SharedCare
Partners for Patients

Shared Care Committee

PARTNERS IN CARE/TRANSITIONS IN CARE (PiC/TiC) PROGRAM

BRITISH COLUMBIA

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PROGRAM OVERVIEW AND GUIDELINES

Background on the Partners in Care and Transitions in Care Initiatives

The Shared Care Committee's Partners in Care (PiC) and Transitions in Care (TiC) initiatives were established separately a number of years ago, to support GP/specialist-led collaborative projects focused predominantly on the local community, but with potential for spread regionally and provincially. The initiatives encourage engagement and collaboration with community partners to improve the flow of care between providers (PiC) and care settings (TiC).

These initiatives have now been amalgamated into one Shared Care program. This document has been created to ensure that those interested in the program and entering into a partnership with the Shared Care Committee, have clear information and concise guidelines regarding:

- values and principles;
- project development guidelines;
- funding priorities;
- how to complete an expression of interest (template included) and full funding proposal;
- responsibilities;
- budget and costs.

What does the Partners in Care/Transitions in Care Program offer?

The Shared Care Committee's Partners in Care – Transitions in Care (PiC/TiC) program offers partnership and active committee support for GP/specialist collaborative projects including:

Supported projects provide opportunities to:

- identify and trial new, innovative solutions;
- improve efficiency and reduce costs of care;
- improve flow of care as patients move between family and specialist physicians, health services and care settings;
- leverage results for province-wide spread.

PiC/TiC projects may vary widely in focus and activity, but the overall goals remain the same:

- to improve the experience of care for patients, families and providers;
- to enhance the coordination of care among health professionals, and;
- to support the development of team-based care models.

PiC/TiC activities contribute to a collegial, quality focused health care culture at all levels.

Values and Principles

Our values and principles should be clearly reflected in all projects as part of the PiC/TiC program, and will inform the committee's decision regarding partnership in a proposed project. **The values and principles are:**

Effective Engagement

- Projects reflect the collective input and participation of all partners from development through to completion;
- Projects have potential to link or align with Joint Collaborative Committees;
- The Committee is an active partner in supporting the development, implementation and evaluation of the work;
- Shared Care projects should be driven by identified issues that are negatively effecting patient experience and outcomes. To consistently inform the patient perspective, patient partners should be an integral part of the project and engaged throughout the lifespan of the work.

Calculated Risk Taking

- Participants agree to try something new, or collaborate to address issues with significant impact;
- Focuses on learning and adaptation, rather than success or failure.

Enable Innovation

- Focuses on new ideas, approaches and/or solutions;
- Support solutions that have the potential to be leveraged broadly;
- Promotes synergistic thinking.

Foster Culture Change

- Supports collaboration for mutual benefit, shared priorities;
- Builds GP – Specialist relationships around shared patient goals of care;
- Supports provincial health system transformation priorities.

Challenge the Status Quo

- Projects reflect new models of care, new approaches to coordinated care for patients, recognizing impacts may require policy, process and service planning changes from all partners.

Measureable Improvement

- Improvement goals are clearly identified;
- Triple Aim Framework is applied to the measurement of improvement;
- Aligns with the Committee and PiC/TiC Evaluation Frameworks;
- Project leaders support two way dialogue with the Shared Care Committee as projects progress regarding learnings, implications, and potential recommendations that may arise from the work.

