

# Strength in Numbers: An Analysis of Team-Based Primary Care in Canada

Aleksandar Mihic<sup>1</sup>

<sup>1</sup>Faculty of Medicine, University of Ottawa, Ottawa, ON, Canada

Date Published: August 5, 2025

DOI: <https://doi.org/10.18192/UOJMJ.V15iS2.7527>

The COVID-19 pandemic has served to amplify a plethora of pre-existing shortcomings with Canadian healthcare – subjecting these issues to extreme public scrutiny in the wake of an overburdened system. When addressing these concerns, it is critical to recognize that there is no one-size-fits-all change to remedy such problems. Rather, it is important to adopt a multifaceted, goal-oriented approach through which healthcare can be improved across a variety of parameters. High quality healthcare in Canada is defined as timely, effective, efficient, equitable, and patient centred [1] – by focusing on these parameters healthcare professionals, policy makers, and other key stakeholders can work towards the betterment of Canadian healthcare. One such piece of this issue involves investment in primary care. This does not simply entail an increase in funding, but also requires pursuing necessary infrastructure changes. More specifically, this commentary delves into the expansion of team-based primary care and how it can be implemented to tackle some of the key shortcomings facing the Canadian healthcare system.

Team-based healthcare can be described as a delivery model in which a patient's individual needs are addressed through coordinated efforts from multidisciplinary health teams [2]. For example, a primary care team might include family physicians, nurse practitioners, dietitians, administrative staff, among other allied healthcare professionals. This encourages each member of the healthcare team to work within their optimal scope of practice in order to best meet patient needs [3]. In the absence of such a system, lapses in efficiency, communication, and an overarching cohesion of healthcare services impair efforts to improve healthcare quality [3]. In such cases, care delivered by non-team based providers can result in significant delays and lead to poorer health outcomes and increased cost [4]. Indeed, team-based healthcare approaches have been linked with several benefits, perhaps most importantly being improved patient outcomes [4,5]. Effective team-based

care has been shown to directly improve health outcomes and quality of care through reduced medical errors [6]. The benefits of team-based healthcare compared with more traditional methods are perhaps most evidently highlighted in the care of patients with multiple chronic conditions, where a single primary care provider not only lacks the expertise but also the time to provide sufficient care to an average panel of patients [7]. Further studies suggest that fostering a “team-culture” can help to prevent primary care provider burnout [8]. Additionally, several studies report not only improved patient satisfaction, but also improved provider satisfaction [9,10]. Team-based primary care has been associated with significant decreases in healthcare costs through the utilization of lower-cost providers who, in their given scope of practice, can provide superior patient care [11]. Additionally, patients who have regular access to team-based primary care have been found to be less likely to use emergency medical services, further reducing healthcare system costs [12].

Although team-based healthcare can provide numerous benefits, there are also several negatives to consider. One potential negative of team-based care, as with any form of teamwork, is that the efficiency of such a system is largely contingent on the ability of each of its constituents to effectively communicate and coordinate care amongst themselves. Potential lapses in the coordination of patient care can lead to worsening health outcomes and unnecessary increases in cost [13]. Additionally, it is important to consider the patient-provider relationship; by implementing team-based care, there is inherently limited continuity of care with a primary care physician. As part of the team-based approach, patients are unlikely to have the same provider for every appointment, making it more difficult to develop and sustain strong relationships between the regular primary care physician and the patient [14]. Moreover, patient preference has to be taken into consideration. Although improved patient satisfaction

with a team-based model has been reported [15], this will certainly not be the case for all patients. It would be incorrect to assume this applies to all patients, particularly within geriatric populations who have been receiving the same primary care for several years, and may on average be more resistant to these types of change [16].

In order to effectively meet the healthcare needs of those they serve, it is critical that physicians act as both leaders and healthcare advocates – this includes working towards the betterment of the healthcare system. The path to having widely available primary care health teams for all will inevitably take time. Systemic changes of this nature require the necessary funding, infrastructure, and legislation to reach full maturity – many of which are beyond the say of any individual clinician. Physicians should be encouraged to work with other healthcare professionals in the primary care setting including nurses and social workers to deliver team-based care, where possible. These stances are supported by both the Canadian Medical Association (CMA) as well as the Canadian Nurses Association (CNA), for example [17,18]. Further, physicians should be encouraged to engage with policy makers and to join professional organizations where collectively like-minded groups can have a stronger impact than any one individual. As ever, medicine, its norms, and policies are greatly driven through evidence-based approaches; physicians should be encouraged to participate in growing bodies of research supporting the effectiveness of team-based care to help with advocacy efforts in support of policy change.

The strained Canadian healthcare system has many issues which need to be addressed. A team-based primary care model offers many compelling arguments as to why its broader implementation should be considered including decreased healthcare system costs, improved patient outcomes, improved patient and provider satisfaction, as well as reducing provider burnout. To bring about such changes, physicians should be urged to act as leaders and advocates for patient health, promoting interdisciplinary teamwork, partaking in research, and engaging with policy makers and professional groups. Together, by recognizing key deficiencies and following evidence-based approaches for improvement, Canadian physicians can work together towards the betterment of the healthcare system in which they are part of.

