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Implementing Team-Based Innovation in Primary Health Care in British Columbia

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Abstract

Improving health services integration for patients with complex needs is a national priority in Canada. Health systems in all provinces grapple with the rising complexity of patients and the services they need. Team-based primary health care (PHC) models have been implemented in diverse ways to improve patients' experiences, increase the coordination of care, improve population health and reduce costs. While some provinces have more than two decades of experience with PHC teams, others such as British Colombia (BC) have made changes more recently. We conducted an in-depth analysis of 12 provincial policy documents produced since 2011 to study the evolution of interprofessional models in PHC. BC has integrated team-based care through overarching policy support and funding from the provincial government. Structural practice changes to support team-based care, such as Primary Care Networks (PCNs), were designed to address the quadruple aim, a framework designed to improve health system performance through integrated primary care. Policies have addressed the vision and goals of team-based care, but discussion of processes that support teams, such as a strategy for capitation-based funding and team composition, were non-specific. Finally, there is a significant need for a provincial strategy for continuous quality improvement and evaluation of reforms.

Améliorer l'intégration des services de santé pour les patients ayant des besoins complexes est une priorité au Canada. Les systèmes de santé de toutes les provinces sont aux prises avec une augmentation du nombre des patients qui nécessitant des services complexes. Différents modèles variés de services de première ligne ont été mis en œuvre afin d'améliorer l'expérience des patients améliorer la coordination des services, améliorer la santé de la population ainsi que de réduire les coûts. Si certaines provinces ont plus de vingt ans d'expérience dans la mise en place d'équipes de première ligne interdisciplinaires, d'autres provinces comme la Colombie-Britannique (CB) n'innovent que depuis peu. Nous avons mené une analyse approfondie de 12 politiques provinciales mise en place depuis 2011 pour étudier l'évolution des modèles interprofessionnels de première ligne. La CB a intégré des équipes de première ligne interdisciplinaires grâce à des politiques et des financements du gouvernement provincial. Les changements structurels pour soutenir le travail en équipe, comme les Réseaux de soins primaires (PCN), ont été conçus pour répondre au « quadruple objectif », qui est un cadre conceptuel pour améliorer la performance des systèmes de santé, par le biais de services de première ligne intégrés. Les politiques ont détaillé les visions et objectifs des équipes de première ligne, mais les discussions sur les processus qui soutiennent ces équipes comme les stratégies de financement par capitation et la composition des équipes n'ont pas été explicitées. Enfin, il existe un besoin important d'une stratégie provinciale pour l'amélioration continue de la qualité et l'évaluation des réformes.

Key Messages

- Structural practice changes such as the implementation of Urgent and Primary Care Centres and Primary Care Networks have facilitated integration of team-based care approaches.
- BC is exploring different financial compensation models for primary health care teams.
- Governance for primary care reforms at the community level is a collaborative effort of publicly funded regional health authorities, private family practice services, and the First Nations Health Authority.
- There is significant work to be done on the evaluation of interprofessional PHC models of care in BC.

Messages-clés

- *Les changements structurels apportés aux pratiques, comme la mise en œuvre des centres de soins urgents et primaires et des réseaux de première ligne, ont facilité l'intégration des approches basée sur une équipe.*
- *La Colombie-Britannique explore différents modèles de compensation financière pour les équipes de première ligne.*
- *La gouvernance des réformes de première ligne à l'échelle communautaire reflète un effort de collaboration entre les autorités régionales de santé financées par l'État, les services de médecine familiale privés et l'Office de la santé des Premières Nations.*
- *Il reste beaucoup de travail à faire sur l'évaluation des modèles interprofessionnels de première ligne en Colombie-Britannique.*

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1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORM

Improving health services integration for patients with complex needs is a priority for health systems. A team-based approach to primary health care (PHC) delivery is defined as an interprofessional team of health care providers working together in various structures to meet the PHC needs of the community (GPSC 2019). The structure and composition of PHC teams vary between provinces, as do policies, incentives, and structures to support PHC teams. How these PHC reforms impact integrated service delivery is not definitive. Therefore, a retrospective policy study can optimize implementation efforts.

We completed an in-depth analysis of 12 publicly available provincial policy documents in BC using a PHC integration lens (see Appendix 1 for a list of documents and a brief description of their content). Policy documents were identified using a standardized search criteria in Google Scholar and through consultation with diverse stakeholders, including government stakeholders and patient partners. Policies were included based on their relevance to interprofessional PHC in BC. To evaluate the four key components that influence policy-making (actors, processes, context and content), we used Walt and Gilson's Policy Triangle (Walt and Gilson 1994).