PiC/TiC PROJECT DEVELOPMENT GUIDELINES

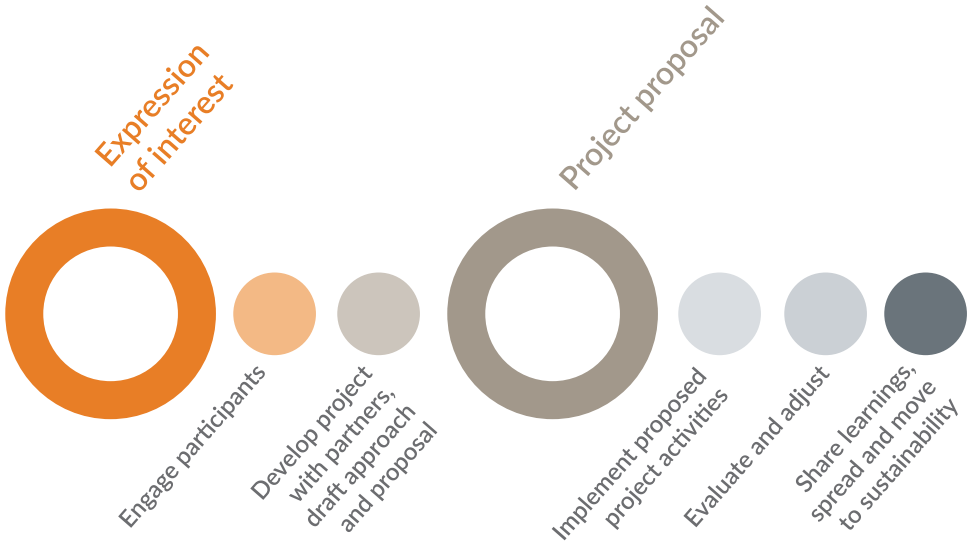
Process

The PiC/TiC program is intended to be accessible to physicians in all settings, and to ensure this accessibility, the Shared Care Committee has developed a few streamlined steps for the process of proposal development.

1. **Engage with your Shared Care Committee (SCC) Liaison:** The SCC Liaison will participate in development of the initial project idea to help identify related work for potential alignment, and coordinate the process of engaging the Shared Care Committee.

2. **Identify the intended project improvements.** Use the patient perspective to identify and define the intended change. From a patient perspective, what is the issue or gap in care that needs to be addressed? What are the intended improvements and how will changes impact the care and experience of the patients and their families?

3. **Engage your partners:** Collaboration is the focus of Shared Care, so ensure that patients, specialists and their respective specialty group, family physicians, the Division of Family Practice and/or Medical Staff Association, allied health professionals, health authority and other relevant partners are willing to participate before moving forward.



4. **Identify the fund holder:** Choose a willing fund holder from one of the partners to hold the project funds. Most commonly this is a physician-led organization, such as a Division of Family Practice or Medical Staff Association.

5. **Develop an Expression of Interest (EOI):** Work with the (SCC) Liaison to develop an EOI outlining the project idea, and funding needed to engage potential participants and develop the full project proposal. The SCC Liaison will act as the liaison between the community and the committee in bringing the EOI forward to the committee, communicating their feedback, and facilitating funding transfers.

6. **Develop the project idea, proposal and budget:** Utilizing EOI funding support from SCC, engage partners and others as appropriate to develop the full proposal.

7. **Proposal is presented to the committee:** The SCC Liaison, or in some cases, the project Physician Lead(s), will present the proposal to the committee, who will either respond by accepting the proposal, or, in some cases may provide initial funding to begin work, while asking that changes or further investigations are incorporated. In some instances the committee may decline to partner in a proposed project.

Once committee approval is received, the SCC Liaison will make arrangements for a Funds Transfer Agreement to be completed, and funding to be released.

Funding Priorities

The Shared Care Committee places priority on funding projects that:

- align with the strategic goals of the Joint Collaborative Committees, the Ministry of Health, and the Health Authorities;
- are new or innovative approaches to identified issues;
- partner in a meaningful way with other communities embarking on similar work when appropriate – or with the health authority to prototype regional solutions where appropriate;
- are developed collaboratively with all partners, and are aligned with the community's health care priorities;
- incorporate an agreed plan for the sustainability of successful solutions, and/or project deliverables that include identification of sustainability mechanisms;
- have potential for spread and adaptation, recognizing that PiC/TiC is not a source of ongoing funding;
- do not arise from an underfunded mandate of another organization or committee, such as a health authority;
- have not been brought to other Joint Collaborative Committees for consideration, unless that committee recommended the proposal be submitted to Shared Care.

Expression of Interest (EOI)

The Expression of Interest (EOI) is a simple preliminary submission to the Shared Care Committee to provide a brief overview of the idea being proposed for development. **The EOI serves a number of purposes:**

- Provides the opportunity to 'float an idea' to the Shared Care Committee before significant work is undertaken;
- Provides the opportunity to apply for seed funding (up to $15,000) to develop a more fulsome project proposal, and for the Shared Care Committee to have early input into the work to be developed, i.e., recommendations for alignment with other work underway, and suggestions for partners or expertise that may assist in the development of the work.

The EOI should be brief (1–2 pages), including the following information:

1. Title of the proposed project
2. Contact information of the point person for the proposal
3. Proposed fund holder
4. Names of physician leads
5. A patient or provider story that illustrates the issue, gap in care or inefficiency to be addressed
6. A brief outline of the proposed approach to the work including what is currently known about the gap in care to be addressed
7. Stakeholders and/or potential partners engaged to date
8. Any known alignment with related projects
9. An estimate of the approximate budget that will be requested through the final proposal

An optional EOI template has been provided in the Appendix for your convenience.

