

CONFERENCE ABSTRACT

“There’s a person behind the medication”; Understanding deliberate team based care effectiveness in rural Australia

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Introduction: Recruiting and retaining doctors in rural Australia remains a complex issue. Ensuring work-life balance is known to be effective in retention of rural GPs, yet mechanisms to assist with this have not been effective. The model explored in this research is a GP developed and implemented, deliberate team based care (DTBC) model, built from the ground up within a rural community. The model aims to deliver DTBC, allowing chronic care patients to be treated with a multi-discipline approach, reducing GP workload and providing a supportive environment for patients. The GP oversees case conferencing and provides care plans to the multidisciplinary team who work together to provide timely treatment and patient care: therefore reducing demands on the GP. Understanding the effectiveness of this model in a rural setting is key to identifying how we can reduce the burden on GPs in these underserved areas.

Methods: Semi-structured interviews were carried out with clinicians and administrators within the team. Interviews were transcribed and analysed using an iterative theming approach, using NVivo software.

Results: Key themes identified in understanding model effectiveness revolved around three aspects: model set up, team work and impact on patient outcomes. Themes relating to model set up were pre-existing relationships with health professionals and knowledge of clinical capabilities. Team work was evident by the themes: trust, open communication, belief in the model, holistic care and a cultural shift in medical practice. Impact on patient outcome themes were: patients receiving earlier than normal care, being known by people in the town and that patient health literacy and engagement in their own care was higher.

Discussion: The DTBC model draws on pre-existing health professionals within the community. The GP had a high level of trust across the team, leading to all practitioners having a voice which was heard and respected. Open communication in case conferencing meant team members had shared learning experiences which enhanced their own practice. Effective team work and care plans ensured treatment was received earlier than in normal care, improving patient outcomes. The holistic approach to patient care was enhanced by the rural community surrounding each patient.

Conclusions: Building DTBC from the ground up produces care which contains key elements needed for effective patient care. Being community based, it ensures holistic care occurs not only in healthcare centres but also within the town itself. As a model of care this shows promise to be effective in reducing GP load in these settings and providing greater sustainable wellbeing for the GP.

Robertson; “There’s a person behind the medication”; Understanding deliberate team based care effectiveness in rural Australia

Lessons learned: This model of care requires mutual trust and respect across all health service providers to ensure knowledge sharing and a holistic approach. A cultural change in the current medical approach to GP patient care could facilitate this, ultimately reducing GP workload.

Limitations: This study explores the perspectives on DTBC of nine team members in one rural town.

Suggestions for future research: Future studies examining patient perspectives and health outcomes are important in understanding model effectiveness and contribution to improved GP sustainability in rural Australia.