



SUMMARY

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# Grassroots Development of Interprofessional Primary Care Teams in Canada

THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILI  
DU CANADA



PATIENT'S  
MEDICAL  
HOME



# Grassroots practices described the shift as leading to ...

## Improved access:

“So, we saw double the number of patients, and we also saw, of course, more than double the number of revisits. So, we could see that through our stats that were reaching more people.” (Participant 20)

“So that expanded my attachment as well, so I could take on more patients than I could by myself. But not only that, I could provide timely access through the physician assistant.” (Participant 21)

Additional analysis of health administrative data found that grassroots practices in Ontario benefited with greater numbers of attached patients per physician, and annual patient visits per physician (in total; for individuals with chronic conditions), compared to family health team clinics and non-team-based family practices.

	Ontario: Grassroots team-based practices	Ontario: Team-based practices (non-grassroots)	Ontario: Non-team-based practices
Rostered patients per physician	1,371	1,228	587
Annual patient visits per physician	2,792	2,321	1,378
Annual visits by patients with chronic conditions per physician	935	725	385

Data source: ICES AHRQ Project P0908.104.000

## Improved team collaboration and job satisfaction:

Family physicians experienced enhanced job satisfaction and less burnout. Indications of greater organizational efficiency and collaborative relationships were fostered, which enabled sharing knowledge across disciplines.

## Improved health services use:

Recruitment of physicians improved, practices expanded, and there was better integration with community services and specialized programs. Overall efficiency improved, including cost savings and reduced visits to local emergency departments.

“... our clients were going 39 per cent less often to the hospital for ER services than other clients in the province.” (Participant 1, describing the beneficial impact of PMH practice at their clinic)

# Recommendations for all levels of government

1. Prioritize flexible and reliable funding opportunities for team-based transformation, fostering provider autonomy as they implement PMH practices
2. Establish clear and accessible processes for submitting business cases, which include support funding and operational supports
3. Pair pilot initiatives with comprehensive monitoring and evaluation systems that assess the impacts of transformations on primary care practices and patients



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