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## INTRODUCTION

The ever-increasing specialization of healthcare has streamlined care from a provider's perspective, but it has only made things more difficult for patients. Rather than attempting to navigate the tumultuous waters of our current healthcare system, patients are going to the emergency department for non-urgent problems. Collaboration between a patient's healthcare providers has declined and may even be nonexistent. One solution to this multifaceted problem is the creation of a multidisciplinary clinic (MDC). This type of clinic offers multiple services all under one roof such as primary care, dental, and social work services. Although there is an ample supply of literature based on MDCs who offer specialty services, there is a gap in the literature when it comes to MDCs who offer primary care services.

## PURPOSE OF STUDY

The purpose of this research study is to examine the creation, practices, and interprofessional collaboration of multidisciplinary clinics offering primary care in Kentucky.

## METHODS

- After a thorough literature review of MDCs, this study was designed to find similar themes among MDCs in the central Kentucky area.
- A purposive sample of 10 MDCs in the central Kentucky area was identified in consultation with the UK Center for Interprofessional Health Education, using the inclusion criteria of an MDC providing primary care with at least 1 other specialty.
- The study was reviewed and approved by the IRB (75855).
- Clinic representatives were contacted via email about participation.
- Semi-structured interviews were conducted via video format, asking questions about clinic formation, challenges, structure, and advice.

### Interview Questions:

1. What departments/services does your clinic have?
  - a. What do you wish you had?
2. Can you tell me about how this multidisciplinary clinic came to exist?
3. What challenges or difficulties were there when creating the clinic? (i.e. finances, communication, provider interest, etc)
  - a. What challenges or difficulties are there now? Are there differences?
  - b. Are staff and providers of this clinic compensated or is the clinic pro bono or voluntary?
1. In your opinion, What helps to ensure effective communication among the interdisciplinary teams?
  - a. What could be changed to improve communication challenges?
2. What advice would you give to someone starting out who wants to open a similar multidisciplinary clinic?
  - a. Do you have any advice in regards to a funding or finance model?
  - b. Are there any changes that you would want to implement now?
  - c. What are the barriers to implementing these changes?
3. Have providers noticed patients saying benefits or challenges to the clinic?
  - a. If so, what feedback have they heard from the patients?
4. What aspects of your multidisciplinary clinic work well?



*"Another barrier that we had to overcome is the understanding and trust of the community [that patients can] see a doctor, ask about counseling, and then can get [their] tooth pulled. I think getting them on board to trust and believe us [was a challenge]."*

