



2013 National Physician Survey

Impact of Interprofessional Practice on Physician Access to Resources and Patient Waiting Times

Inese Grava-Gubins, Elaine Lung, and Bilal Kobeissi, of the College of Family Physicians of Canada, Mississauga, ON

1. Introduction

Interprofessional (IP) practice is a partnership between a team of health care professionals and a client in a collaborative and coordinated approach to share decision making on health care and social issues.¹

IP care is increasingly being advocated for improving patient access to resources.¹

2. Objectives

To examine the extent to which the organization of a patient-care setting – **Interprofessional, Solo, or Group practice** – affects physicians' satisfaction with access to clinical resources and health care professionals.

3. Hypotheses

H1: Physicians in IP practice settings will report greater satisfaction with access to health care professionals than will those in solo or group practice settings.

H2: Physicians in IP practice settings will report greater satisfaction with access to clinical resources than will those in solo or group practice settings.

4. Methods

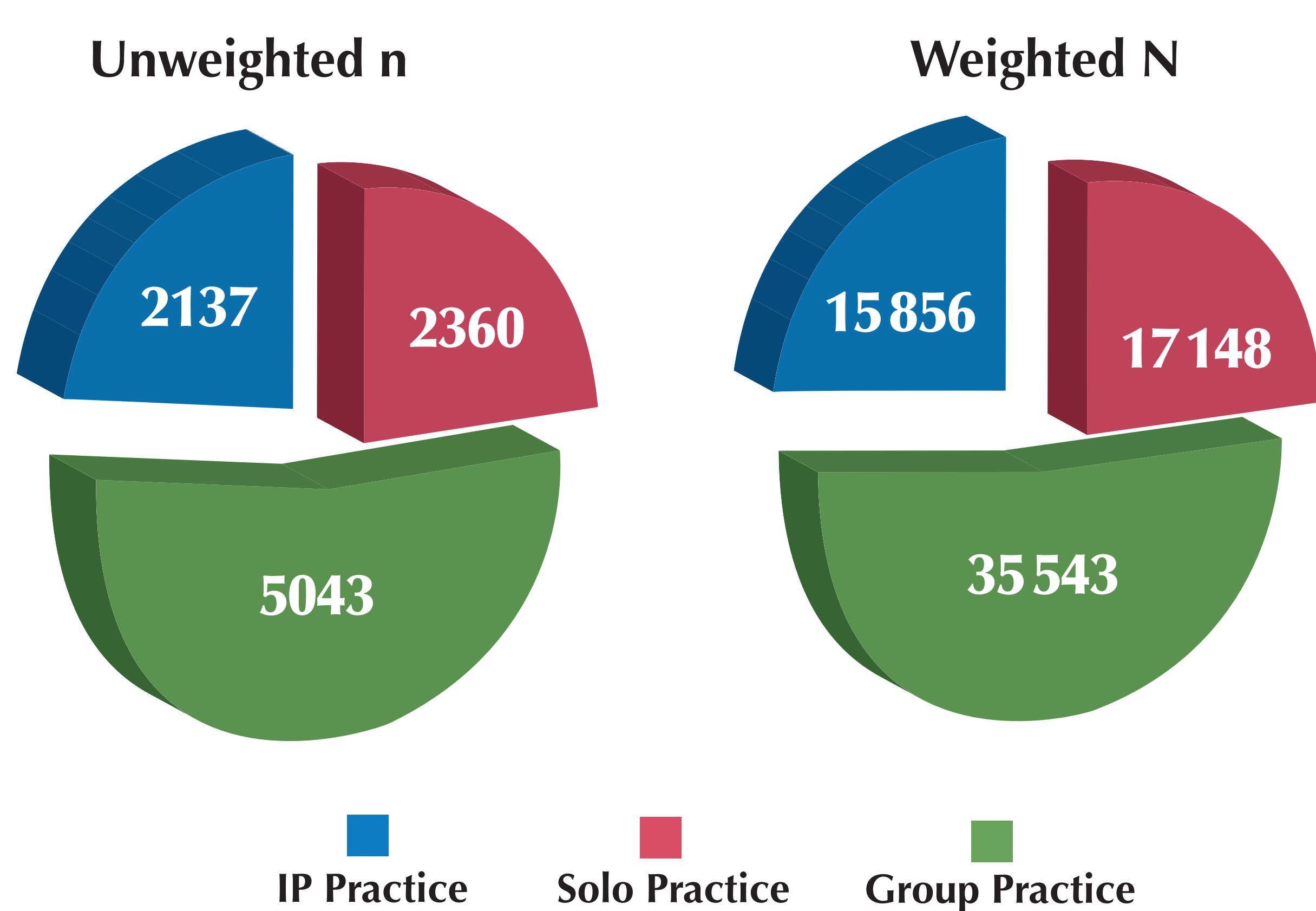
Collaborative project by the CFPC, CMA, and Royal College.