Full Proposal

Through funding support of the EOI, a full project proposal and budget may be developed and submitted to SCC. The SCC Liaison will provide support and assistance in the development of the proposal and budget, and will present the proposal to the committee.

A proposal may be outlined in whatever format desired, and may include the following information as appropriate:

1. Project Summary
    a. The name of the project
    b. The fund holder
    c. The proposed length of the project
    d. The total funds requested
    e. The contact person

2. Background information and context
    a. A description of the current situation and gap analysis. Define the gap in care in terms of the patient and families. A patient journey mapping, surveys or interviews are useful tools to capture the issue from the patient and family perspective.
    b. Data: what data is available to illustrate the gap in care? *(e.g. provider perspective, process data, etc.)*
    c. Description of evidence or literature informing the project's approach.

3. Project Description
    a. A clear description of the approach and scope of work to be undertaken in a few brief paragraphs. This may include an outline of proposed project activities, PDSA cycles, specific solutions to be applied, or logic model/assumptions underlying the approach. *(this is not expected to be a detailed project plan)*

4. Engagement and project governance
    a. Names of the physician leads *(family physician, family physician with focused practice and/or specialist)*
    b. Additional physicians, and other members of the steering committee
    c. Physicians and allied health professionals engaged and/or participating
    d. Plans for patient/family/caregiver engagement and partnerships: Will patients be part of the steering committee? Working groups? How will patients stay involved during the project, and what kind of influence will they have over the work going forward *(e.g. decision making, consultation, information, etc.)*
    e. Outline of engagement activities to date, and methods for ongoing communication with key partners and stakeholders throughout the project

Full Proposal continued next page

5. Expected outcomes and evaluation measures
    a. Improvement goals and how these will be measured, including:
        i. Process outcomes
        ii. Patient outcomes
        iii. Patient and provider experience
        iv. Cost savings or process efficiencies

6. Alignment
    a. How does this project align with the provincial health system priorities?
    b. Does this project align with other key initiatives or priorities of the Joint Collaborative Committees and/or the health authority?
    c. Does this project involve an IT component and if so, how does it align with work happening regionally and provincially? Who will be responsible for developing and maintaining the IT component? Projects that include a technology portion should demonstrate how they are leveraging, aligning, building upon and synchronizing with existing work across the province.

7. Innovation or spread
    a. Is the proposed project based on a new idea, an idea trialed successfully elsewhere, adapted from another solution, or complementary to other work supported by one of the joint Collaborative committees? *Please provide details.*
    b. Does the project build on or link to work undertaken in the province by another organization *(for example, bringing physician practices together to better serve a population, utilizing work developed by a health authority, university or other organization)*? Please provide details.
    c. Is the project adapting a successful prototype from another community? Please provide details.

8. Risks
    a. What are the anticipated risks to the project and what steps have/will be taken to mitigate these risks?

9. Sustainability Plan
    a. As Shared Care provides one-time funding, are there agreed plans in place to sustain the project solution over the long term? Alternatively, how will sustainability strategies be identified and agreed between the project partners over the course of the work?

10. Gated Proposals
    a. Proposals over $150,000 will commonly be gated; upon completion of identified milestones outlined in the proposal.

Full Proposal *continued next page*

11. Budget Guidelines

a. **Physician compensation**
   i. To ensure the project incorporates broad physician participation and engagement, approximately 40% of the budget should be allocated to supporting physicians to participate in meetings and work outside of meetings.
   ii. If a project will utilize a lower percentage of the budget to support physician participation, please provide an explanation.
   iii. For general engagement meetings, funding will be provided for physicians to be compensated for their time where they are asked to present, work during the event, or attend during their clinic hours.

b. **Project support**
   i. Depending on the particulars of the project, funding for a project manager would be expected to be approximately 7-20 hours per week at a cost of $40-$65/hour.
   ii. If a project requires more intensive project support, please provide details.

c. **Administrative support and other costs**
   i. Administrative costs of 10% of the budget may be included to pay for the fund holders' associated administrative costs *(including administrative support for the project, Executive Director coordination and support, book keeping and accounting, contingency costs, other direct staff costs, etc.).* No additional line items for administrative costs should be included in the proposal.

d. **Evaluation (approximately 6-10% of the total budget)**
   i. Each project should include appropriate provision for evaluation, including total costs for an evaluation professional, and costs associated with participant and data collection.

e. **IT**
   i. Any costs for IT support should be identified, recognizing that the Shared Care Committee does not fund software development, licensing or other IT infrastructure.

f. **Other costs may include:**
   i. Meeting costs *(e.g. food)*
   ii. Event costs *(e.g. catering, room rental).* Please note that funding is not provided for physicians to attend CME accredited events.
   iii. Communications and marketing
   iv. Costs associated with PDSA cycles and process changes

g. **In-kind supports should be identified, with approximate value**

h. **Participation in Conferences and Shared Care events** ***(e.g. project and physician leads workshop, joint clinical committees showcase)*** **etc.**

Shared Care does not provide funding to reimburse costs for clinical time. Additionally, it does not compensate organizations, such as health authorities, for costs of staff participation or costs they may incur from having taken part in Shared Care initiatives as part of their role.

