

Learnings and Reflections from the BC Team-based Primary Care Evaluation

TBC@UBC June 12, 2025

Territory Acknowledgement

- As a distributed team the Innovation Support Unit humbly and gratefully acknowledges the ancestral, traditional and unceded territories of the Coast Salish Peoples where we live, work and play. We invite you to reflect on your past, present and future participation on the lands where we are situated today, and where you live and work.
 - To find out where you are situated: https://native-land.ca

Introductions





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Background and Context Evaluation 1. **Design: Moving From Evidence to Action** 2. **Emerging Evaluation Learnings** 3. **ISU Reflections on the Evaluation** 4. Discussion 5.

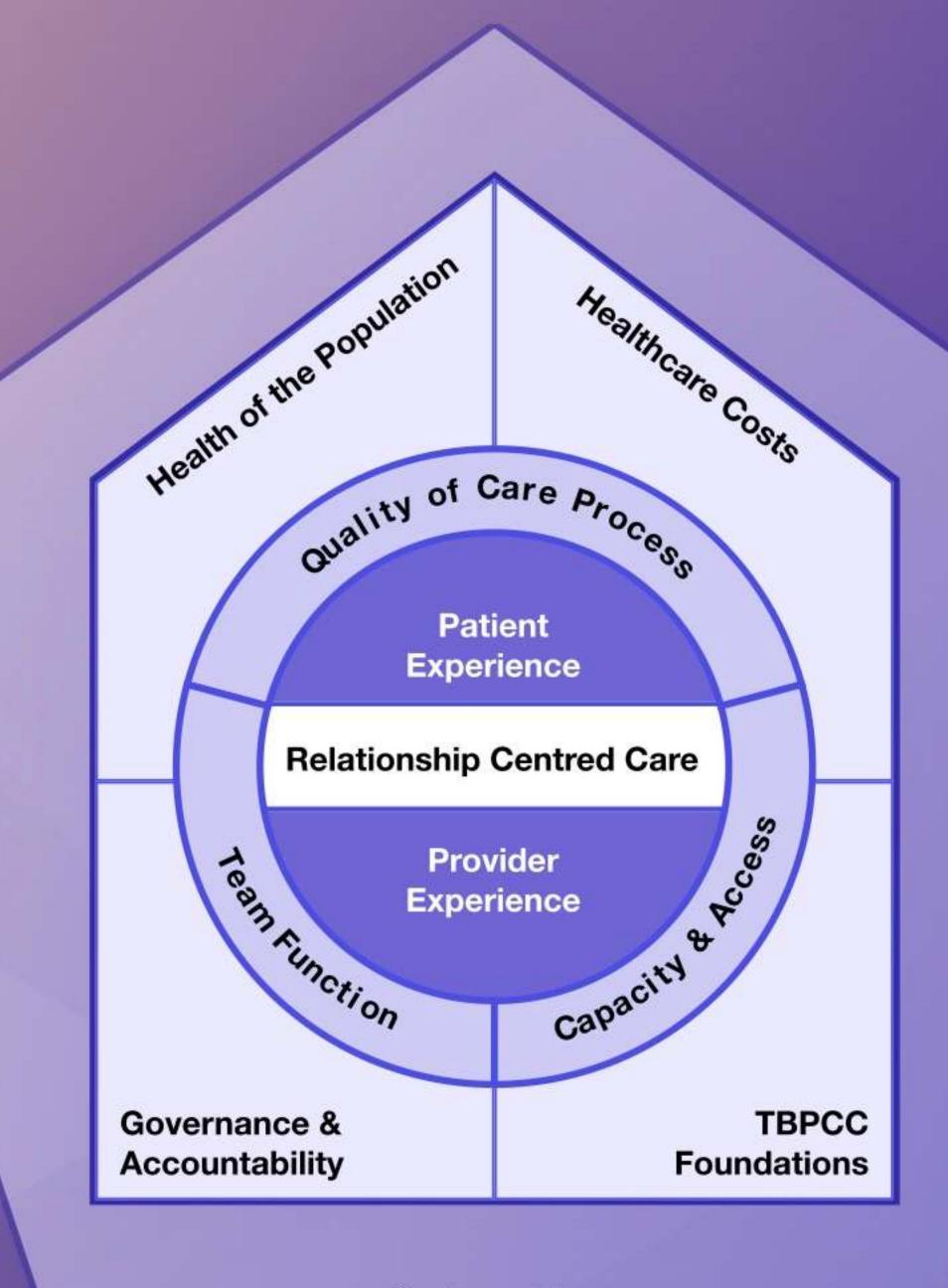
Agenda

Background and Context

TBC Evaluation Purpose

To better understand the current positive benefits of the transition to team-based primary care

