Collaborative Health Centre Team Workflow Template Proposal
Prepared and endorsed by Retired Physicians Advocacy Group

Minimal team composition (for each rostered panel of patients ~ 1750+)**:**

1. Family physician (team captain)
2. Non-physician primary health provider (NP or PA)
3. RN or LPN
4. Admin

Additional parttime disciplines (between teams or "neighbourhoods")

5. Manager/bookkeeper
6. Pharmacist
7. Mental health therapist
8. Diabetic educator and group facilitation
9. Respiratory
10. Nutrition

Areas of responsibility

Admin: Phone service 9:00 to 12:00 noon and 1:00 pm to 3:00 pm
Leave full one hour time slot from 3:00 to 4:00 pm (except Friday's when should be 11:00 – 12:00 noon) for same day urgent appts by the NP or PA (absolute no prior booking). This also assumes good training for the admin to determine urgency (collaborate with RN/LPN to triage calls)
Automated appointment reminders via text
This assumes integrated EMR with labs, DI, etc.

NP/PA All well-baby visits
All well-woman checks (including paps)
Third party exams such as driver exams
Reviews labs/DI results that they have requested
With the RN/LPN is the first point of contact for acute/new presentations
Follow-ups for their own initial visits that required investigations
Refer to family physician for diagnosis clarification or review of management plan

Family physician
Accept "referral" from non-physician allied professions when clarity for diagnosis or treatment plan is required
Follow-up returning patients that were under specialist care or consultation
Review labs/DI/Consults that they have initiated
Review all referrals out to specialists for necessity and appropriateness
Follow-up and manage complicated, multiorgan chronic conditions
Learn a biopsychosocial approach

Notes and recommendations:

Collaboration by team members for more onerous tasks such as insurance forms (most can be started by staff and signed off by MD (or NP) as indicated.

With "Medical Neighborhoods" after regular hours coverage should be expected (should replace 811 and Maple)

This proposal assumes a fully functional integrated EMR with workstations in each room (not mobile devices) with in-room printing capability.

Remuneration for all team members must be fair and equitable based on scope of practise. For family physicians, we recommend consideration of a hybrid payment model like British Columbia's longitudinal family physician model.

Recommended panel size is based on recent Health Intelligence (Peachy) report of 1750 patients per family physician/NP or PA "unit." This requires 178,000/1750 = 101 "units" to serve current PEI population and eliminate the patient registry.

Submitted by retired family physician advocacy group (M Clark, P Kelly, P MacKean, C Moyse, H Visser)
Endorsed by Retired Physicians Advocacy Group, June 22, 2023 (D Bannon, D Clark, R Montgomery, W Salamoun, W Walker)

Reference:

PROVINCIAL CLINICAL AND PREVENTIVE SERVICES PLANNING FOR PRINCE EDWARD ISLAND