



Project Funding Guidelines

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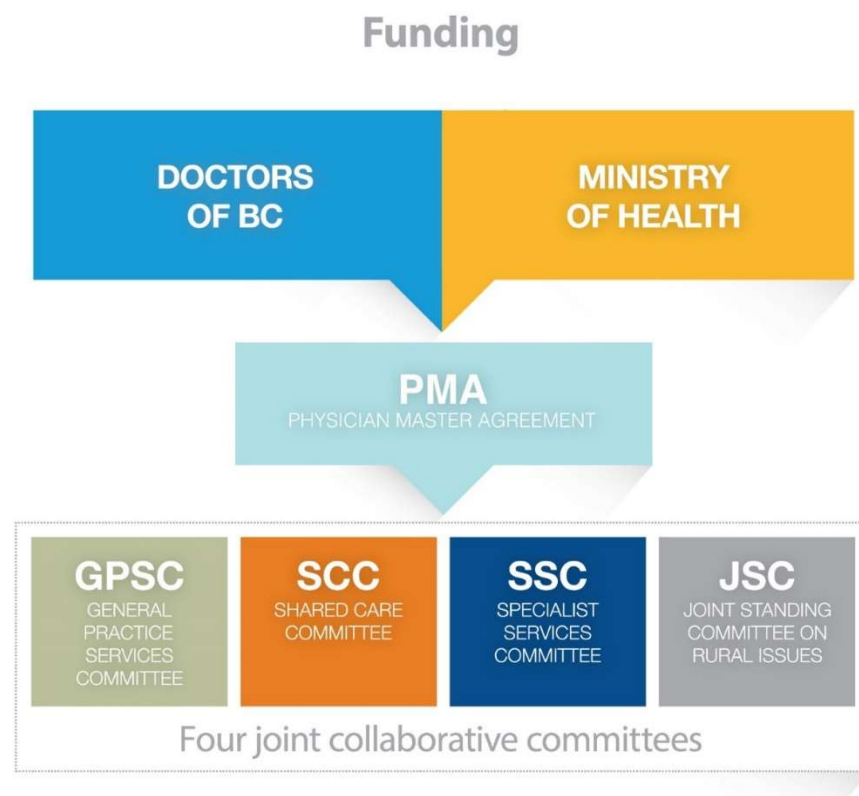
SHARED CARE COMMITTEE OVERVIEW

Vision & Mandate

The Shared Care Committee (SCC) is one of four Joint Collaborative Committees (JCCs) representing a partnership between Doctors of BC and the Ministry of Health. All committees have their own distinct mandates, but work closely together in the development and alignment of initiatives to improve health outcomes and the patient journey through the health care system.

The SCC's mandate is to support family and specialist physicians, health care partners, patients, families and caregivers, to collaborate on health care improvement initiatives together.

With effective collaboration between family and specialist physicians and partners, Shared Care work sets the foundation for a culture of collegiality, innovation and team-based patient-centered care to ensure a coordinated care experience for all British Columbians.

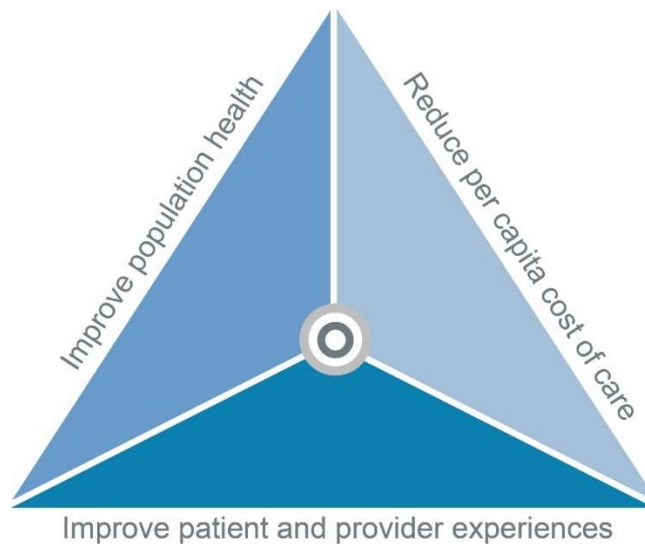




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Values and Principles

The work of the Shared Care Committee is grounded in the principles of patient-centred care and the quality improvement methodologies of the Institute of Healthcare Improvement. In alignment with the Ministry of Health, the Shared Care Committee frames its efforts at system improvement around the Triple Aim Framework; improved patient and provider experience of care, improved health outcomes, and positive impact on efficiency and cost.



Our values and principles should be clearly reflected in all projects, and will inform the Shared Care Committee's decision regarding partnership in a proposed project.



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Effective Engagement | Innovation | Collaborative Culture Change | Measurable Improvement

Effective Engagement

- Physicians and other health providers identify gaps and issues in care and required practice and process changes
- Physicians, health providers, and health system representatives plan specific activities/local projects and actively implement practice and process changes
- Patient/caregiver partners are an integral part of the project and engaged throughout the lifespan of the work
- Projects reflect the collective input and participation of all partners from development through to completion

Innovation

- Participants agree to try new ideas, approaches and/or solutions, or collaborate to address issues with significant impact
- Focus on learning and adaptation, rather than success or failure;
- Solutions are supported that have the potential to be leveraged broadly
- Promotes synergistic thinking.

