Background

Health care in the United States (US) is expensive, with care often fragmented and duplicative. Challenges include limited access, health care is shared and distributed in fragmented ways between primary care providers (PCP) and subspecialists. Often providers do not have full knowledge of patients’ plans of care. The World Health Organization, the Institute for Healthcare Improvement, the Institute of Medicine and other professional health care entities recognize the need for interprofessional, interdisciplinary collaborative care to improve patient’s health outcomes. Increasing productivity, reducing health care costs, and improving health care quality are the tenets of the Triple Aim (IHI, 2002). Professional organizations have provided research and guidance to enhance interprofessional, yet implementation has not been easy in the US.

PROJECT GOALS

The goals of this project were:

- Pilot the Attitudes Toward Health Care Teams Scale (ATHCTS) (Heinemann et al., 1999) with a small group of PCPs
- Determine the need for future inquiry related to attitudes toward interprofessional practice and successful interprofessional engagement among NC Hawkins faculty
- Examine the relationship toward the Doctor of Nursing Practice

MATERIALS & METHODS

- Instrument – Attitudes Toward Health Care Teams Scale (ATHCTS) (Heinemann et al., 1999)
- Survey was designed to examine attitudes toward interprofessional practice
- Completion of Medical Center University Institutional Review Board- exempted May 8, 2014
- Theoretical Basis – Theory of Change
- Approval for participation from the large tertiary health system in eastern North Carolina
- PCPs will be asked to participate via electronic survey
- Participation is voluntary
- Qualtrics® will be used to deliver the instrument
- SPSS© will be used for analysis

RESULTS

The majority of respondents had between 1 and 5 years in practice or greater than 20 years in practice.

The instrument (ATHCTS) is a 21-item scale that measures 2 subscales. The first subscale, made with interprofessional, team-based care. The second subscale is composed of a 21-item Likert-type scale.

VISUALIZATION

DISCUSSION

The project was to gather baseline beliefs of PCPs toward collaborative practice in North Carolina (NC).

Positive Attitudes Toward Interprofessional Practice in Primary Care: Reality or Wishful Thinking?

Jan Tillman, DNP, RN, FNP-BC

Electronic survey of physicians and nurses working in primary care clinics were included.

Limitations:

- Small sample (N=72; n = 13 (18% completion)
- Respondents were 75% Doctors of Medicine
- Average of 11-16 years as health care providers

Strength:

- Validated, reliable instrument (Heinemann et al., ATHCTS)
- Balance of men and women respondents
- Anonymous survey

Are providers in NC progressing successfully toward interprofessional practice?

Limitations:

- Sample size
- Respondent demographics
- Practice setting

Physician Centrality α = .446
Interprofessional/Quality of Care M = 4.1; SD = .851
Providers’ scores ≥ 3.9, “agreed” with interprofessional, team-based care.

Physician Centrality M = 4.5; SD = .719
Providers “agreed” with physician control of care team decisions and plans.

REFERENCES


Limitations and Strengths of the Project

- Sample size
- Respondent demographics
- Practice setting

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