




Policy:	Need a Family Practice Registry (NFPR)		
Originating Branch:	System Integration, Primary Health Care		
Original Approval Date:	June 2023	Last Updated:	June 2025
Approved By:			
	Deputy Minister Health and Wellness		

Version 2

1. Introduction

The Need a Family Practice Registry (NFPR) facilitates access to primary care for Nova Scotians. This policy supports the monitoring and management of the NFPR. Aggregated and anonymized NFPR data is also used to support the planning and management of the healthcare system.

Nova Scotians with a valid health card can join the NFPR and provide their health information that will be used to match them with a primary care provider. The NFPR also helps registrants to access the primary care they need today, providing navigation tools and primary care service options.

Primary care providers use the NFPR to build or maintain their patient panel as capacity becomes available.

The NFPR policy is complementary to the Standards and Guidelines of the Nova Scotia College of Physicians and Surgeons, the Nova Scotia College of Nursing, and other professional regulatory organizational standards.

2. Definitions

811 Telehealth: a free, 24/7 service that connects Nova Scotians with healthcare system navigation support and to registered nurses who provide advice for non-emergency health concerns, direct referrals to care services and additional care such as tobacco cessation support service. Patients, families and citizens may contact 811 via telephone or online.

Family unit: a group of two or more persons who identify as a family, related by birth, marriage, common law relationship, adoption or other connection.

Longitudinal primary care: long-term, relationship-based, comprehensive primary care provided to patients from primary care provider(s) and their team.

Need a Family Practice Registry (NFPR): a centralized registry for Nova Scotians to self-declare when they are not part of a primary care practice and/or panel and are seeking connection to longitudinal primary care.

Operator: the entity responsible for the management of the NFPR.

Patient panel: all the individuals who have a confirmed and documented affiliation with a primary care provider or team. Individuals on the patient panel know they are connected to that provider or team and consider the provider or team as their first point of contact for primary care services.

Primary care: a service focused on addressing health care needs. Primary care services are person-centred, accessible, responsive to community needs, continuous, comprehensive, and use an equity-based approach. Primary care is usually the first point of entry in the health care system.

Primary care provider: a healthcare provider (e.g., family physician, general practitioner, nurse practitioner) that provides primary care services and can bill the Province for the provision of primary care services.

Registrant: an individual who has an active and open registration on the NFPR.

Social Determinants of Health: a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education, or employment. Experiences of discrimination, racism, and historical trauma are important determinants of health for groups such as Indigenous Peoples, 2SLGBTQIA+, Black and African Nova Scotians, refugees, immigrants, and newcomers.

3. Application

3.1 This policy applies to:

- Nova Scotians,
- Nova Scotia, Department of Health and Wellness (DHW),
- The operator,
- Nova Scotia Health Authorities: Nova Scotia Health Authority (NSHA) and the Izaak Walton Killam (IWK) Health Centre, as they exercise their interdependent statutory mandates under the *Health Services and Insurance Act* and the *Health Authorities Act*,
- All primary care providers, and
- 811 Telehealth service provider(s).

4. Policy Directives

4.1 Only Nova Scotians holding a valid Nova Scotia health card, who are not currently part of a patient panel receiving longitudinal primary care, can be added to the NFPR as registrants.

4.2 Primary care providers should use the NFPR as their primary source for onboarding registrants to their patient panel, as capacity becomes available.

4.3 The NFPR operator must confirm with the registrant that they have been added to a patient panel before the registrant is removed from the NFPR.

4.4 The operator will seek to understand the registrant's:

- social determinants of health,
- health status,
- community where they reside and/or the community where they will receive care, and
- preference for care as a family unit.

This information will be collected by the operator and used to support their match to a primary care provider.

4.5 The operator will provide navigation support, through 811 Telehealth, to registrants seeking primary care services while on the NFPR.

4.6 NFPR data will be appropriately maintained and protected to support its purpose.

- The operator is responsible for the collection, accuracy, quality, safety, and security of the NFPR data.
- Compliance with the *Personal Health Information Act* ensures any personal health information collected by the operator through the NFPR will be maintained and stored securely to protect it from unauthorized access, use, and disclosure.
- Information provided by registrants to coordinate access to primary care through the NFPR, implies consent, and is subject to be managed according to the *Personal Health Information Act*.
- All parties involved in the provision of publicly funded health services (including DHW, NSHA, IWK, primary care providers, and other relevant partners) must adhere to the *Personal Health Information Act*.

4.7 NFPR data will be used to inform planning and management of the healthcare system.

- The Minister of Health and Wellness is the custodian of the personal health information collected by the operator, acting as the Minister's agent in administering the NFPR.
- The *Personal Health Information Act* authorizes the Minister and the agent to use aggregated and anonymized NFPR data for the purposes of planning and managing the healthcare system.
- The operator will provide aggregated and anonymized NFPR data to DHW when requested.

5. Roles & Responsibilities

5.1 Accountability for the administration of this policy is delegated to the Deputy Minister of Health and Wellness.

5.2 The Department of Health and Wellness is responsible for:

- Setting the strategic policy direction for the NFPR and overall health system planning,
- Monitoring and revising the NFPR policy in collaboration with health authorities and other stakeholders (as needed), and
- Allocating funding to enable policy direction.

5.3 The operator is responsible for:

- Connecting individuals on the NFPR with appropriate primary care services,
- Maintaining the accuracy, quality, safety, and security of the NFPR data,

- Acting as the Minister's agent in the collection, use, disclosure, and maintenance of personal health information for the NFPR,
- Fulfilling the administrative functions of the NFPR, including communications with registrants,
- Providing data and information to the Minister as required, and
- Seeking Ministerial approval for operational changes relating to the NFPR.

5.4 Primary Care Providers should:

- Use the NFPR to add new patients to their patient panel, when and as capacity allows, and
- Notify the NFPR operator when they have onboarded a new patient from the NFPR.

5.5 811 Telehealth is responsible for:

- Supporting Nova Scotians to register with the NFPR and providing Nova Scotians on the NFPR with navigation advice and support when requested.

5.6 Registrants are responsible for:

- Registering themselves or members of their family unit with the NFPR when they wish to be connected to longitudinal primary care, and
- Providing accurate information in their registration.

References

6.1 *Health Services and Insurance Act*

6.2 *Health Authorities Act*

6.3 *Personal Health Information Act*

Version Control

Version 2:	Version 2, released May 2025, replaces all previous versions.
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