



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

Carol Mulder and Laura Belsito (AFHTO)

Judith Belle Brown, Bridget Ryan and Cathy Thorpe (Western University)

On behalf of and with thanks to the members of the

Association of Family Health Teams of Ontario

And TUTOR-PHC alumni fellowship

Jun 2018

Disclosure

- Presenters: Carol Mulder
- 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 of 184 teams expanded, 4 new teams launched in 2018
- 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....

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



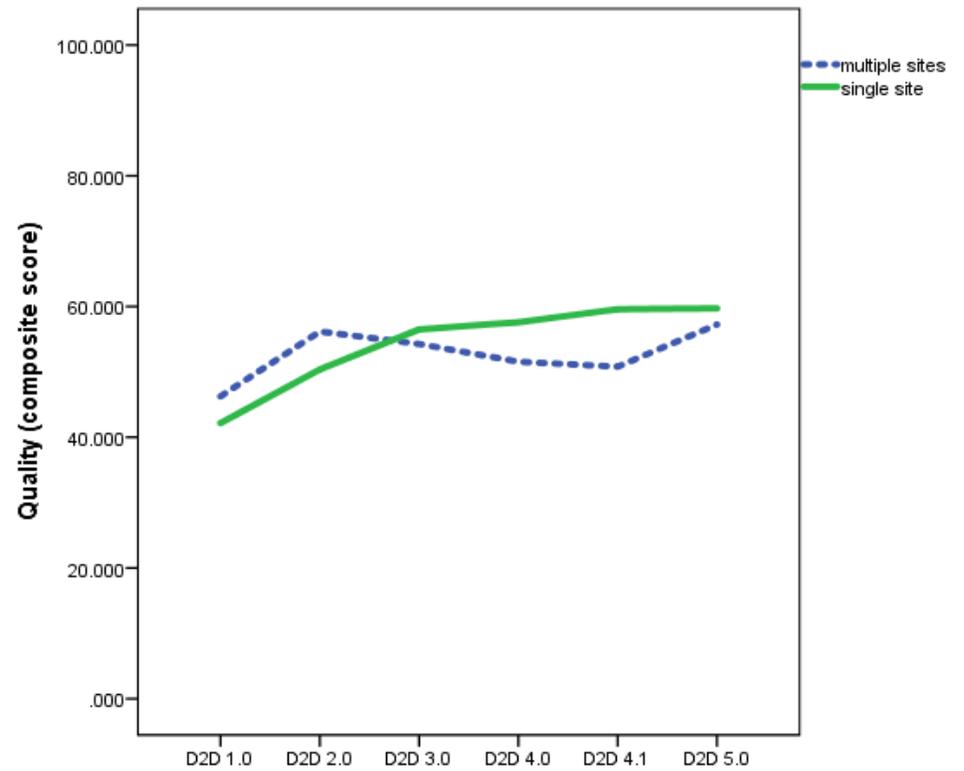
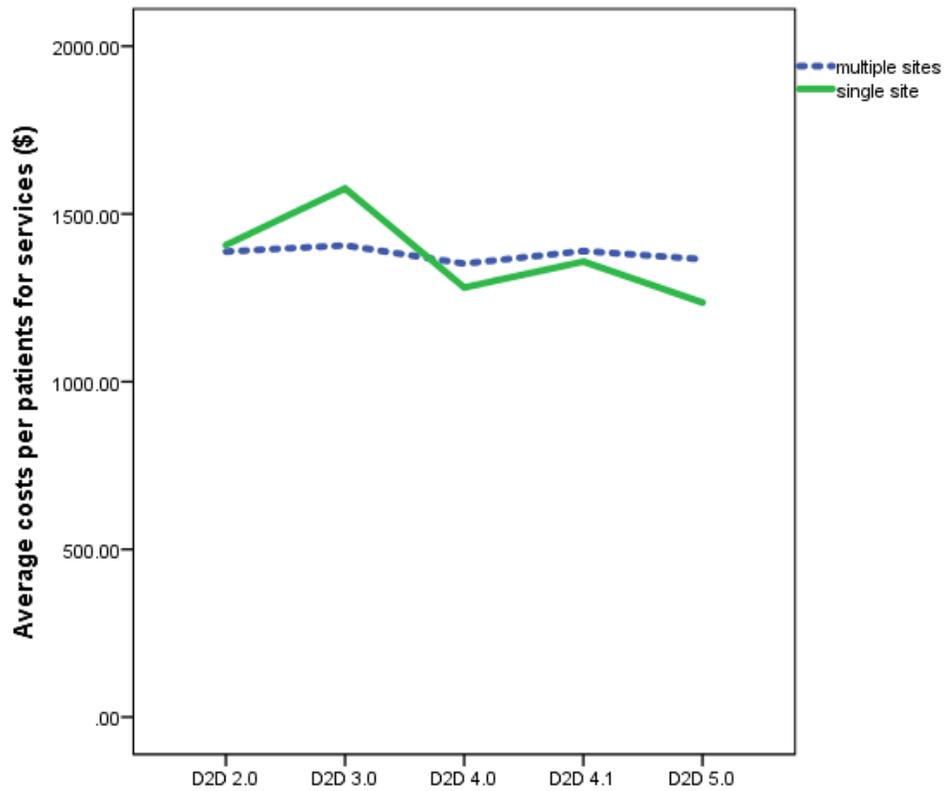
Action research/PDSA

- 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: ?

Data capture and analysis

- Mixed methods study
- Quantitative data:
 - Performance on primary care indicators in D2D
 - Sample: convenience sample of all data voluntarily submitted by teams
 - Statistical analysis to identify high/low **performers** as well as high/low **improvers** (based on D2D indicators)
- Qualitative data
 - Transcripts of semi-structured interviews exploring dimensions of teamwork
 - Sample: purposive/convenience sample of teams, based on number of sites
 - Qualitative analysis to identify dimensions/characteristics common to subsets of teams based on performance and improvement

Single vs multi-site teams



Single vs multi site teams

- TENDENCY:
 - lower cost
 - higher quality
 - fewer patients.
- NO APPARENT DIFFERENCE:
 - QI activities (e.g., conversations about performance)
 - presence of physician champions
 - rurality

Dimensions of team work

1. Teamwork philosophy
2. Scope of practice
3. EMR use
4. Physical plant
5. Team building
6. Conflict resolution
7. Change management
8. Leadership
9. Team evolution

Brown, J. B., Ryan, B. L., Thorpe, C., Markle, E. K. R., Hutchison, B., & Glazier, R. H. (2015). Measuring teamwork in primary care: Triangulation of qualitative and quantitative data. *Families, Systems, & Health*, 33(3), 193-202.

Results: process

- 8 teams engaged to date
 - 5 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

Qualitative results

1. Teamwork philosophy: c
2. Scope of practice: need *chiropractors to be doing*
3. EMR use: vital communi
4. Physical plant: separate
5. Team building: informal
6. Conflict resolution: no c
7. Change management: “1
8. Leadership: important, &
9. Team evolution: teams a

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 teamwork dimensions but less ability to articulate them
- Diverse sample needed to understand what makes the difference in *performance*

On behalf of and with thanks to the members of the
Association of Family Health Teams of Ontario

Thank you

Carol Mulder: carol.mulder@afhto.ca

Laura Belsito: laura.Belsito@afhto.ca



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*

Brown, J. B., Ryan, B. L., Thorpe, C., Markle, E. K. R., Hutchison, B., & Glazier, R. H. (2015). Measuring teamwork in primary care: Triangulation of qualitative and quantitative data. *Families, Systems, & Health*, 33(3), 193-202.

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 ?*