

Update on the Blended Capitation Program

As of June 30th, 2025, there were 22 Blended Capitation Groups comprising 81 physicians accepted into the Blended Capitation Program. Of those accepted, 18 groups comprising 66 physicians have onboarded to the Blended Capitation billing system, and over 76,000 patients have been rostered.

The Program hosts monthly MyQ Blended Capitation Physician Network Calls, which are designed for Blended Capitation Groups to connect with peers and share their experiences in a facilitated learning environment. These peer-to-peer discussions encourage participants to solve problems, share tips and practical resources. Additionally, the Blended Capitation Program team is present to offer guidance and answer questions. Recent topics have included:

- Blended Capitation dashboards and widgets in EMR;
- Enrollment and rostering processes;
- Locum coverage; and
- Practice optimization.

In recent months the Blended Capitation Program has highlighted a Practice Facilitation Service available to Blended Capitation groups and physicians, which can support groups to identify priorities for practice optimization and implement improvements.

Meet the Practice Facilitator Brianna Reilly

With over a decade of experience in healthcare system transformation, mental health, and emergency preparedness, I'm excited to support family physicians in strengthening primary care. In my role as a Practice Facilitator with the Family Practice Renewal Program, I'm looking forward to working alongside clinics to support sustainable practice models. My approach is grounded in collaboration, trust, and a commitment to practical solutions that put people first.



Before joining the NLMA with FPRP, I held leadership roles with the Canadian Red Cross, where I led national mental health and psychosocial support initiatives across emergency, health, and Indigenous programs. I also worked as an Advanced Care Paramedic in London, Ontario, an experience that shaped my deep respect for patient-centered, team-based care.

Outside of work, I'm an avid leisure athlete who enjoys mountain biking, snowboarding, and just about anything outdoors with my 2 kids and dogs.

I look forward to working with you to build systems that are resilient, efficient, and centered on patient and provider well being

**“ Blended capitation
enables a physician to
practice in a different
way and focus on
practice optimization ”**

Newsletter

What is practice facilitation and how can it help my practice?

Facilitation is a way of providing leadership without taking the reins. A facilitator's job is to enable others to assume responsibility and take the lead.

All Blended Capitation Groups have free access to support from a Practice Facilitator. Practice facilitators work with primary care practices to **make meaningful changes** designed to improve patients' outcomes. They help practices to identify where they can focus their improvement efforts, make a plan and then provide support and manpower as those improvements are made. Some specific examples of the type of support we can provide;

Coordination improvements; facilitate discussions between providers on good governance, provide lunch and learns on identified topics, design how absences will be managed by the team, support team discussions to determine how/if locums will be used

Administrative improvements; develop a job description to add an MOA, research on new technology that is available to reduce admin burden, support the design scripting for use in booking appointments to improve access, facilitate team meetings to enable all to engage in the discussions

Office flow improvements; assist with developing a process for enrolling patients, standardize exam rooms, address sources of visit interruptions, support staff members to comb schedule to improve access

Access improvements; measure supply and demand to match patient need with care availability, design a process for virtual appointments, develop communication tools to inform patients of the availability of after hours care, support the identification of patient populations for focused care initiatives

Clinical improvements; help to redesign the role of a nurse in the patient appointment; support efforts to reduce administrative burden by redesigning the process for how forms are completed, consider the use of digital technology to reduce administrative burden

To access Practice Facilitation support please reach out to bcp@nlma.nl.ca