2 HISTORY AND CONTEXT

While this article focuses on the last decade of PHC reform in BC, Figure 1 illustrates the development of team-based care in BC starting in 1997. Interprofessional teams in PHC were introduced as a priority in Canadian health care from 2000-2006 with the Primary Health Care Transition Fund, where provinces were allocated a per capita portion of the $800M reform fund. Motivation to transition PHC to team-based models included the need to improve prevention services, chronic disease management, and increase access to a range of health services (Government of Canada 2007). A model of interprofessional primary care teams in BC was launched in 2008 as Integrated Health Networks (IHNs). IHNs were developed by the regional health authorities and the British Columbia Medical Association (BCMA). The IHNs' goals were to improve access to care for patients with complex chronic conditions and improve coordination. IHNs worked to accomplish these goals through improved linkages between family doctors, regional health authorities, and community supports, including interprofessional health care providers, such as nurses, social workers, and dieticians (Suter, Misfeldt, Mallinson 2014). Twenty-five IHNs were formed in 2008. However, after 2010 when the funding ended, the programs were transitioned to leadership within the five regional health authorities or significantly scaled back.

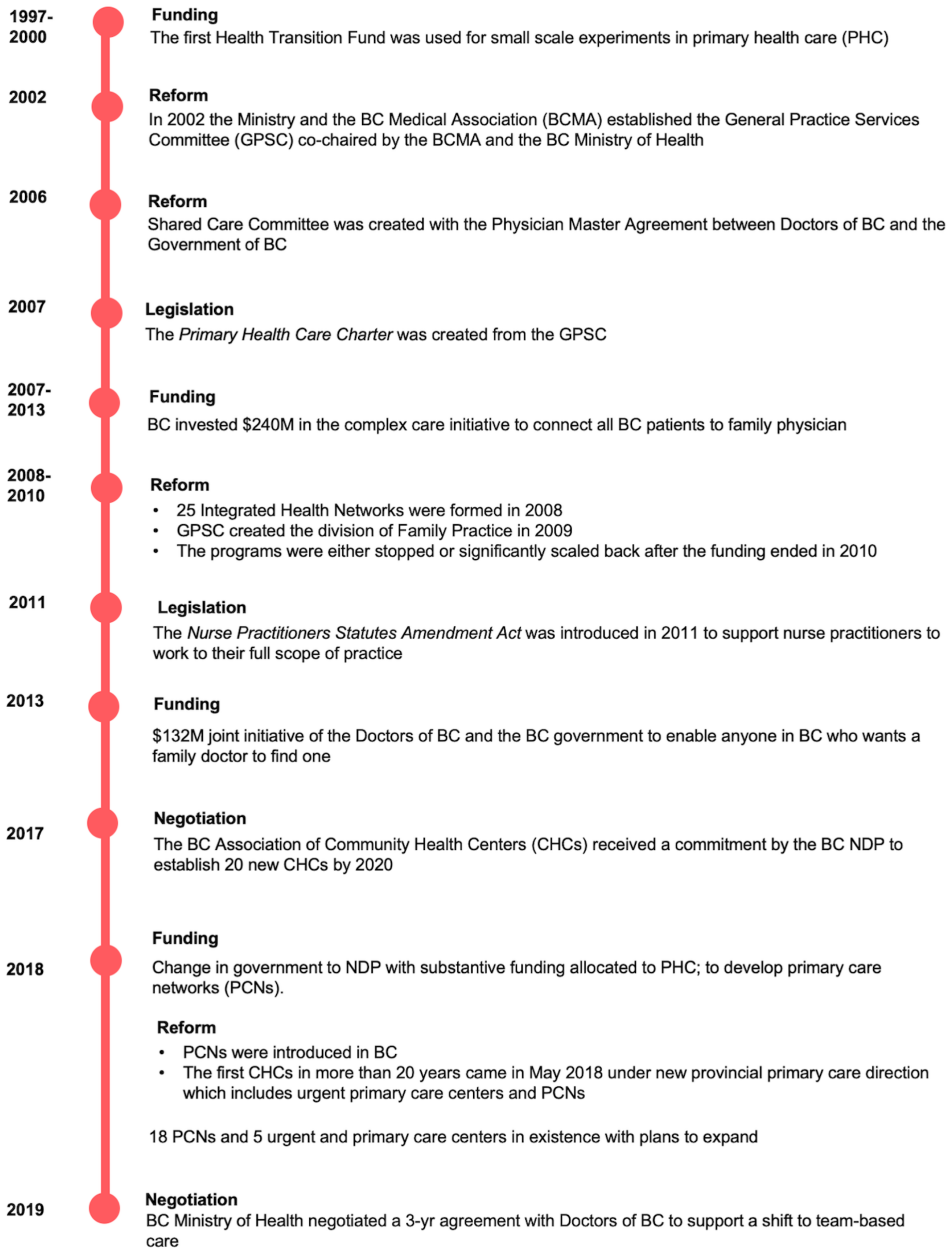

Figure 1: The evolution of PHC team-based care in British Columbia

Another missed opportunity to grow team-based PHC concerns community health centres (CHCs) (Longhurst and Cohen 2019). CHCs are non-profit care centres with a strong focus on the social determinants of health through access to interprofessional team-based care including social services. Unlike other provinces such as Ontario that have significantly scaled up CHCs, in BC there has been limited support at the policy level to advance this practice model, including defunding prominent CHCs. Only recently have there been recommitments to support the CHC model of care.

A regional governance structure was introduced in 2009 with the creation of Divisions of Family Practice (Divisions of Family Practice 2022). The coordination of the divisions is an initiative managed through the General Practice Service Committee (GPSC). The GPSC is one of four joint committees that are partnerships between the BC government and Doctors of BC, an association of physicians, residents and medical students in BC that provides governance, advocacy and represents physicians in negotiations with the BC government. The GPSC members include representatives from both Doctors of BC, the Government of BC and regional health authorities who work to provide oversight and support for the 35 Divisions of Family Practice, commonly referred to as Divisions. Divisions are groups of family physicians geographically located in the same area. Divisions work together with regional health authorities, GPSC, community partners and the Ministry of