The Role of the Physician Lead in Partners in Care/Transitions in Care Projects

The goal of the Partners in Care/Transitions in Care program is to engage family and specialist physicians in opportunities that improve care for patients and contribute to a collaborative collegial culture. The role of the physician lead, therefore, is integral to the success of PiC/TiC projects.

The physician lead - family physician, specialist, or GP with focused practice - provide direction and leadership for the project lead, who works directly on their behalf to operationalize the activities of the project. Additionally, physician leads are critical to engagement of their colleagues, ensuring the project represents the interests and meets the need of the physician and health professional community.

Specifically, physician leads guide the project by:

- Ensuring the project has the support and participation of the physician community;
- Creating opportunities to gather feedback and perspectives of other important stakeholders (such as allied health professionals, health authority leadership);
- Championing the project amongst their colleagues to build interest and support;
- Applying their clinical experience and knowledge to inform the project;
- Recruiting other physicians to join the steering/working group of the project;
- Liaising with other physicians to leverage and align their project with existing initiatives.

What does the commitment look like?

- Most Shared Care projects are carried out over a period of 1–2 years.
- Most commonly, the time commitments for participation are heaviest at the outset of the project, as engagement takes place and responsibilities are defined to ensure the project progresses as planned.
- Once the project is underway, monthly or bi-monthly steering committee meetings are common, in addition to other commitments as agreed. Each project leadership group tailors these aspects to suit the needs of the work.

What supports are available to the physician leads?

- The SCC Liaison is a key support to physician leaders in the following areas; staffing decisions, sharing information that could inform the project (such as similar work in other communities), identifying educational opportunities, and opportunities to present work at conferences, Shared Care Committee meetings and others.

Physician leads may also receive support to participate in leadership and QI training programs.

Fund Holder Responsibility

The proposed fund holder should have the administrative capacity to hold funds on behalf of the stakeholders/partners and steering committee for the project. Where there is an interest in participating in a Shared Care project, but there is not an appropriate fund holder available, the SCC Liaison will work with the community to identify appropriate alternatives.

Steering Committee Costs

For communities with three or more projects funded through Shared Care, it is recommended that an annual budget be submitted to support community Steering Committee tables. **Committee tables require:**

- Specialist and family physician co-leadership;
- Health authority representation;
- Representation from other community partners holding Shared Care funds.

APPENDIX

EXPRESSION OF INTEREST: *SAMPLE TEMPLATE*					
Title of the proposed project:					
Contact Information:					
Name:		Phone:		E-mail:	
Please outline a brief patient or provider story that illustrates the issue that needs to be addressed:					
Please summarize the improvement the project plans to address:					
Please outline the planned approach of the project to achieve its goals, including an estimated time frame, and funding total:					

Does this proposed project include engagement of a health authority?		
If so, what role will the health authority play?		
Is the proposed project primarily:		
☐ Community-based	☐ Facility-based	☐ Both

Please identify whether the proposed project requires any of the following in-kind resources and support, and if so, from whom *(e.g., Health Authority, Division of Family Practice, Other).*

Resource	**Indicate partner(s)**
☐ Senior leadership support	
☐ Clinical support *(e.g., Specialist, General Practitioner, Allied Health Provider)*	
☐ Non-clinical support *(e.g., administrative, data collection, data analysis)*	
☐ Equipment *(e.g., leasing/purchasing new equipment, use of existing equipment)*	
☐ Physical space	
☐ Data requirements / support	
☐ Training	
☐ Other *(please specify)*	

Are you aware of other projects or literature that may inform the proposed project?		
Is this project innovative for the Joint Clinical Committees or does it adapt proven models of care?		
Please provide a list of your partners/stakeholders and a brief outline of your engagement strategy:		
Are there implications for certain stakeholders, and if so, are they in agreement with their role?		
Please add any additional comments to your EOI here:		
Attachments	☐ Yes	☐ No
Please list:		