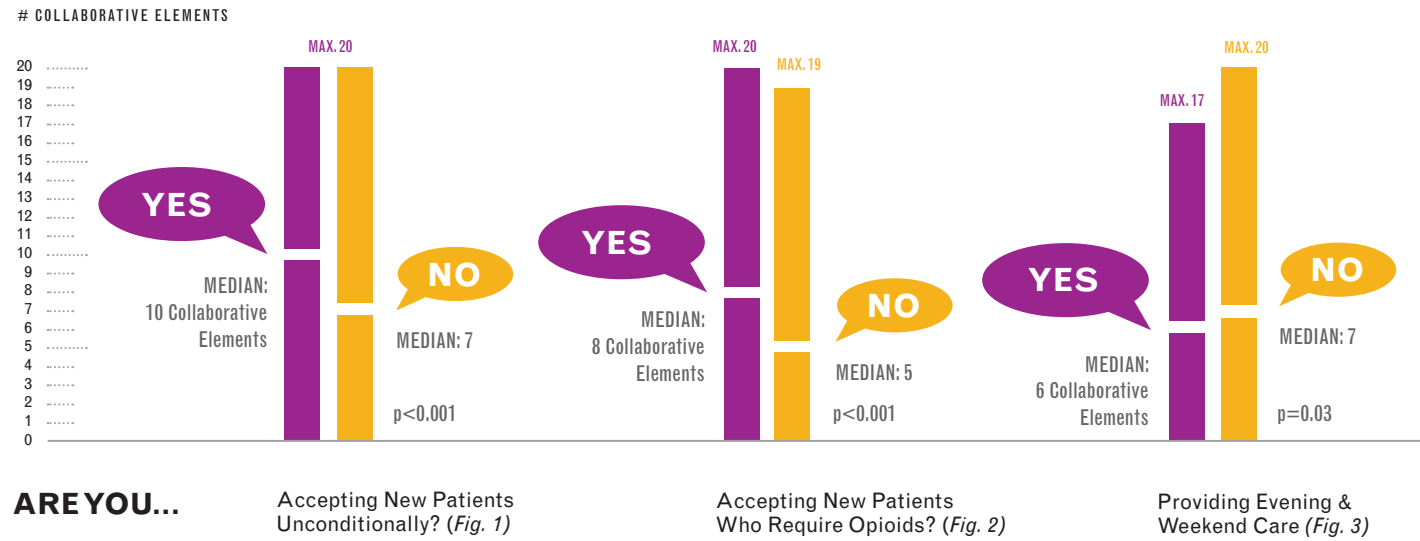


## How Collaboration Affects Accessibility

Our findings revealed a trend. The more practices collaborated, the more likely they were to answer yes to our questions around **ACCESSIBILITY**, but not for AVAILABILITY. The figures below illustrate the provincial medians of collaborative elements relative to **YES** (purple) and **NO** (yellow) answers to three questions: are you accepting new patients unconditionally (Fig. 1), accepting new patients who require opioids (Fig. 2), and do you provide evening and weekend care? (Fig. 3).



NAME GOESHERE  
123 First Ave, PO Box 1235  
Halifax NS B3N 1E3 Canada

Month, Day, Year

Dear Dr. Last Name (or First Name Last Name)

We are pleased to share with you the fourth Practice Profile with data from the *Models and Access Atlas of Primary Care – Nova Scotia (MAAP-NS)* study. This Practice Profile contains personalized study findings on **collaboration** at the provincial, Management Zone, and individual level. As usual, there is a short questionnaire attached, this time where you can tell us more details about your experiences with collaboration.

We are so thankful for your responses to the questionnaires attached to the first three Practice Profiles (on availability [21%], accessibility [30%], and comprehensiveness [18%, so far]). Your responses help us:

- track changes to findings from the original study,
- contextualize findings,
- plan for the next full iteration of the MAAP study,
- and ask new questions that are important to you.

We could not do this important work without you. **Thank you for responding to the questionnaires.**

We have an upcoming presentation at the North American Primary Care Research Group annual conference where we are excited to share data on the types of patients who you identified as most difficult to accept into practice, why, and your recommendations for how providers can be better supported to help these patients.

