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Changes in Nurses' Family Medicine related activities in a FM Implementation Programme in Bosnia and Herzegovina

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Background

- Over the last ten years, the health authorities of BiH established Family Medicine (FM) as a priority in
 - reorganizing the health care system and
 - reallocating resources to strengthen primary care.
- FM doctors should work
 - in a patient-centred healthcare team,
 - together with nurses being empowered and
 - developing counselling activities and follow-up of patients with chronic diseases.
- FM teams
 - The doctor and the nurse/ are to work in a team, sharing the same location, agenda and population of patients.

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Interprofessional training course

Re-training course in family medicine:

- For doctors and nurses already practicing
- 1 year curriculum
- Sessions of one week alternating with work in the medical practice
- Shared training sessions between doctors and nurses: up to 50%
 - ➔ to promote team work

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The fami project may serve as a blueprint, because

- Not physician-centred
- Not specialist-centred
- Not hospital-centred
 - But
- Strengthens nursing workforce
- Strengthens primary health care
- Strengthens inter-professional & coordinated care
 - - is in line with recent health care policies
 - (see next slides)

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Uncoordinated care can result in patients

- not getting services that they need or experiencing delays in receiving appropriate care
- receiving inappropriate care
- being referred unnecessarily or not being referred as needed
- being hospitalised more often and having longer hospital stays
- not being adequately informed or receiving conflicting information
- not having a clear understanding of their management plan and which healthcare provider/s are primarily responsible for their care
 - Oxman 2008, p 25

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Uncoordinated care can affect

- the quality and efficiency of health care
- access to care
- participation in and satisfaction with care
- health outcomes for chronically ill patients
 - Oxman 2008

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Benefits from interprofessional and coordinated care

- → Increased access to healthcare
- → Improved outcomes for people with CD
- → Less tension and conflicts among caregivers
- → Better use of clinical resources
- → Easier recruitment of caregivers
- → Lower rates of staff turnover
 - Ontario Report 2007

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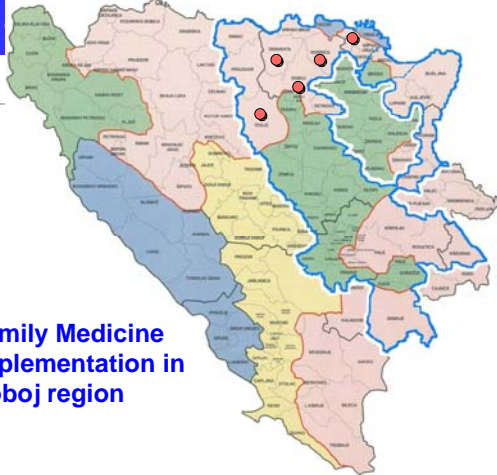


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This is the context of the following study

- Examining the involvement of nurses
- in the implementation of FM
- in one BiH area:
 - Doboï
 - in 2002 and 2003
- measures the changes in the way health care is provided
- after the family medicine implementation by FaMI project
 - in 2004 and 2005.

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Family Medicine implementation in Doboï region


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Methods

- We use data
 - from an intervention, training and supervision programme
 - carried out in the Doboï Area
- We focus on the nurses' training and changing working environment.
- We compared figures from 9 DZ (Dom Zdravlja, Primary Health Care Centres), consisting of data from
 1. baseline surveys, i.e. before FM implementation
 2. follow-up surveys, i.e. after FM implementation

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Changes found in the following variables

- appointment taking by FM team (ie. doctor and nurse/nurses)
- number of consultations
 - number of first time consultations by **doctors**
 - number of first time consultations by **nurses**
 - number of follow-up consultations by **doctors**
 - number of follow-up consultations by **nurses**
 - number of health counselling by **doctors**
 - number of health counselling by **nurses**
- chronic disease consultations (diabetes and

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Preliminary Results

1. Nurses' communication activities (consultations, both first time and follow-up consultations, as well as counselling on health promotion) increased.
2. There was an increase in the time spent with patients (due to more consultations longer than 15 minutes).
3. The numbers of common appointments with nurses and doctors together rose considerably.

