Affiliating with Family Care Teams NL

Governance and Policies Guide

for Affiliating Community Family Practices

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1. Introduction:

The intent of Family Care Teams in NL is to improve access and continuity of primary health care for individuals and families in their community through an inter-disciplinary team-based model to provide streamlined access to multiple health care professionals that focus on meeting the health and social needs of individuals and families.

These policies are supplementary to *Family Care Teams: A Health Policy Framework for Newfoundland and Labrador (the Framework)*, in which the Department of Health and Community Services (Department) sets out the key provincial policy directions and expectations for the introduction of Family Care Teams in NL. These Governance/Operational policies elaborate on matters referenced under the Framework and are consistent with the terms of the Framework.

Although the Family Care Team model does not fall under the Memorandum of Agreement between the Government of Newfoundland and Labrador and the Newfoundland and Labrador Medical Association (NLMA), it does align with key guiding principles and goals of the Family Practice Renewal Program which is established by the MOA. Collaborative Services Committees (CSCs) between NL Health Services and Family Practice Networks (FPNs) will support integration of family physicians into Family Care Teams and will be connected to the governance structure. FPNs will also have a role to play in co-design of services and will support family physicians who are transitioning to the model.

Family Physicians should familiarize themselves with this document prior to signing an official Affiliated Practice Letter of Offer and Agreement with NL Health Services. NL Health Services is vested with the operational responsibility for Family Care Teams and has the authority to enter into such agreements. NL Health Services may also develop and introduce further policies and procedures to fully implement FCT in accordance with the Framework and this document.

These Governance/Operational policies were developed further to collaboration among the Department, NL Health Services and the Newfoundland and Labrador Medical Association. This guide will be reviewed annually and updated as required by Health and Community Services, upon consultation with NL Health Services and the NLMA. The review will include looking at how this document connects with emerging elements of system transformation (for example, the forthcoming NLHS Medical Staff Bylaws).

2. Why Affiliate?

Affiliating with a Family Care Team has multiple benefits to both patients and providers. The key benefits are your patients will have access to a broader array of multidisciplinary services and supports available at the local level and their care will be integrated and better coordinated amongst providers. As a provider, you will be a member of an inter-disciplinary team and, while you will continue to be the Most Responsible Provider for your patients, care will be shared amongst team members as needed. The Family Care Team model will enable care to be more comprehensive and coordinated and access should

improve for your patients. There will also be enhanced opportunities for you to work collaboratively through joint team building and quality initiatives.

Through the Family Care Team model, services will be designed to respond to the local population health needs. Data and analytics will be available to support decision making at the individual clinical level and to support planning and enhancement of services and evaluation, as well as to identify shared learning needs of the team. Practices that affiliate will be part of the local leadership team that collects, analyses, and uses information to design quality improvement strategies to improve care for communities.

There will also be more opportunity to engage with the broader community to understand needs and to participate in shared learning events relevant to team-based care and the needs identified by your team.

Practicing in a team can improve your professional satisfaction and well-being. Every team will be unique but there will be opportunity for you to form connections with others in a variety of formal and informal ways.

3. Definitions

a. *Affiliated Practice* – Means the family physician primary care practice that commits to linking their practice with a Family Care Team, integrating their practice with the Family Care Team in their community, in accordance with this Agreement.

b. *Attachment* - Means the documented confirmation of a continuous relationship between an individual and a primary care provider. For the purposes of the Blended Capitation Program, attachment means that there is a formalized, continuous relationship between a patient and a physician in a Blended Capitation family practice.

c. *Blended Capitation Model* – Means a payment model for physicians licensed to practice family medicine in Newfoundland and Labrador in accordance with Schedule R of the MOA.

d. *Collaborative Services Committee (CSC*) –Means the joint committee of the FPN and the NLHS, established by Schedule J of the Memorandum of Agreement (MOA) between the Department of Health and Community Services (HCS) and the NL Medical Association (NLMA), with a mandate to identify and respond to primary health care needs of the community.

e. *Family Care Team* - Means the primary health care service delivery model as outlined in the Framework and this Operational and Governance Policies Guide, with participation established under the Letter Agreement among the NLHS and a particular Affiliated Practice, which model offers access to multiple health care professionals, within NLHS and Affiliated Practices, that focus on meeting the health and social needs of individuals and families.

