Rapid Decision Support

A product of the Contextualized Health Research Synthesis Program
Newfoundland & Labrador Centre for Applied Health Research

Family Care Teams in other Canadian Provinces and Australia: A Policy Scan of roster/panel size, appointment length, skill mix configuration, and best practices

Included jurisdictions:

- Nova Scotia: Collaborative Care Practices (CCP)
- New Brunswick: Family Medicine New Brunswick (FMNB)
- Ontario: Family Health Teams (FHT) and Nurse Practitioner-Led Clinics (NPLC)
- Alberta: Primary Care Networks (PCN)
- British Columbia: Primary Care Networks (PCN)
- Australia: Primary Health Networks (PHN)

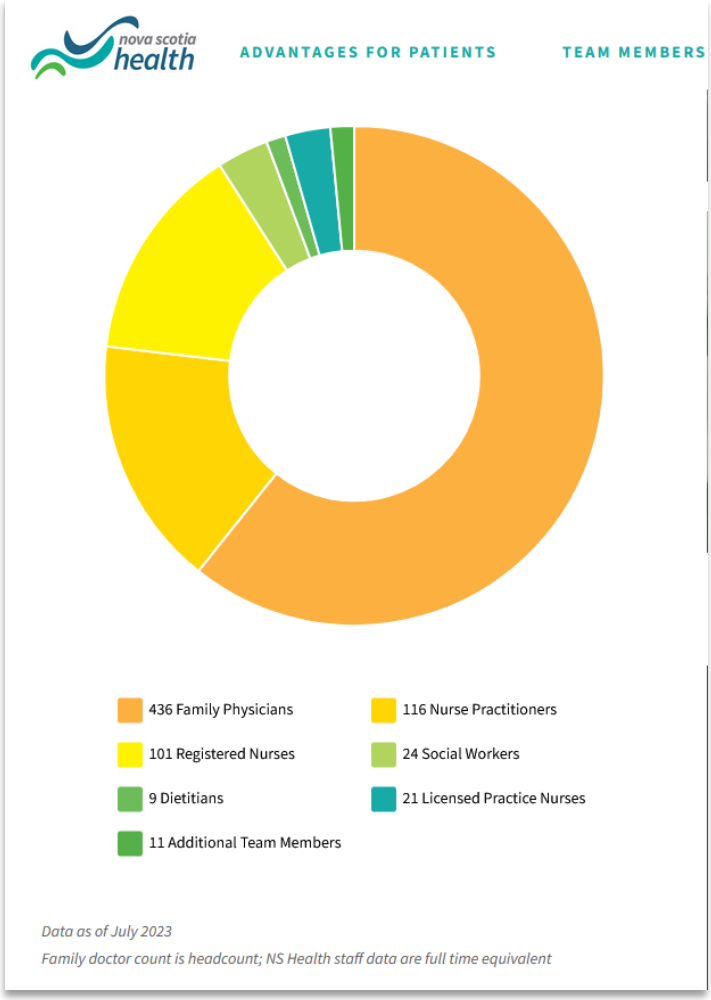
This policy scan includes information about how primary care teams are organized in terms of roster/panel size, appointment length, and skill mix configuration for the following jurisdictions. It also includes best practices information produced by The College of Family Physicians of Canada and other published jurisdictional scans in the section "Additional Resources".

Nova Scotia: Collaborative Family Practice Teams (CFPT)

- **Resources**
  - Website: https://cfpt.nshealth.ca/
  - Number to date: 99 CFPTs (27/09/2023)
  - Progress report 2019: https://www.nshealth.ca/sites/nshealth.ca/files/nsha-measuring_our_progress.pdf