As a reminder, funding to create these Practice Profiles was provided by the Nova Scotia Health Research Foundation (NSHRF), the Canadian Institutes of Health Research (CIHR), plus some additional funds from the Nova Scotia Health Authority (NSHA). **We have not shared individual level information about you or your practice with anyone outside of the MAAP Study team. No one from NSHA or Dept. Health and Wellness has, or will, see your data.** This document is just for you!

Please take a moment to complete the attached questionnaire. We plan to collect MAAP data again over time and we want to make the best use of your time while ensuring that we are collecting the most appropriate and accurate data. A panel of family doctors and a nurse practitioner provided feedback on these to ensure relevance.

It is also not too late to send back the questionnaires from the first three Practice Profile surveys! If you would like a blank copy re-sent to you of any previous questionnaires, please email or fax the contact numbers below.

Receiving the future Practice Profiles is not dependent on answering any of the questions in the questionnaire. We would be delighted for you to complete it and send it back to us by fax at 902.473.4760.

If you have further thoughts, or, if you do not want to receive any future Practice Profiles, please contact me, Emily Gard Marshall, the Principal Investigator for MAAP by email at [Emily.Marshall@dal.ca](mailto:Emily.Marshall@dal.ca) or by phone 902.473.4155.

With gratitude,

Emily Gard Marshall, PhD  
Associate Professor | Primary Care Research Unit | Dalhousie Family Medicine

FACULTY OF MEDICINE | Department of Family Medicine, Primary Care Research Unit  
Abbie J. Lane Building, 8th Floor | 5909 Veterans Memorial Lane | Halifax NS B3H 2E2 Canada  
Tel: 902.473.4747 | Toll Free: 1.866.729.4400 | Fax: 902.473.4760 | [emily.marshall@dal.ca](mailto:emily.marshall@dal.ca) | [family.medicine.dal.ca](http://family.medicine.dal.ca)



**OVER 80%**

For over 80% of providers, patients can get an urgent appointment on the same day or next day.

**ONLY 7.6%**

Only 7.6% of providers have wait times for urgent appointments that are greater than 5 days.

## FAST FACTS

Even when controlling for: provider sex, years in practice, number of providers in a practice, providers trained in Canada, presence of a nurse in the practice, and presence of the 3 collaborative factors, the following relationships between the factors and outcomes held true.

**60% MORE LIKELY**

If a provider works in a practice with formal protocols, they are **almost 60% more likely to accept new patients** into practice unconditionally.

### HOW COLLABORATION AFFECTS APPOINTMENT WAIT TIMES

#### SHARED RESOURCES = SHORTER WAIT TIMES (URGENT + ROUTINE)

Providers who share practice resources have **significantly shorter wait times** for urgent and routine appointments.

#### SHARED PATIENTS = ACCEPT NEW PATIENTS + SHORTER WAIT TIMES

Providers who share patients with other providers in their practice are **more than twice as likely to accept new patients**. Patients of these providers have **significantly shorter wait times for routine appointments** to see their own provider and to see another provider in the practice.



# Primary Health Care Provider & Practice Surveys

## PROGRAM OVERVIEW

We conducted two surveys in 2014 and 2015:

1. Telephone survey of all primary health care practices in Nova Scotia.  
*If your practice completed this survey, it was likely completed by your receptionist or practice manager.*
2. Fax survey that family physicians and nurse practitioners completed directly.

Practices and Providers in Nova Scotia were surveyed to ascertain measures of:

- + provider accessibility
- + provider availability
- + comprehensiveness of services
- + organization of practice

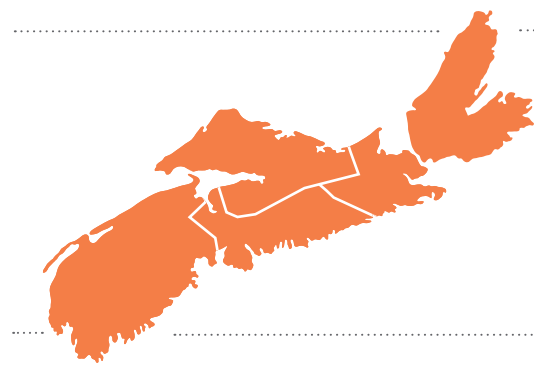
We invite you to complete the enclosed 2-page survey.

Your time and information is valuable to us and we want to make sure we are doing all we can to ask the right questions, interpret the findings accurately, and provide relevant context so that we can work together to improve the experiences of Nova Scotians and their health care providers.

Receiving the future *Practice Profiles* is not dependent on answering any of the questions in the feedback form.

