Preparation for CHRSP Dissemination, June 11: Patient Perspectives on Team-Based Primary Care

In the document below you will find two main sections:

- The first section reviews our approach to the dissemination on June 11th as previously discussed; and
- The second section provides some potential questions we may receive after the presentation with some possible responses.

You can also refer to the separate document, "June 11 PPT Dissemination notes for Patient Partners," which provides additional notes for the presentation slides to help provide useful context.

If you have any other questions, please send them along or make a note of them and we can discuss them when we meet next on June 8th.

Section 1: Approach to Dissemination

Dissemination details

- Thursday, June 11, 2026, 12:30 PM-2:00 PM via Zoom

Moderation:

- Rochelle will serve as moderator for the dissemination event. She will open the Zoom session, welcome attendees, and monitor questions in the chat.
    - During our May 19th meeting, Rochelle suggested that we hold questions until the end of the presentation to help maintain the flow and stay on schedule.

Presentation and Q&A:

- Following the presentation, Rochelle will facilitate the question-and-answer period.
- When a question is asked, she will invite the attendee to indicate whether they would like to direct it to a specific team member or to the team more broadly.
- For general questions, Rochelle will ask team members to indicate if they would like to respond (e.g., by raising their hand) and will call on speakers accordingly.

Presentation Tips

- Detailed speaker's notes are a good idea to prepare. It can be good to write out what you want to say or use a bulleted list with key points to reference.
- Read and/or refer to the full report to prepare for the dissemination. Clarify any uncertainties with the team in advance of the presentation.
- Agreed the best approach for key messages is to read them verbatim.
- Try not to feel rushed, we have plenty of time and the audience is on your side!

General advice on answering questions

- Do not feel pressured to answer if you are unsure of the answer or if the answer is unclear. It's perfectly acceptable to say you don't know or:
    - "We'll have a look back for those details and get back to you"
    - "Good question, this really speaks to the need for more research"
- If someone asks a question that is outside the scope of the report or seeks details not covered in the included studies, a good response is to just tell people that the information falls beyond the project's scope or that the research we included did not provide enough detail to give a definitive answer. This is very common in synthesis work.
- The full report is a great reference for additional details and context as needed in preparation for the dissemination (LINK).

Section 2: Potential Questions for Dissemination

Q. How did you get interested in patient-oriented research?

- This can be answered personally, a good question to think about in advance.

Q. What parts of the findings resonated most with your own experiences in primary care?

- This can be answered personally, a good question to think about in advance.

Q. From a patient point of view, what would you suggest healthcare providers or policymakers take away from this work?

- This can be answered personally, a good question to think about in advance.

Q. Did you find that many studies provided a comparison between traditional solo-GP care and Team-based care?

- In the literature we included in the report, we only found one direct comparison from one recent primary study. This study compared interprofessional teams to non- interprofessional care models in Ontario, providing some insight into how patients experience different models of care delivery in that province (Haj-Ali, 2021).
    - The study authors found that "As compared to patients in non-interprofessional teams, patients in interprofessional teams self-reported more timely access to care and less walk-in clinic use but no significant difference in self-reported access to after-hours care or in emergency department use."
- While not making formal comparisons, other recent primary studies did explore patient perspectives as primary care systems transitioned toward team-based models.
    - A pilot study conducted in Norway described patient experiences when shifting from single-provider GP care to interprofessional team-based care involving a GP and nurse (Abelsen, 2023).
    - Two studies from Scotland also captured patient perspectives on changes in general practice following the introduction of the new GP contract to expand multidisciplinary teams (Donaghy, 2024; Sweeney, 2024).

Q. What settings were examined in the studies we included?

- Altogether, the 48 individual studies included in the integrative review (Davidson, 2022) along with 14 recent primary studies were conducted in primary care settings across at least 14 different countries.
- Integrative review (Davidson, 2022):
    - The 48 studies in the integrative review reflect the bulk of research conducted in international settings and included all available studies from the **USA** and **Australia.**
- Recent primary studies:
    - Half of the recent primary studies in this report were Canadian with four examining Family Health Teams in **Ontario** (Ashcroft, 2021; Haj-Ali, 2021; Vader, 2025; Zhong, 2021) and three examining team-based primary healthcare clinics in **Quebec** (Breton, 2024; Deville-Stoetzel 2024; Deville-Stoetzel, 2023.)
    - The remaining primary studies were all internationally based with two out of **Scotland** (Donaghy, 2024; Sweeney, 2024), two from **England** (Goff, 2024; Kayira, 2024) and one each from **Norway** (Abelsen, 2023), **Sweden** (Cohen, 2024), and **Belgium** (Feryn, 2022).

Q. Did the report look at patient-reported health outcomes?

- While patient-reported health outcomes are important, they were not the primary focus of this review— for our report we primarily focused on patient perspectives (i.e., experiences, views, preferences, and attitudes) on team-based primary care in terms of access, continuity of care and other related aspects of quality of care.
- Across the literature we reviewed, patient experience-related terms were often used broadly and not always clearly defined. To stay consistent and accurate, we reflected the language used by the original study authors when describing these findings, particularly in cases where specific terms weren't explicitly defined.
- More broadly, while there is a body of literature examining the effectiveness of team-based primary care, outcomes in that research are often measured using clinical indicators rather than patient-reported measures. This was outside the scope of our review, which focused specifically on care from the patient's perspective.
- We did include the term patient-reported outcomes in our search strategy; however, these types of outcomes were not a central focus in the studies that met our inclusion criteria, particularly given our emphasis on access and continuity of care.

Q. How might patient perspectives differ in rural vs. urban areas?

- This is an important point to consider, but it was often not addressed in detail in the literature we reviewed. About half of the recent primary studies did identify rural/urban in their descriptions of the study participants and/or clinics surveyed (Ashcroft, 2021; Cohen, 2024; Donaghy, 2024; Sweeney, 2024; Goff, 2024; Haj-Ali, 2021; Zhong, 2021).
- However, three recent primary studies did some analysis between rural/urban perspectives of the study participants (Donaghy, 2024; Sweeney, 2024; Haj-Ali. 2021)
    - <u>Examples from the report:</u>

- "The awareness of all MDT roles also varied based on geography, socioeconomic groups, age, and multimorbidity health status. Patients in rural and socioeconomically disadvantaged areas often reported greater familiarity with all MDT roles than those in more affluent urban settings (Sweeney, 2024)."
- "While most patients accepted this signposting as a part of the new system, some felt uncomfortable being asked about their health issue by receptionist staff. This was particularly pronounced in patients with multimorbidity living in deprived urban areas and was seen by some patients as a barrier to first-contact multidisciplinary team care (Donaghy, 2024; Sweeney, 2024)."

Q: How representative were the patients in these studies?

- Overall, the integrative review noted a lack of representation from certain populations, particularly Indigenous, LGBTQIA+, and culturally and linguistically diverse groups (Davidson, 2022).
- Across the studies, much of the research focused on patients with chronic or complex conditions, so the findings in this report are most likely representative of these groups.
- In terms of the recent primary studies, it really depended on the type of methods used.
    - Half of the recent primary studies involved clinic or region wide patient surveys; therefore, researchers were able to recruit larger samples and capture a broader range of patient perspectives.
    - In contrast, many of the qualitative studies (interviews and focus groups) recruited smaller, more targeted samples (often recruited patients with specific health or social needs, for example, common mental disorders, chronic low back pain, or social vulnerability) providing more in-depth insights but from a narrower group of patients.