Interprofessional team-based primary care (IP-TBC) has become an integral part of health care reforms in many countries aiming to achieve high-quality, equitable, accessible, and comprehensive primary health care. An interprofessional team approach has been shown to improve health outcomes, quality of care, and reduce health services utilization. IP-TBC is particularly effective in the management and delivery of care for individuals with chronic illnesses, significant medical complexities, and/or social vulnerabilities.

Following the Ontario primary care reforms of the 2000s, approximately 5% of the population – including many with complex health and social needs who could most benefit from team-based care – remained without access to interprofessional primary care teams.

**METHODS, CONT’D**

- Linked ICES databases: RPDB, CDPB, CAPE, OHIP, DIN, DAD, NACRS, OMHRS, and condition-specific datasets
- Primary Outcome: Non-Urgent Emergency Department Visits
- Matching:
  - Hard match on age (year/90 days) and sex
  - Propensity Score (PS): Rarity Index of Ontario (RIO) score, income quintile, recent immigrant to Ontario status (Y/N), collapsed AGDs, Resource Utilization Bands, Ontario Marginalization Index (dependency, deprivation, ethnic concentration, instability), health care utilization in previous two years.
  - One-to-one matching without replacement; greedy nearest neighbour matching within caliper width = 0.2 of standard deviation of logit of the PS
- Analytic Plan: Modified Difference-in-Difference analysis using a hybrid random/fixed effects model:
  - Estimates the within-person treatment effect over time for patients who participated in the program compared to similar individuals who did not (i.e., control group).
  - Time period (before/after intervention) centered at date of first encounter at a CHC with quarterly time points.
- Econometric Model:

**PRELIMINARY RESULTS, CONT’D**

The Teamcare patient sample was mostly female (63.54%), urban (66.47%), over the age of 60 (77.19%), living in neighborhoods in the two lowest income quintiles (58.71%), and has high expected resource use (51.10% RUB 4-5).

Balance diagnostics indicate that the Teamcare and PS-matched control groups were well-balanced, with some exceptions (e.g., rurality, primary care practice characteristics).

**Strengths:** This study employs a robust methodology involving the use of panel data with pre- and post-intervention quarterly outcome measures and a propensity score-matched control group.

**Limitations:** The distribution of patients by Teamcare program is not balanced, risking bias in the aggregated results. Sensitivity analyses will stratify by program.

**REFERENCES**