

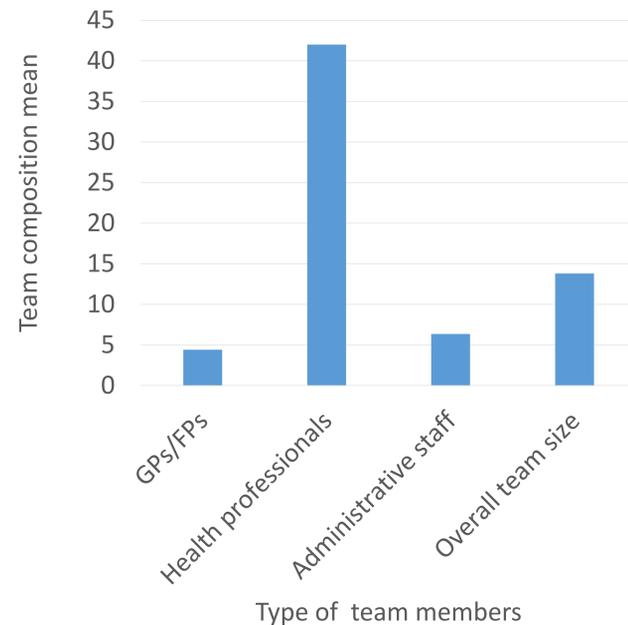
## Background

High functioning team-based primary care is recognized as a building block for improved quality of healthcare and patient health outcomes. The effectiveness of team-based primary care is predicated in part on team functioning and its context. The purpose of this study is to examine organizational factors associated with team functioning in Canadian primary care settings.

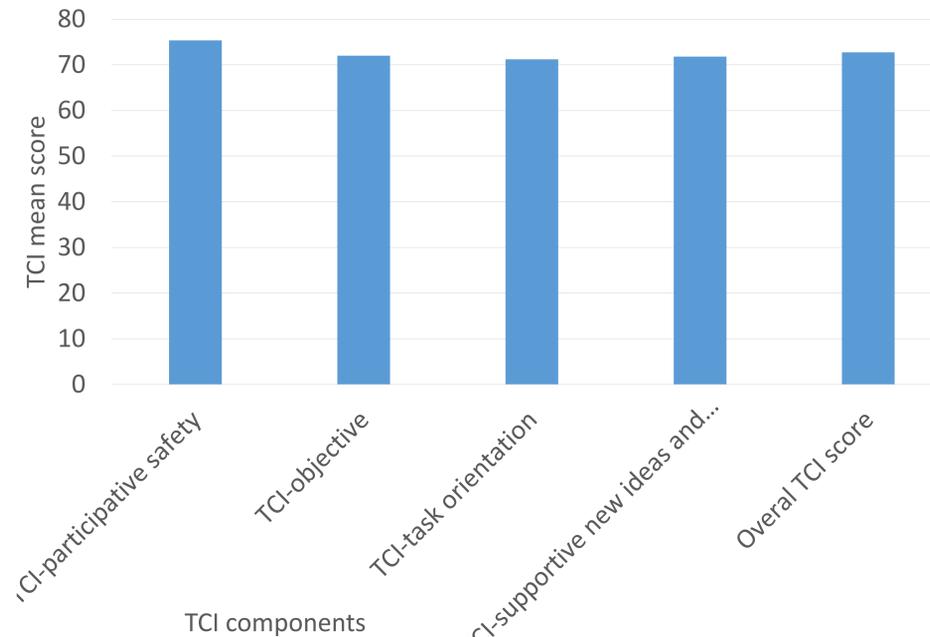
## Methods

- Cross-sectional surveys were conducted in 2015-2016 among health professionals and support staff;
- **Settings:** Three jurisdictions: Fraser East, BC; Eastern Ontario; and Central Zone, Nova Scotia.
- **Instruments:** The team climate inventory (TCI) and an organizational survey
- Data collected include: Team functioning and organizational characteristics and the TCI data were linked to organizational survey data.
- The overall team functioning score (0-100) was the outcome of the study, with a high score indicating high team functioning.
- Descriptive and regression analyses were used to examine associations between organizational characteristics and the overall TCI score.

