

# Early Findings on Collaboration to Foster Family Practice (FP) Networks

Case Study Report from Thompson Region Division of Family Practice

**February 2019**

## Executive Summary

### Overview

As Divisions of Family Practice across the province support the implementation of the Patient Medical Home (PMH), there will be an increasing need to identify and operationalize enablers of the attributes of the PMH. The Thompson Region Division of Family Practice (DoFP) is in the process of building capacity for FP networks, and the relationship that it has built with the Practice Support Program (PSP) is one example of an enabler.

By working closely with the Thompson Region Division, PSP has become a key stakeholder and filled a previous gap in the local primary care planning team. Its on-the-ground knowledge of both the practices and their panel data, along with the trust that PSP teams have developed with these practices, has created a working relationship that will streamline future networking activities. Additionally, as the Thompson Region and other regions move forward with FP networking activities, there are several structural, operational, and relational enablers that can be considered.

### Recommendations to Further Enable FP Networking

The recommendations below are derived from the key learnings that came from the Thompson FP network development case study. At the end of each recommendation is a reference to the finding from which the recommendation was derived.

**Recommendation #1 - *Identify approaches to integrate existing and new resources into groups that local FPs trust and value.*** Local FPs have developed a relationship with PSP team members and trust PSP's ability to advocate and support their needs so that they can provide the best care to the patients they serve. Project management support from DoFPs can help to optimize the integration of provincial supports, like PSP, into networking activities. Each community may have different approaches to how these relationships can be structured. (See Finding # 1)

**Recommendation #2 – *Communicate early successes from other FP networks as they are identified.*** The provincial move towards FP networks and a more integrated approach of delivering primary care represents a relatively new way of providing primary care in some communities. It is valuable to communicate the benefits of proposed changes to all stakeholders to facilitate buy-in. While communication of successes will facilitate engagement, it must also be recognized that there is no one-size-fits-all approach to FP networking. Certain

approaches that work well in some communities may not be feasible in others. (See Finding # 6)

**Recommendation #3 – *Develop tools that can be used to support FP networking.***

Several tools such as template memorandums of understanding, evaluation tools to assess readiness to collaborate, business planning templates, and information sharing agreements could be consolidated into a single networking toolkit. These tools would optimize how networks are developed and reduce the duplication of efforts that are inherent in the identification and development of such resources. (See Findings # 4,5,6)

**Recommendation #4 – *Identify methods to continue to compensate physicians for their investment in networking activities while ensuring that support is available to address activities that are outside physicians' expertise.***

This case study identified that most physicians do not have the interest nor the expertise to manage networking activities. While they may be able to identify opportunities and to guide implementation of a given activity, there continues to be the need for personnel that have the background and experience to manage the day-to-day components of this work. To make the best use of physician time, General Practice Services Committee (GPSC) and local Divisions should aim to identify areas and activities best managed by non-physician personnel, and subsequently recruit the appropriate individuals. As well, both entities should jointly identify the activities best led by physicians, and provide compensation that recognizes FPs' contributions. (See Finding # 2)

**Recommendation # 5 – *Be persistent in evaluating the FP networking activities to determine the extent to which they are sustainable.***

The interviews conducted with local physician stakeholders identified that there is a lack of clarity about the sustainability of supporting network activities under the current Fee-For-Service (FFS) payment model, specifically during the transformation of primary care towards a comprehensive approach to care. The interviewed physicians recognized that to date, communications provided to them on comprehensive models of care may be better for patients, but may not be sustainable to the public system under the FFS model. They further suggested that the positive impacts of certain network activities may not be seen immediately, and thus the evaluation of these approaches must consider short, intermediate and long-term impacts of these investments. While cautiously optimistic about transitions towards comprehensive approaches to the delivery of primary care, those interviewed highlighted the ongoing need to monitor the sustainability of such changes. (See Finding # 3)

**Conclusion**

FP networks, when implemented effectively, have a significant positive impact on patient care. The successes of developing and implementing these networks moving forward depend largely on planning, shared visions, support, and intentional efforts and processes to communicate, build and maintain trust. GPSC has the opportunity to support, build and communicate this and other enablers of care to help foster the development of FP networks across the province.