

Team-based primary care, coupled with payment reform, may reduce emergency department use

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Team-based care is a critical component of effective primary care that may reduce emergency department use by patients. In addition, sharing

care responsibilities within an interprofessional primary care team, coupled with payment reform, may improve patient care while also reducing family physician burnout.

In a new study, researchers in Canada sought to compare annual emergency department (ED) visit rates of approximately 2.5 million patients before and after their physician transitioned from an enhanced fee-for-service to either a team-based or a non-team-based blended capitation model. Specifically, they compared ED visit rates in big cities, [small towns](#) and rural areas following the transition, which began around the year 2000.

While the analysis showed an overall increase in ED visits, the rate of increase was lower among patients who transitioned to a team-based, capitated primary care practice than those who transitioned to a capitated practice without an inter-professional team. The authors note that their findings are consistent with evidence supporting the role of extended health care teams in improving service delivery. Adoption of team-based primary care may reduce emergency department use. However, further research is needed to understand optimal team composition and roles.

More information: Tara Kiran et al, Impact of Team-Based Care on Emergency Department Use, *The Annals of Family Medicine* (2022). [DOI: 10.1370/afm.2728](https://doi.org/10.1370/afm.2728)

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