- **Roster**
  - Roster/panel size estimates not available, see below for ratio estimates of health human resources to patients based on population size
  - Wait list information: https://www.nshealth.ca/sites/nshealth.ca/files/finding_a_primary_care_provider_in_nova_scotia_report_february_2023.pdf
- **Appointments**
  - Duration appears to be variable, but a "routine" appointment has been described as 15 minutes (source)
- **Configuration**
  - From Strengthening the Primary Health Care System in Nova Scotia Evidence Synthesis and Guiding Document for Primary Care Delivery: Collaborative family practice team-based care & health homes (source, p16):
    "As a ratio relative to a population of 10,000*, team metrics are:
    - 5-6 Family Physicians**
    - 1-2 Nurse Practitioners
    - 3-4 Family Practice Nurses
    - 1-2 Licensed Practice Nurses
    - 2-4 Community Adaptive Team Members (e.g., Social Workers, Dietitians, Pharmacists, etc.)
    - 7-8 Clerical support
    - Leadership / management support (a range depending on governance model, size of team, and community and geographic need)"
  - Availability of HHR in CFPTs:
    - Family Doctor (97/99)
      - First point of contact
    - Nurse Practitioner (72/99)
      - First point of contact
    - Admin Staff (95/99)
    - Registered Nurse (75/99)
    - Social Worker (37/99)
    - Dietician (25/99)
    - LPN (19/99)
    - Pharmacist (6/99)
    - Medical Residents/Learners (n/a)
  - Capacity
    - Research partners: Building Research for Integrated Primary Care in Nova Scotia

- Breakdown of positions throughout CFPTs: [source]



New Brunswick: Family Medicine New Brunswick Group (FMNB)

- **Resources**
  - Website: https://www.fmnb.ca/
  - Number to date: 8 "groups" with 49 physicians (source)
  - Guide to FMNB: https://www.nbms.nb.ca/wp-content/uploads/2020/07/Guide-to-FMNB-Eng_Nov2019.pdf
- **Roster**
  - "The model, known as Family Medicine New Brunswick, is a team-based approach. Physicians will have their own rosters of patients, but will also provide a service to all patients of doctors on their team. This is intended to improve access to physicians, including during evening and weekend hours." (source)

- "Doctors who participate in Groups will formally roster patients, which is an official process for affiliating patients to a specific doctor. Patients will have an individual family doctor – they are not a "patient of a Group"." (source)
- Wait list: "The province has a waiting list of 75,000 patients seeking primary health-care providers". (source)

- **Appointments**
  - Duration appears to be variable, but range from 10-15 minutes with no extension (source) 20 minutes default, may request extension (source)
- **Configuration**
  - "Any family doctor in New Brunswick who is licensed by the College of Physicians and Surgeons of New Brunswick and privileged by either Horizon or Vitalité Health Network is eligible to participate in the Program as a member of a FMNB Group… A Group has no defined number, but is likely to include a small number of family doctors, nursing professionals, and medical office assistants. A team does not necessarily need to be colocated, but must share patients' records using the Provincial Electronic Medical Record" (source p3)

Ontario: Family Health Teams (FHT)

- **Resources**
  - Website: Ontario MOHLTC Family Health Teams
  - Website: Association of Family Health Teams of Ontario (AFHTO)
  - Ashcroft R. Inadequate performance measures affecting practices, organizations and outcomes of Ontario's family health teams. Healthc Policy. 2014;10(1):86-96. LINK
    - About rostering issues
  - Farmer R, Patel R. Workload and patterns of care in the Timmins Family Health Team in Ontario. Canadian Family Physician. 2021 May 1;67(5):e121-9. LINK
    - About rostering issues
  - Ragaz N, Berk A, Ford D, Morgan M. Strategies for family health team leadership: lessons learned by successful teams. Healthcare quarterly (Toronto, Ont.). 2010;13(3):39-43. LINK
    - Lessons learned type document
- **Roster**
  - "184 Family Health Teams serving over 3 million people in over 200 communities across Ontario" (source)
    - Derived estimate: ~16,300 patients per FHT
  - "Today, 187 Family Health Teams (FHTs), 101 Community Health Centres (CHCs), 25 Nurse Practitioner-Led Clinics (NPLCs), 10 Aboriginal Health Access Centres (AHACs) and other primary health care teams provide comprehensive primary care to more than 3.5 million Ontarians in over 200 communities across the province." (source)
  - Urban 33%/ rural 67% split (source)
    - Most patients in highly urbanized areas are not covered by FHTs (source)

- "Patient enrolment, or "rostering," is a core component of the FHT model (Fleming n.d.; MOHLTC 2005) and refers to a process in which patients register with an organization, team or provider (Aggarwal 2011; MOHLTC 2005). Patient enrolment is used to help determine funding and compensation in FHTs (Fleming n.d.; Health Force Ontario 2014), and aids accountability, quality improvement and performance measurement (Hutchinson 2008)." (source)

- **Appointments**
  - Unclear how long appointments last, seems to be at the discretion of the participating health service providers
- **Configuration**
  - "Designed to improve and expand access to primary care, most Family Health Teams consist of doctors, nurses, nurse practitioners, social workers, dietitians and other health care professionals who work collaboratively, each utilizing their experience and skills so that you receive the very best care, when you need it, as close to home as possible."

