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CONFERENCE ABSTRACT

Increasing Equitable Access to Interprofessional Primary Care Teams in North Toronto

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Introduction

Achieving better patient experiences and health outcomes, more efficient use of health care resources, and enhancing provider experiences for sustainable care requires high performing primary care. Both patients and their family physicians must have access to an integrated network of allied, nursing and social care services that together are accountable for meeting a wide range of health and social needs in a timely and efficient manner. In Toronto, Ontario, there is a wide discrepancy in the access to interprofessional teams by family physicians and a need to re-align existing resources to more efficiently meet practice needs.

Aims Objectives Theory or Methods

Aim: To improve access to regular interprofessional consults, just-in-time advice and/or co-located inter-professional health provider (IHP) resources in primary care to meet the unique health needs of local practice populations. The North Toronto Ontario Health Team is leveraging work done in Guelph, Ontario, to build integrated and equitable primary care in a diverse, urban community. Analyses of primary care provider roster data allows an understanding of the unique needs of a patient population, and the ability to assign IHP support based on the level of need. This novel approach seeks to create relationship-based interprofessional primary care teams.

Highlights or Results or Key Findings

The highlight of this project is the transferable methodology for assessing individual primary care rosters to determine the need for interprofessional team support to connect to existing resources. Classification of practice population needs is three tiered: high/rising/low/no need for each type of support (e.g. high percentage of complex patients indicates high need for nurse practitioner). The data is from a large administrative database and detailed EMR searches, and is supplemented by qualitative assessment of gaps in care through a functional assessment survey. Using this methodology developed in a small Ontario community (Guelph Ontario), the North Toronto Ontario Health Team is creating relationship-based teams in a diverse urban setting where designated interprofessional staff from other collaborating organizations are either co-located in-office or

providing regularly scheduled virtual support once weekly (for high-needs practices), 1-2 times per month (for rising-needs practices), or on an as-needed basis (for low needs).

Conclusions

With increasing complex health and social needs in primary care and growing challenges in managing health care resources, there is a need to better align existing resources to meet practice needs. This methodology uses practice level data and local interprofessional resources to equitably build access to interprofessional care teams.

Implications for applicability/transferability sustainability and limitations

This methodological approach to understanding primary care practice roster needs and matching to existing local interprofessional health resources in different contexts could contribute to the development of sustainable high performing primary care in a wide range of geographic , economic, and cultural settings.