## REFERENCES

1. Dhalla IA, Tepper J. Improving the quality of health care in Canada. *Canadian Medical Association Journal*. 2018;190(39).
2. Promoting patient-centered team-based health care [Internet]. American Nurses Association. 2016 [cited 2023Feb23]. Available from: [https://www.nursingworld.org/~4af159/globalassets/docs/ana/ethics/issue-brief\\_patient-centered-team-based-health-care\\_2016.pdf](https://www.nursingworld.org/~4af159/globalassets/docs/ana/ethics/issue-brief_patient-centered-team-based-health-care_2016.pdf)
3. Optimizing Scopes of Practice - New Models of Care for a New Healthcare System [Internet]. Canadian Academy of Health Sciences; 2014 [cited 2023Feb23]. Available from: [https://www.cahs-acss.ca/wp-content/uploads/2015/07/Optimizing-Scopes-of-Practice\\_REPORT-English.pdf](https://www.cahs-acss.ca/wp-content/uploads/2015/07/Optimizing-Scopes-of-Practice_REPORT-English.pdf)
4. Clarke JL, Bourn S, Skoufalos A, Beck EH, Castillo DJ. An innovative approach to health care delivery for patients with chronic conditions. *Population Health Management*. 2017Feb1;20(1):23–30.
5. Rosenthal MB, Friedberg MW, Singer SJ, Eastman D, Li Z, Schneider EC. Effect of a multipayer patient-centered medical home on health care utilization and Quality. *JAMA Internal Medicine*. 2013;173(20):1907.
6. Herzberg S, Hansen M, Schoonover A, Skarica B, McNulty J, Harrod T, et al. Association between measured teamwork and medical errors: An observational study of prehospital care in the USA. *BMJ Open*. 2019Oct31;9(10).
7. Team-Based Care Best Practices for Patients with Chronic Conditions [Internet]. California Department of Public Health; 2019 [cited 2023Feb23]. Available from: <https://rightcare.berkeley.edu/>
8. Willard-Grace R, Hessler D, Rogers E, Dube K, Bodenheimer T, Grumbach K. Team structure and culture are associated with lower burnout in primary care. *The Journal of the American Board of Family Medicine*. 2014;27(2):229–38.
9. Sinha S. Why the elderly could bankrupt Canada and how demographic imperatives will force the redesign of Acute Care Service Delivery. *HealthcarePapers*. 2011;11(1):46–51.
10. Marsteller JA, Hsu Y-J, Reider L, Frey K, Wolff J, Boyd C, et al. Physician satisfaction with chronic care processes: A cluster-randomized trial of Guided Care. *The Annals of Family Medicine*. 2010;8(4):308–15.
11. Team-Based Primary Care Opportunities and Challenges [Internet]. Starfield Summit ; 2016 [cited 2023Feb23]. Available from: <https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/ImpactPrimaryCarePracticeTransformationCostQualityUtilization.PDF>
12. Benefits of Team-Based Care [Internet]. General Practice Services Committee ; 2017 [cited 2023Feb23]. Available from: <https://fpscbc.ca/sites/default/files/uploads/GPSC%20Handout%20Benefits%20of%20team-based%20care%20201805%20%28ID%20183148%29.pdf>
13. Doty MM, Tikkanen R, Shah A, Schneider EC. Primary care physicians' role in coordinating medical and health-related social needs in eleven countries. *Health Affairs*. 2020;39(1):115–23.
14. Optimizing the value of team-based Primary Care Lit Review [Internet]. Association of Family Health Teams of Ontario ; 2015 [cited 2023Feb23]. Available from: <https://www.afhto.ca/wp-content/uploads/Optimizing-the-value-of-team-based-primary-care-LIT-REVIEW.pdf>
15. Strumpf E, Ammi M, Diop M, Fiset-Laniel J, Tousignant P. The impact of team-based primary care on health care services utilization and costs: Quebec's family medicine groups. *Journal of Health Economics*. 2017;55:76–94.
16. Casciani J. Today's Geriatric Medicine - News & Insight for professionals in elder care [Internet]. Today's Geriatric Medicine - News & Insight for Professionals in Elder Care. Great Valley Publishing ; 2008 [cited 2023Feb22]. Available from: <https://www.todaysgeriatricmedicine.com/>

- 
- 
17. CMA and partners call on federal parties to support primary care [Internet]. Canadian Medical Association. 2019 [cited 2023Feb23]. Available from: <https://www.cma.ca/news/we-need-continuous-care-model-cma-and-partners-call-federal-parties-support-primary-care>
  18. Position statement - intra-professional collaboration [Internet]. Canadian Nurses Association ; 2020 [cited 2023Feb23]. Available from: [https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/CNA-Position-Statement\\_Intra-Professional-Collaboration.pdf](https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/CNA-Position-Statement_Intra-Professional-Collaboration.pdf)