    "Diverse populations in Ontario mean that there are different needs for different communities. As a result the composition of a Family Health Team is different from place to place. However, Family Health Teams have core health care professionals across the province, including doctors, nurse practitioners and nurses." (source)

Alberta: Primary Care Networks (PCN)

- **Resources**
  - Website: https://albertafindadoctor.ca/pcn
  - Implementation project group: Accelerating Change Transformation Team
  - Primary Care Initiative Policy Manual (updated 2018): "The Primary Care Initiative (PCI) Policy Manual was developed by the Primary Care Initiative Committee (PCIC) to provide the foundation on which Primary Care Networks will be developed, implemented and evaluated."
  - PCN Operational Resources: https://actt.albertadoctors.org/pmh/clinic-enablers/practice-supports/pcn-operational-resources/
- **Roster**
  - Depends on number of physicians (source, p16):

PCN Size	Number of Physicians		Funding Cap
	If Single Clinic	If Multiple Clinics	
Small	14 or less	< 10	$100,000
Medium	15 or more	10 - 40	$150,000
Large	n/a	> 40 - 70	$200,000
Super	n/a	Over 70 (managed on a case by case basis)	$250,000

- "There are 39 PCNs in Alberta. Together they represent more than 3,800 doctors and 1,000 health care providers & serve close to 3.6 million Albertans."
- See: Guide to Panel Identification (2014)
  - "Maintaining the panel list is a team process that is recommended every six to 12 months at a minimum; some practices do it monthly."

- **Appointments**
  - Alberta PCNs use the term "encounter" see Appendix E: Definition of Encounter (p72)
- **Configuration**
  - Variable, depends on local demographics, business plan

British Columbia: Primary Care Networks (PCN)

- **Resources**
  - Website: https://fpscbc.ca/what-we-do/system-change/primary-care-networks
    - "As of the end of fiscal year 21/22 there will be 65 PCNs implemented, with the aim of implementing 20 more by the end of fiscal years 22/23-23/24." (source)
  - Refreshed Primary Care Network approach (August 22, 2023)
  - Primary Care Network Guidelines for Nurse Practitioners (October, 2021)
  - Supportive Policy Direction: Team-Based Care (August, 2020)
    - "The following policy aims to set direction for residents of British Columbia to have access to team-based care in primary and community health care settings"
  - Building Teams in a Primary Care Network: How will teams be hired? (April, 2019)
  - General Practice Services Committee (2017). "Implementation of the Integrated System of Primary and Community Care: Team-based care through Primary Care Networks Guidance to Collaborative Services Committees" LINK
- **Roster**
  - Not clear if there is a ceiling, but new legislation is reported to estimate 1,250 patients per physician (source)
    - See: Manage your patient panel
  - Guidelines for NPs panels, see p11 of Primary Care Network Guidelines for Nurse Practitioners
    - NP panel size targets in urban areas are graduated over the term as set out in the service contract:
      - Year 1 of the term: Panel size of a minimum of 500 patients per 1.0 FTE.
      - Year 2 of the term: Panel size of a minimum of 800 patients per 1.0 FTE.
      - Year 3 of the term: Panel size of a minimum of 1,000 patients per 1.0 FTE.
    - Reduced panel sizes for:
      - Rural communities: Panel size of a minimum of 800 patients per 1.0 FTE by year 3.
      - Vulnerable populations: Panel size of a minimum of 600-700 patients per 1.0 FTE by year 3.