Health (MOH) to provide services and deliver care that addresses the health needs of all individuals in the respective geographic area (Suter, Misfeld, Mallinson 2014). The GPSC and Divisions have been the driving force of primary care transformation in BC, while there has been a lack of participation from other health profession groups creating missed opportunities for partnerships. The lack of participation by other groups in this process has created an over-reliance on the partnership between Doctors of BC and the MOH to advance team-based PHC in BC.

Beyond the Divisions of Family Practice providing support for physicians, the province began to move toward supporting interprofessional practice models which encourage various PHC providers (i.e., physicians, registered nurses, social workers, occupational therapists, etc.) to collaborate to improve the continuity of care provided to patients (GPSC 2017). This vision was implemented through the creation of various complementary models based on attributes of a Patient Medical Home (PMH). In BC, the key attributes of a PMH include "the provision of timely access to comprehensive, coordinated primary care which will require a focus on the following building blocks: engaged leadership, data-driven quality improvement, panel assessment and management, and team-based care" (GPSC 2017, p. 4).

At present, the two main models of interprofessional PHC in BC are Primary Care Networks (PCNs) and Urgent and Primary Care Centres. PCNs were introduced in BC in 2018. A PCN is a clinical network of interprofessional PHC providers in a geographical area. PCNs in BC have been created through collaboration between the Divisions of Family Practice and health authorities (GPSC 2017). In 2021 there were 43 PCNs, with another six in the final planning stages (GPSC 2020). Interprofessional teams are supported throughout

the geographic PCN in the form of team-based family practices and clinics, which may or may not be physically co-located. These practices and clinics, using the PMH model, are meant to increase continuity and patient-centered care through forming longitudinal primary care relationships. They also work in collaboration with health authority services such as public health clinics and mental health services (GPSC 2019). Twenty-six Urgent and Primary Care Centres were created to act as a team-based care hub to provide same-day care for urgent but non-life-threatening conditions for those unable to see a family doctor. These Centres are an alternative to emergency departments because they offer extended hours, including evenings and weekends (GPSC 2017).

Another key event that enabled this transition to interprofessional practice in primary care included updates to the legislature, which defined the scope of non-physicians in primary care. For instance, the *NP Statutes Amendment Act* was introduced in 2011 to allow nurse practitioners to be the first point of contact as primary care providers for patients (Legislative Assembly of British Columbia 2011).

