



AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

Health-Promoting Primary Care Team Models of Care (G1401JG)

Principal Investigator: Christine Everett, PhD, MPH, PA-C
Co-investigators: Justine Strand de Oliveira, DrPH, PA-C
Perri Morgan, PhD, PA-C
Sharon Hull, MD, MPH
Truls Ostbye, MD, PhD

Institution: Department of Community and Family Medicine
Duke University

Abstract

Primary care practices in the United States are currently investing significant resources to transform into patient-centered medical homes (PCMH) in order to meet a variety of population health goals. One of the key approaches to meeting these goals is the provision of team-based care. The primary care team designs that best promote population health goals, and under which conditions they do so, remain unclear. A variety of primary care team designs have been described in the literature, ranging from teams with a single physician and a medical assistant with expanded duties, to large interdisciplinary teams with multiple healthcare primary care providers, social workers, and/or pharmacists. However, it is unclear what factors impact implementation of a primary care team. For example, practice size, prioritization of goals, availability of workforce, or needs of the patient population may facilitate the inclusion of certain team members. Contextual factors such as federal reimbursement rules or state practice regulations may create barriers to novel primary care team designs. Therefore, **describing current primary care team designs and perceived contextual factors that influence team implementation can inform the redesign efforts of family practitioners, as well as state and national policies.**

The goal of this project is to understand approaches to selection of primary care team models of delivery in North Carolina. The specific aims of the investigation are to:

1. Describe a range of primary care teams implemented in diverse communities in North Carolina, including members of the teams, the role of the individual team members, type and location of services provided and any explicit population health goals; and
2. Identify perceived contextual facilitators and barriers to implementing various primary care team designs.

To accomplish these aims, we will interview 42-48 primary care professionals in 6 primary care practices that have implemented team-based care in diverse communities in North Carolina. Findings from this pilot qualitative study will support a larger, R01 grant application by Dr. Everett, a junior investigator focusing on primary care team research.