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## The Evolution of Primary Health Care Teams and Integrated Health Services Delivery in Four Canadian Provinces

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A Commentary

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## 1 COMMENTARY

Improving integrated health services for patients with two or more chronic illnesses is a priority in Canada as our health systems grapple with their complex needs and the services they require (Kirst et al. 2017; Suter et al. 2014). Team-based primary health care (PHC) models have been implemented in diverse ways to improve patient experience and to better coordinate integrated care to improve population health and reduce the cost of health care (Kirst et al. 2017; Buljac-Samardzic et al. 2010). The structure and composition of interprofessional primary health care (IPHC) models vary across provinces; however, their common goal is to address the four elements of the Quadruple Aim (population health, patient experience, provider experience, and reducing costs) (Bodenheimer and Sinsky 2014).

Although research exists on interprofessional teams and health service integration, understanding the effectiveness of the development and implementation of team-based models for patients with two or more chronic illnesses has been challenging. Policymakers, decision-makers, providers, and patient groups have little evidence on what policies and structures facilitate, incentivize, or prevent integrated service delivery, especially for patients with complex needs. This knowledge gap has had an impact on the reform of service integration for patients with complex needs through IPHC teams. A policy analysis was conducted in four Canadian provinces to examine the policies and structures that scaffold such reform, identifying barriers and facilitators to the implementation of PHC teams and integrated health services. This study was carried out in British Columbia (BC), Alberta (AB), Ontario (ON), and Québec (QC) to understand different models implemented in these provinces and to ensure representation of east, west, and central Canada.

An individual case study of provincial and regional level policy documents on PHC teams and integrated service delivery was conducted in each province (Lukey et al. 2022; Montesanti et al. 2022; Donnelly et al. 2023; Wankah et al. 2022). Key PHC policies in BC, AB, ON, and QC were analyzed using the Policy Triangle Framework (Walt and Gilson 1994) and the Ten Key Principles for Successful Health Systems Integration (Suter et al. 2009) with the main focus on the actors involved, policy process, context and content related to IPHC teams and integrated health services. The set of four papers provides details on each of the participating provinces' primary health care redesign journeys to implement IPHC teams along with current strengths, weaknesses, opportunities, and barriers (threats) to the same. A cross-jurisdictional comparative policy analysis (Lukey et al. 2021) was also conducted to understand the influence of policies and contexts on PHC teams' integration. In addition, similarities and variations in policies related to IPHC teams and integrated health services were identified across the four provinces during the analysis. The results of this study provide important data on the development and implementation of IPHC models across the four provinces.

Canadian national PHC reform aimed to establish IPHC in the health care system at the beginning of 2000. The First Ministers' Accord on Health Care Renewal (2003) and A 10-Year Plan to Strengthen Health Care (2004) were introduced to integrate team-based

care as a part of health care reform (Health Council of Canada 2009). The federal government created the Primary Health Care Transition Fund to assist provinces in initiating IPHC delivery over a period of six years period (2000-2006). Over the last two decades, new approaches to service delivery models have been introduced for PHC reforms to integrate physicians with interprofessional health care teams and to enhance patient-centred care. Some provinces have more established models (e.g., Family Health Teams in Ontario, Family Medicine Groups in Québec and Primary Care Networks in Alberta), while others have introduced new models in the last few years (Lukey et al. 2021). In British Columbia, Primary Care Networks (PCNs) were introduced in 2018 (Lukey et al. 2022), while PCNs continue to be the focus in AB since 2005 (Montesanti et al. 2022). In Ontario, Family Health Teams have existed for over a decade, and Ontario Health Teams were introduced in 2019 to provide integrated care within local communities (Donnelly et al. 2023). In Québec, Family Medicine Groups are the main model for IPHC in the past two decades; Local Health Networks and Territorial Health Networks were later introduced to enhance interprofessional team collaboration and included social workers and other allied health professionals (Wankah et al. 2022). Since each province is responsible for the implementation and delivery of IPHC, variations in policies related to IPHC can be seen across the provinces. Patient-centred care was highlighted in provincial policies in all provinces. Patient engagement in policy development, implementation, and evaluation is mentioned in several policy documents (Lukey et al. 2021). The health of Indigenous communities has been given a specific focus in BC through the First Nations Health Authority (Lukey et al. 2022). QC has promoted early investment in electronic health records allowing health care providers to access patient health records throughout the province (Wankah et al. 2022). Our policy analyses found there was limited information available on the impact of PHC teams on health service integration (Lukey et al. 2021). Focusing on performance measurement is an opportunity for all provinces to refine policies based on data and to learn from each other's experience with different IPHC models and their implementation.

Primary health care reforms continue today in these provinces and across Canada with different models being employed to promote enhanced PHC teams. Implementation of key elements in PHC team policy has the potential to enhance the role of IPHC and facilitate health service integration for better outcomes for patients, providers, and the health system. Further research is required to better understand and evaluate the efficacy of integrated health services through IPHC teams across Canada.

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