3 GOALS OF THE REFORM

The overarching goal of reforming PHC to include team-based care is to improve integration of the health system. Evidence suggests that team-based care increases the comprehensiveness, continuity, and timeliness of care delivered (Levesque et al. 2012). The objective of recent service planning initiatives, including the development of PCNs, is to address the quadruple aim of "improved patient and provider experience, improved population health, and reduced per capita cost of health care" (GPSC 2017, p. 4). The main functions of the PCNs are to connect primary care clinics with other health authority services such as mental health services; support existing medical clinics to transition to interprofessional team-based care; recruit and train doctors, nurse practitioners, nurses, and allied health professionals; engage community members; and support evaluation of services (GPSC 2019).

4 FACTORS THAT INFLUENCED THE REFORM PROCESS

The BC MOH was identified as a key actor in developing policies and providing support to groups responsible for implementing policies, such as GPSC, the Divisions of Family Practice and the five regional health authorities. Policies were developed, implemented, and evaluated in coordination with local health authorities, Doctors of BC, and the GPSC. Local stakeholders or actors also provided input in the policy formulation process (Buse, Mays, Walt 2005). These included organizations such as Divisions of Family Practice, family physicians, BC Nurse Practitioner Association, Primary Care Networks, interprofessional team members, Indigenous organizations, government social services and health authority specialized services.

The socio-political landscape has also influenced PHC changes. These include changes in provincial and federal political leadership with additional funding for PHC reform. Furthermore, there has been significant collaboration between the MOH and the First Nations Health Authority (FNHA) to create reforms that include priorities for culturally safe team-based PHC care (GPSC 2019).

5 HOW THE REFORM WAS IMPLEMENTED

Apart from Urgent and Primary Care Centres, PHC teams in BC have focused on organizational partnerships, particularly with regional health authorities as opposed to physical co-location of interprofessional teams (McKay et al. 2022). Currently, there is a set of strategic directions to transform family physician practices and primary care clinics into team-based PMHs that are well linked and connected within a PCN. Recommendations for the priorities of how team-based care can best be implemented vary. The policy document, *Integrated Health System for Primary and Community Care, 2017*, emphasized the importance of five building blocks: primary care services, specialized community care services, hospital and diagnostic services, regional and provincial health services, and supportive funding and compensation. The BC MOH has committed to supporting PMHs and health authority staff to implement high-functioning team-based care through co-chairing the team-based care working group within the GPSC, developing policy on team-based care strategy, and providing support to communities implementing PCNs (GPSC 2019). The MOH also stated that teams would be designed using population-based data and evidence-informed approaches to meet the needs of a geographic area, however specific discussion on how this would be achieved was limited in the policy documents analyzed.

Innovative funding solutions that incentivize interprofessional PHC, such as remuneration of providers who are interdependent with teams, are needed to support team-based models of care (Wranik et al. 2017). A recently published jurisdictional scan found a significant emphasis on the use of incentives delivered through fee-for-service models despite increasing evidence that financial incentives alone are ineffective in creating substantial change in practice models and behaviours (McKay et al. 2022; Lavergne et al. 2018). Exclusive fee-for-service payment models do not incentivise delegation of physician tasks to interprofessional team members. In this compensation model, delegation may result in lost income for primary care physicians (Levesque et al. 2015). Therefore, alternate funding structures may be essential to support team-based care. Available options, which depart from traditional fee-for-service payments, include *population-based funding*, *value-based compensation*, and *nurse in practice funding* (GPSC 2017). Funding for information technology infrastructure to support interprofessional teams is also a consideration. While information technology infrastructure was identified as a priority in policy documents and an enabler of integration of PHC teams, discussion was limited on how this infrastructure would be funded.

6 EVALUATION

BC has participated in various recent projects to create consensus on measuring the quality of team-based primary care. BC was included in a pan-Canadian research initiative to create an indicator framework for PHC teams. Wong and colleagues (2018) chose 12 indicators, many of which included topics of integration. Another recent study from BC explored the use of indicators in different segments of the population based on the expected needs of care (low need, multiple morbidities, medically complex, and frail) (Langton et al. 2020).