Collaborative Culture Change

- Supports collaboration for mutual benefit, shared priorities
- Builds sustainable physician relationships around shared goals of care
- Supports provincial health system transformation priorities
- Supports building on successful work and lessons learned from other communities and projects.

Measurable Improvement

- Improvement goals are clearly identified
- Triple Aim Framework is applied to the measurement of improvement
- Aligns with the Shared Care Committee and 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.



SHARED CARE FUNDING

Funding Streams Overview

The Shared Care Committee offers active support for family physicians and specialists to collaborate on quality improvement projects through two main initiatives:

Partners in Care or Transitions in Care (PiC/TiC)	Networks
Community projects co-led by family physicians and specialists to improve coordination of care among providers (PiC) and transitions between acute and community (TiC).	Bringing together communities actively engaged in addressing the needs of priority populations: <ul style="list-style-type: none">• Adult Mental Health/Substance Use• Chronic Pain• Coordinating Complex Care for Older Adults• Maternity Care• Palliative Care
Objectives for funded Shared Care projects include: <ul style="list-style-type: none">• Bridging care between acute and community• Improving communications and referrals• Increasing timely access to specialty care• Reducing wait-times for consultations• Improving patient care pathways	

Partners in Care/Transitions in Care (PiC/TiC)

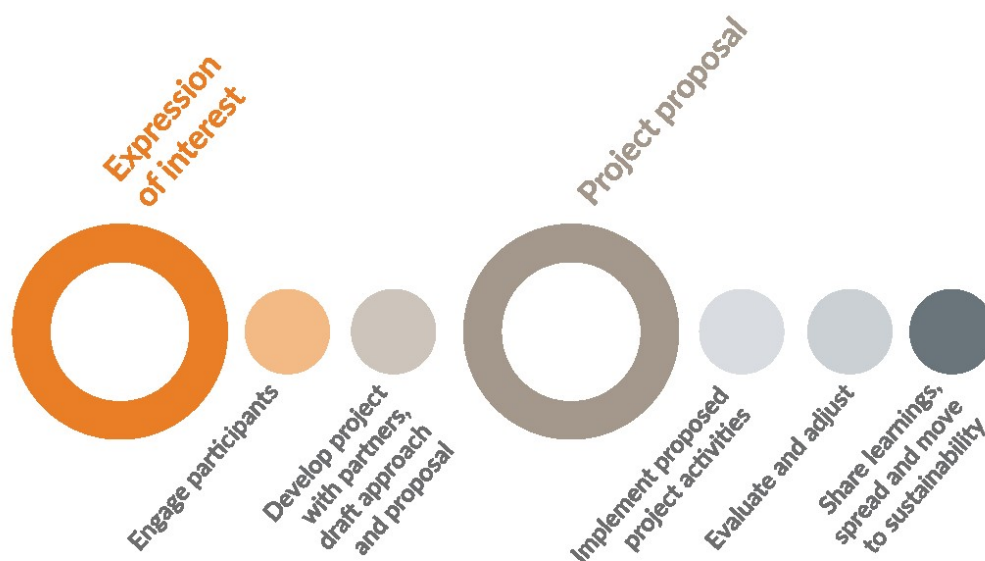
Funding: Expression of Interest (EOI) up to \$15k, followed by full proposal

Since 2010, SCC's Partners in Care (PiC) and Transitions in Care (TiC) initiative has engaged Family Physicians, Specialists, Family Physicians with Focused Practice, Health Authorities, and other health professionals, in over 200 community-based projects across the province.

As the PiC/TiC work has evolved over time, project teams have worked together to learn from each other and spread activities regionally or provincially. PiC/TiC projects also form the foundation of SCC's Networks, which were initiated to bring together communities actively engaged in addressing the needs of priority populations.



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Supported projects provide opportunities to:

- identify and trial new, innovative solutions to gaps in care
- 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 spread of strategies and solutions
- engage in provincial initiatives

PiC/TiC projects are developed through an Expression of Interest phase, and a Full Proposal Phase.

The Expression of Interest (EOI) provides the opportunity to share a new project idea to the Shared Care Committee before significant work is undertaken.

Communities can 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).

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

For a step-by-step guide to 'Applying for PiC/TiC funding' go to Appendix A.



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Networks

Funding: \$100K total (Gated at \$15k)

Networks aim to build greater alignment across the system and facilitate the spread of positive improvements in practice. SCC supports the development and implementation of a 'Network' model of care for several priority populations.

Communities joining a network will have the opportunity to share valuable lessons from their own experiences, as well as tools and resources that could benefit others. Communities approved for funding will receive centralized support including:

- Resources and tools to support a collaborative approach to address common issues and gaps.
- Liaise with other project leads working within the Network
- Routine network gatherings to learn and share resources
- Access and support to implement a shared measurement framework, as well as optional survey tools designed to capture the pre and post project community context
- Opportunities for guidance and information
- Potential to expand the work done in existing communities to newer ones

As with PiC/TiC projects, the focus of the initial phase (gated at \$15k) is stakeholder engagement, assess gaps in knowledge and / or resources, and to develop an evaluation plan that details the outcomes, measures and data collection strategies that will be used.

Patient and provider surveys must be completed in the community as part the initial phase. The purpose of the surveys is to identify gaps and create a pre-project baseline to be compared to a post-project survey showing the improvements made as a result of the project.