We are using the TEAM Framework as the theoretical framework for the study



Partnerships

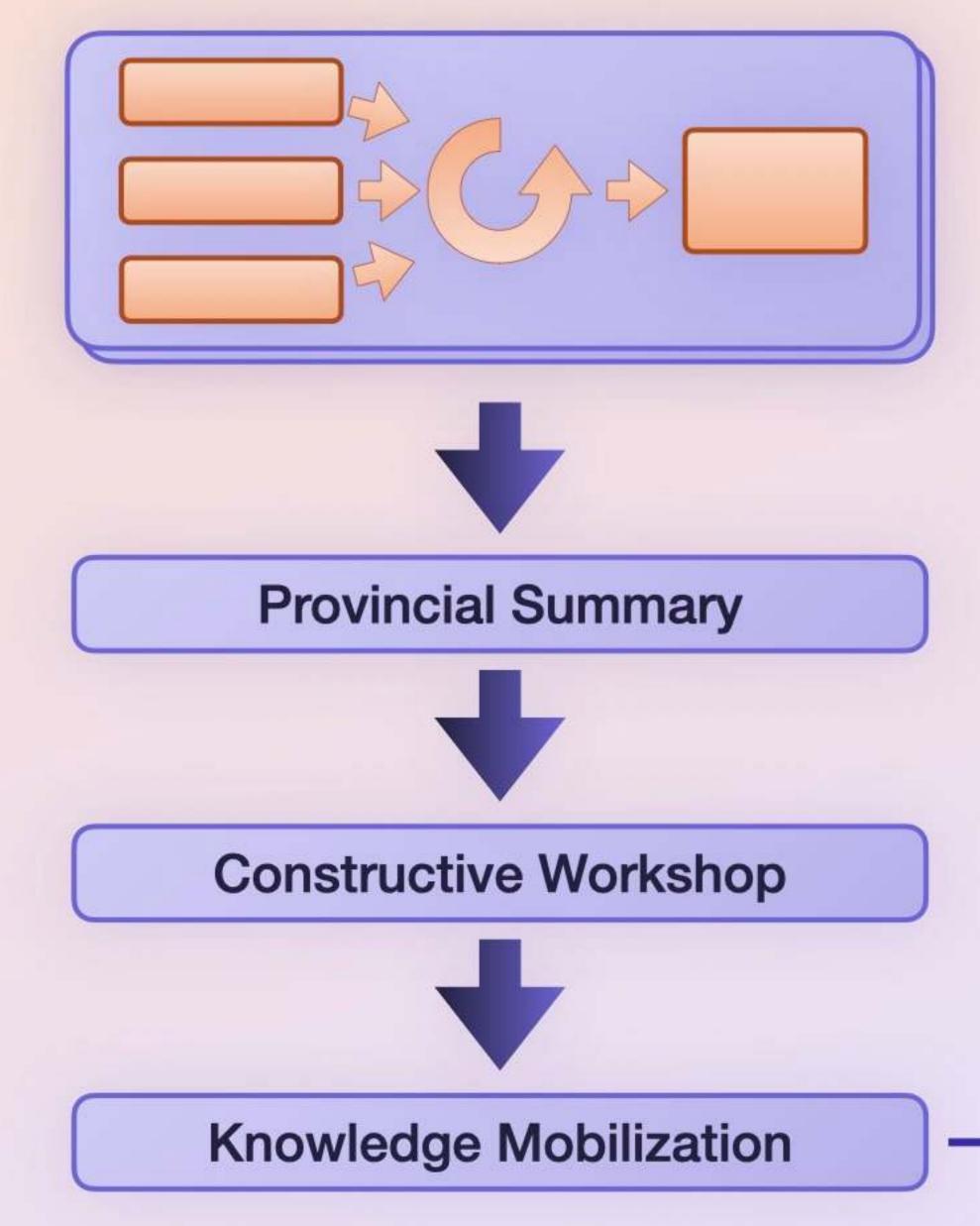


Evaluation Inclusion Criteria

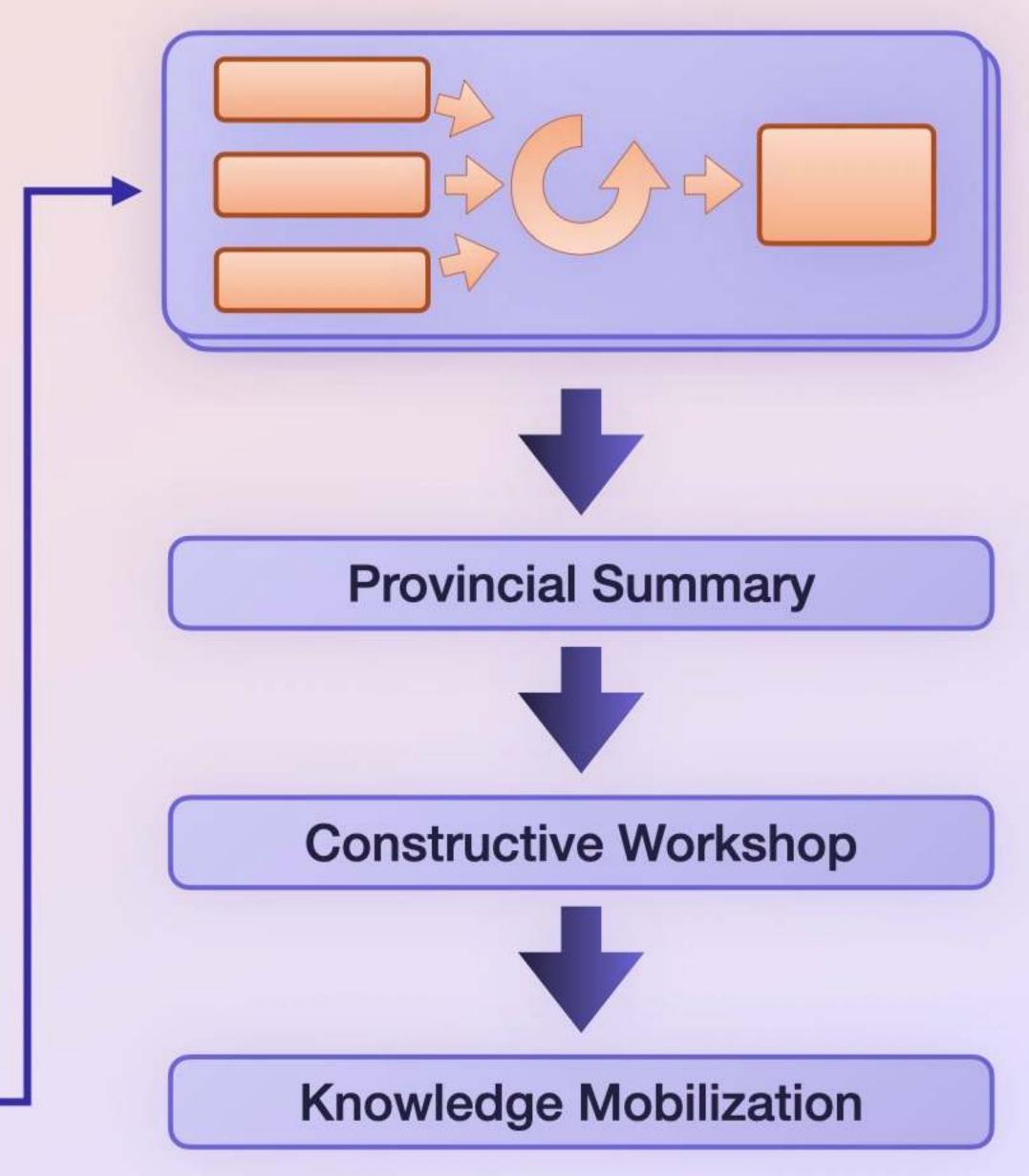
- Teams must have worked together for <u>at least 3 months</u>
- Minimal staffing changes in the past 3 months
- The team must include at least:
 - 1 primary care provider
 - 1 additional clinician from a different profession
 - 1 administrative support

