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It is time to invest in team-based care

Coming together is a beginning; keeping together is progress; working together is success.

Edward Everett Hale

Nearly 6 million people in Canada are without an FP and yet there are more FPs per capita in this country than ever before.^{1,2} The problem, on the surface, does not appear to be numbers. Perhaps if we were to stop thinking that we need more seats in medical schools, more positions in residency, and more international medical graduates, we could be closer to solving the primary care crisis.

The issue is multifactorial. Patient care and the health care system are more complex than previously. Family physicians are spending more time providing extra services to each patient while simultaneously helping them navigate a complex and disjointed health care system, which means FPs cannot see as many patients as before.

Moreover, FPs are moving away from comprehensive, longitudinal care, going instead into areas such as urgent care and hospital care, which offer opportunities to deliver patient care but in a well-supported infrastructure with teams to assist, no overhead costs, reduced administrative burdens, and improved compensation. Also, there are FPs who are burned out and withdrawing from full-time practice to improve their work-life balance.

The problem, therefore, is not the number of FPs who are available, but rather how those FPs practise and how those practices are supported.

A possible solution to Canada's crisis in family medicine is team-based care, a key element in the Patient's Medical Home vision, wherein FPs work interdependently with a team of health care professionals to provide high-quality care to a community of patients.

Done right, team-based care offers greater access to care, reduced wait times, and better delivery of high-quality patient-centred care.³ For our aging population, it potentially means they can stay in their homes longer as they are supported by a health care team that works collaboratively, responding to health issues as they arise in a coordinated fashion.⁴ From a cost perspective, it means a reduction in emergency department visits³ and hospital readmissions, as well as in improved early detection and disease prevention. From a health

care provider perspective, team-based care can increase both patient and provider satisfaction.³

While team-based care has been implemented across the country, it has been met with variable success. It is not intuitive to most practitioners. Many provinces have introduced multidisciplinary clinics, but FPs and health care professionals are still working in parallel silos, resulting in duplication of services and gaps in care.

For team-based care to be successful, teams and individual members need to be nurtured and supported. However, according to the 2002 Romanow Commission report on the future of health care in Canada,⁵ not only is interprofessional collaboration important, but so is interprofessional training. We need to learn together to work together. Interprofessional education⁶ is an accreditation standard for many health professions in Canada and has been integrated into curricula; yet, practice-based learning opportunities remain limited, leaving most health professional graduates unprepared to work in teams.⁷

Team members need opportunities to build trust and respect for each other; they need time to get to know the educational backgrounds, individual areas of competence, and professional limitations of their colleagues.⁸ Teams also need adequate system infrastructure, administrative support staff, communication and electronic medical record compatibility, clinical design to support team meetings and collaborative care, social prescribing, community service networks, and aligned compensation models.

Finally, we must acknowledge that teams are fluid and constantly evolving. They change with context, patient care needs, and available resources. Effective team-based care requires ongoing support. It takes time to develop. We need to focus our attention on system overhaul, not on additional health care workers. 🌱

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Cet article se trouve aussi en français à la **page 144**.

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