

## AFFILIATION: FREQUENTLY ASKED QUESTIONS

It is crucial to recognize that affiliation is currently in its initial stages of planning and implementation. The following frequently asked questions (FAQ) pertain specifically to this early phase, with responses expected to evolve as partnerships mature and specific pathways are established. The ongoing development of the governance structure will play a key role in guiding these pathways. Early adopters will play a significant role in co-design including input into the development of clinical pathways, identifying needs for resource allocation and influencing system reform with a vision for all patients in Newfoundland and Labrador (NL) to have access to appropriate health care services. This process will happen a step at a time as resources increase and Family Care Teams mature.

### What are Family Care Teams?

Family Care Teams are an innovative approach to re-imagine and re-design the health system in NL. Family Care Teams aim to improve access and continuity of primary health care (PHC) for individuals and families in their community. They represent a significant shift from solo-based community practice and program-based models of service delivery to an inter-disciplinary team-based model. Family Care Teams offer seamless access to multiple health care professionals that focus on meeting the health and social needs of individuals and families and strengthening linkages between primary care and other community-based services such as community support, mental health and addictions, public health etc. The vision for Family Care Teams, inspired by Health Accord NL, is to give every person in the province timely access to health and social services, and to continuous care centered in the community as part of a well-connected network.<sup>1</sup>

### Who works in a Family Care Team?

Family Care Teams include a core team of health professionals including physicians, nurse practitioners, nurses (registered nurses, licensed practical nurses), clinical and social navigators, supported by administration including process improvement practitioners, a manager, clinical director/physician lead and clerical support.

Based on needs and available resources in each area, Family Care Teams may also include allied health professionals (e.g. physiotherapists, occupational therapists, pharmacists, social workers, etc.). These team members may be either embedded into the core team and report directly to the manager of the FCT or may be an extended part of the team, in other words, a team member who can be accessed through pathways to other program areas (e.g. Public Health, Community Support). Family Care Teams will work with programs and services within Public Health, Community Support and Mental Health and Addictions, Developmental Health, Adult Speech and Hearing, and other outpatient services to better service and strengthen communication and teamwork. Learners from various disciplines are also an important part of the team.

## How can Community-Based Physicians work with Family Care Teams?

Community-based physicians can work with Family Care Teams in two ways: formally and informally.

Community Based Physicians may choose to affiliate with a Family Care Team in their area to formally partner with the Team and engage in shared care planning to address the needs of their patient panel as well as consider the needs of the community. By formally affiliating, Community-Based Physicians and Family Care Team Leadership agree to work collaboratively to design services and create care pathways within the Family Care Team. There will be a focus on data evaluation and improvement strategies to benefit patients in their communities and to support efficient and effective service delivery.

As an example, if an affiliated practice has a high number of patients with Diabetes, there may be opportunity to allocate a NL Health Services (NLHS) Diabetes Educator or additional nursing support for an agreed-upon amount of time to work out of the clinic space to offer enhanced chronic disease management support to the patient population. Additionally, clients who are complex and have multiple needs may be linked with a clinical or social navigator to provide care coordination or system navigation support.

Further opportunities exist for affiliated practices as they will have access to NLHS Quality/Process Improvement leads which will be embedded in Family Care Teams. The QI Lead will be a member of the Family Care Team leadership committee to support the work of affiliation and service/pathway implementation and evaluation.

Community-Based Physician practices who choose not to affiliate can still work with Family Care Teams informally and can continue to access services of NLHS primary healthcare services through identified referral pathways. It is expected that without formal structures to develop and maintain partnerships, unaffiliated practices may not achieve the same level of collaboration and integration that affiliated practices do. The idea of formal affiliation is new, and it is expected that the value add of a formal affiliation including benefits to patients and providers alike will be evidence as the model matures.

## What is meant by affiliation?

Affiliation is a process to formalize a relationship between a Family Care Team and a community-based practice. The process has been designed and agreed upon by the Newfoundland and Labrador Medical Association (NLMA), the Department of Health and Community Services (HCS), and NLHS to ensure that strategies are in place to support effective collaboration, co-governance, and support best practices for team-based care.

