

INTRODUCTION

Due to the growing burden of chronic diseases and aging populations, primary care is facing an increasing number of patients with complex needs, requiring comprehensive, continuous and coordinated care from a variety of healthcare professionals. In response to this burden, new models of care, including **interprofessional collaboration (IPC)**, have been implemented in primary care. However, evidence of their effectiveness remains unclear.

METHOD

We conducted an **overview of systematic reviews** in accordance with the PRISMA Statement Guidelines.

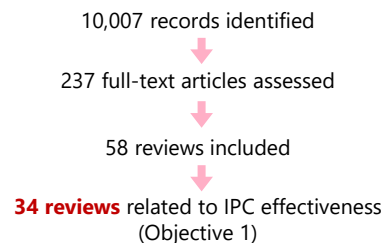
→ **Objective 1: What is the effectiveness of IPC on quality of care in primary care settings?**

→ **Objective 2: Which barriers or facilitators are reported to influence the implementation and functioning of IPC in primary care settings? (results not reported here)**

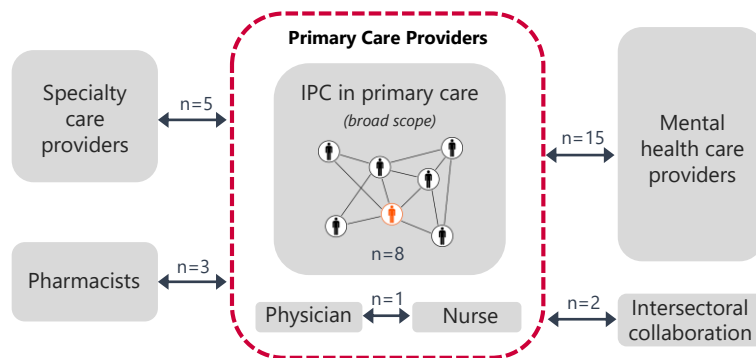
The search strategy was elaborated with a librarian and the search was carried out in nine databases. Two independent reviewers took part in the selection, data extraction and quality assessment of the included reviews (risk of bias was reported as low (●), high (●) or unclear (●), based on the ROBIS tool).

Patient-related outcomes were divided into 6 categories, and results coded as positive associations +, negative associations -, mixed results ? or no association 0.

RESULTS



Included reviews (n=34) covered **6 types of collaboration**:



Effectiveness of IPC on patient-related outcomes
see Table →

By type of collaboration: 👥

- + High quality evidence supporting the effectiveness of IPC interventions in **primary mental health care**
- ? Mixed results for **other types of IPC** (partly due to the impossibility to perform meta-analyses because of the heterogeneity among included studies)

By type of outcomes:

- + **Clinical, medication** and **process of care** outcomes improved, as well as **patient satisfaction**, in a majority of reviews
- ? The impact of IPC on improving **service use, quality of life** and **functioning** was mostly mixed

CONCLUSION

Interprofessional collaboration is effective in improving quality of care, although effectiveness varies according to the type of collaboration, patient population and context. Further research is needed to identify 'active ingredients' of IPC interventions and conditions of success.

Author, year	Quality	Meta-analysis	Clinical outcomes	Medication outcomes	Service utilization	Processes of care	QoL, functioning, other PROMs	Patient satisfaction
👥 Interprofessional collaboration in primary care (reviews with broad scope)								
Barrett, 2007	●		+			+	+	+
DeLoach, 2018	●		+					
Gougeon, 2017	●		?		?		+	+
Martin, 2010	●		?		?		?	+
Proia, 2014	●		+	+			+	+
Schepman, 2015	●		?		?		?	
Trivedi, 2013	●		?		?	+	?	+
Wranik, 2019	●		?	?	+	+	?	
👥 Primary care provider – specialty care provider collaboration								
Carmont, 2017	●				+		?	
Foy, 2010	●	✓	+					
Mitchell, 2002	●		?		?	+	?	+
Mitchell, 2015	●		?	?	?	?	?	?
Smith, 2017	●	✓	?	+	?	?	?	?
👥 Primary care provider – pharmacist collaboration								
Hazen, 2017	●		0	0			0	
Kwint, 2013	●			?	0	?	0	
Ontario, 2009	●	✓	+					
👥 Physician – nurse collaboration								
Norful, 2017	●		?			+	?	
👥 Primary mental health care interventions (« Collaborative care »)								
Archer, 2012	●	✓	+	+			+	+
Bower, 2006	●	✓	+	+				
Butler, 2008	●		+					
Coventry, 2014	●	✓	+	+				
Craven, 2006	●		?	?	?	?	?	?
Dham, 2017	●		?	+		+	?	?
Fuller, 2011a	●		+			+		
Gilbody, 2006	●	✓	+					
Gunn, 2006	●		+					
Huang, 2013	●	✓	+	+				
Muntingh, 2016	●	✓	+					
Panagioti, 2016	●	✓	+					
Sighinolfi, 2014	●	✓	+					
Thota, 2012	●	✓	+	+			+	+
van Steenberg-Weijnenburg, 2010	●		+				+	
👥 Intersectoral collaboration (with nursing homes and public health)								
Davies, 2011	●		?	?				
Martin-Misener, 2012	●					+	+	