Adult Mental Health & Substance Use Network

The Adult Mental Health and Substance Use (AMHSU) Network supports FP and SP-led partnerships to connect with other allied health care providers to identify community issues and develop strategies to create a more coordinated AMHSU system of care. For more information on the AMHSU Network please visit <https://sharedcarebc.ca/our-work/spread-networks/mental-health-substance-use>



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Chronic Pain Network

The Chronic Pain Network supports physicians to address chronic pain more effectively and to better meet patient needs in alignment with provincial strategies, and in consultation with Pain BC. Communities engaged across BC are already doing great work in chronic pain care.

For more information on the Chronic Pain Network please visit <https://sharedcarebc.ca/our-work/spread-networks/chronic-pain>

Maternity Network

The Maternity Network supports the spread of successful work and an Inter-professional Collaborative Approach (IPC) to improve maternity care in BC. The Network brings communities together to share learnings, mentorship, and building of cross-provincial alignment, in consultation with Perinatal Services BC, the General Practice Services Committee's (GPSC) Maternity Working Group, the Joint Standing Committee for Rural Issues (JSC) Rural Obstetrical Surgical Networks and other JCC initiatives. The network is in the process of transitioning to a Community of Practice. Maternity Network projects focus on the following key areas of improvement:

For more information on the Maternity Network please visit <https://sharedcarebc.ca/our-work/spread-networks/maternity>

Palliative Care Network

The Palliative Care Network aims to support and connect communities working toward the common goal of improving the local palliative care journey for patients, families, and caregivers - as well as for providers involved in their end-of-life care. For more information on the Palliative Network please visit <https://sharedcarebc.ca/palliativecare>

Coordinating Complex Care for Older Adults Initiative

Older adults with complex health issues require significant levels of services which often include their family physician, specialist physicians, family caregivers, community health services and acute care. Coordinating this care can be a significant challenge for patients, families and providers. Issues often arise relating to communication, roles and responsibilities, access to services, care plans, information sharing and more. These challenges present several opportunities to improve how we provide more effective patient and family-centred care. For more information on the CCC network please visit <https://sharedcarebc.ca/our-work/coordinating-complex-care-for-older-adults>

For a step-by-step guide to 'Applying for Network funding' go to Appendix A.



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SUPPLEMENTAL FUNDING AVAILABLE

OPTIONAL - Local Shared Care Steering Committees (\$20K)

For communities with three or more projects funded through Shared Care, it is recommended that an annual funding request be submitted to support community Steering Committees. The purpose of the Local Steering Committee is to provide advice and input to the development, progression and alignment of Shared Care projects to address the community gaps in care. Additionally, the Local Steering Committee will facilitate communications between community providers including FP's, SP's and the Health Authority. The Shared Care term of reference must be agreed to upon funding for a steering committee. A short survey has been developed to capture members' experience with participating on the committee it can be found in *Appendix E: Evaluation Planning support document*. Local Shared Care Steering Committees must comprise:

- Two Co-chairs – FP & SP
- Additional Physicians – minimum one per project
- XX Health Authority (Senior Management or alternate)
- Shared Care Initiative Liaison
- Shared Care Project Lead(s)
- Patient and/or Family Caregiver
- Related Provincial Organizations
- Division of Family Practice Representative (optional)

OPTIONAL – Sustainability Funding (\$10K)

In order to provide the capability to check back on closed projects to ensure sustainability is efficient it is recommended that funding is provided 1-2 years after project close to:

- ensure the outcomes are still effectively addressing the original gap in care
- assess whether there have been any changes
- ensure sustainability is effective
- update any project resources

This opportunity to revisit a project and review the outcomes to ensure the solutions are still on track will enable Shared Care to assess the value of the project work and ensure that the outcomes are effective. It also allows for increased learning potentials for other SCC projects who want their work to be sustained. This has the potential to identify the requirement for remedial work and eliminate the opportunity for further issues.

To provide sustainability funding to review closed projects, a provision of up to \$10K per project to be provided in a period between one and two years after a project closes. Application for these funds would be submitted by the fund holder after the project close and require a review process including approval from the SCC co-chairs.



EVALUATION

The Shared Care Committee has funded hundreds of Quality Improvement (QI) projects since the Committee's creation in 2011.

By supporting physician-led QI projects, the Shared Care Committee creates opportunities for family physicians and specialists to collaborate and directly apply their expertise and experience to specific issues and gaps in the health system.

With the aim of supporting high quality planning, implementation, monitoring and reporting processes, the Shared Care team has created a number of templates and tools for use by project teams. By offering a unified approach to evaluation and reporting, project teams will be better equipped to share their results and impacts in a way that can be effectively spread by the Shared Care team to key stakeholders, including the Shared Care Committee, the health authorities and the Ministry.

Shared Measurement

Central to this approach is the adoption of Shared Measurement. Shared Measurement consists of an agreed upon set of Shared Measures related to the goals and objectives of the Shared Care Committee that can be used across the province to assess and compare local innovation projects and provincial initiatives. Implementation of this approach will facilitate the collection and reporting of data to highlight the collective impact of the Shared Care funded work.

At the project level, the Shared Measures can be integrated into an evaluation strategy as one component of the plan, or can standalone as the primary evaluative approach. Connect with your liaison to find out more about how to integrate Shared Measures into your project and evaluation plan.

SUSTAINABILITY PLAN

Shared Care projects are quality initiatives designed to ensure that the project outcomes meet defined goals, and are self-sustaining or integrated into system processes for patient care.