Please return the survey by fax to 902.473.4760.

**WESTERN ZONE:** 3 Networks: Annapolis/Kings, Lunenburg/Queens, Yarmouth/Digby/Shelburne  
**NORTHERN ZONE:** 3 Networks: Colchester/East Hants, Cumberland, Pictou  
**EASTERN ZONE:** 3 Networks: Antigonish/Guysborough, Cape Breton County, Inverness/Victoria/Richmond  
**CENTRAL ZONE:** 5 Networks: Bedford/Sackville, Dartmouth/Southeastern, Eastern Shore/Musquodoboit, Halifax Peninsula/Chebucto, West Hants



We have compiled the information from the survey and can now provide you with individualized, confidential **PRACTICE PROFILES** broken down by Management Zone.

The response rates for these surveys were noteworthy:

- + The telephone Practice Survey had a response rate of 85%.
- + The Provider Survey was conducted by fax and the response rate was 60%.

### OUR FINDINGS

Our findings are on the following pages. Enclosed is also a 2-page survey. Please fill it out and return it so we can provide more useful insights like these.

Your Zone:

ZONE NAME GOES HERE

Your Network:

NETWORK NAMES GO HERE (AND HERE AND HERE)

# COLLABORATION

How do primary care providers in Nova Scotia collaborate and does it make a difference for patients?

We asked providers which elements of collaboration they engaged in. In conducting a factor analysis of these elements, we found they grouped together under 3 main factors. (Note: If your practice did not respond to the fax survey, your results will be left blank.) **This is what we heard:**

	PROVINCE	WESTERN	NORTHERN	EASTERN	CENTRAL	YOU
<b>FACTOR 1: Formal Protocols</b>						
1. Referrals are integrated	34.6%	46.9%	26.9%	20.7%	36.7%	
2. Regular meetings	47.8%	51.0%	42.3%	27.6%	55.6%	
3. Regular meetings for organizational administration	50.1%	50.0%	41.9%	30.8%	60.2%	
4. Regular meetings for case management	29.6%	33.0%	30.6%	25.0%	29.1%	
5. Pre-established care protocols	24.2%	29.5%	17.7%	17.2%	26.3%	
6. Shared vision for practice	46.0%	50.0%	46.8%	29.7%	49.7%	
7. Team building sessions	27.5%	36.4%	22.6%	12.5%	30.3%	
8. Joint continuing education sessions	51.9%	52.3%	41.9%	31.3%	62.9%	
9. Collaborative practice arrangement	41.1%	50.0%	35.5%	28.1%	43.4%	
10. Written roles and responsibilities of team members	22.1%	19.3%	19.4%	15.6%	26.9%	
<b>FACTOR 2: Sharing Resources</b>						
11. Shared equipment	52.5%	59.3%	39.4%	38.8%	58.8%	
12. Shared staff	61.8%	60.7%	44.2%	56.9%	79.1%	
13. Shared waiting room	63.2%	59.3%	46.2%	56.9%	73.0%	
14. Shared reception area	62.9%	57.9%	46.2%	56.9%	73.0%	
15. Shared patient records	60.4%	63.7%	52.2%	46.8%	66.7%	
16. Shared on call	39.5%	30.3%	46.2%	25.0%	46.9%	
17. Ad hoc informal exchanges	69.3%	64.8%	54.8%	60.0%	80.1%	
<b>FACTOR 3: Sharing Patients</b>						
18. Patients can see any provider in practice	18.0%	24.1%	14.4%	4.3%	21.4%	
19. Shared exam rooms	32.2%	29.0%	34.6%	29.3%	34.1%	
20. Shared patients	32.8%	39.3%	40.4%	28.4%	28.9%	



**MOST PROVIDERS IN NOVA SCOTIA COLLABORATE FOR BUSINESS-ORIENTED SHARING OF RESOURCES WHILE FEWER COLLABORATE IN PATIENT CARE.**

**19%**  
**46%**

of responders reported having zero collaborative elements\* in their practice.

of responders who reported having between 5–11 collaborative elements\* in their practice.

\* listed in the table above

**AVERAGE NUMBER OF COLLABORATIVE ELEMENTS\* IN PRACTICES:**

Central Zone ..... 7.9  
 Western Zone..... 7.5  
 Northern Zone..... 6.1  
 Eastern Zone..... 5.3