
CONFERENCE ABSTRACT

Integration through primary healthcare teams: A cross-case analysis of four provinces in Canada

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Introduction: Improving integrated health services for patients with two or more chronic illnesses can be challenging due to their complex healthcare needs. Interprofessional primary healthcare (IPHC) teams have the potential to increase comprehensiveness and promote continuity of care in primary healthcare (PHC) settings. Policies for PHC reform to establish IPHC were introduced two decades ago in Canada. The maturity of IPHC varies across the nation as team-based PHC models were adopted and implemented at different times. In recent years, patient engagement in the development of policy for integration through IPHC teams has become an important aspect in PHC. The main objective of this study was to examine policies and structures that support integrated health services for complex patients through IPHC teams across four provinces in Canada including British Columbia (BC), Alberta (AB), Ontario (ON), and Quebec (QC). This study also aimed to understand if and how these patients are engaged in policy development, implementation, and evaluation in team-based care in PHC settings in three provinces (BC, AB, and ON).

Methods: A comprehensive case study was conducted in each province with cross-case analysis across the four provinces. A total of 105 policy documents were analyzed using the Policy Triangle framework and health system integration principles. Patient engagement in policy development, implementation, and evaluation for PHC teams and integration was explored via semi-structured interviews with 29 patients, family members, and caregivers in participating provinces. Interview data were analyzed using thematic analysis.

Results: Five key components that influenced IPHC and integrated health services were identified through policy analysis: patient-centred care; team structures; information systems; financial management; and performance measurement. In addition, interview data provided important insights into patient experiences with PHC teams, engagement in their own care, PHC team collaboration, and engagement in policy. Common barriers and facilitators to patient engagement such as opportunities for engagement, accessibility, power imbalances, tokenism, and bureaucracy, and racism, ageism, and sexism were also identified.

Conclusion: The findings of this study have the potential to guide policymakers and decision-makers on how to improve IPHC services delivery and enhance patient, family member, and caregiver engagement in policy for PHC teams integration.