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Improving collaboration between doctors and nurse practitioners to better care for patients with multiple health conditions in primary care

Submission date
03/08/2025

Recruitment status
Not yet recruiting

Registration date
26/08/2025

Overall study status
Ongoing

Last Edited
04/08/2025

Condition category
Other

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol
Background and study aims
People living with multiple chronic illnesses (multimorbidity) often need complex, coordinated care. In France, the Nurse Practitioner (NP) role is being developed to support General Practitioners (GPs) in providing better care to these patients. However, collaboration between GPs and NPs is still new, and there is a need to understand how they can work together effectively.
This study aims to explore and improve collaboration between GPs and NPs in the care of multimorbid patients. It will lead to evidence-based recommendations for building coordinated, interprofessional care pathways.

Who can participate?
The study will involve 20 pairs (dyads) of GPs and NPs already working together in primary care. These participants must be involved in the care of patients with at least two chronic conditions and/or taking five or more medications. They will be recruited from 10 Primary Care Teams (CPTS) in the Île-de-France region.
In the second phase, 20 expert GPs and 20 expert NPs from across France will be invited to take part in the expert consensus panel.

What does the study involve?
The study has four main steps:
1. Literature review on GP-NP collaboration
2. Document analysis of how GP/NP pairs organise their care
3. Qualitative research using:
3.1. Focus groups, where GPs and NPs will discuss barriers and enablers to collaboration
3.2. Quality circles, where GP/NP pairs will reflect on real clinical cases from their practice
4. Formal consensus process (Delphi method) with national experts to agree on key recommendations

What are the possible benefits and risks of participating?
Participants may benefit from reflecting on their own practice, sharing insights with peers, and

contributing to the improvement of primary care in France. There are no major risks expected. Discussions will focus on professional practices and remain anonymous in publications. Participants can withdraw at any time without giving a reason.

Where is the study run from?
Société Française de Médecine Générale (SFMG) (France)

When is the study starting and how long is it expected to run for?
January 2025 to July 2027

Who is funding the study?
The study is funded by the French Ministry of Health, through the Direction Générale de l'Offre de Soins (DGOS), as part of a grant awarded via the RESPIR (Regional Support for Research in Primary Care) for proposals managed by the GIRCI Île-de-France (Interregional Clinical Research and Innovation Group).

Who is the main contact?
Julien Le Breton, julien.lebreton@u-pec.fr

Contact information

Type(s)
Public, Scientific, Principal Investigator

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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number

ClinicalTrials.gov number
Nil known

Secondary identifying numbers

RESPIR-23-020

Study information

Scientific Title
Interprofessional collaboration between General Practitioners and Nurse Practitioners for the care of multimorbid patients in primary care

Acronym
CIMPA

Study objectives
Primary Objective:
To develop expert-based recommendations for interprofessional collaboration between general practitioners (GPs) and nurse practitioners (NPs) in the care of multimorbid patients in primary care.
These recommendations will aim to:
1. Identify the most frequent clinical situations requiring GP–NP collaboration
2. Define shared goals such as person-centered care and diversification of care
3. Clarify the roles and contributions of each professional (e.g., role definition, teamwork, complementarity, subsidiarity)
4. Address barriers and facilitators to collaboration (e.g., conflict prevention, collaborative attitudes)
5. Outline effective methods of interaction (e.g., co-construction of care, shared decision-making, communication, collaborative leadership)

Secondary Objectives:
1. To identify the characteristics of care pathways for multimorbid patients in primary care, especially in situations where collaboration is most needed
2. To explore the barriers and facilitators of interprofessional collaboration between GPs and NPs, including organizational, communicational, and sociocultural dimensions
3. To understand the needs and expectations of patients with multimorbidity and how they influence GP–NP collaboration

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 07/04/2025, Comité Ethique du CNGE (155 rue de Charonne, Paris, 75011, France; +33 (0)1 75 62 22 90; comite-ethique@cnge.Fr), ref: 745

Study design
Multicenter observational mixed-methods longitudinal study using qualitative data, documentary analysis, and a Delphi consensus process

Primary study design
Observational

Secondary study design

Mixed-methods study using qualitative data, documentary analysis, and a Delphi consensus process

Study setting(s)
GP practice

Study type(s)
Other

Participant information sheet
Not applicable

Health condition(s) or problem(s) studied
Multimorbidity, polypharmacy and frailty

Interventions
The study has four main steps:
1. Literature review on GP-NP collaboration
2. Document analysis of how GP/NP pairs organise their care
3. Qualitative research using:
3.1. Focus groups, where GPs and NPs will discuss barriers and enablers to collaboration
3.2. Quality circles, where GP/NP pairs will reflect on real clinical cases from their practice
4. Formal consensus process (Delphi method) with national experts to agree on key recommendations

Intervention Type
Other

Primary outcome measure
Level of consensus among experts, assessed through an iterative rating process with feedback, to identify and select points of convergence forming the basis of recommendations, as well as points of divergence or uncertainty, thereby assisting stakeholders (Nurse Practitioners and General Practitioners) in defining the care pathway. All outcome measures will be synthesized and assessed collectively at a single final timepoint, prior to and during the expert consensus phase.