f. Family Care Team Governance Committees

    a. *Family Care Team Provincial Steering Committee* – Provides strategic oversight to the provincial Family Care Team initiative.

    b. *Primary Health Care Strategic Health Network (SHN)* – Provides a forum for prioritizing the implementation and integration of Family Care Teams into the health system on a provincial scale.

c. *Family Care Team Leadership Committee (Leadership Committee)* - Provides local level leadership of a Family Care Team, as set out under Section 4 of this Agreement.

g. *Family Practice Networks (FPN)* – Means the initiative established under Schedule J of the MOA, funded and implemented by the Family Practice Renewal Committee, with purposes including to organize physicians at the sub-regional or regional level in order to address common health care goals in their communities.

h. *Family Practice Renewal Program (FPRP)* – Means the joint initiative of the Newfoundland and Labrador Medical Association (NLMA) and the Department of Health and Community Services (HCS), established under Schedule J of the MOA.

i. *Fee-For-Service (FFS)* – Means the submission of accounts by and payment of fees to physicians for insured medical services in accordance with the MCP Payment Schedule under the Medical Care Plan, pursuant to the Newfoundland and Labrador *Medical Care and Hospital Insurance Act.*

j. *NL Health Services (NLHS)* – Means the Provincial Health Authority (PHA), which is directly responsible for the administration and delivery of health services in NL in accordance with the Newfoundland and Labrador *Provincial Health Authority Act.*

k. *Provincial Electronic Medical Record (EMR) - eDOCSNL* – Means the provincial electronic medical record for physicians, pursuant to the provincial Memorandum of Understanding regarding an Electronic Medical Records Program.

l. *Roster* – Means a set of individuals attached to all health care providers within a Family Care Team or a community medical practice or a primary care provider. A roster is an inventory of documented attachment (i.e., roster for the provider group).

m. *Salaried Physician* – Means a physician who is an employee of the PHA and who provides insured health care services as required by the PHA.

n. *Virtual Care* – Means any interaction between patients and/or members of their circle of care, occurring remotely, using any form of communication or information technologies.

o. *Zone* – Means one of the five health zones as outlined in NLHS organizational structure.

4. Family Care Team Governance

a. Family physician members working as part of an Affiliated Practice are required to be members of the Family Practice Network (FPN) within their Zone, where an FPN exists.

b. A shared leadership and governance model will be created for Family Care Teams in the Province, and this is presented in more detail in the Provincial Family Care Teams Health Policy Framework. The model has three levels: at the provincial level a Steering Committee and a Strategic Health Network for Primary Health Care; and at the local level, a Leadership Committee. The Local Leadership Committee is most relevant to affiliation as follows:

    i. A Family Care Team Leadership Committee ("Leadership Committee") will be established for each Family Care Team to serve the following purposes:

i. To provide leadership to each Family Care Team with the goal of supporting inter-professional collaboration to meet the health and social needs of all connected individuals and families; and,
ii. To establish a high functioning Family Care Team which fosters partnership and provides opportunities for collaboration across services, programs, and practices to support the health and social needs of all connected individuals and families.

ii. The Leadership Committee will have the following representatives from Affiliated Practices:
    i. Representatives from Affiliated Practices within a Family Care Team, where:
        1. There are three or fewer Affiliated Practices within a Family Care Team, each affiliated practice within the Family Care Team may appoint one family physician representative on the Leadership Committee; and,
        2. There are more than three Affiliated Practices within a Family Care Team, a minimum of three family physician representatives up to a maximum of six family physician representatives may be appointed to the Leadership Committee by Affiliated Practices within a Family Care Team.

iii. Depending on the number of Affiliated Practices within a FCT, Affiliated Practices will choose their own representatives for the Leadership Committee under s.4(b)(ii)(1) or will choose representatives for the Committee under s.4(b)(ii)(2).

iv. Representatives from the NLHS and other Community Stakeholders will be selected in accordance with a Terms of Reference for Local Leadership Committees.

v. Leadership Committees will consist of no more than one representative from any Affiliated Practice.