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Conclusions

- The outstanding feature of the FM implementation in the Doboj region was the **increased nurse-doctor collaboration** as identified in the systematic introduction of appointment taking by the FM team.
- The inter-professional FM training **empowered the nurse to organise counselling and follow-up appointments** of patients, especially those with **chronic diseases** (diabetes, hypertension).
 - See comments on **chronic diseases** →

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The epidemic of chronic diseases:

- Two recent publications on chronic conditions in Europe




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


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Why interprofessional care? Some short comments

- „Multimorbidity is demanding a chronic care model in which person-focused primary care is the key element“
 - Starfield 2007, Global Health, Equity, and Primary Care.
- „This inherent complexity of human health requires the involvement of individuals with disparate expertise collaborating in multidisciplinary teams to provide the best patient care“
 - Boon 2009: The difference between integration and collaboration in patient care: results from key informant interviews working in multiprofessional health care teams

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On Chronic Disease Management

- **The Chronic Care Model**
- Pruitt 2005:
 - -- *is the interaction between an informed, activated patient and a prepared, proactive practice team. Indeed, such a team is nearly always needed to enable patients to become adequately informed and activated.*

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
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Quote (by a physician!)

- **"Yet the healthcare literature and the experience of many efforts to improve chronic care indicate that nurses, not doctors, are the key to implementing the chronic care model in a patient centred care team".**

Bodenheimer & Mc Gregor, BMJ 2005:
Nurses as leaders in chronic care

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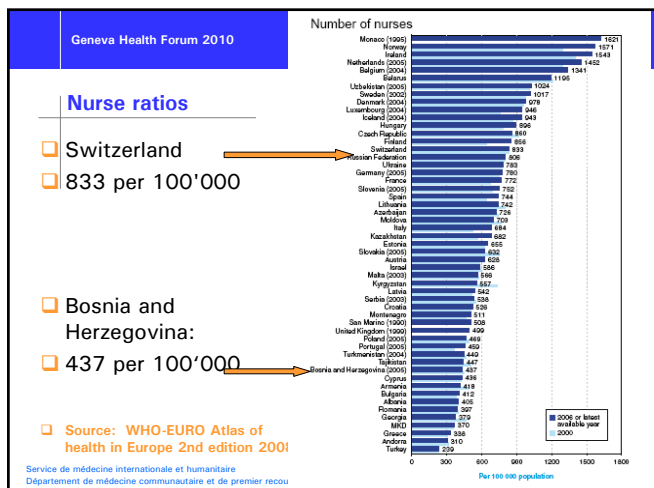
Conclusions

Further steps in the implementation of FM

- Formalised approach to chronic disease management teams
- Change in nursing roles
 - greater autonomy in organising chronic disease management
 - appointment system
 - counselling activities
 - formalised coordination with doctors in the area of medication prescription is needed
- Step up nurse education (Bachelor? Master?)

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Implications for nursing I

Strengthening the nursing workforce in FM

- Team
 - FM is about teams of doctors and nurses, rather than about FM doctors
- Term
 - FM or rather Family Health (FH)
 - or does anyone have a better idea?
- Chronic Disease Epidemic
 - Introduce Chronic Care Model
 - Expand Chronic Care Model to other CD

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Implications for nursing II

Strengthening the nursing workforce in FM

- Nurses
 - Nurses are the leaders in chronic care (Bodenheimer)
 - Involvement of nurses in FM leads to better use of clinical resources
- Community
 - in order to improve health system performance a strong link between physicians and communities is needed. The nursing workforce is this bridge.
 - Nurses facilitate community's access to health care facilities.

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Implications for nursing III

Strengthening the nursing workforce in FM

- Interprofessional care
 - „Interprofessional care is the provision of comprehensive health services to patients by multiple health caregivers who work collaboratively to deliver quality care within and across settings.”
 - Ontario 2007

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Implications for nursing –

Here are the main points again:

