

# Integration Through Team-Based Primary Care: An Analysis of Policy in British Columbia

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## Background

- Two decades of a shift toward team-based care in primary healthcare (PHC) in Canada
- Goal to improve integration of PHC services
- Motivation to address increased patient complexity and resource requirements
- Provinces across Canada experimented with and implemented diverse initiatives and care structures
- Recent developments in British Columbia (BC) include Urgent Family Care Centres and Primary Care Networks

## An Objective

While there is evidence that team-based care can increase *comprehensiveness*, *continuity* and *timeliness* of care, it is not clear how policy may facilitate, incentivise or prevent integration through PHC teams.

## Methods

- Case study policy analysis of team-based PHC in British Columbia
- Thirteen PHC policies were included in this analysis published between 2009-2019

## Results

- Four pillars of team-based care: effective interdisciplinary teams, team design, optimizing team functioning, and interdisciplinary team sustainability
- Strengths of policies to support integration include the vision to create a patient-centered medical home with physician practices, partnership with BC First Nations Health Authority and primary care clinics connected within a PCN to support integrated PHC
- A gap found in this policy analysis was a provincial strategy for evaluating PHC reform
- Policy development opportunities include policies on funding to support technology infrastructure improvement and policy to include patients as full healthcare team members

## Conclusion

BC has made significant steps towards a team-based PHC model that supports integrated care, yet we have a ways to go to full realization of this goal.



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