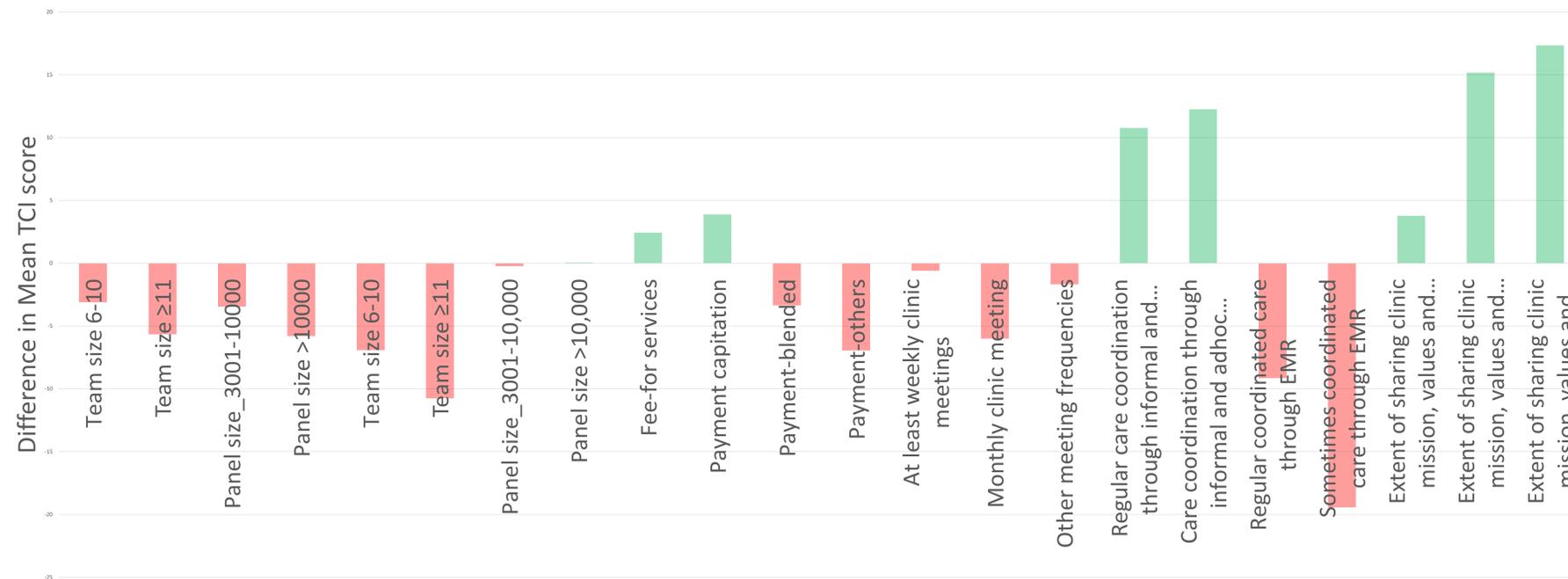
## Team composition



## Team climate scores



## Practice characteristics associated with TCI score



## Results

- 87 practices participated and 528 team members from 63 practices completed both team climate and organizational surveys. 42.5% of practices had monthly clinic meetings; 65.5% had regular care coordinated through ad hoc or informal exchange/meetings; 52.9% had care coordination through EMRs; 83.9% were in agreement that they had a shared clinic mission, values and objectives; and 59.5% had physicians paid fee-for-service. 55.2% and 26.6% of practices had large team size (≥11) and large patient panels (>10,000), respectively. 28.2% of clinics had a large number of GPs/FPs (>6). The overall mean TCI score was 73 (SD:10.75) out of 100.
- Hierarchical linear regression indicated that shared clinic mission, values and objectives and care coordination through informal and ad hoc exchange were positively associated with team functioning; whereas, care coordination through EMRs and large team size were negatively associated with TCI score

## Conclusions

Ensuring that practices have a shared clinic mission, values and objectives and facilitating care coordination through informal or adhoc exchange contribute to high team functioning. Mechanisms to support primary care organizations with larger teams and to ensure EMRs are effectively used to support care coordination could help improve team functioning in primary care.

## Acknowledgements

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