

Primary Care Research Priorities

BRIC NS Advisory Council

Version 2 – Updated September 2026

Background

BRIC NS – the Nova Scotia SPOR Primary Care Research Network – held its first BRIC Advisory Council meeting in February 2026, bringing together providers, researchers, system leaders, and academic partners. Together, the group identified shared priorities to strengthen primary care and improve system performance across Nova Scotia. These priorities were themed into three broad focus areas and subsequently refined through further Advisory Council consultation in September 2026. Feedback from the Patient Advisory Council was collected in the Spring of 2026 in response to the original priorities and is presented separately to highlight patient perspectives on these themes. Patient perspectives were considered alongside Advisory Council feedback during the priority refinement process.

Primary Care Research Priorities

The revised priorities are themed and listed below, in no particular order:

Clinics and Interprofessional Teams

Team-Based Care: Significant variation exists in how interprofessional teams function. Priorities include clearer leadership structures, stronger communication processes, understanding team composition and roles, and research on what supports high-performing teams and optimal patient outcomes.

Understanding Complexity of Medical and Social Needs: Clinics are developing tools to better understand patients' medical and social needs for care planning, staffing, and resource allocation. Opportunities exist to evaluate and scale approaches that support proactive care while using patient-centered, non-stigmatizing language.

Interprofessional Team Integration: Understanding how diverse interprofessional providers, including occupational therapists, social workers, dietitians, physiotherapists, clinical exercise

physiologists, pharmacists, nurses, physicians, and medical administrative staff, contribute to comprehensive primary care is a key research priority. Areas of interest include workforce optimization to support chronic disease prevention and management.

Advisory members emphasized the importance of broad interprofessional teams and encouraged the use of terminology that recognizes all professions as distinct and integral contributors to primary care (i.e., interprofessional team) rather than positioning certain disciplines in a supplementary role (i.e., allied health team and allied health professionals).

System Connections and Care Transitions

System Integration and Care Coordination: Primary care continues to absorb pressures from across the health system. Members identified a need to better understand and improve integration and coordination across primary care, specialist services, mental health and addictions, and home care, long-term care, community services, and hospitals. Research priorities include care pathways, health neighbourhoods, and measures of system connectivity and coordination.

Continuity of Care and Care Transitions: Research is needed to better understand how patients experience continuity of care across the healthcare continuum, particularly during transitions between primary care, hospital, home care, and long-term care settings. Opportunities include identifying barriers to information sharing and continuity of care, with particular attention to older adults, individuals with higher needs, and unattached patients. Members also highlighted opportunities to strengthen research and collaboration focused on improving transitions in care.

Preventing Hospitalizations and Acute Care Use: Reducing avoidable hospital admissions and preventing deterioration through proactive primary care were identified as key priorities. Research opportunities include understanding factors that contribute to hospitalization and identifying and evaluating primary care interventions that support early management of health concerns.

Administrative Burden and Digital Health Systems: As patients and providers gain greater access to health information through initiatives such as *YourHealthNS* and *One Person One Record* (OPOR), there is an opportunity to better understand the impact on both patients and primary care teams. Research priorities include examining how increased access to health information

influences communication, workload, patient engagement, and care delivery, and identifying approaches that support patients while minimizing unintended administrative burdens within primary care.

Cross-Cutting Priorities and Opportunities

Rural Health: Improving health outcomes across the lifespan in rural communities remains a central focus, with strong community interest in collaborative research.

Physician Compensation: Nova Scotia's new Longitudinal Family Medicine payment model is a unique policy change that may influence access and patient flow, an area members identified for further study.

EMR Data Quality & Access: Nova Scotia's growing EMR and health system data capacity offers significant research potential. However, inconsistent documentation and data access challenges limit impact. Priorities include implementing standardized training to improve documentation quality and increasing access to data for research and quality improvement.

Patient Perspectives

While the research priorities were identified and refined through discussions with the BRIC NS Advisory Council, feedback from the Patient Advisory Council provides important insight into how these issues are experienced by patients and families.

Patient Advisory Council members expressed strong support for team-based, multidisciplinary approaches to care and emphasized the value of collaborative models that improve access to comprehensive primary care services.

Members raised concerns regarding the use of the term complexity to describe patients, noting the potential for stigma, misclassification, and unintended barriers to care, particularly for individuals living with chronic or invisible conditions. While supportive of using measures of medical and social need to inform planning and resource allocation, members emphasized the importance of incorporating patient perspectives and safeguards in the measurement of complexity.

- **Note.** One BRIC NS Advisory member described how their local clinic replaced "complexity score" with "Medical and Social Index (MSI)" to reduce negative connotations while supporting planning and proactive care.

Discussion also highlighted the importance of continuity and coordination of care. Members noted that challenges in information sharing and communication across healthcare providers and settings can affect patient experiences and continuity of care. For example, concerns were raised in regard to primary care providers having limited access to patient information from emergency department visits. Members valued digital patient portals, such as *YourHealthNS*, as a tool for accessing, tracking, and communicating health information.