Secondary outcome measures
1. Patients' needs and demands according to clinical situations and their impact on interprofessional collaboration between General Practitioners (GPs) and Nurse Practitioners (NPs): To identify patients' needs and demands, clinical and care data associated with the most frequent pathologies in multimorbid patients in primary care will be collected and analyzed
2. Barriers and facilitators to interprofessional collaboration between GPs and NPs: To identify barriers and facilitators, the areas of interest will include professional organization, communication between professionals, collaboration and professional boundaries, patient pathologies and behaviors, as well as social and societal factors

All outcome measures will be synthesized and assessed collectively at a single final timepoint, prior to and during the expert consensus phase

Overall study start date
15/01/2025

Completion date
01/07/2027

Eligibility

Key inclusion criteria
GP/NP dyads involved in the management of:
1. Patients with multimorbidity (≥2 chronic conditions) and/or
2. Patients with polypharmacy (≥5 medications)

General Practitioners (GPs):
1. Practicing in private settings (solo or group practices, multidisciplinary health centers) or salaried positions (community health centers)
2. Working under the standard public sector contract (sector 1)
3. Without any particular alternative practice arrangement
4. Operating within Primary Care Teams (CPTS – see list of investigator centers)
5. Having provided informed consent to participate

Nurse Practitioners (NPs):
1. Practicing in private settings (solo or group nursing practices, multidisciplinary health centers) or salaried positions (community health centers)
2. Operating within Primary Care Teams (CPTS – see list of investigator centers)
3. Having provided informed consent to participate

Participant type(s)
Health professional

Age group
Adult

Lower age limit
25 Years

Upper age limit
75 Years

Sex
Both

Target number of participants
80

Key exclusion criteria
GP/NP dyads including:
1. General Practitioners (GPs) practicing under Sector 2 contracts (with fees exceeding standard public rates)
2. GPs with alternative or non-standard modes of practice (e.g., concierge medicine, exclusive telemedicine practice, or any model outside conventional primary care organization)

Date of first enrolment

01/10/2025

Date of final enrolment
01/06/2026

Locations

Countries of recruitment
France

Study participating centre
CPTS La Courneuve
La Courneuve
France
93120

Study participating centre
CPTS de la bièvre
L'Hay les Roses
France
94240

Study participating centre
CPTS Sucy Noiseau
Sucy en brie
France
94370

Study participating centre
CPTS Saint-Maur Joinville
Saint-Maur
France
94100

Study participating centre
CPTS Sud 77
Fontainebleau
France
77920

Study participating centre
CPTS du Val d'Yerres
Epinay sous Senart
France
91860

Study participating centre
CPTS Coulommiers
Coulommiers
France
77120

Study participating centre
CPTS Val de Seine
Les Mureaux
France
78130

Study participating centre
CPTS 78 Nord
Mantes la Jolie
France
78200

Study participating centre
CPTS Saint-Quentin Yvelines
Montigny-le-Bretonneux
France
78180

Sponsor information

Organisation
Société Française de Médecine Générale

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Sponsor type
Research organisation

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Funder(s)

Funder type
Government

Funder Name
Direction Générale de l'offre de Soins

Alternative Name(s)
DGOS

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
France

Results and Publications

Publication and dissemination plan
1. Publications:
1.1. Prepare and submit a main manuscript detailing the study methodology, results, and conclusions to a peer-reviewed journal, preferably open access.
1.2. Publish additional articles focused on specific aspects or secondary analyses, if applicable. Always reference the ISRCTN registration number in publications for transparency.

2. Conferences:
2.1. Present study findings as oral presentations or posters at relevant national and international conferences related to medical imaging and healthcare.
2.2. Participate in symposia and workshops targeting healthcare professionals involved in the field.

3. Training Institutions for Healthcare Professionals:
3.1. Share results and insights through seminars, workshops, and continuing education sessions at healthcare training institutions.
3.2. Collaborate with medical schools and professional training centers to incorporate study findings into their curricula or professional development programs.

Intention to publish date
01/07/2027

Individual participant data (IPD) sharing plan
The datasets generated and/or analysed during the current study will be made available upon reasonable request from the coordinating institution.

Contact person:
Julien Le Breton, Study Coordinator
Société Française de Médecine Générale (SFMG) j.le.breton.com@gmail.com

Type of data that will be shared:
Anonymised individual participant data (IPD) including qualitative transcripts (focus groups, quality circles), coded interview data, and metadata from document analysis.

When the data will become available:
Within 6 months after publication of the main study results.

For how long the data will be available:
For a period of 2 years after publication.

Access criteria:
Data will be shared with qualified researchers affiliated with academic or healthcare institutions, upon submission and approval of a data access request outlining the proposed secondary analysis.

Mechanism for data access:
Requests should be submitted by email to the study contact. A data-sharing agreement (DSA) will be required to ensure data use complies with ethical, legal, and confidentiality obligations.

Consent and anonymisation:
No individual patient data is collected directly. The data concern healthcare professionals, and all identifiable information will be fully anonymised before sharing. Participants have been informed of potential secondary data use during the consent process.

Ethical or legal restrictions:
Data sharing is subject to compliance with GDPR and French data protection laws. Any qualitative data will be reviewed to ensure full de-identification prior to release.

Additional comments:
The data will not be deposited in a public repository due to confidentiality considerations, but access can be granted on a case-by-case basis through controlled procedures.

IPD sharing plan summary
Available on request