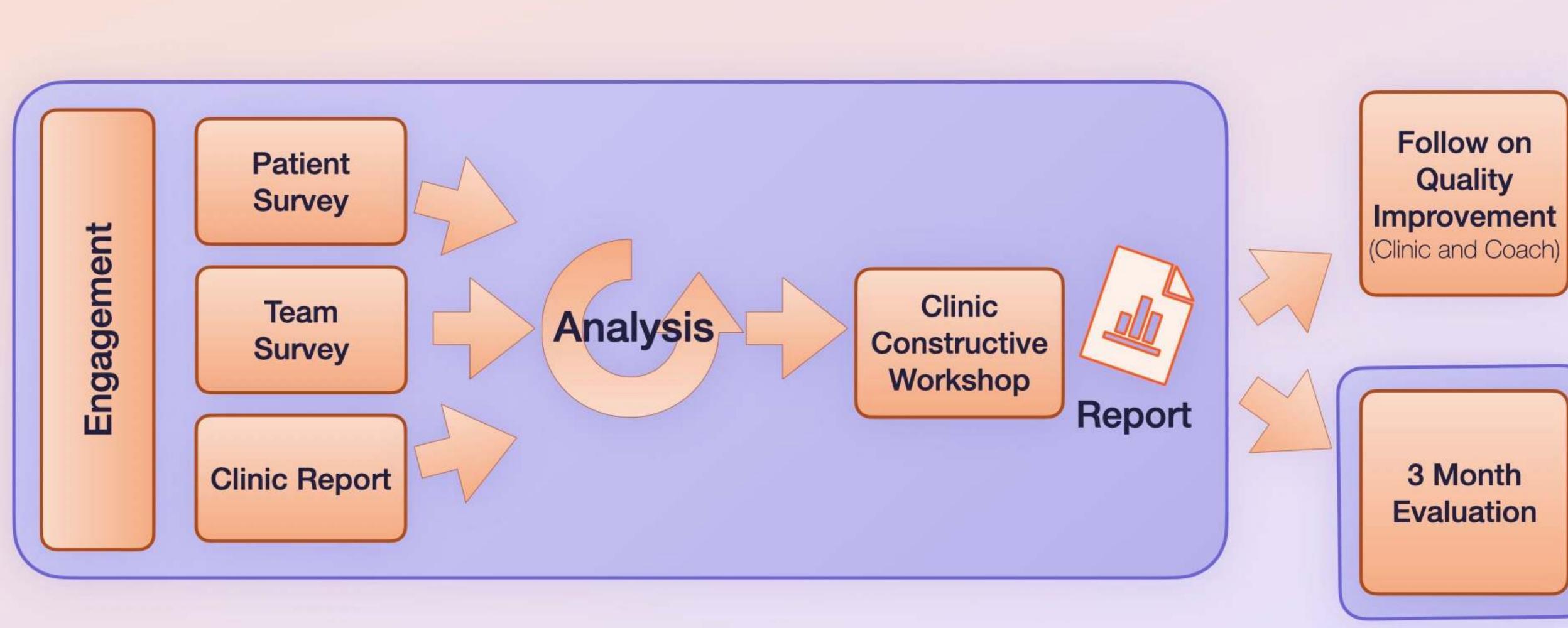
Evaluation Design: Moving from Evidence to Action

Round 1



Round 2







What is a Clinic **Constructive Workshop?**

Focuses on engaging participants in building on an idea, to move it to action

> Clinic Constructive Workshop



Report

Follow on Quality Improvement (Clinic and Coach)

What makes a good Clinic Constructive Workshop?

