Shared Care brings specialists and family doctors closer for better patient care

By breaking down walls between family physicians and specialists, the Shared Care Committee and its programs have reduced the barriers that have isolated physicians in both complex urban centres and smaller rural communities. The result is better care to patients.

"Over the past few decades, we lost the ability to work together in a clear and understood fashion where everyone knew who was doing what, and the patient was clear on who was doing what," says Dr Gary Mazowita, a family doctor with Providence Health Care and family practice lead for the Shared Care Referral Project. "The aim of Shared Care initiatives is to recapture some of the things we had in the past with the new understanding of measured outcomes and patients as partners."

The Shared Care Committee is a collaboration of family physicians and specialist physicians working together to improve health outcomes and the patient journey through the health care system. The committee was formed in 2006 as a joint project between the General Practice Services Committee (GPSC) and the Specialist Services Committee (SSC) as part of the 2006 Physician Master Agreement between the Ministry of Health Services and the BC Medical Association.

While the GPSC and the SSC are working to improve the provision of primary care and specialist care, respectively, the Shared Care Committee is a distinct group with its own mandate, funding, and programs to address the care provided by *both* family physicians and specialists.

One such program is Rapid Access to Consultative Expertise (RACE), a prototype program that came out of a partnership between the SCC and Providence Health Care in Vancouver. With RACE, family doctors gain access to specialists by phoning a single number and within 2 hours—and often sooner—receive a return call from an on-duty specialist. Queries regarding treatment, investigations, or referrals, urgent or elective, can be discussed to accelerate care plans and follow up when indicated.

"RACE is like a return to the old-time relationship that existed between specialists and family doctors, where there was time for hallway conversations and discussion about individual patients," says Dr Rita McCracken, a family doctor whose clinic calls RACE at least once a week. "These days, it's rare to even know the face of a specialist to whom I'm referring patients. But now I can talk to someone who can take the minutes required to help me figure out the best care plan for my patient right away."

The RACE program has allowed Providence Health's family practitioners to be connected with specialists in many fields, including cardiology, endocrinology, nephrology, and respirology.

"Without that phone access, I would have been admitting more patients to hospital and doing more referrals," adds McCracken.

With Shared Care programs, specialists can reduce much of the primary care currently handled in their offices and spend more time on diagnosis and treatment of more complex patients. Specialists are able to improve patient preparedness for appointments and tests, reduce inappropriate referrals, provide advice and consulting services to their colleagues, and share treatment plans and follow-up requirements with family physicians. Family doctors can then provide integral post-treatment management and follow-up care with their patients.

Dr Robert Levy, the specialist lead on the Shared Care Referral Project, says Shared Care means all providers are handling the most appropriate aspects of care management. "When we each have a process to understand what we should be doing and what the family doctors should do, the patient receives coordinated care," he says. Levy is a specialist in respiratory medicine at Vancouver's Pacific Lung Health Centre. He says Shared Care has helped define the role of the consultant and the general practitioner in respiratory care, increasing his clinic's capacity.

"We want to improve the health care journey, not increase per capita costs," says Levy. "This is not a way to jump the queue or change the need for referral; instead, it's a way to define who is doing what for the best needs of the patients."

The SCC is currently working on several other projects, including developing rapid access to psychiatry for mood disorders and a polypharmacy program with focus on the elderly.

For patients, Shared Care programs help to reduce the worry and waiting that patients and families currently endure, and increase communication within the partnership of patient, family physician, and, when needed, medical specialist.

—Clay Barber
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This article has not been peer reviewed.