vi. Leadership Committees will have two co-chairs, one appointed by NLHS, and one appointed by Affiliated Practices of the Family Care Team from among their respective representatives chosen in accordance with s. (b)(ii)(i)(1) or (2) as applicable. In the absence of an appointed representative from Affiliated Practices, the Clinical Director/Physician will be co-chair. In the event there are no Affiliated Practices within a Family Care Team, the Clinical Director/Physician will be the co-chair.

vii. Responsibilities of co-chairs include:
    i. Calling meetings.
    ii. Preparing and approving the agenda prior to each meeting.
    iii. Chairing the meeting on an alternating basis, ensuring that all discussions have definitive actions/outcomes; and,
    iv. Reviewing and approving minutes prior to distribution.

viii. Affiliated physicians who are representatives on a Leadership Committee will receive honoraria from NLHS, consistent with FPRP honoraria policy, for their participation on the committee. Leadership Committees will meet at least monthly or as necessary depending on the needs of the Family Care Team.

ix. Included within the mandate of Leadership Committees will be a partnership approach to advancing shared goals as described in section 2, identifying priorities for the operation of Family Care Teams within local areas, and overseeing the coordination of services between NLHS-based health professionals and Affiliating Practices.

x. Decisions of Leadership Committees will be made by consensus. Where Leadership Committees are unable to reach a decision by consensus or there is a dispute between an Affiliated Practice and a Leadership Committee, the matter can be referred to the appropriate Collaborative Services Committee (CSC).

xi. An Affiliated Practice will maintain responsibility for the management, operational oversight and coordination of services such as human resources, finance and digital technology of the Affiliated Practice.

xii. NLHS will assign each Family Care Team a Family Care Team Manager, as a full-time employee of the NLHS, and will provide quality improvement leadership, operational oversight and coordination services such as human resources, finance, and digital technology. These services do not extend to the operations of Affiliated Practices and NLHS and Affiliated Practices retain sole control over their respective operations.

xiii. As outlined in the Framework, a Clinical Director/Physician role will be identified for each Family Care Team and will provide co-leadership to the Team. The incumbent will play a critical role in linking with community family physicians (FPs), through existing FPN/CSC structures and by creating new mechanisms as needed. The Clinical Director/Physician will also provide clinical oversight of the Family Care Team and help ensure that clinical services delivered by the team are meeting the needs of the population.

xiv. Family Care Team Managers and/or Clinical Director/Physicians will regularly liaise and coordinate with Affiliated Practices as necessary.

xv. Once per year, Leadership Committees will make budget recommendations to the NLHS as appropriate to meet the identified needs of the local region and its patients. The sole discretion to approve budgets rests with the NLHS and the Department.

5. Joint Planning and Projects
    a. At a local level, Leadership Committees will develop quality management plans for Family Care Teams, based on approved budgets, that will identify priorities for primary health care services in the region, and specify joint projects in which the participation of Affiliated Practices will be sought.
    b. Family Care Team operating plans and budgets will help support advancement of the priorities and joint projects identified in the Quality Management Plans (See Section 7a).
    c. Budget allotments for Family Care Teams will be considered based on the annual Provincial Government budget process and criteria set out in the Framework.

d. Approved funds for a Family Care Team will be managed by Family Care Team Managers, within the control framework of NLHS, and consistent with operating plans developed by Leadership Committees. Family Care Team Managers will provide reports to Leadership Committees quarterly for the purposes of reviewing adherence to plans and priorities. Collaborative Services Committees (CSCs), consisting of NLHS and Family Practice Network (FPN) representatives, may be involved in joint planning of improvement initiatives that may involve one or more Family Care Teams within the zone.
e. CSCs will support Family Care Teams by co-designing programs to improve local primary health care, monitor Team activities, liaise with Teams about regional - wide initiatives, promote sharing of best practices, and collaborate on the assessment and evaluation of Family Care Teams.
f. Affiliated Practices that participate in planning or implementation of joint quality improvement projects, pre-approved by the Leadership Committee (as noted in (b) above), will be reimbursed by NLHS for expenses, not otherwise eligible for compensation as FPN Projects or from any other source including MCP, that are incurred by the Affiliated Practice. Expenses will include the professional time of health professionals, in addition to operational costs.
g. FPNs may compensate Affiliated Practices for expenses related to FPN-sponsored projects where opportunities arise and where budgets permit and agree that such compensation will be considered when applying this section.
h. Expenses by Affiliated Practices for joint projects must be pre-approved by NLHS in writing prior to those expenses being incurred to be eligible for reimbursement. Where this requirement has not been followed, reimbursement of expenses will be at the discretion of the NLHS.