As Shared Care provides one-time funding, communities must implement a sustainability plan to ensure the project implementation activities are sustained and updated as needed within the community on a long term basis. Additionally, projects should identify the funding and administrative plan to support operations. Another consideration would be confirming that long-term strategies are identified and agreed between the project partners over the course of the work.



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The Shared Care Committee has defined sustainability as the following:

- When new ways of working and improved outcomes become the norm¹
- Holding the gains and evolving as required – definitely not going back.²
- It's about paying attention:
 - The key to sustaining improvement is to focus on the daily work of frontline managers, supported by a high performance management system that prescribes standard tasks and responsibilities for managers at all levels of the organization.
 - Improvement alone is not enough.³

The guidelines development and utilization of Shared Measures in sustainability planning would be guided by the SCC process and follow the NHS identified aims:

1. Clarify what you are sustaining
2. Engage leaders
3. Involve and support front-line staff
4. Communicate the benefits of the improved process
5. Ensure the change is ready to be implemented and sustained
6. Embed the improved process
7. Build in ongoing measurement

Sample questionnaire themes to identify key gaps in terms of sustainability:

1. Process
 - Monitoring Progress
 - Adaptability
 - Credibility of Benefits
 - Benefits beyond helping patients
2. Staff
 - Training and involvement
 - Behaviours

¹ <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/NHS-Sustainability-Guide-2010.pdf>

² NHS Institute for Innovation and Improvement 2005

³ Scoville, R., K. Little, J. Rakover, K. Luther and K. Mate (2014). Sustaining Improvement. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. IHI Whitepaper. Cambridge, MA, Institute for Healthcare Improvement. Available at IHI.ORG.



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- Senior Leaders
- Clinical Leaders

3. Organization

- Infrastructure
- Fits with goals and culture



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APPENDIX A - APPLYING FOR SHARED CARE FUNDING

Shared Care initiatives are 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 proposal development and applying for funding.

	Steps for PiC/TiC Funding	Steps for Network Funding
Step 1	Engage with your SCC Liaison	Engage with your SCC Liaison
Step 2	Develop an Expression of Interest (EOI) – up to 15K	Develop a Full Proposal (100K) – first gate up to 15K for gated activities
Step 3	EOI submitted to Committee for Funding approval	First Gate Funding request submitted to Committee for funding Approval
Step 4	EOI approved. Sign 'Fund Transfer Agreement'. Funding released.	First Gate Funding request approved. Sign 'Fund Transfer Agreement'. Funding released.
Step 5	Successfully complete EOI requirements Complete Full Proposal form	Successfully complete First Gate requirements Complete Gated Funding release request (85K)
Step 6	Full Proposal is submitted to Committee for Funding Approval (Amount dependent on project)	Gated Funding release request is submitted to Committee for approval
Step 7	Complete and sign Fund Transfer Agreement after approval.	Gated funding released after approval.



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PiC/TiC Project Development and Funding Process

Step 1: Engage with your SCC Liaison

The 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.

Identify the intended project improvements: Provide the patient, family and caregiver perspective to highlight the issue and purpose of the intended change. 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 and caregivers? Ensure the identified issues or gaps in care are focused and concise.

Engage your partners: Collaboration is the focus of Shared Care. Ensure that relevant partners and organizations are willing to participate before moving forward, such as: patients, families, caregivers, family physicians, family physicians with focused practice, specialists and their respective specialty group, the Division of Family Practice and/or Medical Staff Association, allied health professionals, regional health authority, First Nations Health Authority and/or local First Nations.

Identify your project team: Physician leads (FP and specialist), Health authority, community organization, patient, family, and caregiver, and other partner representatives.

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 other organization. Some Divisions and other fund holders may have internal processes for project identification and approval, and early communication may support a streamlined application.

Step 2: Develop an Expression of Interest (EOI) – up to 15K

Using the Project Funding Request Template, work with the Initiative Liaison to develop an EOI, outlining the project idea and funding needed to engage potential participants and develop the full project proposal.

The Expression of Interest (EOI) provides the opportunity to share a new project idea to the Shared Care Committee before significant work is undertaken.

Communities can apply for seed funding (up to \$15,000) as a precursor to developing 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).



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The Project Funding Request Template (to be used when submitting an EOI, full Proposal, and Additional Funds Request) can be found on our [Funding Guidelines webpage](#).

Step 3: EOI submitted to Committee for Funding approval

Feedback Implementation: The Liaison will present your draft proposal to the internal Shared Care team. Upon review and feedback, the liaison will work with the project team to make any proposal changes and necessary before the finalized proposal goes to the SCC for funding approval. This review process may be iterative as needed.

EOI is presented to the Committee: The Initiative Liaison will put forward the proposal to the Shared Care Committee, who will either respond by approving 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.

Step 4: EOI approved. Sign 'Fund Transfer Agreement'. Funding released.

Execute Funds Transfer Agreement (FTA): Once Committee approval is received, the SCC Initiative Liaison will facilitate the completion of a Funds Transfer Agreement, and funding to be released.

Quarterly Reporting: A quarterly report is required to be submitted as per the Funds Transfer Agreement. The report asks for the current status of the project, alongside completed key activities next steps and financial status update. The Quarterly report is reviewed by the regional liaison as an opportunity to discuss and support the project.

Step 5: Successfully complete EOI requirements Complete Full Proposal form

Develop the project idea, proposal and budget: Upon EOI completion, projects may submit a full project proposal and budget. Utilizing EOI funding support from SCC, engage partners and others as appropriate to develop the full proposal using the Project Funding Request Template. The SCC Initiative Liaison will provide support and assistance in the development of the proposal and budget.

