Supporting Collaborative Family Practice Team (CFPT) Implementation in Nova Scotia

This document summarizes discussions from a knowledge sharing event held on October 20, 2022. The event gathered clinical and administrative members of Collaborative Family Practice Teams (CFPTs), health service managers, government stakeholders, and patients and caregivers, and others to share recommendations for addressing priority barriers and enablers to the implementation of CFPTs in Nova Scotia that had been identified through an ongoing research project. After the event, recordings and notes were reviewed and summarized into overarching considerations reflected in five specific strategies and associated actions.

Overarching Themes



Consider and consult community

Consider patients and community needs alongside practice needs.

Specific Strategies

Levels of implementation

Strategies were useful for one or more interconnected levels of implementation, from individual providers to practice teams to organizations that govern health care services.



Tailor approach Consider clinics on an individual basis when assessing needs and potential strategies.



Communication is key Clear and consistent communication is crucial and requires dedicated resources.



Governance and funding

Design governance and billing models to facilitate team collaboration.

Patients and Caregivers

Factors related to patients, caregivers, and/or communities

- **Individual Providers** Factors related to health care providers
- Supports for Teams Factors related to team function

Policy and Organizations Factors related to systemic conditions within which CFPTs operate

Optimize scope of practice to balance patient care and provider needs

Actions	Allow providers to be flexible in working to full scope of practice, to balance provider workload and reduce burnout.	Build positive rapport and trust between the patients and the whole team (e.g., patients could receive care from different team members, when appropriate or for acute care appointments).
	Balance the abilities and interests of team members so patients can be scheduled to an appropriate provider, which may increase access to care.	Include Patient and Family Advisors (PFAs) and patients as stakeholders to the practice (e.g., through a Board of Directors or Advisory Council).
	Provide education within the clinic and to the public about team members and their respective roles, abilities, and scopes of practice.	Incorporate technology and software that makes patient files accessible to all team members which may facilitate care and case conferences, when appropriate.









Actions	Be respectful of members' time during meetings: have an agenda, meeting goal(s), and keep to time.	Use meetings to communicate practice needs and share feedback, and discuss barriers experienced by team members and the community.
	Include all members of the practice in team meetings for transparency, to facilitate collaboration, understand patient needs, and provider scope (e.g., administrative staff).	Choose a consistent virtual communication software for ease of use (e.g., Zoom, Skype, Teams).
	 Use meetings strategically to support various practice goals and activities. For example, Weekly roundtable with all clinic staff (check-in). 	

- Monthly meeting with other community health providers to gauge community needs and available resources.
- Patient case conferences on as-needed basis to discuss difficult cases as a team.

Establish protected time for team meetings (weekly, monthly, quarterly, annually, etc.).

Support team development opportunities

tions	Model collaborative behaviour for other team members.	Support team members in working together rather than independently.
Ac	Ensure team members know that they're appreciated (e.g., reward good work) and share success stories to boost morale.	Educate team members on governance models and how they affect teamwork (e.g., union requirements, different contractual obligations).
	Discuss collaborative strategies experienced by team members in other settings (e.g., in school) and how they can be	

included in the practice.

Allot recurring time to discuss practice goals, quality standards, and revisit the memorandum of agreement	Provide a medium for anonymous feedback by team members and patients.
(MOA).	
Create a leadership role responsible for collaboration and	Design physical spaces to facilitate and encourage team work.
effective teamwork.	•

Support professional development opportunities

Suo	Encourage and support mentorship within the practice, allowing members to share skills and grow their scope of	Provide and support opportunities for team members to build skills through educational opportunities.
Acti	practice.	

Consider practice composition when hiring new staff (e.g., if the practice is looking to mentor more students, consider which team members enjoy working with students).

Support involvement in non-clinical activities

Use the funding available for collaborative activities and, when possible, have administrative staff complete the Family Physician Collaboration Payment Form

Create payment mechanisms that compensate all team members for collaborative activities including attending regularly meetings, without the need for additional billing requests.

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