

# Interprofessional Collaboration in eHealth:

*How can U21 Best Contribute*

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U21 Health Sciences Deans Meeting  
Hong Kong



## eHealth IP Group (alphabetical order)

- Jasmin Abizadeh, Medicine (researcher), UBC
- Antonia Arnaert, Nursing, McGill University
- Lorraine Devitt, U21 Health Sciences Executive
- Kendall Ho, Medicine, UBC
- Simon Mockett, Physiotherapy, Nottingham U
- Lisa Nissen, Pharmacy, Queensland U
- Ryan Payne, Medicine (researcher), UBC
- Trevor Russell, Physiotherapy, Queensland U
- Nick Shaw, Pharmacy, Queensland U
- Ed Yen, Dentistry, UBC
- Chris Zed, Dentistry, UBC





## Agenda

- Rationale
- Approach
- Results
  - Education
  - Clinical
- Recommendations



## Why IP & eHealth?

- Health issues: aging, chronic/emerging diseases
- Challenges: HHR shortage, access, quality
- Proficiency of 21<sup>st</sup> Century health professionals\*
  - Interprofessional team based practice
  - Use of information technologies

**How can academia contribute?**  
**What can U21 do?**

*\*Institute of Medicine April 2003 Report*



## Definitions

- **eHealth:** “emerging field in the intersection of medical informatics, public health and business, referring to health services and information delivered or enhanced through the Internet and related technologies.”
- **Interprofessional clinical team:** “a consistent grouping of people from relevant clinical disciplines...whose interactions are guided by specific team functions and processes to achieve team defined favorable patient outcomes”



## Approach

- 6/2006 to 9/2006: Survey development
- 9/2006: Feedback in Nottingham meeting
- 9/2006 to 11/2006: Primary literature search
- 11/2006 to 1/2007: Distribution
- 1/2007 to 4/2007: Survey collation/analysis
- 4/2007 to 8/2007: Additional literature search
- 3/2007 to 6/2007: Web site development
- 4/2007 to 9/2007: Report write-up

## Results

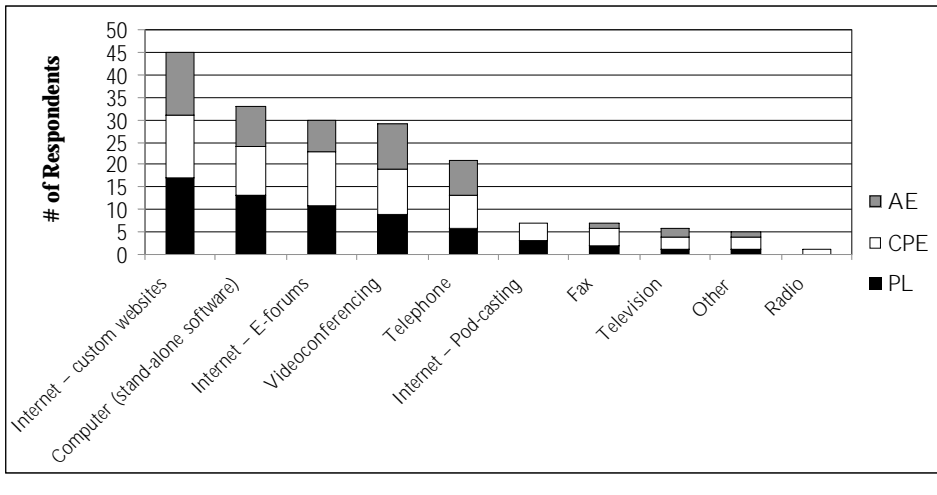


- Literature Review:
  - Facilitates virtual team & new working environment
  - Improve communication over phone consultations
  - Innovative usage: cost saving & optimize outcome?
  - Lack of evidence to prove assertions
- Survey:
  - 33/57 surveys from Deans/Heads returned (57%)

