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**Title**

*Interprofessional primary care performance indicators: a scoping review*

**Priority 1 (Research Category)**

Systematic review, meta-analysis, or scoping review

**Presenters**

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**Abstract**

**Context:** Team-based models of care have become an integral part of the primary care system and is increasingly regarded as a key feature in achieving high-quality primary care by providing integrated, comprehensive, and continuous person-centred care. Although team-based primary care has been implemented, the extent to which existing primary care performance indicators capture the involvement and impact of the various members of the interprofessional team remains unclear.

**Objective:** The aim of this scoping review was to identify performance indicators that capture or could be adapted to capture processes, outputs and outcomes that reflect interprofessional primary care.

**Study design and Analysis:** The Arksey and O'Malley six-stage framework was applied to undertake the scoping review of the peer-reviewed and grey literature. The main search terms included performance indicators, frameworks, interprofessional teams and primary care. Studies included were those that were published in French or English between 2000 and 2022. Two reviewers independently screened records and extracted indicators. Indicators were classified according to the primary care performance measurement framework proposed by the World Health Organization and the quintuple aim framework.

**Results:** Based on the electronic databases (Medline, Embase, CINAHL) search and the reference list of key studies, from 2967 studies, 30 were eligible for the final review. These findings led to the identification of 92 performance indicators related to the contribution of interprofessional primary care. Performance domains included: population health (18), diagnosis (16), prevention (10), treatment (9), accessibility (7), patient experience (6), people-centredness (5), promotion (5), continuity (5),

coordination (5), comprehensiveness (3), safety (2), efficiency (1). Only 4 indicators directly capture the individual contribution of IPC providers.

Conclusion: Most indicators found could be used to measure the performance of teams as a whole, but would require adaptation to capture the contribution of individual health professional. This review provides new insight on existing indicators relevant to measuring the performance of team-based care and gaps for future research. The identification of these indicators is the key first step to develop, implement and measure a core set of stakeholder-informed performance indicators that can measure the contribution of interprofessional primary care providers.

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