



Evidence of the positive impact of co-location on quality and healthcare system costs in Ontario's primary care teams

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on behalf of and with thanks to the members of the Association of Family Health Teams of Ontario, Canada

“There's one lunchroom so we've all got to eat together.... I think that's how we evolved.”

Objective

What is it about teams with high and/or improving performance that other teams could try to improve their performance?

Background

Setting: Association of Family Health Teams of Ontario (AFHTO).

Data source: Performance and team characteristic data voluntarily contributed to “Data to Decisions” (D2D)*; 100+ teams, >60% of members over 4 years & counting.

Opportunity: Leverage this uniquely broad and long dataset to identify potential actions all teams could take to improve outcomes and thus better demonstrate value of primary care teams.

* Data to Decisions: <http://www.afhto.ca/highlights/d2d-5-0-demonstrating-the-value-of-primary-care-teams-again/>

D2D: Hints about Quality enablers

Quantitative analytic approach:

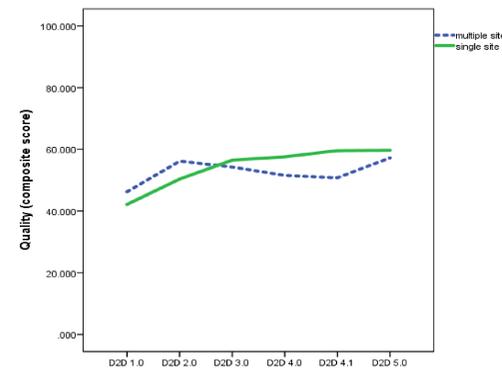
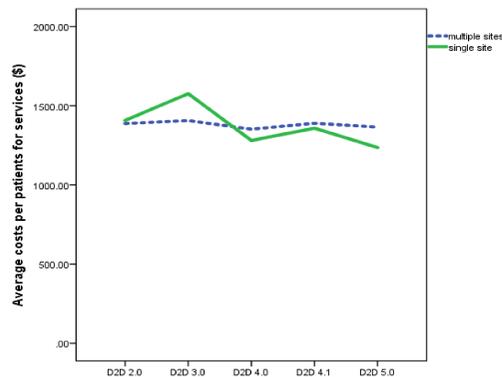
Guided by AFHTO members who found co-location interesting as a potential quality enabler because of:

- literature of its possible benefit.
- intuition that being together is part of being a team.
- anecdotal evidence that physical design of teams affects how they function.

Quantitative D2D data were analyzed to find “hints” that can be explored more deeply qualitatively.

The quantitative data: *The hint*

Single-site teams are, by definition, co-located. Multi-site teams may or may not be.



Single site (vs multi) site) teams tend towards: **Lower cost, higher quality and fewer patients.**

There is no difference in single- (vs. multi-) site teams in **QI activities (e.g., conversations about performance), presence of physician champions, or rurality.**

Interviews: Taking the hint...

Qualitative interview approach:

- Designed to leverage **and** further build relationships with members. Exploring co-location was an easier way to start conversations than recruiting on the basis of high or low performance.
- Intended to explore hints in D2D data about enablers of quality, starting (but not necessarily ending) with number of sites. Number of site and/or co-location could merely be the “door opener”.
- Oriented around established dimensions of team functioning:

Teamwork philosophy	Physical location and layout	Change management strategies
Scope of practice	Formal & informal team building	Physician and ED leadership
EMR use	Conflict resolution	Team evolution

The qualitative data: *Taking the hint*

- Co-location **does** open the door: recruitment more successful than attempts based on level of performance.
- “Its not a coincidence!”: Teams are intentional about their efforts to improve.
- Real estate is not the issue nor the answer: Not all single-site teams work the same way, even with similar physical design. D2D data echoes this: not all have high or improving performance.

What's next?

Triangulate qualitative (interview) and quantitative (D2D performance) data to more fully understand impact of co-location.

Consider the qualitative data to identify actions **any** team can take to improve outcomes, no matter how many sites they have.

