TBC@UBC Network

June 12, 2025

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

About the Session

This session highlighted a province-wide evaluation initiative led by **UBC's Innovation Support Unit** (ISU) and funded by the Ministry of Health. The **BC Team-Based Primary Care Evaluation** focuses on translating learnings into action across five key areas of the TEAM Framework: patient experience, provider experience, team function, capacity and access, and attachment.

The ISU's action research approach supports teams in using data from patient and team surveys and clinic reports to inform quality improvement. The session shared reflections, lessons learned, and emerging provincial-level findings, offering valuable insights into how evidence can be used to strengthen team-based primary care in BC.
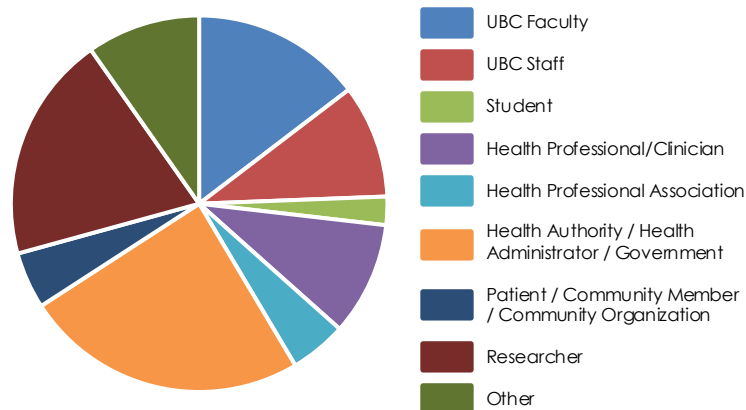
Session Moderators

The session was moderated by Christie Newton and Lee Yeates, co-facilitators of the TBC@UBC Network and faculty members in the Department of Family Practice, Faculty of Medicine at UBC.

ISU Speakers and Facilitators

- **Angela Randall, MPH** – Evaluation Project Lead
- **Elka Humphrys, PhD** – Senior Manager. Research and Evaluation
- **Ada Jane Okonkwo, MPH, BHSc** – Engagement & Evaluation Analyst
- **Nina Sandhu, BSc** – ISU Co-op Student

The session recording is available on the UBC Health YouTube channel, under the Team-Based Care playlist.

Participants – 41 Total

- UBC Faculty
- UBC Staff
- Student
- Health Professional/Clinician
- Health Professional Association
- Health Authority / Health Administrator / Government
- Patient / Community Member / Community Organization
- Researcher
- Other

About the TBC@UBC Network

The TBC@UBC Network, supported by UBC Health, brings together health professionals and leaders, community members, academics, and policymakers to explore questions and ideas important for team-based care in BC. The network fosters province-wide efforts to enhance team-based care by enabling participants to learn from one another, connect their initiatives, and engage UBC's strengths in education, research, evaluation, and knowledge translation. Each network event offers a unique perspective on the themes of research, pedagogy, and practice innovation. To participate in future activities or learn more, visit health.ubc.ca/tbc.

Discussion Themes & Resources

Key Learnings

1. **Strong Quality Improvement (QI) is** integrated into team workflows and roles, has dedicated support, makes use of available data, and is patient-centred.
2. **System-level barriers hinder QI implementation** – Siloed teams, EMR and communication challenges, and time and capacity constraints can make it difficult to sustain QI efforts.
3. **Meaningful patient engagement** is based on early involvement, relationship building, inclusive and flexible engagement practices, transparent communication, and closing feedback loops.

ISU: Team-Based Primary Care Evaluation

Key Findings (2024 Data)

- **Patient Experience:** Patients generally provided positive experience feedback.
- **Capacity and Access:** TBC can help to better manage existing capacity.
- **Provider and Staff Experience:** 1) On average, team members indicated they are working in a supportive environment 2) EMR challenges identified.
- **Facilitators of Team Function:** Regular team meetings, shared team purpose, co-location, taking time to work on how they want to work together, and strong and shared leadership.

Quality Improvement (QI) in Primary Care

Best Practices

- **Team Structure & Support:** QI is strengthened by clear roles, administrative support, and collaboration with a QI coach to limit impact on clinical time.
- **Data:** Using data that is already being collected and highlighting the value of data to the team to connect them to the QI process.
- **Communication:** Sharing QI efforts across teams supports collective learning.
- **Patient-Centred Approach:** Maintain focus on patient needs within QI and engage patients in the process.

Challenges

- **Silos**: Teams often work in isolation leading to siloed learning; EMRs lack collaborative functionality; hybrid teams need formalized protocols. Co-location alone doesn't ensure collaboration—it must be intentionally designed.
- **Time & Capacity Constraints:** QI is not built into many roles, making it difficult to balance with clinical and teaching commitments. Teams also face limited training in defining measures and conducting QI.

Emerging Innovation

- Using AI to automate evaluation processes
- Reframing QI as everyday practice

Patient Engagement in Primary Care

Best Practices

- **Early Involvement & Accessibility:** Engage patients early in evaluation design and prioritize inclusive practices (e.g., mentorship, welcoming environments) and relationship building.
- **Clear and Transparent Communication:** Explain purpose of engagement and team structures, and close the loop by communicating results.
- **Equity:** Compensation for participation.
- **Flexibility:** Engagement approaches need to be adaptable.
- **Get Expert Advice:** Consult existing frameworks for engagement and seek expert advice (e.g. Patient Voices Network, Research Ethics Boards, etc).

Challenges

- **Sustained Engagement:** Involve patients throughout the full project lifecycle.
- **Power Dynamics:** True meaningful engagement requires shared decision-making, not symbolic participation.
- **Measurement:** There is a lack of a standardized approach to measuring patient experience.

Other Key Considerations

- **Motivation:** Patients want to know how their input leads to care improvements.

Resources

- **ISU website –** https://isu.ubc.ca/
- **Team-base Primary Care Evaluation:** https://isu.ubc.ca/research-evaluation/team-based-primary-care-evaluation/
- **TBC Communication-to-Patient Checklist one-pager**
- **TBC@UBC website -** https://health.ubc.ca/tbc