Figure. Schematic of the Conceptual Framework for Team-based Primary Care

Inputs

Internal to Organization
- Leadership:
  - inclusive
  - psychological safety
- Team composition:
  - size
  - diversity of ideas
  - diversity of skills
  - diversity of knowledge
  - prior training/experience
  - turnover/stability
- Patient population needs:
  - demand & workload
- The “Built” environment:
  - space and co-location
- QI Infrastructure:
  - Health IT capacity
  - Time for reflection & conversations
  - Internal expertise with a specific QI method
  - External expertise: QI consultants or practice facilitators

External to Organization
- Local context: job market, workforce
- Financing/payment models
- Health policy environment (e.g., licensure policies)

Mediators

Cognitive
- Sensemaking
- Continuous learning
- Shared explicit goals and accountability
- Evolving mental models of roles

Affective/Relational
- Trust
- Respectful interactions
- Commitment: “we” vs. “me”
- Heedful interrelating

Behavioral
- Conflict resolution
- Adaptable to context and needs
- Communication
  - Timely, Accurate, Honest
  - Problem-solving
  - Multi-modal
- Shared explicit goals and accountability
- Commitment: “we” vs. “me”

Outputs

Team-based Primary Care
- Patient-centric:
  - inclusive of patients and accountable to them
- Defined, agreed upon roles:
  - works at ‘top of education and experience’
- Measures processes and outcomes:
  - accountable for evidence-based care
- Continuous improvement
- Proactive care that is a shared responsibility
- Link to other teams/resources
  - coordinate care as needed
- Longitudinal continuity relationship

Leadership
- Evolution of mental models of roles
- Leadership:
  - Trust
  - Respectful interactions
  - Heedful interrelating
  - Commitment: “we” vs. “me”