

FACTORS AFFECTING EFFECTIVENESS OF INTERDISCIPLINARY PRIMARY HEALTH CARE TEAMS: A SYSTEMATIC REVIEW OF CANADIAN AND INTERNATIONAL LITERATURE

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Background: Interdisciplinary primary care (IPC) approaches have gained widespread support in policy discourse in Canada. A qualitative case study of Family Health Teams – a recent IPC model in Ontario - suggests considerable variation in individual team's effectiveness, and the importance of policy (e.g. funding, remuneration, regulatory, education) and within team (e.g. leadership, team-building, communication, personal) factors to team functioning. It is unclear if these results are generalizable to other contexts.

Study Question: What factors have been found to facilitate and/or impede the effectiveness of team functioning in IPC models in Canada and other countries?

Methods: We conducted a systematic review of the published literature on IPC delivery over the period 1990 to 2013 using Medline, Embase, CINAHL, HealthSTAR and Proquest. The search string included variations on terms including 'interdisciplinary team', 'primary care', 'collaboration' and 'team functioning'. The focus was on studies which attempted to measure the impact of various factors or interventions on team functioning.

Results: Our initial database search identified 838 articles, of which 26 met inclusion criteria based on title and abstract review. Upon full text review eight studies were found to meet the inclusion criteria. Due to limited findings in the stage one search, the research team expanded the scope of the search to include an earlier starting date (1990 rather than 2000), and to specifically include factors that have been discussed in qualitative literature as being associated with team functioning and effectiveness as additional search terms. This yielded three additional studies which met the inclusion criteria after full text review.

Most studies focused on within team and personal factors (e.g. role clarity, open culture within the team, strong leadership and professional culture and attitudes). With the exception of education and training, the policy factors suggested in previous qualitative research were not examined in the studies reviewed.

Conclusions:

The findings suggest that opportunities do exist for policy makers to enhance the effectiveness of IPC teams. At the same time, many of the most frequently reported factors that were significant can all be influenced within the teams themselves. These include having frequent team meetings, developing a shared vision or goals, working toward more explicit understanding of different professional roles, and giving all providers voice in decision-making. While policy-makers have a role in supporting teams to understand the importance of these factors, many of the decisions that influence them will be made within the team. On the other hand, optimal team size, mechanisms for routine audit and performance feedback, funding or encouragement for the use of a team champion or facilitator all have the potential to be influenced by policy-making.

Efforts should be focused on interprofessional education and education programs to enhance the identified factors within individual teams. The findings suggest that there is a great need for further research in this area, with a particular need for research on economic and regulatory factors.

Limitations:

The findings were limited by the number and quality of the studies identified, none of which were randomized control trials.