Feedback Implementation: The Liaison will present your draft full proposal to the internal Shared Care team. Upon review and feedback, the liaison will work with the project team to make any proposal changes and necessary before the finalized proposal goes to the SCC for funding approval. This review process may be iterative as needed.

Step 6: Full Proposal is submitted to Committee for Funding Approval (Amount dependent on project)

Repeat the following steps for funding approval:



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1. Full proposal is presented to the committee for funding approval
2. Full Proposal approved.
3. Sign 'Fund Transfer Agreement'. Funding released.
4. Quarterly Reporting

Request additional funds and/or extension (if applicable): In some cases, additional time and/or resources are required to complete a project due to unforeseen circumstances. Work with the Initiative Liaison to identify needs and complete an Additional Funds Request (using the Project Funding Request Template) or Funding Agreement Extension Letter. Shared care committee reserves the right to limit the number of extensions for a project.

Project closing

Submit Closing Report and Final Project Evaluation

OPTIONAL: Apply for sustainability funding

Submit sustainability funding request



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Network Project Development Process

Shared Care initiatives are 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.

Step 1: Engage with your Shared Care Initiative Liaison

The 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.

Identify the intended project improvements: Provide the patient, family and caregiver perspective to highlight the issue and purpose of the intended change. 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 and caregivers? Ensure the identified issues or gaps in care are focused and concise.

Engage your partners: Collaboration is the focus of Shared Care. Ensure that relevant partners and organizations are willing to participate before moving forward, such as: patients, families, caregivers, family physicians, family physicians with focused practice, specialists and their respective specialty group, the Division of Family Practice and/or Medical Staff Association, allied health professionals, regional health authority, First Nations Health Authority and/or local First Nations.

Identify your project team: Physician leads (FP and specialist), Health authority, community organization, patient, family, and caregiver, and other partner representatives.

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 other organization.

Step 2: Develop a Full Proposal (100K) — first gate up to 15K for gated activities

Using the Project Funding Request Template, work with the Initiative Liaison to develop a gated funding proposal, outlining the project idea and funding needed to engage potential participants and develop the full project proposal. All network projects are gated at \$15k to allow for an initial engagement phase prior to transferring the remaining \$85k for further project implementation.

Where gated funding is anticipated, the project funding request should outline:

- Natural phases in the project appropriate for alignment with specific funding gates
- Anticipated milestones throughout the life cycle of the project
- Outcomes or measures associated with the natural phases of the project.



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The Project Funding Request Template (to be used when submitting an EOI, Full Proposal, and Additional Funds Request) can be found on our [Funding Guidelines webpage](#). Project teams are expected to submit an evaluation plan at the time of proposal, or if more time is needed, with the first quarterly report.

Step 3: First Gate Funding request submitted to Committee for funding Approval

Feedback Implementation: The Liaison will present your draft proposal to the internal Shared Care team. Upon review and feedback, the liaison will work with the project team to make any proposal changes and necessary before the finalized proposal goes to the SCC for funding approval. This review process may be iterative as needed.

Proposal is presented to the committee: The Initiative Liaison will put forward the proposal to the Shared Care Committee, who will either respond by approving 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.

Step 4: First Gate Funding request approved. Sign 'Fund Transfer Agreement'. Funding released.

Execute Funds Transfer Agreement (FTA): Once committee approval is received, the SCC Initiative Liaison will facilitate the completion of a Funds Transfer Agreement, and funding to be released.

Quarterly Reporting: A quarterly report is required to be submitted as per the Funds Transfer Agreement. The report asks for the current status of the project, alongside completed key activities next steps and financial status update. The Quarterly report is reviewed by the regional liaison as an opportunity to discuss and support the project.

Step 5 & 6: Complete Gated Funding release request (85K) & Gated Funding release request is submitted to Committee for approval

After the \$15k of funding has been utilized and the initial engagement phase is complete, the Project Lead will finalize and submit a Gate Release Request Form, attach an updated budget, and submit to their SCC Initiative Liaison. This release form will enable projects to provide information to the Shared Care Committee regarding their fully developed project workplan and evaluation metrics.

In confirming project progress, and the requested release of subsequent funding gates, the Fund Holder shall provide confirmation that:

- Expenditure reasonably matches the original budgeted approval and there is specific explanation and documentation to variances against that budget;
- Preliminary objective evidence that planned milestones have been achieved and detail other progress to date;



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- Key indicators/measures are being collected or there is a reasonable plan for such measures to be available;
- There is preliminary evidence that value is being delivered against the original key objectives of the proposal.
- There is a documented risk management plan – risks identified and categorized, and risk mitigation plans are set out.

Step 7: Gated funding released after approval

SCC approval of funding release for approved gated projects is not required. Release of subsequent funding gates will be approved by the Co-Chairs of the Shared Care Committee and Director, Quality Impact based on a request from the Fund Holder and recommendation from the Initiative Liaison.

Request additional funds and/or extension (if applicable): In some cases, additional time and/or resources are required to complete a project due to unforeseen circumstances. Work with the Initiative Liaison to identify needs and complete an Additional Funds Request (using the Project Funding Request Template) or Funding Agreement Extension Letter. Shared care committee reserves the right to limit the number of extensions for a project.

OPTIONAL: Apply for sustainability funding

Submit sustainability funding request.

