

Team-based care emerges as a widespread strategy for A GP for Me

Local divisions of family practice have identified team-based care as an integral part of their implementation plans for A GP for Me, a GPSC initiative aimed at strengthening primary care and improving attachment rates in BC.

As of 1 March 2015, 22 divisions of family practice have completed an evaluation of their community health needs and have developed comprehensive implementation plans to address local attachment goals. Strategies include attachment mechanisms that connect people with a family physician/primary care provider; physician recruitment, retention, and retirement strategies; practice support and coaching; and health promotion and public education. The majority of these divisions have also expressed an intention to implement at least one variation of an interdisciplinary team-based strategy as a new model of care.

Team-based care has been defined as a comprehensive and coordinated system-based approach for safe and accessible patient-centred care.¹ Research shows that a team-based approach can support physician efficiency and effectiveness.² With centralized expertise and improved communications,³ physicians can reduce the amount of time expended helping patients navigate complex and unconnected microsystems and collecting and sharing patient information. With their expanded capacities, physicians can focus on strengthening existing patient relationships and attaching new patients. Spending more time with patients will enable physicians to better understand their patients' health concerns and life cir-

cumstances.⁴ Thus, physicians can proactively and longitudinally tend to their patients' health needs and, as local evaluation work suggests, can systemically lower costs per patient.⁵

The Langley Division of Family Practice is an example of a division that is expanding an existing commitment to variations of team-based

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care. The Division has been focusing for some time on finding and building capacity efficiencies to help meet its community's expected 65% population growth within 20 years.⁶ Early consultations with its members identified for the Division, whose A GP for Me implementation plan was approved in May 2014, that collaboration with different types of providers and teams could address local primary care needs and improve quality patient care.

In Langley, various teams include combinations of providers such as family physicians, licensed practical nurses, registered nurses, social workers, nurse practitioners, medical office assistants, and medical office experts. This enhanced level of expertise enables medical office experts to more efficiently support physicians, allowing physicians to focus on direct patient care. With the support of the GPs in their practices and the Division, medical office assistants are

being encouraged to become medical office experts. The Division currently has nine medical office assistants and medical office experts leading the implementation of team-based care in Langley practices, some which started as early as June 2014, by visiting each other's practices to focus on efficiencies, streamlining, and understanding clinical processes and scopes of practice, and facilitating learning opportunities. The Division continues to observe the varying roles of each team member, specifically medical office assistants and medical office experts, within each practice. A long-range evaluation is underway and preliminary results show benefits for patients and physicians and their practices.

Team-based care facilitates the timely and complementary delivery of services that, along with accumulated patient care knowledge and continuous relationships, will nurture a healthier population⁴ and will enrich physician experiences. In addition, collaborative care can increase efficiencies by reducing emergency department and acute care usage, as well as the frequency of office visits.⁴

Across the province other divisions of family practice are trialing variations of team-based care with A GP for Me as they strive to improve health care locally. Varying approaches being taken illustrate that there are many ways to achieve the desired results for patients.

For further information visit www.divisionsbc.ca or www.agpforme.ca.

**—Brenda Hefford, MD
Executive Director, Department of
Practice Support and Quality**

References

Available on bcmj.org.

This article is the opinion of the GPSC and has not been peer reviewed by the BCMJ Editorial Board.