International Journal of Integrated Care

Sourial N et al, 2026, Team-based primary care: Who is doing what on the team?. International Journal of Integrated Care 26(S2):544 DOI: doi.org/10.5334/ijic.ICIC26544

POSTER ABSTRACT

Team-based primary care: Who is doing what on the team?

International Conference on Integrated Care (ICIC26), Birmingham, 13-15 April 2026

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Background: Interprofessional primary care (IPC) teams are considered the gold standard for delivering care to older adults with multimorbidity. There is a lack of evidence, however, on who, how and the extent to which different health providers within IPC teams (family physicians, nurses, pharmacists, etc) contribute to the care of this population. This study aims to describe which health providers are involved in the care of older adults and the services provided.

Approach: Electronic medical record (EMR) data were extracted for 111 adults 65+ with at least 10 primary care visits in 2023 to their affiliated university-affiliated family medicine group in Montreal. Data on patient consultations were assessed and classified according to 10 performance indicators based on dimensions of the World Health Organization primary care performance framework (physical activity counselling, flu vaccination, pneumococcal vaccination, colorectal cancer screening, depression screening, documentation of health provider responsible for coordination of care, medication review, discussion about medication, discussion on involvement of family, discussion on priorities, treatment goals and values).

The data collection form was co-constructed with health providers from the participating clinic. We measured the % patients assessed for each indicator and which type of provider (family physician, nurse practitioner, nurse, pharmacist, social worker, etc) did the assessment, generating provider-level performance indicators.

Results: The percent of indicator assessment ranged from 1% to 52%. Results demonstrated that non-physician providers contributed to 56% of tasks and that patients, on average, saw 4 different providers over the course of the year. Provider-level results showed that while the family physician were the main provider for the assessment of 5 out of 10 indicators, other providers contributed up to 77% of assessments on the other indicators.

Implications: Results showed variations in provider contributions across performance indicators with areas for opportunity for further task sharing and delegation. This study will help inform IPC

practices to support the care of older adults and shed light on potentially underserved patient populations.