuneration and staffing levels at practices ✳ Change system of 5 visits/calendar year to AHP ✳ Medical records recording system needs to be de-fragmented ✳ focus on nurse practitioner and specialist nurses ✳ Develop a universal CDM model 	<ul style="list-style-type: none"> ✳ Need for a management role in practice but practice managers only interested in business ✳ Integrate consumer into team through community advisory committee to help design HealthOne

	<ul style="list-style-type: none"> ✦ Need for 1 guideline and 1 care plan ✦ 	then focus and improve communication	
4	✦ Putting multi-disciplinary care into practice	<ul style="list-style-type: none"> ✦ Learn from aged care – it is well funded, specific roles in the team, common philosophy in team and work within a structure ✦ More intelligent use of current funding eg. EPC 	<ul style="list-style-type: none"> ✦ Look at how practices work at the micro level. Encourage practice principles to look at what works and give them protected time to put it into practice ✦ Look at what Allied Health professionals need? ✦ Look at alternative funding structures eg salaried options ✦ Community nurses to work more in PHC - not just acute services
5		<ul style="list-style-type: none"> ✦ Use the stories as powerful examples, not just the facts. Examples of those doing it well. Learning from the positives promotes change. ✦ Multiple models of teamwork 	✦ Community education about patient centred care – rights, expectations, what they can access
6		<ul style="list-style-type: none"> ✦ Education ✦ Capitation – patient registered ✦ Co-locatoin 	<ul style="list-style-type: none"> ✦ Interprofessional education ✦ Systems that support communication (individual incentives)