Affiliation allows NLHS and community-based providers to co-design communication and care pathways, pilot projects, identify outcome measures, and work together to understand what is required to address the needs of their shared patient population.

Community-Based practices that affiliate will continue to maintain independence in their own operations and continue to act as most responsible provider for their own patients. Likewise, NLHS will maintain responsibility for operations of their core team members and services. An affiliation

relationship is supported by a shared governance structure that identifies roles and accountabilities in the bi-directional partnership. By affiliating, community practices will have a formal voice to shape system reform.

Through affiliation, community-based providers and Family Care Teams agree to work together as partners and participate in strategies outlined in the affiliation agreement, designed to support effective teamwork, and quality improvement strategies known to support improved outcomes for patients.

## If I affiliate, will I need to co-locate with the Family Care Teams?

No. There is no requirement for a community-based practice to relocate to the Family Care Team base location. While co-location is a facilitator of teamwork, successful collaboration can still be achieved through virtual co-location and/or defined navigation to nurture the relationship.

If a Community-Based Practice and a Family Care Team wish to explore sharing of space, this can be explored through a separate process for space allocation/procurement and is not linked with affiliation.

## How will affiliation benefit my clinic and patients?

Acknowledging that affiliation is in its early stages, early adopters and their patients will experience different levels of support and wield influence in its broader implementation. While the full benefits and value of affiliation may require time to fully realize, some key objectives that are expected to be achieved through affiliation are:

- Be part of a Multidisciplinary Teams
  - Fostering interprofessional collaboration and shared care through co-developed pathways.
  - Collaborative Team Building and Quality Initiatives: Opportunities to work collaboratively on team-building activities and quality initiatives. These initiatives aim to improve both patient care and professional satisfaction, fostering a supportive and cohesive work environment.
- Clinically Efficient Pathways to Care:
  - Development of clinically efficient care pathways, ensuring patients receive timely and effective treatment. This includes streamlined referral processes and coordinated care plans.
- Facilitated Communication with Other Providers:
  - Interact with healthcare providers in the area through structured processes such as huddles (in-person or virtual) or streamlined documentation processes.

## What are the key benefits of affiliating with a Family Care Team?

Benefits of shared planning, decision-making, shared accountability include:

- Shared Learning Opportunities:

- Access to shared learning events and opportunities to connect with colleagues through team activities and events. For example, regular workshops, seminars, and team-building exercises that foster a collaborative environment.
- Support for Quality and Practice Improvement:
  - Access to support for quality improvement initiatives and practice enhancements. Specific examples might include assistance with implementing best practices and standardized care protocols.
- Access to Data Analytic Support:
  - Direct access to data analytics support to help in decision-making and tracking patient outcomes. This includes tools and resources for data collection, analysis, and interpretation, provided by designated data analysts within the Family Care Team.
- Remuneration for Participation:
  - Affiliated members receive compensation for participating in designated planning and governance activities, which helps define resources and processes to improve patient care within the Family Care Team.

## How will I work with NLHS if I choose NOT to affiliate?

Physicians who decide not to affiliate at this time will still be able to refer patients through established referral processes to NLHS services and work collaboratively with NLHS staff.

The governance structure for affiliation is the formal mechanism for engagement and collaboration in a longstanding partnership. As such, the level of engagement for non-affiliated practices will be different than those of affiliated practices. as they will not have formalized shared decision making in the critical early formation of Family Care Teams.

If providers opt not to affiliate now, it will not prevent them from affiliating later.

Since NLMA, HCS and NLHS have agreed upon the Affiliation process, there will be an expectation that community-based services who wish to formally partner with NLHS on significant primary care enhancement initiatives will affiliate. Before entering into these initiatives, Family Care Team leadership and community practices must discuss the affiliation process and set mutual expectations. This ensures that there are governance structures to support effective and enduring partnerships.