Members also recognized that payment and funding models influence how care is organized and delivered. While acknowledging the complexity of healthcare system reform, members expressed support for approaches that facilitate team-based care and improve access to primary care services.

Areas of Alignment Across Councils

Several themes emerged across both the BRIC NS Advisory Council and Patient Advisory Council discussions:

- Strong support for team-based and interprofessional models of care.
- Shared emphasis on continuity of care, care coordination, and information sharing.
- Recognition that funding and organizational structures influence care delivery.
- Support for research that improves access, quality, and integration across the healthcare system.

Key Takeaways

Across both councils, participants highlighted the importance of strengthening interprofessional models of care, improving continuity and coordination across the healthcare system, and advancing research that supports access, quality, and integration. Advisory Council members also identified administrative burden associated with digital health systems, including OPOR and increased patient access to health information, as an emerging area of research interest. Additional priorities included preventing avoidable hospitalizations through proactive primary

care and developing measures to better understand integration and coordination across the health system.

Next Steps

The insights shared will inform the ongoing refinement of BRIC NS's research priorities and future network activities. These areas provide a strong foundation for advancing research, and BRIC NS has begun building capacity to support this work. They will be shared across the network through BRIC NS communications to foster awareness and engagement. As a living document, the priorities will be reviewed and refined over time to reflect emerging evidence, evolving needs, and advisory input.

Appendix A. Primary Care Research Priorities Tables

Table 1. Detailed List of Primary Care Research Priorities with Accompanying Patient Perspectives (Two columns)

Theme	Research Priorities Identified by the BRIC NS Advisory Council
Clinics & Interprofessional Teams	Team-Based Care: Understanding how interprofessional teams function and what supports high-performing teams. Understanding Complexity of Medical and Social Needs: Developing and evaluating approaches to understand patients' medical and social needs for care planning, staffing, and resource allocation. <i>Patient Perspective:</i> Members expressed concerns about potential stigma associated with the term <i>complexity</i> and emphasized the importance of patient-centred approaches and safeguards when using these measures. Interprofessional Team Integration: Exploring how diverse providers contribute to prevention, chronic disease management, workforce optimization, and team effectiveness. <i>Patient Perspective:</i> Members strongly supported team-based, multidisciplinary models of care.
System Connections & Care Transitions	System Integration and Care Coordination: Understanding and improving integration across primary care, specialist services, mental health and addictions, home care, long-term care, community services, and hospitals. Continuity of Care and Care Transitions: Examining how patients experience continuity of care across the healthcare continuum and identifying opportunities to improve transitions between care settings. <i>Patient Perspective:</i> Members highlighted the importance of information sharing, communication, and coordination across providers and settings to support continuity of care. Preventing Hospitalizations and Acute Care Use: Identifying approaches to prevent deterioration, avoid hospital admissions, and support proactive primary care. <i>Patient Perspective:</i> Members noted that individuals with higher healthcare needs often avoid emergency department use unless necessary. Administrative Burden and Digital Health Systems: Understanding the impacts of digital health innovations, including <i>One Person One Record</i> and <i>YourHealthNS</i>, on communication, workload, patient engagement, and care delivery.

	<i>Patient Perspective:</i> Members are supportive of digital health tools/portals to help track and communicate health information to primary care providers.
Cross-Cutting Priorities & Opportunities	Rural Health: Improving health outcomes across the lifespan in rural communities. Physician Compensation: Examining how payment models influence access, attachment, provider practices, and care delivery. <i>Patient Perspective:</i> Members recognized that funding models influence how care is organized and delivered and expressed support for team-based approaches to care. EMR Data Quality & Access: Improving the quality and accessibility of health system data to support research, planning, and quality improvement in primary care.

Table 2. List of Primary Care Research Priorities Side-by-side with Related Patient Perspectives (Three columns)

Theme	Research Priorities (BRIC NS Advisory Council)	Related Patient Perspectives (Patient Advisory Council)
Clinics & Interprofessional Teams	• Team-Based Care • Understanding Complexity of Medical and Social Needs • Interprofessional Team Integration	• Concerns regarding stigma associated with "complexity" labels • Support for patient-informed safeguards when using complexity measures • Strong endorsement of team-based, multidisciplinary care
System Connections & Care Transitions	• System Integration and Care Coordination • Continuity of Care and Care Transitions • Preventing Hospitalizations and Acute Care Use • Administrative Burden and Digital Health Systems	• Importance of information sharing, communication, and coordination across providers • Concerns that limited access to patient's health information may affect continuity of care • Recognition that patients with higher healthcare needs often avoid emergency department use unless necessary
Cross-Cutting Priorities & Opportunities	• Rural Health • Physician Compensation • EMR Data Quality and Access	• Recognition that payment models influence care delivery • Support for team-based approaches to care • Acknowledgement that healthcare system change is complex

Note. Patient Advisory Council feedback was gathered in response to the original research priorities and is presented as additional context. Research priorities were subsequently refined through discussions with the BRIC NS Advisory Council.