Applying for Local Steering Committee funding

Step 1: The fund holder (typically a representative of the local Division of Family Practice) will complete and submit a *Local Shared Care Steering Committee Funding Request* to the Shared Care Initiative Liaison. A budget and Terms of Reference signed by the proposed Steering Committee Co-chairs will need to be attached.

Step 2: The funding request is submitted to the Shared Care Committee Co-chairs for review and approval.

Step 3: Once approval is received, the SCC Initiative Liaison and central Quality Impact office will make arrangements for a *Funds Transfer Agreement* to be completed, and funding to be released.

Step 4: The Local Shared Care Steering Committee Funding Request form can be found [HERE](#).



APPENDIX B: DETAILED FORM INFORMATION

Project summary (100 word maximum)

The summary should include the name of the project, fund holder, proposed length of the project, total funds requested, gap of care in community, broad proposed solutions or activities to address the concern.

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. 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.

Project description

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).

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, including Indigenous communities.

Evaluation

Improvement goals and how these will be measured, including:

- i. Process outcomes
- ii. Patient outcomes
- iii. Patient and provider experience



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- iv. Cost savings or process efficiencies

All projects must include which Shared Measures they are including in their evaluation plan, and what platforms they plan to use to collect data (surveys, focus groups, etc.).

Alignment

- a. How does this project align with the provincial health system priorities, including PCN.
- 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/virtual care 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.
- d. Does this initiative reflect culturally-safe approaches and considerations?

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.
- d. Are there plans to spread this further in your community, if successful?

Risks

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

Sustainability Plan

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?



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Gated Proposals

- a. Proposals over \$100,000 will commonly be gated; upon completion of identified milestones outlined in the proposal.
- b. All Network proposals will be gated. Up to \$15,000 will be provided initially for the engagement phase.

Budget Guidelines

- a. Physician compensation
 - i. To ensure the project incorporates broad physician participation and engagement, at least 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. No more than 30% of the budget should be allocated to project management.
 - 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 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. Information Technology (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.



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- 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.
- i. A 10% contingency will be provided
- j. Shared Care does not provide funding to:
 - i. Reimburse clinical time or operational costs.
 - ii. Compensate for capital costs, such as land, buildings, equipment, care packages, IT equipment, virtual care platforms etc.
 - iv. Compensate organizations, such as health authorities, for costs of staff participation or costs they may incur from having taken part in Shared Care projects as part of their role.
 - vi. Compensate Executive Directors
 - vii. Direct compensation for patient, family, and caregiver participation in Shared Care projects
 - viii. Participate in clinical training and non-clinical training
 - ix. Research studies
 - x. Alcoholic beverages
 - xi. Sustain long-term project operations

The Project Funding Request Template (to be used when submitting an EOI, full Proposal, and Additional Funds Request) and the Budget Template can be found on our [Funding Guidelines webpage](#).



APPENDIX C: PROJECT MODIFICATIONS

REQUESTING ADDITIONAL FUNDS TO COMPLETE A PROJECT

It is expected that communities, for the most part, are able to complete their work within the funds that are approved by the Shared Care Committee. If, due to unforeseen circumstances, communities require additional funding to complete a project, communities can apply for additional funding.

Requests can be made when communities are nearing the end of their project when funds appear to be insufficient to complete the work or additional work is required/requested.

The process for requesting additional funding:

Step 1: The Project Lead contacts their SCC Initiative Liaison to discuss the reason for requesting additional funds from the Shared Care Committee.

Step 2: The Project Lead completes the SCC Project Funding Request template to identify the reason for requesting additional funds, the additional funding amount and the time frame anticipated. The Project Lead also creates a budget and work plan for the additional funds being requested and attaches it as appendices. The Project Lead submits these documents to their Initiative Liaison.

Step 3: The request is brought forward to the SCC Co-Chairs for review. The Co-Chairs may choose to approve the funding request and inform the SCC of their decision at the next SCC meeting OR forward the request for decision to the full Committee.

If the request is approved, the Initiative Liaison and central Shared Care office will make arrangements for a Funds Transfer Agreement to be completed, and funding to be released.

REQUESTING ADDITIONAL TIME TO COMPLETE A PROJECT

It is expected that communities, for the most part, are able to complete their work within the timeframe that is approved by the Shared Care Committee. If, due to unforeseen circumstances, communities require additional time to complete a project, communities can apply for a project extension.

Requests can be made when communities are nearing the end of their project when it appears that the project will not be completed by the approved end date as written in the Funds Transfer Agreement (FTA). A maximum of 2 funding extensions are available as needed to projects.

The process for requesting an extension:



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Step 1: The Project Lead contacts their SCC Initiative Liaison to discuss the reason for requesting an extension from the Shared Care Committee.

Step 2: The Project Lead will work with their Initiative Liaison to develop a Funds Transfer Agreement Extension (FTA-E) letter. The FTA-E is a standardized letter agreement with an Appendix A summarizing the following:

Step 3: The Initiative Liaison and central Shared Care office will make arrangements for the FTA-E to be completed and executed.

Step 4: If multiple FTA-E are requested and the project close date has changed from the original proposal, an internal review of the project objectives may be requested prior to any further extensions.

The Funds Transfer Agreement Extension (FTA-E) letter can be found [HERE](#).



APPENDIX D: ROLES AND RESPONSIBILITIES

THE ROLE OF THE PHYSICIAN LEADS IN SHARED CARE PROJECTS

The goal of the Shared Care Committee 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 leads, therefore, is integral to the success of Shared Care projects.

