

<b>FOCUS GROUP THEMES</b>	<b>FPS</b>		<b>MHCs</b>		<b>PSYs</b>		<b>RDs</b>		<b>Group 1</b>		<b>Group 2</b>		<b>TOTALS</b>		
P = participants / T = times mentioned / G = how many groups	#P	#T	#P	#T	#P	#T	#P	#T	#P	#T	#P	#T	#P	#T	#G
<b>PROGRAM GOALS</b>															
Increased accessibility for variety of patients / patient empowerment	1	2	3	3	3	3	1	1	3	4	4	4	15	17	6
Interdisciplinary care (collaboration)	1	1	3	3	2	3	3	3	1	1	3	3	13	14	6
Health promotion / disease prevention / early detection / early intervention (short waiting lists)	1	1	2	2	4	4	3	4	1	1	2	2	13	14	6
More efficient mental health care	2	2	1	1	3	3	2	2	1	1	2	2	11	11	6
Education (increase team's knowledge / skills)	1	1	1	1	3	4					1	1	6	7	4
More efficient nutrition health care	2	2											2	2	1
Evaluation (measure success rate)							1	1					1	1	1
<b>PROGRAM STRENGTHS</b>															
<b>Flexible model</b>															
Model definition differs from its application leading to variability among practices (mould to practice needs)	3	6	3	6	7	21	3	5	1	1	2	3	19	42	6
Flexibility in treatment protocol	2	2	4	7					2	2			8	11	3
Program improves and/or changes with time			4	6	2	5	1	1	1	1			8	13	4
Flexibility in scheduling / prioritising according to patient needs			1	1	2	2			1	1	3	3	7	7	4
<b>Provider satisfaction</b>															
Interdisciplinary team approach / Collaboration among different providers	6	9	7	14	5	17	3	8	4	8	7	14	32	70	6
Opportunity for formal and informal education with team members (increase skills / knowledge)	3	12	4	4	6	14	4	10	3	6	2	4	22	50	6
Access to detailed patient information, patient history (Integration of patient information) for more holistic approach	5	9	4	7	4	12			3	4	4	4	20	36	5
General expression of satisfaction	3	4	9	13	2	6	1	1	1	1	3	3	19	28	6
Co-worker assistance with external referrals	5	5	1	1	2	2	2	2	2	2	2	6	14	18	6
Independence and flexibility	3	4	1	1	2	2	2	4	2	2	3	3	13	16	6
Opportunity to focus on personal expertise which is valued and respected	3	5	4	7							1	1	8	13	3
Transfer patient care with ease / Increase comfort in transferring authority of patient care	1	1			5	8	1	1			1	1	8	11	4
Student education / teaching					2	2					1	1	3	3	2
Co-worker assistance re: insurance companies	1	1									1	1	2	2	2
Multiple co-workers / workplaces							2	2					2	2	1
<b>Key features of shared care:</b>															
Direct communication / Indirect communication (charts, notes...)	7	11	8	13	6	16	2	2	7	12	6	10	36	64	6
Availability of allied professionals (for consultation, advice, collaboration) and support / back up of allied providers	7	13	8	10	5	16	3	3	5	10	7	15	35	67	6
Setting (common resources, all providers in same settings) / Decreased stress for patients	4	12	3	3	4	4	2	2	3	7	6	15	22	43	6
Individual skills and comfort of team members	6	6	3	3	2	2	2	2	2	4	2	2	17	19	6
Relationships among team members	3	4	1	1	5	7	1	1	2	5	3	3	15	21	6
FPS perspective, comfort, and interest in shared care	2	3	5	7	5	9	1	1			1	1	14	21	5
<b>More efficient patient care due to shared care</b>															
Accessibility / Comfortable setting / Opportunity to build trust with patients (part of a familiar system of care- extension of FP) / Patient acceptance and buy-in / Patient empowerment	7	22	9	30	2	2	4	6	6	15	8	23	36	98	6
Better patient care in general	7	13	8	5	4	4	3	7	2	4	3	4	27	37	6
Early detection and intervention / Preventative care / Health Promotion / Patient education and education materials	5	11	8	12	4	6	4	7	2	6	4	8	27	50	6
Continuity of Care	2	2	5	8	4	4	3	3	3	5	2	4	19	26	6
Avoidance of hospitalisation or external referrals for decreased burden on traditional system	4	7	1	1	3	5			2	2	1	1	11	16	5
Reduced stigma	1	2	2	2	1	1			1	1	2	3	7	9	5
Clear treatment plan and feedback re: care	2	2							2	2			4	4	2
<b>Central management team</b>															
Support providers and facilitate shared care			3	3	1	1	2	2			1	1	7	7	4
Provide formal education and research opportunities for providers			3	4			2	2					5	6	2