Emerging Evaluation Learnings

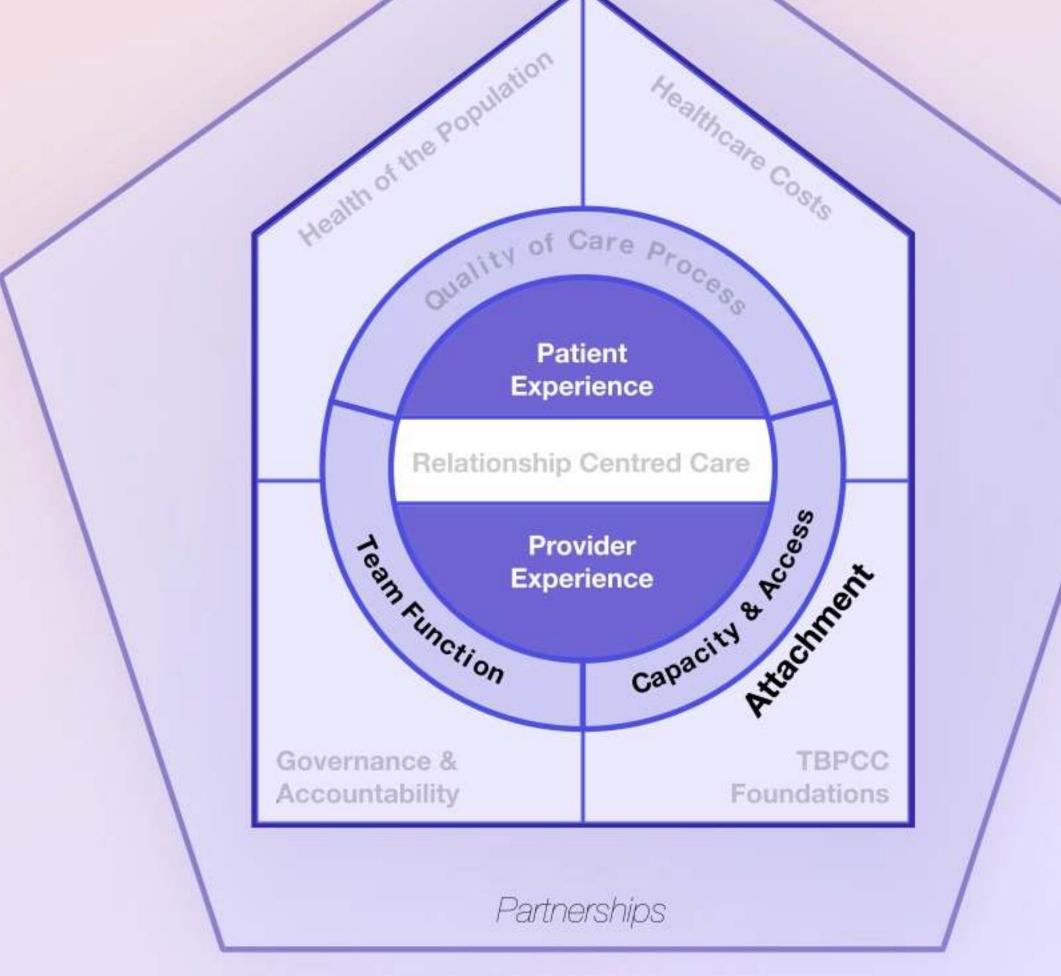
Round 1 Participants

8

Clinics/Health Centres

169 Team Members





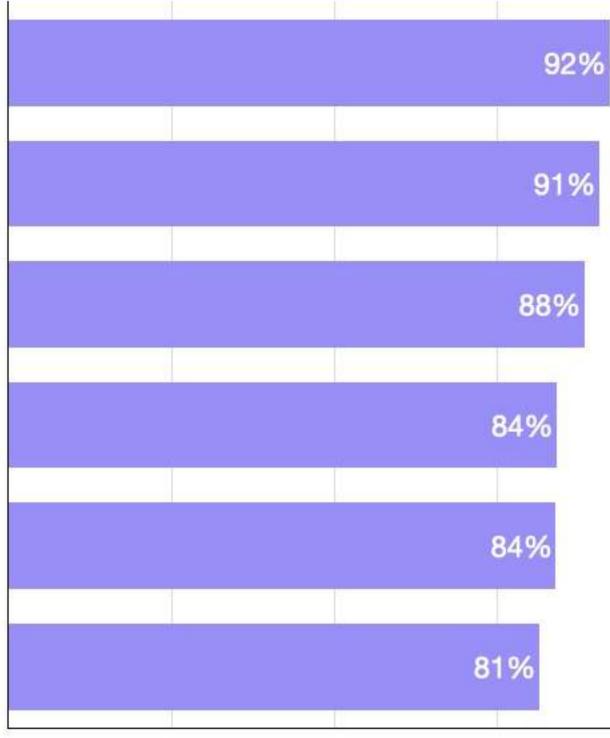


Patient Experience

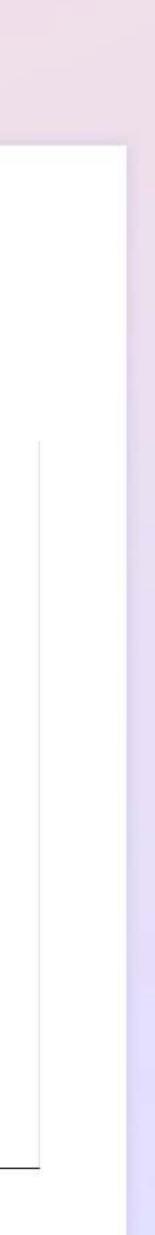
Patients provided positive feedback about their experience at participating clinics/health centres

The right providers are involved in my care My team is effective in providing care I trust my healthcare team My team communicates well together My team works together to solve my healthcare issues My healthcare is well coordinated

More than 80% of patients agree/strongly agree with positive statements about their experience of team-based care



Asked of patients who have visited the clinic more than once.



Capacity, Access and Attachment

- better support complex patient populations.

Team-based care helps teams to better manage existing capacity.

