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POSTER ABSTRACT

Understanding Primary Care Physician Engagement in Integrated Care: A Review of Mechanisms, Facilitators, and Barriers

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Background: Integrated care seeks to coordinate services across settings for people with complex needs. Primary care physician (PCP) engagement is essential to the design and implementation of integrated care, yet participation is inconsistent across models and contexts. Approach: This rapid review identified modifiable facilitators and barriers to physician engagement in integrated care. MEDLINE, Embase, and the Cochrane Library were searched in August 2025 using terms including “integrated care,” “physician engagement,” “primary care physician,” “general practitioner,” “facilitators,” and “barriers.” The search was restricted to studies published from 2014 to 2025. After de-duplication, 3379 studies underwent title and abstract screening, 122 articles were assessed in the full-text review with 53 included in the analysis.

Data extracted included first author, year, study location, study design, study population, mechanism of physician engagement in integrated care, and reported barriers and facilitators. Eligible studies empirically examined physician engagement in integrated care and reported facilitators or barriers. Data were charted and synthesized using narrative synthesis.

Results: Across diverse models, physician engagement with integrated care models improved when programs provided clear governance, role definitions, and shared decision processes. Being part of relevant networks, flexible scheduling, shared responsibility, training, aligned remuneration, and infrastructure support facilitated PCP participation.

Dedicated coordination capacity, shared care plans, and streamlined referral and transition pathways reduced administrative burden and supported continuity of care across primary-specialty and hospital-community interfaces. Regular communication including case conferences and huddles, fostered trust between PCPs, specialists, and allied team members. Co-location was frequently reported as beneficial, strengthening working relationships and increasing physicians’ confidence to manage shared patients.

Digital collaboration improved access to timely specialist input when responsibilities, escalation steps, and crisis protocols were explicit. Team culture and attitudes, such as trust, familiarity, and small-group learning, enabled collaboration, while hierarchical norms and physicians' concerns about losing clinical skills among physicians when tasks were delegated to other professionals discouraged participation in integrated care models.

Organizational barriers included unclear vision, goals, role definitions, and responsibilities. Administrative barriers involved complex appointment scheduling and booking systems. Communication barriers included insufficient communication among team members and inadequate information sharing across providers. At the workforce level, PCPs cited insufficient allied health and mental health resources, weak cooperation between primary and specialist care, limited training, and unattractive remuneration systems. Other barriers included high workload, and unsupportive team dynamics.

Implications: Physician engagement increases when collaboration is resourced, scheduled, and standardized. Programs should combine governance clarity with protected time and coordination support, establish routine multidisciplinary touchpoints, and align incentives with integration work. Technology and co-location are most effective when embedded within these organizational and relational supports.