## How will team members collaborate?

How team members collaborate and establish pathways may look different for each Family Care Team; however, a common key enabler is the Family Care Team Leadership Committee. These committees will be comprised of representatives from Affiliated Practices, NLHS, and Community Partners. These committees have a mandate to support inter-professional and inter-program/service collaboration and to establish a high-functioning team to foster partnerships and provide opportunities for collaboration across services, programs, and practices. These goals serve the purpose of meeting the health and social needs of connected individuals and families.

Within the core Family Care Team, there will also be opportunities for collaboration through frequent team huddles, clinic team meetings, workflow processes, communication throughout the clinic day around direct patient care (e.g. EMR tasking, case conferences, etc.) Collaboration is enhanced by understanding the roles and functions of each member of the team, and through community of practice processes, etc.

## Is there an expectation that physicians in affiliated practices participate in governance activities?

Affiliating practices must commit to having representation at meetings of the Family Care Team leadership committee, and there is an opportunity to function as co-chair. Participation in these committees will ensure that there is regular and ongoing communication between the Family Care Team and the affiliating practice. The frequency of these meetings may change as required and may be different in each team/zone. This will be defined in the agreement within the leadership structure. They are not required to participate in the Strategic Health Network or the Provincial Family Care Team Committee.

## Will affiliating impact my practice autonomy?

No. Family physicians who affiliate will continue to be autonomous medical practitioners as per the Standards of Practice established by the College of Physicians and Surgeons of Newfoundland and Labrador.

Affiliated practices will continue to maintain independence in their own operations and continue to act as most responsible provider for their own patients. Likewise, NLHS will maintain responsibility for operations of their core team members/services. An affiliation relationship is supported by a shared governance structure that identifies roles and accountabilities in the bi-directional partnership.

## Will practices that affiliate be expected to take on additional patients (e.g., minimal panel size)?

Affiliated Practices will determine the sizes of their own rosters and may also choose to provide services to unattached patients. Family physicians who affiliate will be expected to use Patient Connect NL/NLHS EMR waitlist as one source of new patients for their roster as capacity allows. Through linkages with NLHS Primary Health Care leadership in the applicable zone, physicians can identify themselves as willing to accept new patients from the provincial waitlist. They will also be encouraged to participate in joint projects which may be designed to improve access in the geographical area serviced by the team.

## Will affiliating with a Family Care Team have a financial impact on my practice?

Contracts established under the Memorandum of Agreement with the NLMA (either Fee for Service or Blended Capitation payment models) will continue to apply with affiliation. Honorarium

payments may apply to participation in certain activities as outlined in the Governance and Policies Guide. Expenses of affiliated practices for joint projects must be pre-approved as eligible for reimbursement.

## What happens if I affiliate with a Family Care Team, but later decide I want to opt out?

If a physician decides to later opt out of the affiliation agreement, both NLHS and community practices hold accountability and are responsible to work together to ensure patients are not negatively impacted during or after the transition.

## What is the remuneration for designated planning and administrative time?

NLHS will provide honoraria for professional time for planning activities, consistent with Family Practice Renewal Program honoraria policy, to Affiliated Practices that participate in planning or implementation of joint quality improvement projects; mandatory orientation, training, and education sessions; and Leadership Committees. Further details on compensation are found in the Governance and Policies Guide. The current FPN honoraria rate is a provincially standardized hourly rate of \$125.00—with this including preparation time, travel, and meeting attendance.

## Where are Family Care Teams located?

Health Accord NL envisioned that approximately 35 Family Care Teams were needed in Newfoundland and Labrador. Some teams will have a hub and spoke model. A map with current locations can be found [Family Care Teams - Health Care Action](#).

## References

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<sup>1</sup> Government of Newfoundland and Labrador. (2023). Family Care Teams: A Health Policy Framework. Retrieved from: <https://www.gov.nl.ca/hcs/files/2023-Family-Care-Teams-A-Health-Policy-Framework-for-NL.pdf>