There is limited evidence on implementing these or other evaluation frameworks for PHC teams in BC (Suter et al. 2017). Our policy document analysis included explicit discussion of evaluation efforts. We found limited public information on the evaluation of many PHC changes in BC. In the *Primary Care Network: Planning and Implementation Guide, 2019*, the authors stated a quality improvement plan for a PCN will be required in the second year of operations. Categories of measurement are to include population health, patient experience, provider well-being, and cost of care; otherwise known as the quadruple aim (GPSC 2019). However, the government has yet to report on these outcome measures (BC MOH 2019).

Other policy documents emphasized the participation of patients in creating team-based PHC. An example from the *Establishing Primary Care Networks, 2017* paper highlights that a quality improvement plan for PCNs in BC would encourage feedback from patients, although it is not clearly outlined how this will be achieved. Five documents included in the policy analysis outlined indicators for performance measurement. The *Primary Care Networks Planning Guide for Preventive Care, 2018* policy document described indicators designed to measure the quality of preventive care and health outcomes. This policy included a description of each indicator along with potential targets for improvement (e.g., "Screening for fall risk in community-dwelling older adults, and offer exercise advice and support rate," p. 14).

Overall, the documents included in our analysis addressed quality of care but did not clearly describe how such indicators were decided on and how they would be measured. Hence, we found that while the importance of evaluation was acknowledged, a provincial strategy to evaluate interprofessional PHC models of care is needed to determine which structures and processes of interprofessional team-based care are working to support or impede the provincially adapted quadruple aim. Moreover, cross-provincial comparisons are essential to ensure learning and improvement across Canada (Lukey et al. 2021).

7 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

We used the Ten Key Principles for Successful Health Systems Integration (Suter et al. 2009) to identify key policy content for the SWOT analysis of team-based care presented

in Table 1. These principles were an appropriate guiding framework as they offer universal principles rather than specific processes or strategies and are therefore adaptable to context.

Table 1: SWOT Analysis

Strengths	Weaknesses
• PCNs will be created considering people's needs and accessibility to services. They will include interprofessional team-based care, but also, there will be a partnership with the local community to include healthy community initiatives and programs. • Policy has been created to focus on four pillars of team-based care, which are *effective interprofessional teams*, *team design*, *optimizing team functioning*, and *interprofessional team sustainability*. • Ultimately, the primary care provider is responsible for the continuity of care for the individual and will work with interprofessional teams or other specialists when required. • Each PCN will be connected with a designated Medical Health Officer (MHO); the MHO will provide connection to regional and provincial level public health staff to provide leadership and public health expertise. • Every policy outlined specifications to build upon patient-centred care, for instance, delivering care as close to home as possible, offering virtual care or addressing preventative care. • Specialized Community Services Program will support PCNs depending on the geographic location; these programs will focus on providing care to frail individuals, those with mental health concerns, substance use disorders or have other complex chronic conditions.	• PCNs and Specialized Community Services Program may not be able to cover low population density and geographically dispersed areas in the same manner as more highly populated areas. • Reliance on partnership between Doctors of BC and MOH to drive adoption of interprofessional team-based care in BC. • Lack of focus on co-location for rollout of team-based care or technology to support collaboration. • Further work needs to be done on optimal team composition in primary health care. • Each planning document published by the Ministry of Health outlines an evaluation three years after the implementation of the policy; however, there is no clear evaluation criteria in most of the policies and only three documents presented overall performance indicators. • Primary health care policy in BC is continually changing. Quick changes may result in unintended consequences. • There was an overall lack of discussion in policies on the topic of funding to support technological infrastructure improvement for teams. For instance, creating compatible shared electronic health records.

Strengths (Cont'd)	Weaknesses (Cont'd)
• Joint initiatives between First Nations Health Authority and BC Ministry of Health were created to advance culturally safe team-based care.	• Funding was mostly targeted towards incentivizing physicians and team-based care through fee-for-service incentive payments compared to other opportunities such as CHCs, which until recently had stagnated.
Opportunities	**Threats**
• Team-based care in an integrated health system includes embracing patients as members of their care team and in the development, implementation, and evaluation of policy in this area. • Creating longstanding relationships between patients and providers through team-based care will create increased continuity of care. • Compatible information technology programs are outlined as a strategy to share information across programs and providers to deliver quality patient-centred care and to enable quality improvements in client care and practice workflow. • Interprofessional teams can facilitate cross-training of health professionals as noted in several policies.	• The four areas of health care (Primary Care Services, Specialized Community Care Services, a subset of Hospital and Diagnostic Care, and Regional and Provincial Health Services) must be coordinated to facilitate team-based care and integration. • PCNs will be supported to become a PMH in BC; however, the processes to create patient attachment have not been clearly defined. • Implementation will require local and regional ability to support team-based care. This is influenced by institutional context, professional norms, social values, and outside support.

