

Capsule Commentary on Misra-Hebert et al., Implementing Team-Based Primary Care Models: A Mixed-Methods Comparative Case Study in a Large, Integrated Health Care System

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In this study, Misra-Hebert et al.¹ approach the complex process of team-based care implementation in primary care practices with a mixed methods study of nine practices within a larger integrated health system, with the goal of identifying practice characteristics that contributed to successful adoption of new team models. The investigators classified the practices into groups of low, medium, and high uptake of the new models and found that between these groups, the thematic differences in qualitative data were in the levels of practice responsiveness to change and flexibility around team roles. These in turn were mediated by the strength of local leadership and stable staffing in the practices.

These findings corroborate other literature on the importance of strong leadership in successful change implementation, and the need for appropriate staffing to support team-based care.^{2,3} Further information on the criteria used to classify practices into levels of uptake would provide more nuance in interpretation of the results. For example, beyond strict fidelity to the initially intended model, it is not clear whether the authors' definition of uptake included factors such as the proportion of clinicians per site volunteering to participate in a new model, and how many of these dropped off during the implementation process. In addition, quality scores from the practices prior to new team model implementation would better delineate whether the differences between the uptake groups in quality metrics are attributable to the presence of new team models, or the underlying practice characteristics.

Practices and systems leaders seeking to implement team-based care can use this study to better understand current practice readiness to adopt new models of care, and use this context to plan strategically to maximize implementation effectiveness. While the highlighted mediators of local leadership and staffing are not the only factors to consider in implementing team-based care,^{4,5} clinicians and improvement teams may find this to provide useful perspective to gain the support of leadership and administrators in the necessary resources for change.

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Compliance with Ethical Standards:

Conflict of Interest: The author declares that she does not have a conflict.

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