

SHARED CARE

Community | Collaboration | Respect | Relationships | Creativity

What is Shared Care?

The Shared Care Committee is a joint collaborative committee of Doctors of BC and the BC Ministry of Health working to improve patients' health outcomes and their journey through the health care system. Shared Care is family physicians and specialist physicians in the Comox Valley - working together to improve health outcomes and the patient journey through the health care system. This is done by:

- Understanding the working relationship between family physicians and specialists, while implementing pragmatic solutions to improve and support it.
- Developing collaborative approaches that address barriers to care
- Embracing new technologies, service models and payment methods
- Fostering patient self-management
- Reducing unnecessary burdens on patients and their families

Our local Shared Care Steering Committee works together to facilitate and oversee the development and progression of Shared Care projects and currently oversees the Shared Care Perinatal Advisory Team.

Momentum is building with Shared Care in the Comox Valley with some projects being explored:

Most Responsible Physician

A team of general surgeons, emergency room physicians and family physicians are exploring new guidelines for the MRP at SJGH.

Orthopaedics

A local orthopaedic surgeon and family physician have teamed up to enhance the triage, consult and referral process between family physicians and orthopaedic surgeons.

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Maternity Patient and Care Provider Surveys

Hearing the voice of the patient is an important part of the *Collaborative Approach to Perinatal Care in the Comox Valley* project. Through a patient survey and several focus groups, we heard from 245 women about their experience with maternity care in the Comox Valley. Four lucky recipients each won a \$50 gift card for completing the survey and there were over 20 winners of gift baskets for those who completed the survey at their family physician, obstetrician or midwifery clinic.

- Patients said it is important to have *information and support on how to feed and care for a newborn and information and support on depression (during pregnancy and post partum)*
- When asked what is working well with respect to maternity care, patients responded *supportive and caring care providers, easily accessible care providers and home visits*
- *Work schedules (21%), transportation (or money for) (12%)* are barriers for patients in attending their maternity appointments. Patients identified *timing of appointments, location of the clinic and child care* as barriers to care

Ninety-seven physicians, obstetricians, midwives, nurses, doulas and community program coordinators and facilitators responded to the care providers survey and as a result \$485 was donated to Y.A.N.A., The Food Bank, The Therapeutic Riding Association, and Care-A-Van.

- Physicians who provide standard care refer patients to a(n): obstetrician (78%); family physician who provides maternity care (74%) and midwife (67%)
- Over 60% of care providers suggested that *inter professional collaboration* was one of the main challenges in the adequate provision of care to maternity patients in the Comox Valley
- Of family physicians providing standard care, 32% feel that *standardized process and tools for perinatal care* would improve their comfort level in providing care
- Care providers suggested that the best approach to addressing the needs of patients who are challenged with the social determinants of health is *communication and collaboration between care providers* and to provide *awareness of and access to resources and support*

The Maternity Care Providers World Cafe



With over 60 participants, including obstetricians, physicians, nurses, midwives, doulas, community partners from K'omoks First Nation, Island Health and Ministry of Child and Family Development, the World Cafe event provided a great opportunity to collaborate, contribute and learn about other perspectives.

Participants discussed: 1) collaboration and inter professional relationships; 2) knowledge and information for care providers and patients; 3) patient accessibility to care; and 4) patient and provider relationships.

Based on the recommendations made, Working Groups will begin work on strategies around these 3 areas: 1) Primary Maternity Care Collaborative Table; 2) Equal Patient Access Collaborative and 3) Maternity Care Knowledge & Information Working Group.

