

SCALING UP

INTEGRATION IN ALBERTA – A PILOT STUDY SUMMARY AND RECOMMENDATIONS



OBJECTIVE

Improving specialty and primary care integration is a key strategy for reducing unnecessary hospital admissions, readmissions, medical errors and delays in receiving care. Finding scalable improvements between specialty and primary care requires an understanding of the lenses through which specialists and family physicians make sense of the referral and consultation process.

SO WHAT?

System factors are the root of a high degree of cognitive effort required by both specialists and family physicians working within an environment of unreliability. Restructuring and co-design to facilitate systematic development and coordination of referral processes is needed. Restructuring must focus heavily on consistency and predictability, in order to create reliable processes. Further study is required.

KEY FINDINGS

- Differing mental models between specialty and primary care (i.e., not shared)
- Similar features between specialty and primary care include individual effort rather than system approach resulting in high effort, rework, reliance on mental recall and system two¹ thinking
- Unreliable or non-existent processes

¹System two allocates attention to the effortful mental activities that demand it, including complex computations. Often associated with the subjective experience of agency, choice and concentration. (Kahneman, D. *Thinking Fast and Slow*. New York: Farrar, Straus and Giroux, 2011.) 499 pages.

FINDINGS IN DETAIL

Family physicians' mental models were consistent across participants:

- ambiguity and unreliability were accepted as normal features leading to effortful, time-consuming work
- consensus regarding challenges navigating the referral process, stemming from specialty care (particularly, not knowing what to include in referral to different specialties or individuals within a specialty)

Additionally, family physicians expected patients in spoken and unspoken ways, to track coordination of their own referral.

Specialists' mental models had some variation, but all included:

- a case-by-case approach due to lack of information needed to assess referrals appropriately leading to increased effort
- deliberately accepting all referrals in belief that each patient is qualified to be seen until proven otherwise and/or because it's easier than rejecting the referral; resulting in evaluating each, needing to request further information, thus extending the wait time for the consult

Team members held shared mental models with the physicians they supported, often confirming what we found in the specialist and family physician interviews. Both family physicians and specialists were open to learning and sharing opportunities to improve.

METHOD

Cognitive Task Analysis (CTA) was used, specifically the Critical Decision Method, which focuses on how one decision is made. In this case, sending or accepting referrals. Three family physicians, three specialists and three team members were interviewed. For more about the research study design and method please see the full report.



MENTAL MODELS

The lens through which we make sense of what's happening around us. More than our beliefs and values and dynamic in nature. Determines what we pay attention to, options and possibilities we consider, how we solve problems, make decision and act. Our understanding of how things work: what actions produce what consequences under what conditions and how and why they do.



COGNITIVE TASK ANALYSIS

Set of qualitative tools used to elicit mental models; valuable to represent how people think when working in cognitively complex environments.



SHARED MENTAL MODELS

Everyone shares the same lens. When mental models are not shared, working together effectively can be markedly impaired without an understanding of why.

RECOMMENDATIONS

- Additional interviews of both family physicians and specialists and teams they work with
- Expansion of study to include patients (and families), and those involved in development of referral processes
- Development of principles for scaling up based on a more complete study of mental models from all involved in development of reliable processes

For more information or a copy of the full report contact

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