

Interprofessional care: What it is, why it matters, and what is needed

Gregory K. Tippin, M.A. Candidate, Clinical Psychology, Lakehead University,
and K. Amanda Maranzan, Ph.D., C. Psych., Lakehead University

Source: Tippin, G.K., & Maranzan, K.A. (2012). Interprofessional care: What it is, why it matters, and what is needed. *Psynopsis: Canada's Psychology Magazine*, 34(1), 35.

Contemporary health service delivery

Interprofessional care (IPC) in the delivery of health service is receiving increasing attention from funders, agencies that deliver care and from health professionals themselves. As an example, IPC was recently identified as a strategy for renewal of Ontario's health care system, suggesting that the province is transitioning towards this structure of care. IPC is seen as one response to the shortfall in service in the face of increasing demand. Poised to be more cost and clinically effective, IPC would seem to benefit all stakeholders in health service delivery.

What is interprofessional care?

IPC is one model of a collaborative approach to health service provision. HealthForceOntario views IPC as a client-centered model with a very high degree of communication among providers and the client and one in which health service is coordinated around client's needs and treatment goals. This structure allows for multiple health providers, from varying professions, to combine their expertise to best serve clients. IPC should result in holistic care that is seamlessly organized to eliminate service overlap and where providers respond to changes over the course of treatment.

Why does interprofessional care matter?

In the Fall 2011 issue of *Psynopsis*, Dr. Ian Nicholson described how psychology has much to offer when practicing under the IPC structure. Psychology needs to adapt and integrate itself within this model of care – both to promote the relevance of psychological services to health care in general and to participate in what is being viewed as a more efficient and effective mechanism of health service delivery. IPC and collaborative care, particularly within primary care, is also consistent with the goals for a reformed Canadian mental health system identified by the Mental Health Commission of Canada. Treatment that is integrated, holistic and client-centred will presumably be more efficient and decrease duplication of service from solos providers. Additionally, IPC is a model well suited to address the psychological factors concomitant with a range of physical disorders. IPC, with its team of providers, allows for a breadth of care that would be difficult to achieve through traditional or solo service delivery.

What is needed?

Despite the view that IPC results in more efficient and effective care, and despite the fact that there has been uptake of this model, there is a surprising paucity of research into its outcomes and benefits. The evidence often cited in support of IPC has some significant shortcomings; most notably, its methodologies are poorly described and its use of terminology inaccurate. Although this

is a model that has obvious intuitive appeal, there is a clear need for research into clients' treatment outcomes from IPC. More specifically, we need randomized control trials to demonstrate treatment efficacy and efficiency over traditional models of care and research into the practice-based effectiveness of the model.

Despite the need for more research, IPC is being promoted and practiced. However,

health professionals continue to train for practice in silos rather than collaboratively. What is needed for the practice of psychology, and indeed for all of the health care professions, is education and training in interprofessional practice. The development of common standards and curricula for collaborative practice will not only prepare us to practice collaboratively, they may also facilitate examination of the model's use as a strategy to improve health care.