Teams with more nurses and/or allied health have capacity to



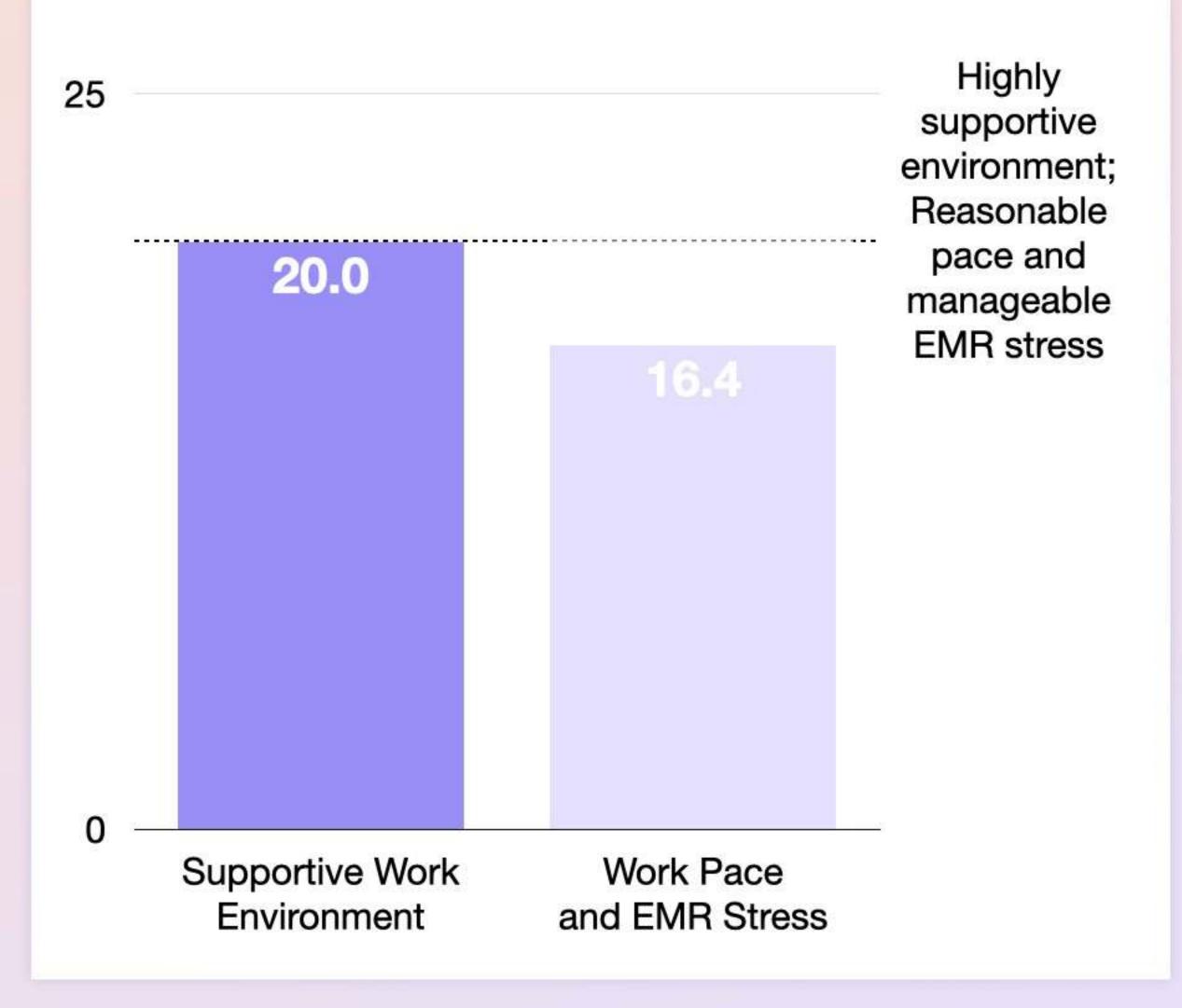
What factors contribute to team function?

- **Regular team meetings** ۲
- •
- ٠ collaboration
- Strong clinic leadership •

Team Function

Having a shared purpose and mindfully building their team Co-location, which allows for enhanced communication and