The physician leads - Family Physician, Specialist, and/or FP with Focused Practice – are first and foremost champions for the project. The physician leads 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:

- Championing the project amongst their colleagues to build interest and to ensure the project has the support and participation of the physician community;
- Continuously seeking feedback and perspectives from stakeholders such as allied health professionals and health authority leadership);
- 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 Shared Care Committee Initiative Liaison is a key support to physician leads in the following areas: project team staffing decisions, sharing information that could inform the project (such as similar work in



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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.

THE ROLE OF THE PROJECT LEAD IN SHARED CARE PROJECTS

The role of the Project Lead is to plan, implement, continuously improve, evaluate and close the project in collaboration with the Physician Leads, the local Shared Cared Steering Committee, and other key stakeholders* for the project. Project leads are accountable for overseeing and regularly reporting on the project scope, project team, resources, financials and outcomes of the project. Specific Project Lead functions include:

Planning

- Develop a project Expression of Interest and/or full Proposal, work plan and budget
- Identify, engage, and motivate stakeholders

Implementation

- Develop a project management plan
- Define and manage project scope according to the budget and timeline
- Define, develop, and implement timelines, schedules, and activities for all project team meetings, physician engagement events, working groups, and focus groups etc.
- Manage, monitor and revise project budget if necessary
- Plan and implement Quality Improvement measures
- Plan and implement human resource requirements
- Develop and implement a communications plan to ensure that the Shared Care Committee, the Division of Family Practice, FPs, Specialists, and other stakeholders remain apprised of project activities and progress.
- Identify potential risks and mitigation strategies
- Identify and incorporate stakeholder expectations
- Submit quarterly project status reports

Quarterly Reporting

A quarterly report is required to be submitted as per the Funds Transfer Agreement. The report requests a status update including status of the project, completed key activities, next steps and financial status update. In addition, how many physicians (differentiated by specialists and family physicians) have been paid at least one sessional payment for their involvement in the project is required. The Quarterly report is reviewed by



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the Initiative Liaison as an opportunity to discuss and support the project. If a project is experiencing delays or major difficulties, additional reporting may be requested.

Completion

- Complete all phases of the project
- Complete project evaluation
- Complete project final report

*Other stakeholders to be involved in the project include, but are not limited to:

- Patients, families, and caregivers
- Ministry of Health
- Regional Health Authority
- First Nations Health Authority/Local First Nations
- Local government
- Community organizations

THE ROLE OF THE INITIATIVE LIAISON IN SHARED CARE PROJECTS

The role of the Initiative Liaison is to provide guidance and support of local project activities and act as liaison between the project team and the Shared Care Committee. The Initiative Liaison is accountable for overseeing and regularly reporting on the progress of projects within their region and/or portfolio. functions include:

- Provide **pre-project guidance** on the development of Expression of Interest (EOI), Proposal, budget, work plan, and engagement activities
- Arrange **execution of Funds Transfer Agreement (FTA)** and other related contracts/documents
- Collect, review and engage with Project Leads on **quarterly status reports**
- Collect, review and engage with Project Leads on **final project report and evaluation report**, and reports on conclusion of project to the Shared Care Committee Provide written and/or verbal acknowledgement from the Shared Care Committee upon completion of the project
- Communicates with Project Leads about **networking opportunities, tools and resources** from other communities and organizations, as well as updates and communications from the Shared Care Committee



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RESPONSIBILITY OF THE FUND HOLDER

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 Initiative Liaison will work with the community to identify appropriate alternatives.



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APPENDIX E: STEERING COMMITTEE MEETING ANNUAL EVALUATION QUESTIONS

COMMITTEE SATISFACTION SURVEY

PLEASE CIRCLE THE NUMBER THAT REFLECTS YOUR ASSESSMENT OF EACH OF THE FOLLOWING	1 = Very little / 5 = Very much
1. Participation in this committee has facilitated an improvement (direct or indirect) in services at my facility and / or community	1 2 3 4 5
2. Participation in this committee was informative and contributes to our strategic priorities.	1 2 3 4 5
3. Participation in this committee gave me the opportunity to improve communication with my colleagues (physicians, allied health and HA staff).	1 2 3 4 5
4. Continued participation in this committee will contribute to change and improve opportunities for collaboration	1 2 3 4 5
5. I will continue to participate in the meeting / committee and would influence and recommend attendance to my colleagues.	1 2 3 4 5
7. General comments, and feedback for improving the committee:	



APPENDIX F: FREQUENTLY ASKED QUESTIONS

What is the difference between the EOI phase and Full proposal phase?

The focus of the EOI phase is stakeholder engagement and assessment of gaps in knowledge and / or resources. Time in the EOI phase is used to, and to develop a proposal inclusive of an evaluation plan a high level project plan, an evaluation plan that details the outcomes, measures and data collection strategies that will be used, and detailed budget.

Upon conclusion of the EOI, projects have the opportunity to apply for full project funding or make a decision not to proceed further.

Who can be a fund holder?

Most commonly this is a physician-led organization, such as a Division of Family Practice or other organization. Health Authorities, Non Profit Organizations, and PHSA agencies can also act as fundholder. Individuals, physicians or otherwise, are not able to act as fundholders.

Where can I find the deadlines for EOIs and proposals?

Submission deadlines are available on our website at <https://sharedcarebc.ca/our-work/funding-guidelines>

How do I engage physicians?