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9 APPENDIX 1: Policy Documents Reviewed

Title: *Primary Care Networks' Planning Guide for Preventive Care*
Year: 2018
Publishing organization: BC Ministry of Health
Authoring organization(s):
Type of policy document: Strategic direction
Description of content: Emphasizes the reason for implementing PCNs and contains guidance for improving collaborative planning by the PCN for the delivery of preventive care.

Title: *Establishing Primary Care Networks*
Year: 2017
Publishing organization: BC Ministry of Health
Authoring organization(s): Primary and Community Care Policy Division
Type of policy document: Strategic direction
Description of content: Illustrates the implementation of Primary Care Networks (PCNs) to provide person-centred care.

Title: *Specialized Community Services Program for Adults with Complex Medical Conditions and/or Frailty*
Year: 2017
Publishing organization: BC Ministry of Health
Authoring organization(s): Primary and Community Care Policy Division
Type of policy document: Management
Description of content: States use of PCNs to improve comprehensive care to adults living with complex medical needs or frailty through a specialized program. It considers how to provide comprehensive care to adults living with complex medical needs or frailty.

Title: *Integrated Health System for Primary and Community Care*
Year: 2017
Publishing organization: BC Ministry of Health
Authoring organization(s): Primary and Community Care Policy Division
Type of policy document: Strategic direction
Description of content: Describes strengthening coordination across key areas such as primary care services, specialized community care services, hospital and diagnostic services, and regional and provincial health services.

Title: *Specialized Community Services Program for Mental Health and Substance Use*
Year: 2017
Publishing organization: BC Ministry of Health
Authoring organization(s): Primary and Community Care Policy Division
Type of policy document: Management
Description of content: Outlines plans for *Specialized Community Services Program* that seeks to establish services for patients with mental health or substance use issues, including concurrent conditions.

Title: *Interdisciplinary Team-Based Care*
Year: 2017
Publishing organization: BC Ministry of Health
Authoring organization(s): Clinical Integration, Regulation and Education Division
Type of policy document: Management
Description of content: Outlines that through interdisciplinary team-based health care, it will be possible to increase comprehensive care with a high level of continuity.

Title: *Surgical Waitlist Improvement*
Year: 2017
Publishing organization: BC Ministry of Health
Authoring organization(s): Hospital, Clinical and Diagnostic Services Division/Acute and Provincial Services Branch
Type of policy document: Management
Description of content: Focuses on ensuring optimal management and improvement of surgical waitlists, principally for people with complex conditions.

Title: *Patient Medical Home*
Year: 2017
Publishing organization: BC Ministry of Health
Authoring organization(s): Primary and Community Care Policy Division
Type of policy document: Strategic direction
Description of content: Sets out guidance and supports for family practices and clinics as they develop and implement the attributes of the PMH model in BC.

Title: *An Integrated BC Health Care System that Works for Patients, Health Professionals, and Sustainability*
Year: 2017
Publishing organization: BC Ministry of Health
Authoring organization(s):
Type of policy document: Strategic direction
Description of content: Focuses on guidance to restructure the health system of BC to

meet population and patient health needs in staying healthy, getting better, living with illness or disability, and coping with end of life.

Title: *Setting Priorities for the BC Health System*
Year: 2014
Publishing organization: BC Ministry of Health
Authoring organization(s): BC Ministry of Health
Type of policy document: Strategic direction
Description of content: Sets out priorities for transforming family physician practices and primary care clinics into team-based patient medical homes that are well linked and connected with a team-based primary care network

Title: *Improving Primary Health Care Through Collaboration. Briefing 1—Current Knowledge About Interprofessional Teams in Canada*
Year: 2012
Publishing organization: Canadian Alliance for Sustainable Health Care
Authoring organization(s):
Type of policy document: Evaluative
Description of content: Evaluation of the impact of interprofessional teams on the primary health care system in Canada including British Columbia.

Title: *Policy Statement. Multidisciplinary Primary Care*
Year: 2011
Publishing organization: British Columbia Medical Association (BCMA)
Authoring organization(s): Economics and Policy Department
Type of policy document: Other
Description of content: Statement to support multidiscliplinary care in primary care.