Online survey available to all physicians in Canada, with a focused theme each year.

2013 survey respondents:

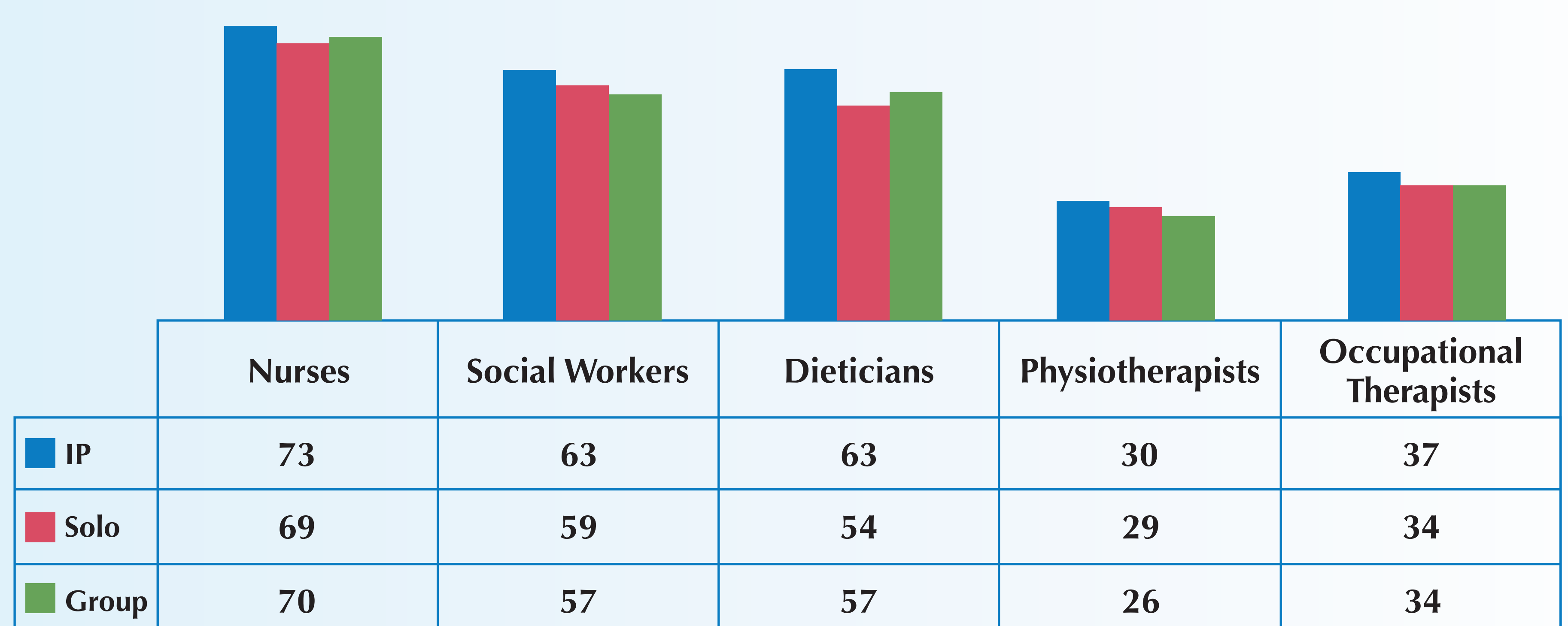
- n = 10487 physicians
- 18% response rate

Data is weighted (N = 75580 physicians) on a number of variables, including province, sex, and age.