Team Experience

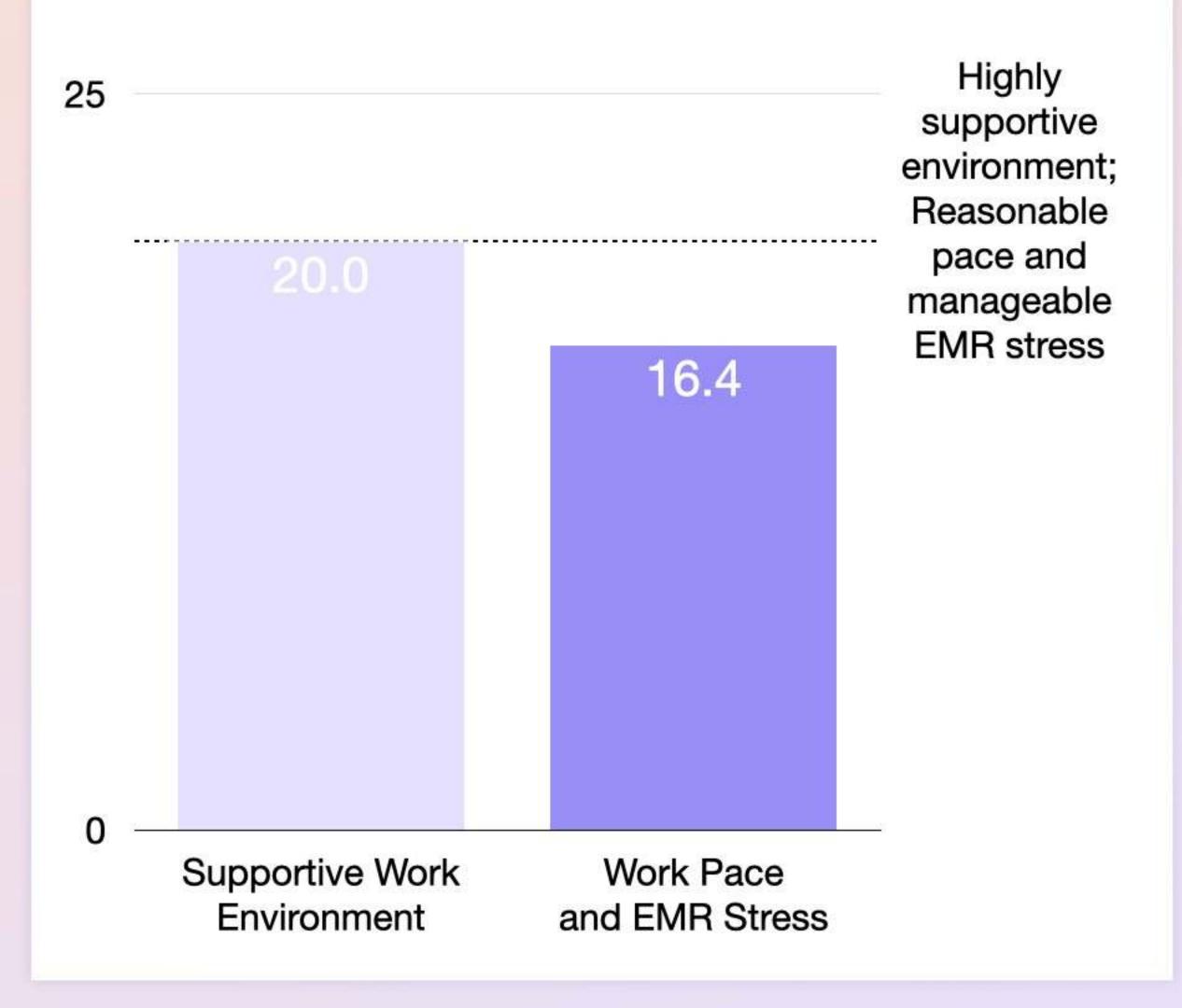


Providers and staff provided feedback that, on average, they are working in supportive teams.

Some spoke to how working as a team has improved their experience.



Team Experience



EMR Challenges:

- EMRs don't always support team collaboration
- Optimizing EMR efficiency

ISU Reflections on the Evaluation

It can be challenging for primary care teams to find capacity to be involved in evaluation because of competing priorities.

The constructive workshop can help teams move from evaluation to action.

Patient experience is crucial to this work, but we recognize that we need to be flexible in our approach to make it equitable and accessible.



Discussion

Topics to Explore

 Quality Improvement: What factors enable quality improvement in primary care and what challenges exist?

2. Patient Engagement: What are some best practices for engaging patients in primary care evaluation? And what challenges exist?

Group 1: Quality Improvement

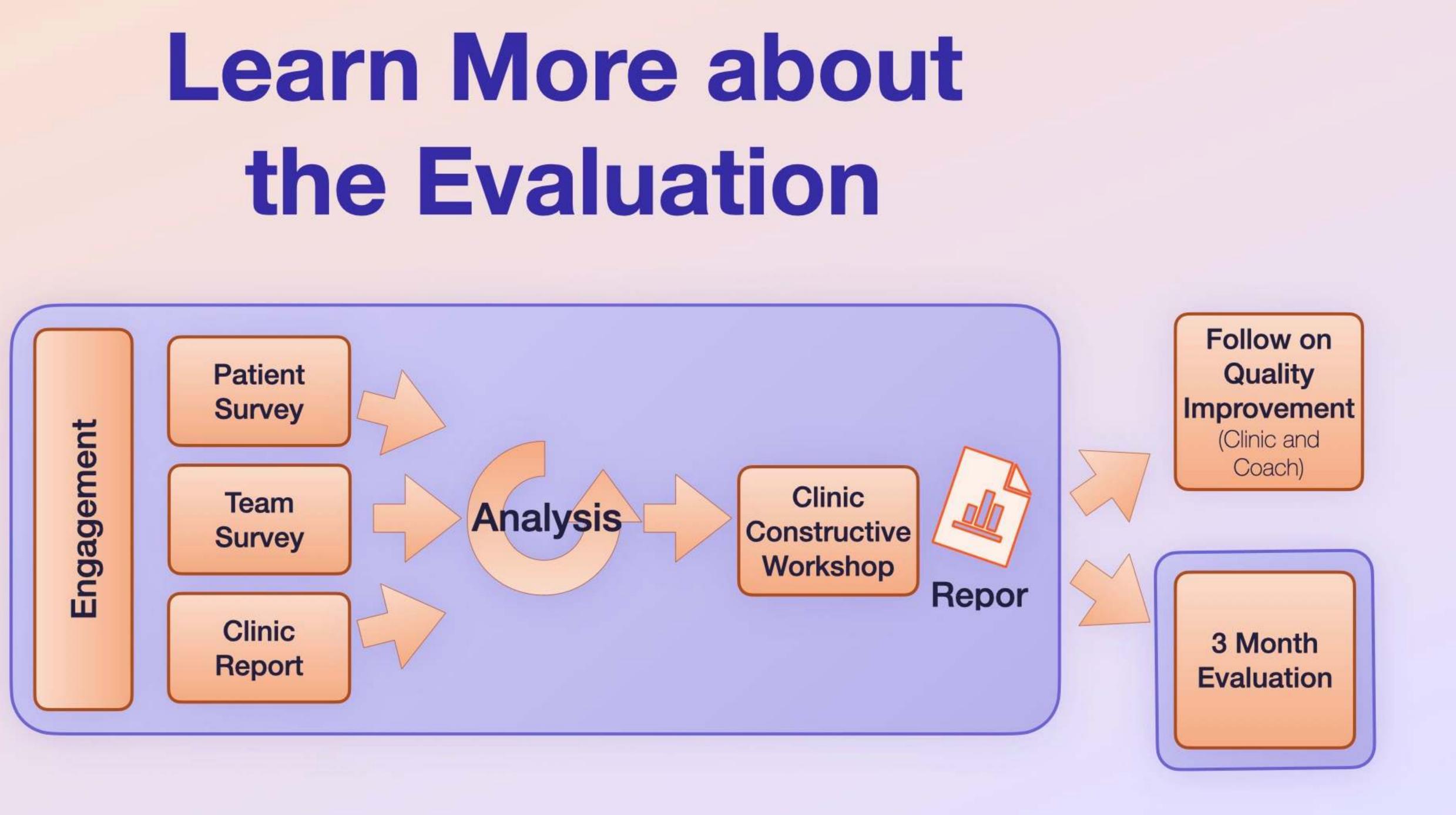
What factors enable quality improvement in primary care and what challenges exist?



