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NARRATIVE LITERATURE REVIEW ON INCENTIVES FOR PRIMARY HEALTH CARE TEAM SERVICE PROVISION: LEARNING & WORKING TOGETHER IN PRIMARY HEALTH CARE

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POLICY CONTEXT

Governments are encouraging team work between primary health care (PHC) providers using various incentive approaches, particularly for patients with complex and chronic illness. To date, no Australian focused literature review has been conducted considering the use of combined incentive approaches to encourage team work to inform PHC policy decision making.

KEY FINDINGS

- No agreed upon definition of teamwork nor incentives to enable and support team work exist within the PHC setting.
- Limited empirical evidence exists on incentives to promote team working within PHC or on how policy changes influence team working in PHC.
- Teamwork is not an end, but a means, to achieving better quality, coordination and continuity of care, particularly for patients with complex and chronic conditions.
- Blended payments systems are being used to reward teamwork; however, limited evidence exists regarding their effects on team functioning and on outcomes.
- Practice level payments can enhance approaches for teamwork, however they do not guarantee that teamwork will be provided, and limited evidence exists as to the effect of specific funding parameters on teamwork.
- Regional level PHC organisations can enable and support teamwork; however, funding, organisational and regulatory systems need to align.
- Interprofessional education & learning (IPE/L) can encourage teamwork, but it does not automatically result in teamwork as it is a means to an end, not an end in itself.
- Practice level support and e-health infrastructure systems can support team work for patients with chronic and complex illness.
- Workforce reforms need to facilitate team work, by providing PHC team members with opportunities for career development, IPE/L, autonomy, leadership and financial rewards.

For more details, go to the [three page report](#)

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