



ENGAGING ONTARIO'S PRIMARY CARE TEAMS: LEARNING THE SECRETS OF SUCCESS FOR TEAMS WHO HAVE ACHIEVED IT

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On behalf of and with thanks to the members of the

Association of Family Health Teams of Ontario

And TUTOR-PHC alumni fellowship

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Disclosure

- Presenters: Carol Mulder and Laura Belsito
- No relationships with commercial interests
- No commercial support
- No conflict of interest

Purpose

- There is increasing interest and investment in interdisciplinary primary care teams
 - 28 teams expanded including 4 brand new teams launched
- There is also increasing interest in understanding how teams work to improve care
- AFHTO members have been measuring and tracking their progress
 - D2D now into its 7th iteration in nearly 4 years
- Knowing what contributes to improvement is not just about the numbers

METHODOLOGY



Starting gate: 184 interdisciplinary primary care teams that belong to the Association of Family Health Teams of Ontario (AFHTO) serving approximately 25% of Ontario



Race course: Not a straight line....

- Qualitative interviews
- Dimensions of team functioning
- Recruitment...

Finish line: Understand and share the experience of teams that are improving



Action research/PDSA

- Take 1: Measure and report performance so teams can compare
- Take 2: Analyze quantitative data to identify characteristics of higher performing teams
- Take 3: Interviews with higher and lower performing teams
- Take 4: Interviews with single and multi-site teams
- Take 5: interviews with single and multi-site teams based on dimensions of team work
- Take 6: ?

Dimensions of team work

1. Teamwork philosophy: *What does “team work” mean here?*
2. Scope of practice: *How much do people know about and use the scope of practice of people in different professions than themselves?*
3. EMR use: *What role does it play in team-work?*
4. Physical plant: *How does location/layout affect how your team works?*
5. Team building: *Formal and/or informal activities*

Dimensions of team work

6. Conflict resolution: *What happens if /when people disagree?*
7. Change management: *What does that mean to you?*
8. Leadership: *How would you rate the leadership of your team and why?*
9. Team evolution: *How are things now compared to 1-2 years ?*

Results: process

- 7 teams engaged to date: 4 multi-site teams, 3 single-site teams
- Easier to recruit teams around single vs multi-site design than around performance
 - Personal invitations trump any other recruitment strategy
- Will be supplemented with quantitative data about team characteristics from D2D
- Will be compared to 7 iterations of performance data in D2D (ie not just point-in-time performance)

Some results so

1. Teamwork philosophy: *sex*"
2. Scope of practice: need *need chiropractors to be*
3. EMR use: communication
4. Physical plant: separate
5. Team building: informa
6. Conflict resolution: no c
7. Change management: "
8. Leadership: important,
9. Team evolution: teams

Dazzling DAFHT'er

Presented to (first and last name): _____

Title: _____

- Put Patients First Caught you Caring!
 Fire Starter Rocked a Project!

Description of situation: _____

I'm so impressed I'm sharing this note with: _____

Presented by: _____ Date: _____

Conclusions so far

- Multi vs single-site design
 - Useful place to start the conversation about enablers of performance
 - *Maybe* facilitates better team bonding and communication
 - Impact (if any) is almost certainly more than a question of real estate
- General observation so far: there is *subconscious* appreciation of team dimensions
- Diverse sample needed to understand what makes the difference in *performance*

On behalf of and with thanks to the members of the
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Thank you

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