Group 2: Patient Engagement

What are some best practices for engaging patients in primary care evaluation? And what challenges exist?

the Evaluation





Thank you!

Questions about the evaluation: <u>angela.randall@ubc.ca</u>

We welcome any questions or comments

Email for general questions: isu@familymed.ubc.ca

Quality

Enablers

Training, and people who are keen

Collaboration with QI coach

Tasks of QI delegated to a clinic manager - preferably not an MOA

Use Al to automate evaluation process

When staff/clinicians/facul ty feel connected to the QI and see the value of the activity

Equitable recognition of all team members contributions

> Doing QI gets credits for maintaining accreditation

Group 1: Quality Improvement What factors enable quality improvement in primary care and what challenges exist?

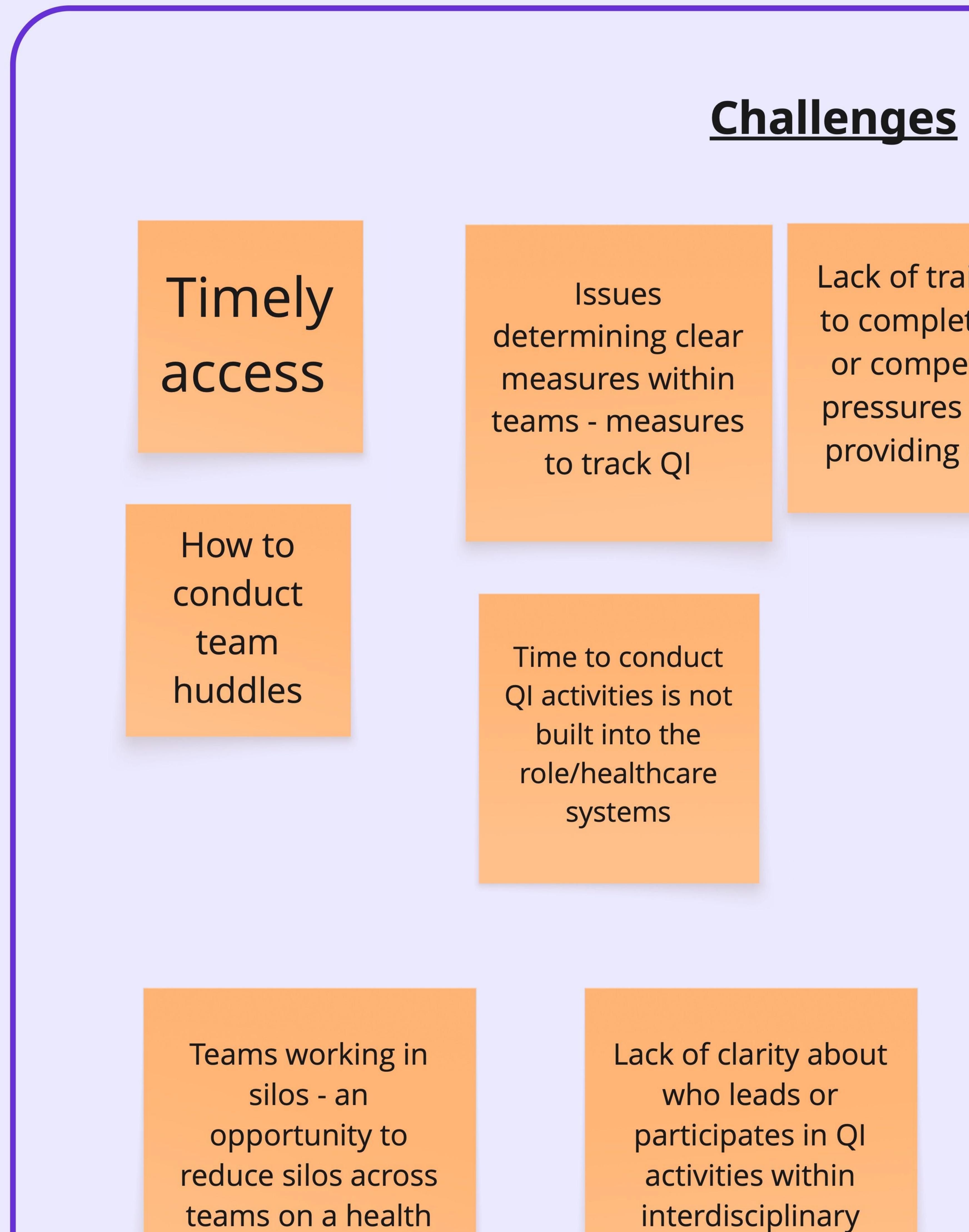
Using data already being collected

Appropriate communication across different models of care: UPCCs, PMHs, emergency departments etc.