1. Team
2. Term
3. Chronic disease epidemic
4. New nursing roles
5. Community
6. Interprofessional care

Hvala and thank you for your attention

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
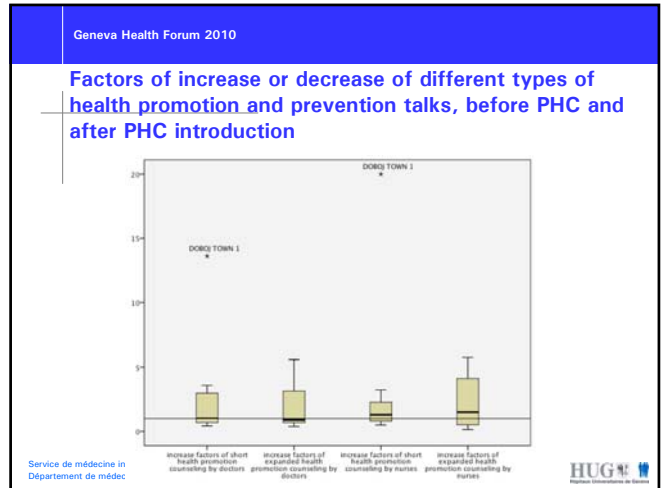
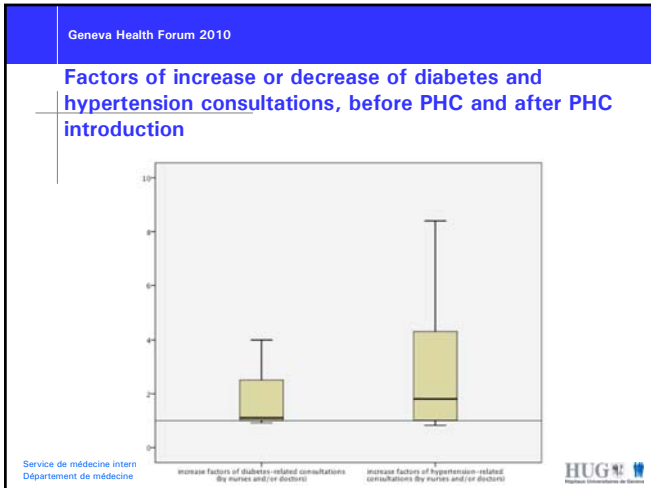
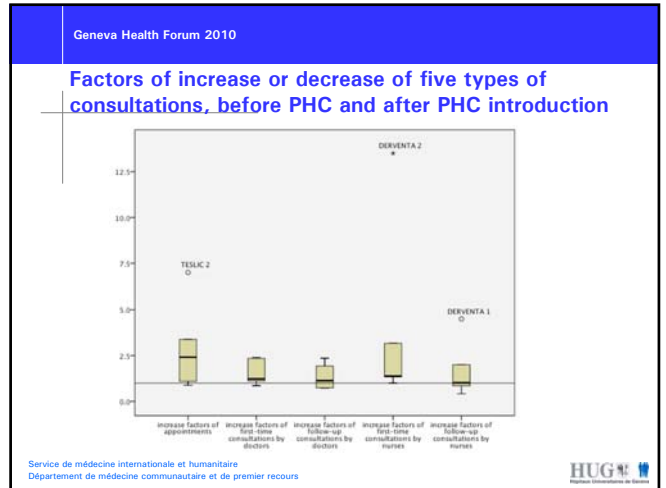
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Preliminary Results DZ	Organising Appointments, before PHC-i	Organising Appointments, after PHC-i
SAMAC 1	0	8
SAMAC 2	0	6
SAMAC 3	0	13
DOBOJ TOWN 1	267	304
DOBOJ TOWN 2	60	203
DERVENTA 1	31	66
DERVENTA 2	10	27
TESLIC 1	33	29
TESLIC 2	12	84
MODRICA	8	150

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Mean differences of increase/decrease factors of PHC-related activities (in 10 health facilities in DoboJ region)

increase factors	Mean difference	P value
increase factors of appointments	5.13466	.076
increase factors of first-time consultations by doctors	2.50013	.022
increase factors of follow-up consultations by doctors	1.75069	.019
increase factors of first-time consultations by nurses	4.39706	.056
increase factors of follow-up consultations by nurses	1.50135	.031
increase factors of diabetes-related consultations (by nurses and/or doctors)	1.66594	.004
increase factors of hypertension-related consultations (by nurses and/or doctors)	2.93736	.020
increase factors of short health promotion counselling by doctors	3.19904	.124
increase factors of expanded health promotion counselling by doctors	2.07671	.031
increase factors of short health promotion counselling by nurses	3.65612	.164
increase factors of expanded health promotion counselling by nurses	2.00126	.021

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