• The geographically diverse Vancouver Island and Coast region make up the traditional territory of many Coast Salish groups. As a distributed team the ISU humbly and gracefully acknowledges the ancestral, traditional and unceded territories where we live, work and play. We invite those we engage with to reflect on their past, present and future participation on the lands where they are situated.
Objectives

- Context
- Introduce TEAM Framework
- Focus in on CAPACITY and ACCESS
- CAMP survey and clinic list as tools for evaluation
Context
To be relevant and applicable to Team-Based Primary & Community Care (TBPPCC) projects in BC
To cover key dimensions of TBPPCC, in alignment with the evidence
To be a framework that provides consistency and allows for adaptability
To support both formative evaluation within projects and summative evaluation over time
Team-based care Evaluation and Adoption Model (TEAM) Framework
Evaluation Model

* TBPCC: Team-Based Primary & Community Care
Adoption Model

- Explore
- Prepare
- Implement
- Sustain

Baseline
Engagement
Early Behaviour Changes
Systematized Behaviours
Early Indicators
Outcomes

Begin
Time

Iterative Change Cycles
Development, Validation & Refinement
Development

- Review & synthesis of academic literature
- Review and adaptation of CAMM
- Initial TEAM Framework
- Review by expert stakeholder focus group and 1:1 consultations
Validation

Develop
- Review & synthesis of academic literature
- Review and adaptation of CAMM
- Initial TEAM Framework
- Review by expert stakeholder focus group and 1:1 consultations

Validate
- Structured review of TBPHCC evaluation in Canada (n=45)
- Review of Primary Care Evaluation Frameworks (n=14)
- Comparison of 10 included frameworks to develop a list of key evaluation areas
- Key evaluation areas mapped to the TEAM Framework
Included Frameworks

- Quadruple Aim
- PCN Attributes
- Patient Medical Home Pillars
- Framework for Primary Care in Ontario
- Alberta Primary Health Care Evaluation Framework
- Attributes of Primary Health Care, Canada
- 10 Building Blocks of High-Performing Primary Care
- The Accountable Primary Care Model
- WHO Indicator Passport
- WHO Primary Care Evaluation Tool
Refinement

Develop
- Review & synthesis of academic literature
- Review and adaptation of CAMM
- Initial TEAM Framework
- Review by expert stakeholder focus group and 1:1 consultations

Validate
- Structured review of TBPCC evaluation in Canada (n=45)
- Review of Primary Care Evaluation Frameworks (n=14)
- Comparison of 10 included frameworks to develop a list of key evaluation areas
- Key evaluation areas mapped to the TEAM Framework

Refine
- Review of TEAM Framework by authors and expert collaborators
- Adoption Model updated with EPIS framework
- Evaluation Model updated to 10-dimensions
- Final TEAM Framework
Updated Mapping
Framework Comparison
397 linkages between TEAM and other frameworks
Dimensions of the Evaluation Model

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Centred Care</td>
<td>The quality and continuity of a therapeutic relationship between healthcare providers, patients and families, with a focus on culturally safe, whole person care</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Patient and family's subjective experience of care</td>
</tr>
<tr>
<td>Provider Experience</td>
<td>Experience of individual providers in doing their work</td>
</tr>
<tr>
<td>Team Function</td>
<td>The structure and operation of a team, the interactions of team members, and the additional supports required</td>
</tr>
<tr>
<td>Quality of Care Process</td>
<td>Focuses on continuous quality improvement and the provision of safe, quality care</td>
</tr>
<tr>
<td>Capacity &amp; Access</td>
<td>Equitable access to care and the ability of primary care teams to provide comprehensive and coordinated care</td>
</tr>
<tr>
<td>TBPCC Foundations</td>
<td>Features of the team, community and supporting organizations that enable effective team-based primary and community care</td>
</tr>
<tr>
<td>Governance &amp; Accountability</td>
<td>Stakeholder engagement, evidence-based decision making and systems leadership to achieve desired health outcomes</td>
</tr>
<tr>
<td>Health of the Population</td>
<td>Assessment of health systems utilization and health outcomes for the population served</td>
</tr>
<tr>
<td>Healthcare Costs</td>
<td>Measurement of the costs of care associated with individual patients as well as broader, systems level costs</td>
</tr>
</tbody>
</table>
Metrics to measure success?

- Measurements of “patient attachment” do little to capture the nuance of primary care provision
- Is patient attachment the most important metric?
- Do we even know how many clinics are in BC?
BC Primary Care Clinic List

- Creating a province-wide list of clinics providing primary care
- Because we couldn’t find one that exists
BC Primary Care Clinic List

- Incredible value for infrastructure planning in primary care
- Utilization for PCN planning, implementation and evaluation
Process
Process

13,726 Physicians
(College of Physicians and Surgeons of British Columbia Registry List - September 2020)

6,860 Family Physicians at 2,915 unique addresses (potential clinics)

1,239 probable primary care clinics representing 4,262 Family Physicians
Clinic Survey

- Focusing on the care provided by a clinic as opposed to individual care providers
- Designed to be filled out by medical office assistants/clinic managers in 15-20 minutes
Primary Care Network Clinics
Random Community, BC
Health Authority
Population ~225,000

Reported Patients Attached: 27,135

Average Number of Appointments Per Hour: 5.1

Number of Patient Appointments Available in a Typical Week: 4567

Total Appointment Hours Available Per Week: 657

CAPACITY:
47 Reported Number of MDs
28 MD FTEs
18 Reported Number of NPs
9 NP FTEs

ACCESS:
Average days to Third Next Available Appointment: 2
Number of clinics at which urgent issues are addressed same day: 9

Number of clinics that:
0/9 Report they provide after hours call
0/9 Report they book appointments after 5 p.m.
0/9 Report they are open on weekends
7/9 Calculated may have some additional space
0/9 Report they provide only walk-in services
9/9 Report they only address one issue per appt
8/9 Report they are wheelchair accessible
8/9 Report they use the Provincial Language Service
0/9 Report that Allied Health Professionals work at the clinic

Report they provide only walk-in services, after hours call, calculated may have some additional space, report only address one issue per appt, report they are wheelchair accessible, report they use the Provincial Language Service, report that Allied Health Professionals work at the clinic.
What is important to measure?

- Capacity
- Access
- Comprehensiveness
Capacity

How many patients COULD be seen in a community-based primary care clinic, by how many providers, in a typical week?
Capacity

- How many patients could be seen in a week?
- What would increase or decrease that number? E.g. adding RNs to a practice, hiring more doctors, extending the hours the clinic is open?
Access

Includes geographical access, organizational access and responsiveness, where all people in a community can access quality care. Access to care incorporates the ideals of advanced and timely access, including the provision of extended hours and same day access to urgent care, as well as virtual access to care when needed.
Access

Number of variables describing access:
- Third next available appointment
- After-hours access (evenings, weekends, call)
- Wheelchair accessible
- Fees charged
- Utilize Provincial Interpretation Services
- Only one issue addressed per appointment
Comprehensiveness

The capacity of a practice to provide a full range of services, either directly or indirectly, to fulfil most health care needs of the population they service.
Thank you!

Questions and Feedback: isu@familymed.ubc.ca