Engaging Ontario's Primary Care Teams: Learning the secrets of success from those who have achieved it.

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Background

There is increasing interest and investment in interdisciplinary primary care teams in Ontario, Canada. While there has been research conducted on team functioning, what is required is a better understanding of why some teams improve over time while others do not. The objectives of this study are to: 1) identify teams whose performance improved over time; and 2) to explore qualitatively the dimensions of teamwork that enabled this improvement.

Methods

A descriptive analysis was conducted using data contributed by 120 teams over 3.5 years to Data to Decisions (D2D), a voluntary performance measurement initiative. Characteristics of teams that improved over time were identified and used to select a subset of 10 teams for interviews. Using previously established dimensions of team functioning, interviews explore features that have enabled teams to improve.

Setting & Participants

120 of the 184 interdisciplinary primary care teams that belong to the Association of Family Health Teams of Ontario (AFHTO) which serves approximately 25% of the population of Ontario, Canada.

Results

D2D performance and team characteristic data suggested one feature in common with improving teams was single-site design. Patients of single-site teams had statistically significantly lower *per capita* healthcare system costs, even when patient complexity was considered. The relationship was true for urban and rural teams and persisted over multiple iterations of D2D. There was no relationship between performance and the extent of QI activities, frequency of conversations about performance or presence

of physician champions within teams. This suggests other characteristics or activities may be drivers of the higher performance observed in single-site teams.

Early data emerging from interviews show that it was easier to engage participants in conversations about the effect of single vs. multi-site design on teamwork rather than conversations about performance. Participants commented about having teammates who worked well together and with whom they had trust and respect. These findings suggest that differences between single and multi-site teams may be less about real estate and more about how team members get to know and trust each other and build their team.

Conclusion

While single-site design might not necessarily be the driver of better outcomes in primary care teams, it does provide a useful place to start exploring what the drivers might actually be. Early data suggest that one or more of the dimensions of teamwork may contribute to high performance. Understanding how these dimensions are operationalized in higher performing teams can generate approaches that any team, regardless of number of sites, might enact to achieve better outcomes.

Relevance Statement

Learning from teams that are able to improve over time could help other interprofessional health care teams identify ways they could also improve. Focussing on teams that have already made progress could also help overcome doubt and convince other teams that it is possible to improve.