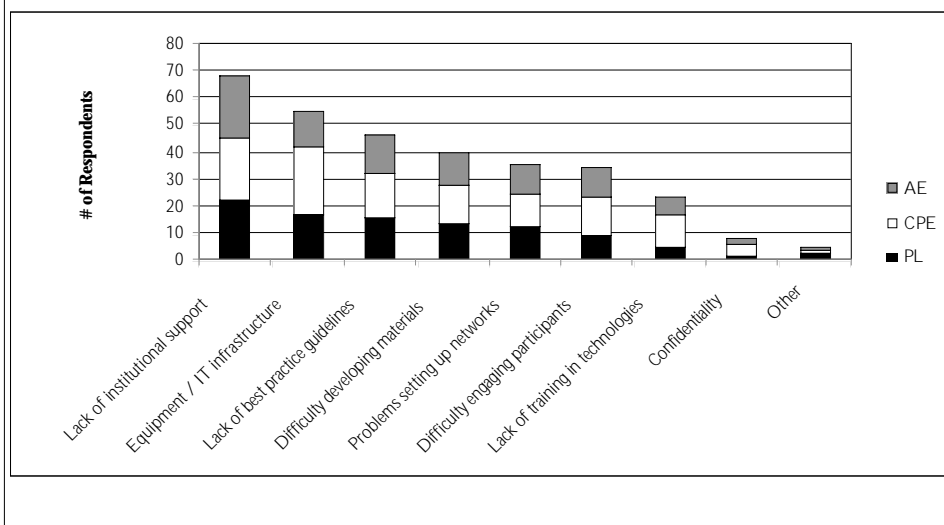
## Survey Results: Education



## eHealth tools: Education



## eHealth Barriers: Education



## eHealth Strengths: Education

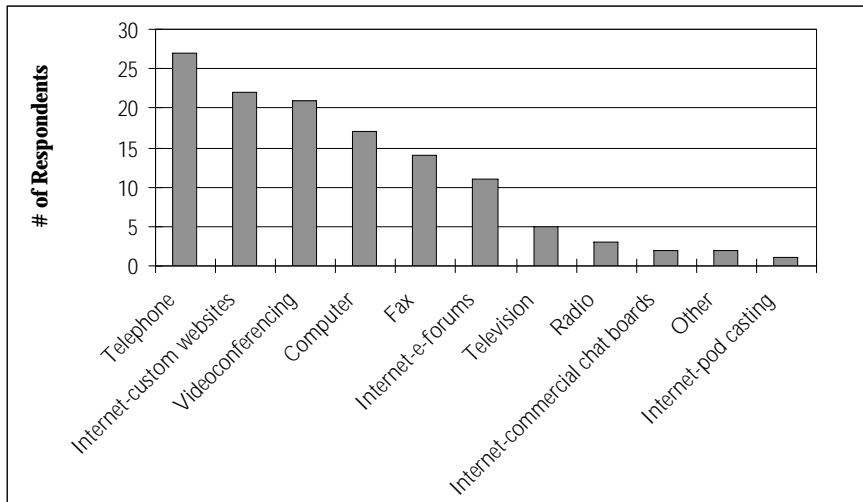


- Flexibility, resource sharing, and cost-effectiveness
- Overcoming distance, geographical boundaries and time zones
- Share reflections and thoughts on learning materials with peers and other disciplines

## Survey Results: Clinical



## eHealth tools: Clinical



## Barriers of eHealth: Clinical



| Barriers/challenges  | No. | %   |
|--|-----|-----|
| <b>Environmental/Organizational</b>  |     |     |
| Staff workload issues  | 20  | 67% |
| Organizational culture and practices out of step with cultural advances                        | 12  | 40% |
| Access to computers in the workplace   | 10  | 33% |
| <b>Individual</b>  |     |     |
| Not enough inter-professional collaboration before going into practice                         | 16  | 53% |
| Negative attitudes regarding sitting at computers versus providing care                        | 13  | 43% |
| Preference for face to face interactions   | 12  | 40% |
| <b>External</b>  |     |     |
| Technological shortcomings   | 18  | 60% |
| Not enough evidence or research to support e-health involving interprofessional collaboration  | 15  | 50% |
| Insufficient policy or legislation that supports interprofessional collaboration               | 15  | 50% |
| Limitations imposed by professional regulatory bodies  | 4   | 13% |
| <b>Other</b> (please specify)<br>*Traditional curricula and inflexibility of some professions* | 1   | 3%  |

## eHealth Strengths: Clinical



- Facilitate collaboration, communication, networking
- Better data capturing, storage, and analysis for clinical care and knowledge management
- Usage in health promotion and patient education

## Advantage: U21



- Academic institutions: ideal to test innovations
- U21 consortium with good examples
- U21 has faculty members and student bodies
- Can lead globally:
  - Document best practices and evidence
  - Facilitate communication and knowledge exchange
  - Stimulate U21 experience sharing and replication
  - Partner with global organizations for synergy

## Proposed Resolution

### ***Request for U21 Health Sciences executive support:***

- 1. Form the U21 IP eHealth steering committee*
- 2. Develop a U21 IP eHealth web portal*
- 3. Synthesize best practice pathways for IP eHealth*
  - Literature & U21 IP eHealth projects*
  - Web documentation*
- 4. Consider a joint U21 wide IP eHealth proposal*

## Conclusion

- Need for IP and eHealth
- U21 can be global leader
  - People
  - Experience
  - Mandate & ability to innovate

**Window of  
Opportunity at  
hand!!**

