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**POSTER ABSTRACT****Integrated Team-Based Primary Care in Rural and Remote Communities in Canada: Results of a Scoping Review**

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**Background:** In Canada and across the world, populations in rural and remote settings are aging rapidly, have poorer health outcomes as compared to their urban counterparts, and experience more limited access to care. These disparities are worsened for Indigenous and racialized populations, and those facing social exclusions. Access to team-based primary care in rural, northern, and remote communities in Canada is recognized as an essential way to promote health and wellbeing.

However, accessing care is shaped by social and healthcare structures, relationships, and local resources, and many people are required to wait long periods or travel long distances to access care. This review was co-led with two patient partners and sought to address the question 'How do integrated primary care teams promote access to primary care for people residing in rural communities in Canada?'

**Methods:** A comprehensive scoping review of the literature was undertaken, guided by the principles of appreciative inquiry and cultural safety. A rigorous search of the peer-reviewed journal articles was undertaken, and studies were screened and appraised by two independent reviewers. A final cohort of 16 articles were captured and were analyzed thematically. This Scoping Review adhered to the PRISMA-ScR Checklist.

**Results:** Thematic analysis identified three core themes 1) gaps in access to services; 2) innovative care models; and 3) continuity of care. It was noted that rural communities face limited access to healthcare with provider shortages, long wait times, and the need to travel for care. Analysis of the captured studies revealed that team-based care can address many of the gaps related to accessing care for rural and remote Canadians. In addition, supporting continuity of care for patients through diverse models of care that include patient priorities, cultural learnings, and diverse ways of communicating appear to confirm patients' experiences with primary health care in rural and remote settings.

**Implications:** This Scoping Review revealed that team-based care can address many of the gaps related to accessing care in rural and remote settings. While focused on Canada, the review is transferrable to other rural and remote settings and would be of interest to healthcare makers, policymakers, patients, and research engaged in the planning of integrated care services. In addition, supporting continuity of care for patients through diverse models of care that include patient priorities, cultural learnings, and diverse ways of communicating can enhance patient outcomes and begin to address complex health disparities and inequities.