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Title

Organizational typology of interprofessional primary care teams in Quebec

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context

Interprofessional primary care teams (IPCT) are the main model for organizing primary health care. To date, little is known about the organizational heterogeneity of IPCT and how this heterogeneity may be related to the characteristics of the population they serve.

Objective

The purpose of this study was to describe the current profiles of IPCT.

Setting and population studied

369 IPCT in Quebec, Canada.

Study Design and analysis

This cross-sectional study performed a mixture model analysis to identify the underlying profiles of the 369 IPCT. The data source was the Financial Monitoring file of the Health Ministry of Quebec. The organizational characteristics included in the model were the number of full-time equivalents (FTEs) of physicians, nurse practitioners, registered nurses, and social workers, type of IPCT (network, university-affiliated, regular), sector (private, public, mixed), presence of a pharmacist, presence of a partner agreement (with another IPCT or a hospital), number of registered patients, attendance rate, number of practices affiliated under the same IPCT and total funding. The optimal number of profiles was determined by statistical criteria (AIC, BIC) and clinical significance.

Outcome measures

The outcome measure was the organizational profiles of IPCT.

Results

Six profiles of IPCT were identified. The first profile (20%) included high budget, private IPCT that favoured non-physicians in their teams. The second profile (9%) were low budget, private IPCT with low registration rates. The third profile (7%) described average to high budget, private IPCT that favoured physicians in their teams. Fourth profile (44%) included low to average budget, private IPCT that favoured non-physicians in their teams, and low registration rates. The fifth profile (4%) was a high budget, public and university typed IPCT that favoured physicians in their team and with average registration rates. The last profile (17%) was a high budget, public and university typed IPCT, that favoured physicians in their teams and with low registration rates.

Expected outcomes

The organizational profiles of IPCT helped determine the heterogeneity of this primary care model. The identification of the heterogeneity will help with the design of organizational and funding policies that will enhance the impact of the IPCT in health outcomes. Further research will help to understand whether this model meets the needs of the population it deserves.