6. Communication and Change Management
    a. Family Care Team Managers will maintain a directory of all health professionals and other staff working within a Family Care Team, including personnel from the NLHS and Affiliated Practices. The directory will contain contact information and roles for each person and will be updated regularly.
    b. Family Care Team Managers will ensure that Family Care Team priorities, policies, projects, changes in personnel, and other relevant information are communicated internally and externally to key stakeholders including Affiliating Practices.
    c. Affiliated Practices will designate a Practice Representative who will be the official contact between Family Care Team Managers and Clinical Director/Physicians and Affiliated Practices on matters pertaining to affiliation.
    d. Representatives of Affiliated Practices will be expected to participate in Family Care Team Meetings related to clinical and operational coordination. NLHS will provide honoraria, consistent with FPRP honoraria policy, for FFS and Blended Capitation physicians who participate in such meetings.
    e. Affiliated Practices will be required to participate in mandatory orientation, with each physician member completing training and education sessions designed to support inter-professional collaboration and optimal team functioning. Physicians may satisfy such orientation, training and education expectations by completing equivalent sessions, for example continuing medical education, requirements of

participating in the Blended Capitation Program, and/or through requirements of NLHS.

f. NLHS will provide honoraria, consistent with FPRP honoraria policy, for FFS physicians who participate in the mandatory orientation, training and education sessions described in this section. Blended Capitation physicians are compensated for their participation in quality programs, practice improvement and related professional development through the Blended Capitation Model Quality of Care Stipend.
g. NLHS will work with the FPRP and FPNs, where opportunities arise, to provide sustained change management support to help Affiliated Practices adjust, adapt to, and thrive within the new Family Care Team Model and associated initiatives.

7. Quality Management and Continuous Quality Improvement
    a. Leadership Committees will develop Quality Management Plans which identify activities to support shared goals of improving quality of care and meeting the needs of the local population through NLHS-based services and the services of Affiliated Practices.
    b. Family Care Team Managers will serve as Continuous Quality Improvement (CQI) Leads for teams. Family Care Team Managers will coordinate opportunities for Teams, including representatives of Affiliated Practices, to meet around CQI initiatives.
    c. Affiliated Practices will have access to quality and practice improvement support provided by NLHS and, where opportunities exist, the FPRP as enabled through planning at the CSC.
    d. Affiliated Practices will be encouraged to utilize panel management practices according to accepted Best Practices and as identified by the Leadership Committee.

8. Digital Technology - Use of EMR
    a. Digital Technology adoption and support will be included as part of Family Care Teams Quality Improvement plans.
    b. The Provincial EMR, under the eDOCSNL program, is the provincial standard for Family Care Teams as outlined in the Framework and the following considerations:
        i. If an Affiliated Practice does not currently use the Provincial EMR, it will be expected to implement use of the Provincial EMR within twelve months of affiliation.
        ii. NLHS will prioritize the implementation of the provincial EMR within all affiliated practices and deploy the necessary resources from the eDOCsNL program to identify and help overcome any potential barriers and support the implementation and clinical adoption processes.

9. Digital Technology - Virtual Care
    a. A Provincial Virtual Care Strategy will be developed with input from the Family Care Teams Provincial Steering Committee and will guide NLHS's approach to Virtual Care adoption within Family Care Teams.

b. Leadership Committees will establish a local level Virtual Care plan to improve quality of care and access to services by patients such as those living with chronic disease (e.g., remote patient monitoring technologies) and those in communities that may be distant from clinical sites of the Family Care Team.
c. Health professionals in a Family Care Team, including from Affiliated Practices, are expected to incorporate Virtual Care into their clinical activities as appropriate to facilitate and ensure enhanced access for patients.
d. Subject to the College of Physicians and Surgeons NL Scope of Practice for Virtual Care, Affiliated Practices may adopt their own policies and technologies for the use of Virtual Care and will have the opportunity to collaborate with NLHS and CSC on regional-wide initiatives.