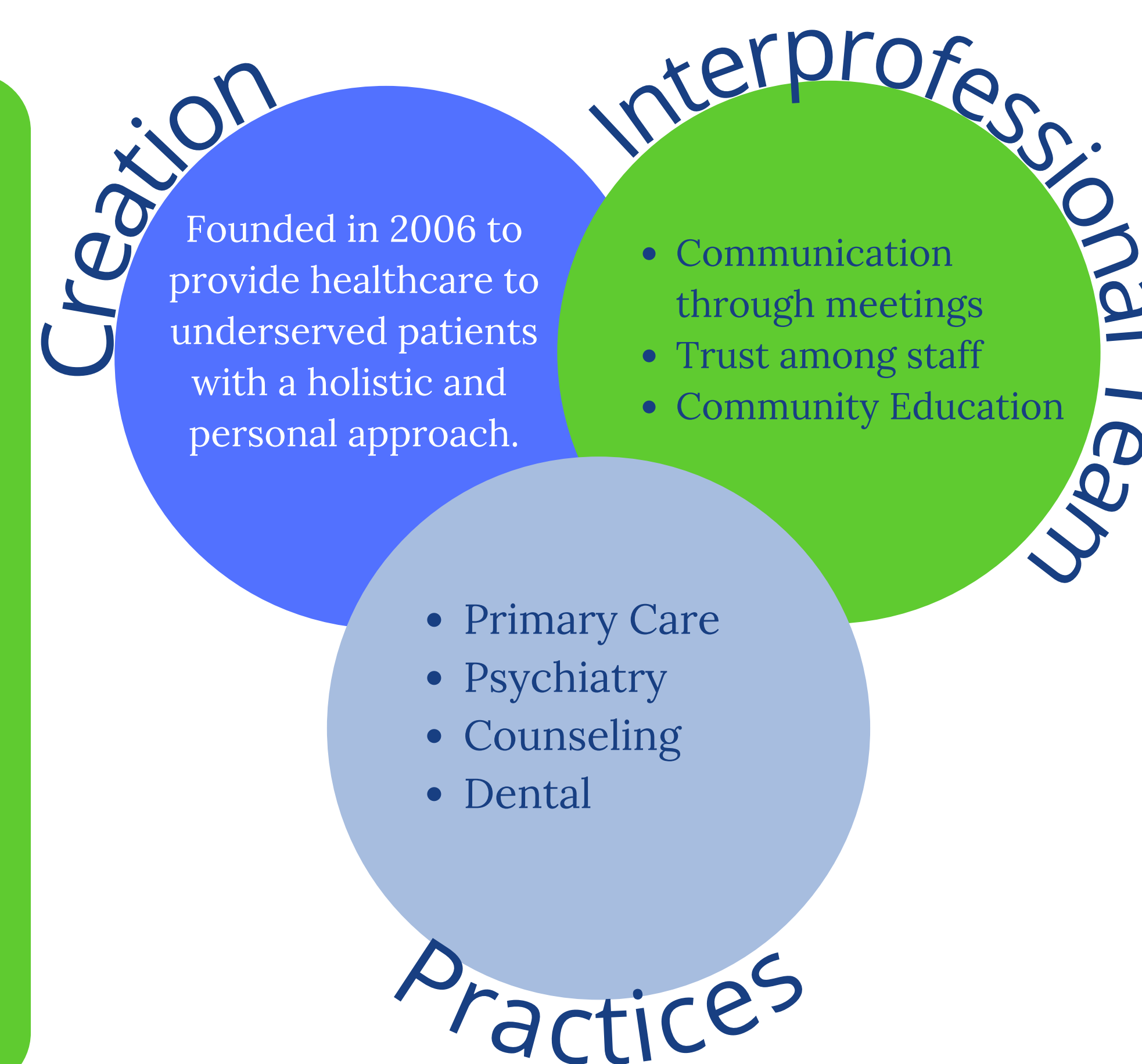


Figure 1: Primary themes found in the interview with the Refuge Clinic

## RESULTS

- The Refuge Clinic, founded in 2006, currently provides the services of primary care, dental, psychiatry, and counseling in both Jessamine County (Kentucky) and Fayette County (Kentucky). They have not been limited to only these services in the past and have aspirations of adding gynecology and dermatology to their clinic again.
- With such a diverse patient population, Refuge claims having **open communication and trust with patients as well as providers** ensure personable and holistic care is provided.
- **Weekly and bi-monthly meetings** between staff and directors are crucial to keep everyone up-to-date.
- Refuge is a non-profit organization that is funded by grants, donations, and a partnership with a local hospital in the Lexington area. **By partnering with a hospital, it ensures patients are receiving primary medical care through an appropriate provider rather than the emergency department.**
- The Refuge Clinic is proudest of their ability to remain loving toward patients while still providing them with effective and quality healthcare.
- Advice given to future MDCs includes:
  - Finding **"key players"** that share the common goal of providing quality, holistic healthcare
  - Provide **patient and community education** about the MDC's role as an effective way for patients to access multiple healthcare services.

## DISCUSSION

Barriers were a common theme in both the interview with the Refuge Clinic and also in the medical literature. **The most highlighted barrier to creating and running a MDC is finances.** Finances limit the services and resources provided, but at the Refuge Clinic, it does not hinder the quality of care they provide. Another barrier discussed was lack of providers which can limit the number of specialties included in a MDC. Communication can be difficult in a large interprofessional team, but the Refuge Clinic believes that having **regularly scheduled meetings helps the clinic provide efficient and quality care.** Along with communication between providers and staff, the Refuge Clinic emphasized the importance of educating patients about the benefits of receiving care through a MDC.

MDC have been shown to provide many benefits to both patients and the healthcare system as a whole. **MDC increase access to specialists and primary care, and they also provide an ease for patients who can see multiple providers under the same roof.** Another benefit is reducing the number of patients seeking non-urgent care in the emergency department. The Refuge Clinic provides a space for patients to go for primary care healthcare needs, so this reduces the cost and eases the burden of emergency room visits.

Through previous research and the interview with the Refuge Clinic, it is clear that **MDCs are an effective way to deliver quality, efficient, and cost-effective healthcare.** However, they are not common in the US healthcare system.

## CONCLUSION

The purpose of this study was to evaluate the inter-professionalism, practices, and creation of current multidisciplinary clinics to help in creating future MDCs. The study possesses a few of the following limitations:

- Limited amount of data was analyzed because only one clinic responded for an interview.
- The clinic included was specific to Lexington, Kentucky, meaning it cannot be generalized to all locations.
- Using qualitative data through interviews also proposed potential participant bias.

By exploring one multidisciplinary clinic and its approach to combining primary care and other healthcare disciplines in one setting, this study proposes that these types of clinics are an effective way to deliver accessible, quality, and comprehensive care to patients.

**This research could be continued with more clinics to provide additional insight into creating and practicing in a MDC.**