

# Barriers to Implementing Collaborative Community Teams in Newfoundland and Labrador

## Objectives

To describe the potential barriers to implementation of team-based care via Collaborative Community Teams (CCTs) in the province.

## Practice Points

1. A CCT is an interdisciplinary group of health care providers who provide longitudinal, comprehensive, person-centered community care to all individuals in a region.
2. The structure is envisioned as follows:

Collaborative Community Teams
Team: Family physicians, nurse practitioners, allied health professionals including social workers, pharmacists, mental health professionals, etc.
Formal links with social program teams and community organizations
All providers for a catchment area digitally connected to each other and the people
Catchment population 6,000 – 7,000 and up
Approximately 35 CCTs to cover all areas of the province and all residents who so choose will be attached to a CCT

3. The benefits of team-based primary health care include improved access, continuity of care, better health outcomes, patient and provider satisfaction, as well as reduced emergency department visits and hospitalizations.
4. Identification and mitigation of barriers to implementation of CCTs will enable successful spread across the province.

## Data

The Health Transformation team with Government of Newfoundland and Labrador (NL) and Quality of Care NL investigated the barriers to implementing team-based care in the literature and through a series of stakeholder engagement sessions during summer 2022.

Stakeholders	
Regional Health Authorities (RHAs)	Department of Health and Community Services (HCS)
Family Practice Renewal Program (FPRP)	Newfoundland and Labrador Centre for Health information
Newfoundland and Labrador Medical Association (NLMA)	College of Family Physicians of NL
Registered Nurses Union NL	College of Physicians and Surgeons of NL
Health Accord Community Care Committee	

## Results

Table 1. Barriers to Implementation of Sustainable CCTs in NL

Literature	Stakeholder Engagement
Team composition-the right mix of providers to meet needs of the patient population.	Provider recruitment and retention has become more challenging globally since the COVID-19 pandemic and may affect CCT formation.
Role clarity-all providers must have clearly defined roles.	Change management <ul style="list-style-type: none"> <li>• Lack of shared vision</li> <li>• Lack of leadership</li> <li>• Time</li> <li>• Organizational differences</li> </ul>
Team collaboration <ul style="list-style-type: none"> <li>• Communication</li> <li>• Co-location</li> </ul>	Co-location is helpful but concerted team building must occur.
Information technology-electronic platforms enable communication and sharing of patient information among providers (i.e., a shared EMR).	Most Family Practitioners (FPs) are on electronic medical records (EMR) but other team members historically were not; there are still a number of different systems where valuable information is held (e.g., CRMS, Meditech). Not all providers have access to the information they need. Purchase of new Health Information System (HIS) that is ongoing should alleviate.
Governance model-accountability structures are enabled with a coordinated governance structure and provincial policy framework for teams with flexibility.	There is a need for a provincial framework with a longitudinal execution plan.
Funding model-fee-for-service provider remuneration does not support team-based care.	The new provincial framework needs to include how teams can work with all physician payment models.

- Academic and grey literature identified team composition, role clarity, team collaboration, information technology, governance models, and funding models as barriers to implementing team-based care.
- All stakeholders noted recruitment and retention of health providers and change management as the biggest barriers to implementation of CCTs in the province.

**Table 2. Strategies to Overcome Barriers to Implementation of CCTs**

Strategies to Mitigate Barriers	
Recruitment, recruitment, recruitment  <ul style="list-style-type: none"> <li>• Adjustments to Medical Act to support recruitment</li> <li>• More practice ready assessment streams for international medical graduates (IMGs) and options for training</li> <li>• Training – 5 family physician (FP) training seats for IMGs and 5 FP training seats for hospitalists</li> <li>• Enhanced incentives</li> </ul>	Provincial framework for CCTs
	Strong hubs and visiting FPs who provide virtual care to more isolated communities
	Engagement of providers and the public
	Focus on team building and collaboration
	Intentional, iterative process
Continuous Evaluation	

- Academic and grey literature support recruitment efforts, engagement of providers and patients, a focus on team building and collaboration, and an intentional and iterative process of creating teams as ways to mitigate the barriers to implementing team-based care. Incorporating these strategies in a Provincial Framework for CCTs may be influential in mitigating a number of barriers.

## Conclusions

1. Early implementation of mitigation strategies to overcome barriers will enhance the successful spread of CCTs across the province, which is pivotal to Health Accord NL's ten-year health transformation.
2. Learnings from Eastern Health's Collaborative Team Clinics can be utilized to enhance the implementation and operations of provincial CCTs.
3. NL needs a comprehensive recruitment and retention plan for CCTs and this plan must be adequately resourced.
4. While the Health Accord articulates a vision for CCTs, NL needs a comprehensive framework to propel the work forward.
5. New HIS will better integrate data and in turn make possible for providers to provide better support and care to patients.
6. FP payment models can be a barrier to team-based care. Physician remuneration methods must be developed to support optimal integration of salaried, fee-for-service and blended capitation paid FPs into CCTs.