5. Results

Physicians Satisfied With Access to Health Care Professionals (%)

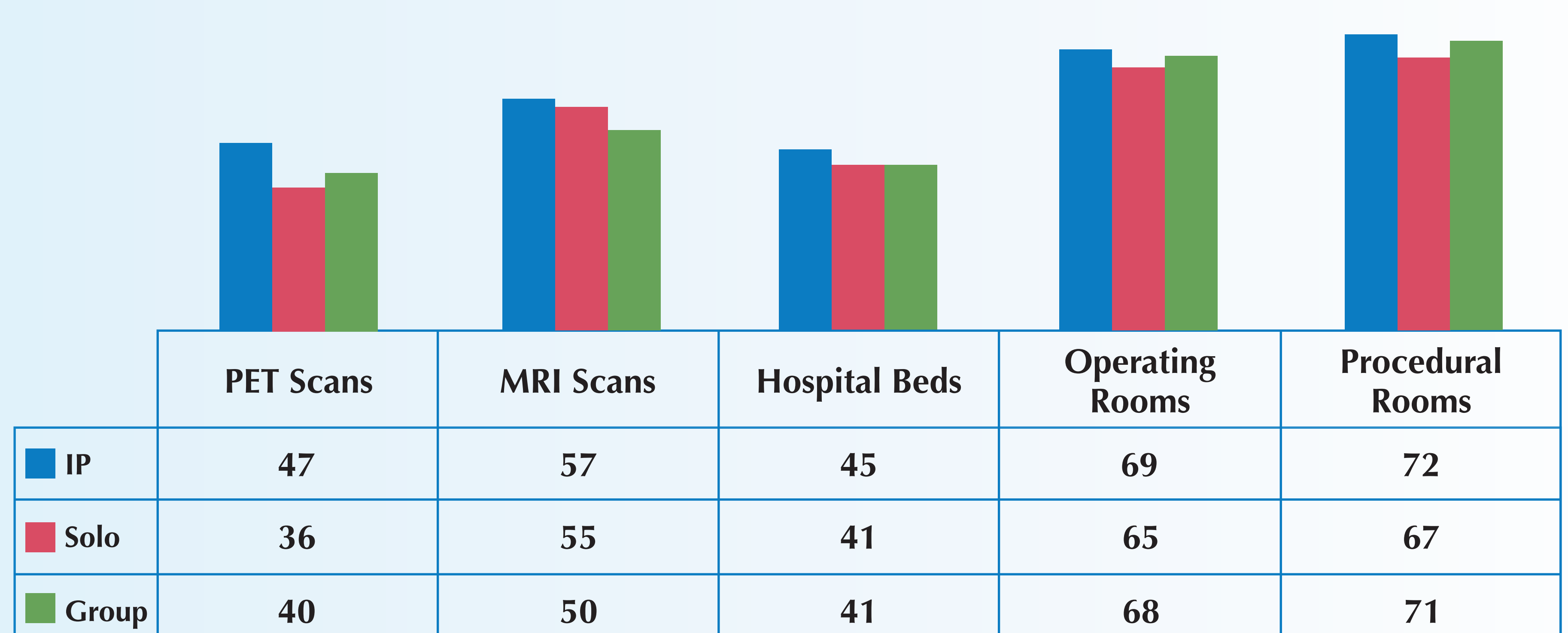


H1: Physicians' satisfaction with access to health care professionals. χ^2 test indicated significant differences among practice settings.

	IP vs. Solo	IP vs. Group
Nurses	*	*
Social Workers	*	*
Dieticians	*	*
Physiotherapists	n.s.	*
Occupational Therapists	*	*

* Indicates significance at $p < .01$; n.s. = not significant

Physicians Satisfied With Access to Clinical Resources (%)



H2: Physicians' satisfaction with access to clinical resources. χ^2 test indicated significant differences among practice settings.

	IP vs. Solo	IP vs. Group
PET Scans	*	*
MRI Scans	*	*
Hospital Beds	*	*
Operating Rooms	*	n.s.
Procedural Rooms	*	n.s.

* Indicates significance at $p < .01$; n.s. = not significant

6. Conclusion

Physicians in an IP practice reported greater satisfaction with access to most health care professionals (H1) and clinical resources (H2) than those in a solo or group practice. Better access to health professionals and clinical resources could mean shorter waiting times for patients. **The CFPC's Patient's Medical Home model** promotes interprofessional teams delivering patient-centred care for all Canadians.



www.nationalphysiciansurvey.ca



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1. Canadian Interprofessional Health Collaborative. A national interprofessional competency framework. February 2010. Available from: www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