Shift of QI to a patient-centred approach: engaging patients in QI earlier on in the process

Having patients and interest holders as part of the QI initiative

Appropriate communication channels to allow us communicate information - sharing QI opportunities and outcomes across clinics



systems level

teams

Lack of training to complete QI or competing pressures with providing care

Communication with patient of the change. Same day access and patients not aware provider has same day

Calling changes Quality Improvement might seem too BIG - reconsidering what QI is for teams, ask teams directly what language they want to use to encourage tackling smaller actions within a team

Team members have differing assumptions about improvement and change

Engagament

<u>Group 2: Patient Engagement</u> What are some best practices for engaging patients in primary care evaluation? And what challenges exist?

Clear purpose of the evaluation, and what is going to be done with the data

Equity and provide reasonable compensation for participation

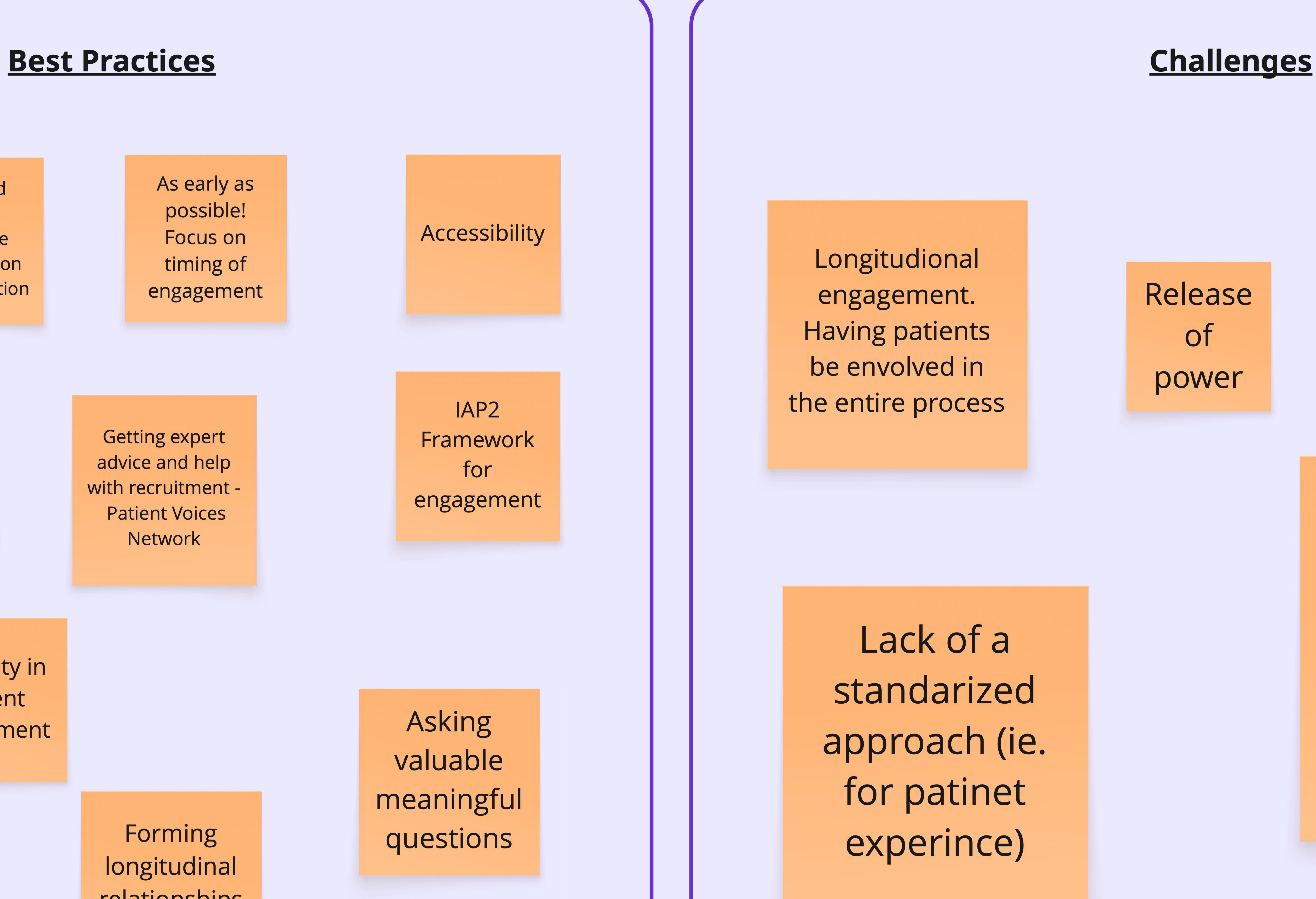
Bring in a mentor or coach, to create a welcoming space

REB review

Closing the loopreporting results to patients wheather good or bad

Diversity in patient recruitment

> longitudinal relationships with patients



Clear understanding about the degree of responsbilty of patient partners

Difficult to find a survey that meets all your needs/fits - Pulling language from other tools - depends on what constructs you're looking at