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## CONFERENCE ABSTRACT

# Collaboration in Interprofessional Primary Care Teams during the COVID-19 Pandemic

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### ***Introduction***

Primary care is the first point of access for health services and primary care teams play a central role in the coordination and integration of mental health services. The pandemic has seen a rising demand for mental health services and primary care teams are well positioned to address these needs. With the pandemic, primary care teams have made a transition to virtual care, however the impact on how teams collaborate to provide mental health care is unclear. The aim of the study is to understand primary care teams' experiences with collaboration related to mental health care during the COVID-19 pandemic.

### ***Aims Objectives Theory or Methods***

A descriptive qualitative research design was employed. Family Health Teams (FHTs) are an interprofessional primary care model in Ontario. Using purposeful sampling, we sent invitational letters to executive directors of FHTs across all five Ontario Health regions. Focus groups were conducted with interprofessional healthcare providers providing mental health services in FHTs. Virtual focus groups, led by trained facilitators examined the delivery of collaborative mental health services and its impact on patients during the COVID-19 pandemic. The focus groups were audio-recorded and transcribed verbatim. Thematic analysis was used for data analysis and occurred in parallel with data collection.

### ***Highlights or Results or Key Findings***

Eleven focus groups with 10 FHTs were conducted, with a total of 48 participants. Focus groups were conducted with two FHTs in each of the five Ontario Health regions. Three themes were identified in the data: i) pre-pandemic team functioning, ii) new communication processes, iii) collaboration. Teams were able to maximize collaboration from this rapid transition with the advantage of well-established team-based models prior to the pandemic. Teams created new processes for collaboration to adapt to the virtual changes via new channels of communication such as texting, video meetings and phone calls. Collaboration expanded beyond the FHT and into

the communities as teams virtually collaborated with community partners. Nevertheless, some participants found virtual collaboration to be isolating due to the lack of in person communications and unscheduled hallway conversations that could only emerge in a co-located in-person setting.

### ***Conclusions***

While teams found new ways of communicating, the overall experience of shifting to a virtual team was isolation with less overall collaboration. Virtual team-based communication will likely be a mode of collaboration moving forward, and its advantages and disadvantages will need to be considered.

### ***Implications for applicability/transferability sustainability and limitations***

As virtual care becomes an integral way of delivering primary care, it will be crucial to understand and learn its impact on collaboration within teams. This will influence how health care providers support each other and in communities as many regions work to strengthen collaborations within Ontario Health Teams.