- **Appointments**
  - Variable, depending on the service being sought
- **Configuration**
  - Variable: "Teams may include family physicians (FPs), nurse practitioners (NPs), registered nurses (RNs), clinical pharmacists and allied health professionals such as physiotherapists, occupational therapists, social workers, psychologists, and mental health and substance use clinicians. The team may also include providers such as Indigenous health providers and Elders."

Australia: Primary Health Networks (PHNs)

- **Resources**
  - Website: https://www.health.gov.au/our-work/phn
    - "Primary Health Networks (PHNs) are independent organisations that we fund to manage health regions. A board oversees their work, and clinical councils and community advisory committees provide advice."
    - "There are 31 PHNs across Australia, each responsible for its own region." (source)
- **Roster**
  - No information available, but they seem to be very large compared to Canadian versions.
- **Appointments**
  - Unclear, appears to be variable and depends on the service being sought.
- **Configuration**
  - "[PCN structures include:] GP-led clinical councils – made up of doctors, nurses, allied and community health staff, Indigenous health workers, specialists and hospital management staff" (source)

Additional Resources: Best Practices

- The College of Family Physicians of Canada (2012). *Best Advice: Patient Rostering in Family Practice*. LINK
- The College of Family Physicians of Canada (2012). *Best Advice: Panel Size*. LINK

Other Jurisdictional Scans and Comparative Analyses

Suter E, Mallinson S, Misfeldt R, Boakye O, Nasmith L, Wong ST. **Advancing team-based primary health care: a comparative analysis of policies in western Canada**. BMC Health Serv Res. 2017 Jul 17;17:493. LINK

- From Abstract:
  - "We analyzed and compared primary health care (PHC) policies in British Columbia, Alberta and Saskatchewan to understand how they inform the design and implementation of team-based primary health care service delivery. The goal was to develop policy imperatives that can advance team-based PHC in Canada."

- "The concept of team-based PHC varies widely across and within the three provinces. We noted policy gaps related to team configuration, leadership, scope of practice, role clarity and financing of team-based care; few policies speak explicitly to monitoring and evaluation of team-based PHC. We prioritized four policy imperatives: (1) alignment of goals and policies at different system levels; (2) investment of resources for system change; (3) compensation models for all members of the team; and (4) accountability through collaborative practice metrics."
- "Policies supporting team-based PHC have been slow to emerge, lacking a systematic and coordinated approach. Greater alignment with specific consideration of financing, reimbursement, implementation mechanisms and performance monitoring could accelerate systemic transformation by removing some well-known barriers to team-based care."

Groenewegen P, Heinemann S, Greß S, Schäfer W. **Primary care practice composition in 34 countries**. Health Policy. 2015 Dec 1;119(12):1576-83. LINK

- From the abstract: "Practices that are located further from other primary care practices have more different professions. Practices with a more than average share of socially disadvantaged people and/or ethnic minorities have more different professions. In countries with a stronger pro-primary care workforce development and more comprehensive primary care delivery the number of different professions is higher."

Freund, T., Everett, C., Griffiths, P., Hudon, C., Naccarella, L., Laurant, M., **Skill mix, roles and remuneration in the primary care workforce: who are the healthcare professionals in the primary care teams across the world?**, International Journal of Nursing Studies (2014). LINK

- "The diversity of the primary care workforce is increasing to include a wider range of health professionals such as nurse practitioners, registered nurses and other clinical staff members. Although this development is observed internationally, skill mix in the primary care team and the speed of progress to deliver team-based care differs across countries. This work aims to provide an overview of education, tasks and remuneration of nurses and other primary care team members in six OECD countries [United States, Canada, Australia, England, Germany and the Netherlands]."
- "What this paper adds?
  - Nurses are the major non-physician workforce in primary care teams in the US, Canada, Australia, UK and the Netherlands
  - In general, remuneration follows complexity of tasks in most countries under study
  - "Team-care" rather than "delegation" is an upcoming trend as well as integration of "allied health professionals" under the supervision of doctors and nurses, but this is often limited by local legislation and traditional role concepts"

Conference Board of Canada. **Briefing 1—Current Knowledge About Interprofessional Teams in Canada**. Series: Improving Primary Health Care Through Collaboration. October, 2012. LINK

- "In this first briefing, we provide a general overview of the various interprofessional primary care (IPC) team models currently used in Canada".