

BARRIERS AND ENABLERS TO IMPLEMENTING INTERPROFESSIONAL COLLABORATIVE FAMILY PRACTICE TEAMS WITH A FOCUS ON IMPROVING ACCESS TO PRIMARY CARE: A REVIEW OF THE LITERATURE

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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 193 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.

Key Messages from the Literature for Stakeholder Groups

Governments and Health Authorities

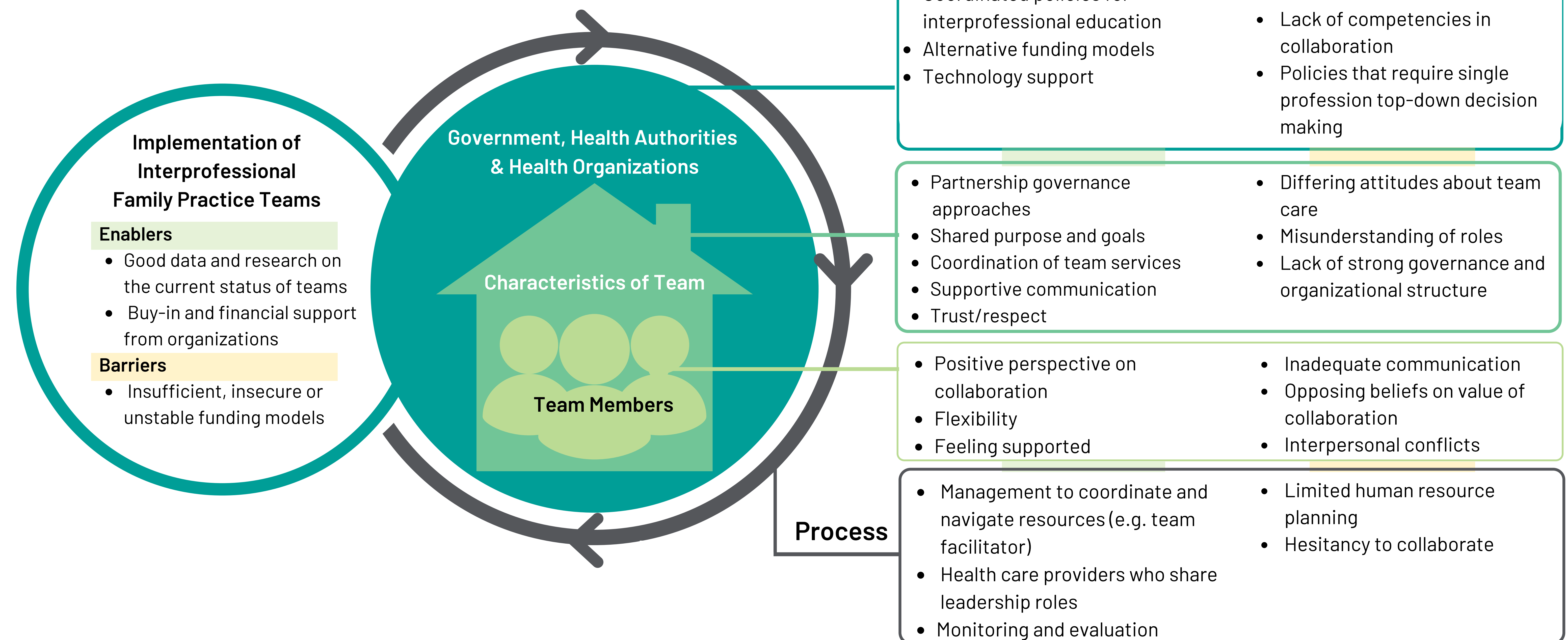
- Regularly assess the equity of compensation models, including special incentives
- Coordinate legislative and regulatory reforms with other provinces
- Ensure there are policies/procedures for equality
- Ensure teams share physical space
- Evaluate the effectiveness of interventions to improve primary care
- Provide support for management and leadership
- Consider community needs/services, accessibility and quality of care when constructing the size and composition of teams

Team-level Clinicians and Managers

- 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

- Ensure health care providers are able and supported to practice to full scope
- Establish pre- and post-licensing requirements for interprofessional education
- Address organizational leadership of teams to minimize hierarchy
- Incorporate interprofessional curricular components into education programs



Reference: Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JCI. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science* 2009; 4(50).

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