FOCUS GROUP THEMES (continued...)	FPs		MHCs		PSYs		RDs		Group 1		Group 2		TOTALS		
	#P	#T	#P	#T	#P	#T	#P	#T	#P	#T	#P	#T	#P	#T	#G
<b>PROGRAM CHALLENGES</b>															
<b>Administrative issues</b>															
Time constraints re: caseload / waitlists / multiple workplace re: access to resources / collaboration / communication / paperwork	2	3	4	14	3	4	3	18	6	16	4	5	22	60	6
External Referrals: difficulties in making external referrals due to intake criteria, long waiting lists, and lack of patient comfort or willingness to go to external services	3	5	2	2					3	6	2	3	10	16	4
Physical Space re: visibility and workstation	2	2	3	6	1	1	1	1					7	10	4
Standard Forms / Non-electronic evaluation format / Quick easy access to patient information (electronically in treatment room)	4	10							2	2			6	12	2
External Services: unclear boundaries leading to external services overestimating HSO resources	3	5			2	3					1	1	6	9	3
Unclear authority / action of CMT, re: attitudinal barriers or other practice specific issues			5	11	1	1							6	12	2
Unclear roles and expectations of provider within shared care model			5	11	1	1							6	12	2
Record keeping system (handwritten notes and referral pads)	3	5											3	5	1
Lack central booking system					1	1							1	1	1
<b>Other Issues</b>															
Lack of interest in shared care or increasing knowledge and skills causing variability among practices and in some cases there's a feeling that it is not shared care, that team members work independently (delegated act, more traditional approach)	1	1	4	17	7	15	2	7					14	40	4
No-shows / Lack penalty system for no-shows	5	8			1	1	1	1					7	10	3
Lack of accessibility for patients outside HSO / need to expand the program	1	1	1	1	4	5					1	2	7	9	4
Lack understanding of services provided by other professionals or their effectiveness	2	2					4	6					6	8	2
Lack access to specialised staff such as child psychiatrist	3	4			1	1			1	1			5	6	3
Lack access to other allied professionals when there is compatibility issue among provider and patient (personality and skills)	3	3											3	3	1
Lack of collaboration of RD's with external services / duplication	2	3											2	3	1
Lack of regular meeting for peer support and program development / evaluation					1	1							1	1	1
<b>TARGET POPULATION</b>															
<b>Patients who benefit the most</b>															
Patient with institutional barriers	2	2	6	9	4	6	3	5	4	5	3	3	22	30	6
Patient with general psychiatric disorders such as depression, panic disorders / phobia, chronic pain, anxiety disorder	3	11	5	6	4	6			4	6	4	6	20	35	5
Patient with family problems / or family groups	2	2	6	6	1	1	1	1	4	6	1	1	15	17	6
Patient demographic groups such as low socio-economic status groups, elderly patients, single mothers, ethnic groups, vegetarians			4	6	1	2	2	3	2	2	4	4	13	17	5
Patient with physical illness such as impaired glucose tolerance, pre-diabetic / diabetic, lipidemia / cholesterol, hypertension, obesity, gastrointestinal problems, etc	4	9					3	21	3	6	2	3	12	39	4
All patients			3	5	3	4	2	4	1	2	1	2	10	17	5
Motivated patients	2	3					1	2	3	4			6	9	3
Patient with stable schizophrenia, stable bipolar disease, personality / behavioural disorders, suicidal patients, etc	2	4	2	3							2	3	6	10	3
<b>Patients who benefit the least</b>															
Patients who need ongoing treatment , high intensity / frequent counselling, emergency psychiatric care (acute crisis)	3	4	2	4	3	3			2	4			10	15	4
Patients with bipolar disease, schizophrenia, personality disorders, acute suicidal patients	3	4	2	4	1	1							6	9	3
Children	1	1							2	2			3	3	2
Patients experiencing grief											2	2	2	2	1
Patients who require drug rehabilitation					1	1			1	1			2	2	2
Patients who require vocational rehabilitation					1	1							1	1	1
Large families											1	1	1	1	1
Patients with weight management issues							1	1					1	1	1