

Thoughts on Primary Care

The uptake of family health teams in Ontario has been tremendous. And the creation of group practices in primary care has taken root in other provinces as well. For many people, being involved with something new is exciting. At the same time, once they are committed, they discover the challenges that can be simultaneously exhilarating and frustrating. This issue of *Healthcare Quarterly* offers two articles that provide interesting reflections on what has been learned so far from the perspectives of both team leadership and the team members themselves within a transforming primary care system.

It's All about the Teams, Isn't It?

Both articles identify key elements that are thought to be essential for high-functioning teams. The authors of "Strategies for Family Health Team Leadership" gathered information through case studies to explore leadership, and the authors of "Team Effectiveness in Primary Care Networks" describe the findings from both qualitative and quantitative exercises to identify what is working and what requires more understanding within the teams themselves.

Not surprisingly, both articles articulated the need for team members to connect, communicate, build trust and develop relationships and suggested that the creation of a new way of working requires time spent engaging within teams and communities, and with funders and leaders. In addition, tackling a new challenge can be fraught with pitfalls, which can be reframed as opportunities for learning. And some of the lessons suggest that the "flexibility" and "comfort with ambiguity" of the team members themselves impact team success.

What Are the Reference Points?

It is important to remember that unless we are completely isolated, we have many reference points for developing well-functioning relationships, whether they be social, professional or personal. In addition, there are other team experiences for us to reflect upon, such as those of athletic teams, research teams or volunteer groups. And, finally, there is a long-standing primary care model that was also conceived as an interdisciplinary team practice: community health centres (CHCs). CHCs have a long and deep history of team-based care. For those of us who have had the experience of working within CHCs, it is important to acknowledge that functioning effectively within teams continues to be challenging and iterative, requires ongoing reflection and readjustment and persists in being impacted by the personalities, practice patterns, vision and leadership of the team members and the work itself.

Therefore, as both articles suggest, now is an important time to create a culture of exploring and sharing our experiences of team-based family practice, from conception to implementation – whether you are part of a newly forming team, a member of a team that is destined for continuous quality improvement or just wondering whether this is a compelling model for you to join at all.

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