10. Continuity of Care - Rostering and Attachment
    a. Family Physicians and Nurse Practitioners (NPs) providing comprehensive care within Affiliated Practices will develop a roster of attached patients for whom they will provide longitudinal care.
    b. Patients will be attached to a designated FP or NP within an Affiliated Practice who undertakes the role of Most Responsible Provider (MRP), holding primary responsibility for directing or coordinating the primary health care services and management of a patient, subject to any requirements of either the College of Registered Nurses of Newfoundland and Labrador or the College of Physicians and Surgeons of Newfoundland and Labrador as applicable. Notwithstanding 10(a) and (b), providers working in Blended Capitation Groups will follow Blended Capitation rostering rules.
    c. NLHS requires salaried FPs within the NLHS, who are part of a Family Care Team, and who provide comprehensive/longitudinal care, to formally roster these patients in a manner similar to Affiliated Practices.
    d. Rostered patients will have access to the health professionals employed by NLHS through normal policies and referral processes set out by NLHS to be used by the Family Care Team. Local Leadership Committees may adopt local policies and referral processes where they respond to unique needs of the community and where there is consensus within the Leadership Committee.
    e. Family Care Team rostering will be enabled by the Provincial EMR.
    f. Affiliated Practice family physicians will be expected to register with and use Patient Connect NL as one source of new patients for their roster.
    g. NLHS will develop a consistent initial intake and onboarding process for patients connecting from Patient Connect NL to ensure patients in the area have consistent approach whether rostering to a salaried MRP or to a MRP in an Affiliated Practice.
    h. The Family Care Team, in collaboration with NLHS and the CSC, will develop plans and projects to address the needs of unattached patients within their region, including access to other health professionals of NLHS and virtual care services.
    i. It is understood and acknowledged that Affiliated Practices will determine the sizes of their own rosters and may also choose to provide services to unattached patients.
    j. The Leadership Committee will identify patient panel expectations, benchmarks, and timelines for reaching targets for the Family Care Team.

11. Enhanced Access:
    a. Leadership Committees will develop and consider joint projects that have the goal of improving access to services, including the provision of enhanced after-hours and weekend care, and availability of same day appointments.
    b. Patients of Affiliated Practices will have access to enhanced teams of health professionals. Family Care Team Leadership Committees will develop care pathways and processes with Affiliated Practices that are clinically effective and efficient. Note: For Affiliating Practices participating in the Blended Capitation Program patients also may have access to registered nurses and NPs and not require these services from the Family Care Team.
    c. Leadership Committees may develop projects and services that meet the needs of the community and within which co-location of health professionals may occur. In such cases, NLHS providers may provide some services on the site of the Affiliated Practice and the Affiliated Practice may provide some services at an NLHS Hub site or one of its outlying spoke clinics.

12. Data Sharing and Performance Management
    a. Development and implementation of consistent and standardized data metrics, collection, analysis, and reporting is an integral component of Family Care Team performance monitoring and accountability.
    b. Leadership Committees will develop a plan for monitoring key indicators, including those set out by the Family Care Team Provincial Steering Committee, such as Team performance, accessibility, quality and program performance, and health status of the population. Family Care Teams will review this information at least annually to inform its plans and priorities.
    c. Physicians participating in the provincial electronic medical records system (eDOCSNL) have signed an agreement that establishes the terms and conditions for the disclosure of EMR data for secondary uses. Family Care Teams may access data in the NLHS data warehouse pursuant to the eDOCSNL agreements and to the Information Management Framework. Affiliated Practices which are not using the Provincial EMR, in accordance with section 8(b), will be expected to report on indicators to the Leadership Committee as required. Data sharing agreements will be developed with practices as needed.

13. Evaluation
    a. An evaluation framework will be developed for the implementation of Family Care Teams in NL, and this will include an evaluation of the Affiliation Letter of Offer and Agreement component.
    b. All Family Care Team members, including Affiliated Practices, will be required to participate in the formal provincial evaluation of Family Care Teams. This may involve activities such as providing relevant data, participating in health provider surveys and other activities as deemed necessary, but which do not place undue administrative burden on physicians. Use of EMR data for the provincial evaluation of Family Care Teams will occur pursuant to existing eDOCSNL agreements and the Information Management Framework.