

# Evaluation of the Family Practice Renewal Program



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## Background

The Family Practice Renewal Program (FPRP) was established in early 2016, through an agreement between the Newfoundland and Labrador Medical Association (NLMA) and the Department of Health and Community Services (DHCS) that recognizes a renewed focus on family practice reform to support the role of physicians in the provincial primary health care reform effort. FPRP has three core initiatives that support a significant role for family physicians in the effort:

- Family Practice Networks,
- a Fee Code Program, and a
- Practice Improvement Program.

Partway through implementation, the FPRP has been achieving outcomes that need to be measured and reported. The Newfoundland and Labrador Centre for Information (NLCHI) was contracted in 2018, to develop and implement an evaluation of the FPRP.

## FPRP Goals

With a mission of transforming family practice for better health, the goals of the FPRP include:

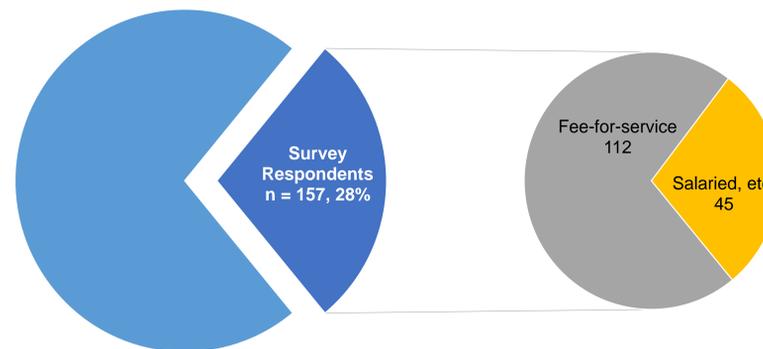
- improved **coordination** of patient care;
- greater **collaboration** between family physicians, other providers, and RHAs;
- enhanced **patient access** to appropriate care;
- improved patient-physician **attachment**;
- improved patient and provider **satisfaction**;
- improved **recruitment and retention** of family physicians;
- and measurable improvements in system **sustainability**.

## Evaluation Objectives

1. To document the process of FPRP and sub-program development and implementation to allow for future learning and development in primary health care as it relates to family practice;
2. To improve FPRP and sub-program efficiency and effectiveness;
3. To determine achievement of FPRP goals;
4. To determine achievement of sub-program goals or intended outcomes; and
5. To uncover unintended outcomes of FPRP and sub-programs.

## Annual FPRP Physician Survey:

In February, the 2019 FPRP Physician Survey was sent out to collect baseline information. The survey population included current NLMA members who are family physicians and who agreed to receive FPRP emails (N = 560). We received 157 responses during a four-week period, which represented a 28% response rate.



The survey sample was matched against NLMA member statistics to demonstrate representativeness and it was determined that the sample is representative in terms of practicing status, remuneration method, age range, and geographic location of practice.

| Demographics        | Survey Cohort | NLMA Statistics |
|---------------------|---------------|-----------------|
| Full time practice  | 86%           | 88%             |
| Fee-for-Service     | 71%           | 68%             |
| Aged 30 to 49       | 64%           | 59%             |
| St. John's practice | 46%           | 44%             |

The survey was designed to measure indicators of program efficiency and effectiveness, as well as progress towards FPRP goals. Since this was a baseline survey, it will be important to analyze trends in the data over time and to triangulate with other sources of evaluation information. Some of the 2019 FPRP Physician Survey indicators include:

- Participation in FPRP initiatives (i.e. Fee Code Program, Family Practice Networks, and educational events)
- Barriers to participation in FPRP initiatives
- Satisfaction with FPRP communications and staff
- Attitudes on communication and collaboration with RHAs
- Satisfaction with work-life balance
- Satisfaction with availability and relevance of professional development opportunities
- Intentions to make changes to family practice services

Results of the FPRP Physician Survey will be communicated to interested stakeholders after they have been reviewed by the Evaluation Advisory Committee and the Family Practice Renewal Committee (decision-making body for FPRP).

## Evaluation Advisory Committee

Since the evaluation will be conducted using a collaborative approach, key stakeholders will be vital to the design, implementation, data collection, and reporting stages. To ensure this collaborative effort, an evaluation advisory committee (EAC) has been formed, representing a range of stakeholder groups. The committee has met to review and provide advice on the evaluation framework, program logic models, and the 2019 FPRP Physician Survey Results, before these items proceed to the decision-makers. The stakeholder groups represented include NLMA, DHCS, RHAs, Family Practice Networks, urban and rural practicing family physicians, and FPRP staff.

## Evaluation Framework

The evaluation framework was finalized and approved in April 2019. The design was led by the NLCHI evaluation consultant, in collaboration with program stakeholders. A mixed-methods approach will be employed to collect both quantitative data, from administrative sources such as the MCP Fee-for-Service Physician Claims Database, as well as qualitative data acquired through focus groups, interviews, and surveys. The diagram below demonstrates the main lines of inquiry for each of the sub-programs and for FPRP overall.

