**Background**

In Nova Scotia, the support and development of interprofessional collaborative family practice teams began in 2000. As the number of teams continues to grow, our research team identified the need to examine barriers and enablers to team implementation as a first step to improving this process.

**Objectives**

To identify, categorize, and describe barriers and enablers to interprofessional collaborative care team implementation reported in the literature, especially those that focus on barriers and enablers to improving access. Access was defined by attachment of patients to a collaborative family practice team in primary health care.

**Methods**

A review focusing on systematic reviews and evidence syntheses was conducted. The Consolidated Framework for Implementation Research (CFIR) was used as a coding framework to guide the extraction of data from the identified reviews. Of the 105 articles identified, data were extracted from 13 articles into the five broad domains of the CFIR.

**Results**

The results are highlighted in the following infographic along with corresponding recommendations at the policy-, team-, and health professional education level.

**Conclusion**

This review provided valuable insight into the barriers and enablers that affect implementation of interprofessional collaborative family practice teams. Next steps involve prioritizing and gathering additional information from collaborative teams in Nova Scotia.

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**Key Messages from the Literature for Stakeholder Groups**

### Barriers and Enablers to Implementing Interprofessional Collaborative Family Practice Teams with a Focus on Improving Access to Primary Care: A Review of the Literature

#### Government and Health Authorities

- **Enablers**
  - Good data and research on the current status of teams
  - Buy-in and financial support from organizations
- **Barriers**
  - Insufficient, insecure or unstable funding models

#### Team-level Clinicians and Managers

- **Enablers**
  - Consider how to optimize the roles of all team members and identify gaps in capacity to meet patient needs
  - Create a supportive and nurturing environment
  - Provide attention to governance and leadership dynamics within teams
  - Utilize technology for communication, decision-making and information sharing
  - Dedicate time for patient care planning and team development

#### Health Professional Educators and Regulators

- **Enablers**
  - Client-centred approaches
  - Coordinated policies for interprofessional education
  - Alternative funding models
  - Technology support
- **Barriers**
  - Different remuneration models based on role
  - Lack of competencies in collaboration
  - Policies that require single profession top-down decision making

#### Characteristics of Team Members

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**Enablers**

- **Partnership governance approaches**
- **Shared purpose and goals**
- **Coordination of team services**
- **Supportive communication**
- **Trust/respect**

**Barriers**

- **Inadequate communication**
- **Opposing beliefs on value of collaboration**
- **Interpersonal conflicts**
- **Limited human resource planning**
- **Hesitancy to collaborate**

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