Each project should engage patients & families on some level throughout your project. There are various ways to engage the patient & family voice in your initiative:

- Patient journey mapping
- Patient focus group
- Surveys, interviews
- Participation on working group

Where do I engage physicians?

Physicians may be engaged in various ways including through the Divisions on Family Practice, Health Authorities, Medical Staff Associations, community clinics, and various specialist departments.

Can I hire an external evaluator?

External evaluators may be hired to support project work. Evaluation Each project should include appropriate provision for evaluation, including total costs for an evaluation professional, and costs associated with participant and data collection (approximately 10% of the total budget).



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What IT components are funded?

Shared Care's current funding guidelines do not support funding for software development, licensing or other IT infrastructure. For questions related to IT funding, please speak to an Initiative Liaison.

What training can be compensated?

Through the Physician Leadership Scholarship Fund, physicians who are actively practicing in the Province of BC are eligible to receive up to \$10,000 annually for leadership and quality improvement training. For more information on the Scholarship, go to <https://sscbc.ca/physician-engagement/leadership-training-scholarship>

In addition to the Scholarship program, health authorities across BC have partnered with the Specialist Services Committee to offer the Physician Quality Improvement program. For more information on the program, <https://sscbc.ca/physician-engagement/quality-improvement-initiative>

What patient compensation can be funded?

Based on the guidelines from the Patient Voices Network, patients who participate in Shared Care initiatives do so on a volunteer basis. However, patients may be reimbursed for expenses incurred as part of their participation.

Can I present this work at conferences?

Shared Care encourages projects to present at conferences, hospital rounds, and any other avenues that may be appropriate. Please contact your Initiative Liaison for potential funding opportunities.

How do I become a Shared Care Committee meeting member?

Doctors of BC has nearly 60 committees that focus on areas such as health, negotiations, economics, and public affairs. These committees are comprised of BC doctors who volunteer their time and association staff. Depending on the term of the existing Shared Care Committee members, recruitment will be listed on the following website - <https://www.doctorsofbc.ca/about-us/governance-and-representation/committees/current-opportunities>

What sustainability planning tools and resources are available to me?

Shared Care has created information on planning for sustainability which are available on the Shared Care Learning Centre.

How can I learn more about past projects?

All quality improvement projects supported by Shared Care and the Specialist Services Committee are viewable on [The Exchange](#).



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Is it Research or Quality Improvement?

It's not always easy to distinguish research from QI. The table below will assist with identifying the key differences between research and QI. If further support is required, contact your Initiative Liaison

	Research	Quality Improvement
WHAT IS THE PURPOSE OF YOUR PROJECT?	To generate new knowledge, generalizable to the wider population.	To improve internal processes, practices or systems.
WHAT IS MY ROLE?	As a researcher, you are objective and attempt to isolate and remove personal bias (or disclose it) to support scientific rigor.	As a Team Lead for QI, you are often a part of the system you are trying to improve. Your subjective experience may have assisted in defining the problem you are trying to solve.
WHAT ARE YOU TRYING TO ACCOMPLISH?	To test a new practice, theory, intervention or device.	Bring about immediate positive change to a local practice setting.
HOW MANY PARTICIPANTS WILL YOU INCLUDE?	Typically, the research participants must reflect the total population that is being studied. (E.g. formal power analysis; interview saturation etc).	Will use a convenience sample of participants or data. Small sample, but large enough to observe change in specific measures.
HOW LONG DO YOU ANTICIPATE YOUR PROJECT WILL TAKE?	It will take considerable time. Sometimes years to collect data, report results and publish findings.	It will be done quickly, through rapid cycles of iterative change.
WHAT KIND OF TOOL/INSTRUMENT WILL YOU USE TO COLLECT DATA?	Valid & reliable instruments that measure concepts of interest.	Data collection tools that allow for easy recording of quick-cycle information.
HOW WILL YOU ANALYZE DATA?	With inferential statistics, descriptive statistics or qualitative methodology that can compare & contrast qualitative data.	With descriptive statistics that demonstrate change/trends (e.g., control chart).
WILL YOU BE ABLE TO VARY YOUR PROTOCOL DURING THE STUDY?	Design is tightly controlled in order to limit the effect of confounding variables on the variables of interest – essential to determine causality.	Design is flexible and nimble. Design will often be adapted to respond to the data. Ability to adapt is central to the Plan Do Study Act (PDSA) cycle.
WHO WILL MOST LIKELY BENEFIT FROM YOUR PROJECT?	There may not be any benefit to the research participants in the study. The generated knowledge is meant to have future benefits to the research population.	If process changes are trialed and then adopted, those directly working in and/or receiving services from the system will benefit from the project.



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IS RESEARCH ETHICS APPROVAL REQUIRED?	Yes. Contact your facility Research Ethics Office if you are still uncertain if your project is research or QI.	No, but some institutions have QI ethics review processes.
WHAT DO YOU PLAN TO DO WITH YOUR FINDINGS?	Findings will be applied as widely as possible to increase the body of scientific knowledge, both through publication and presentation.	Apply learning and change practice in my setting immediately. Share locally and consider trialing spread to other locations.

Adapted by Facility Engagement Oct 2018 from Fraser Health “*Differentiation of Research, Quality Improvement and Program Evaluation*”, Department of Evaluation and Research Services, March, 4, 2014.

What are the reporting requirements for a project?

Projects funded by Shared Care are required to submit quarterly status and financial reports as well as a final report and evaluation.

How can I promote my project and implemented solutions?

There are numerous ways to promote the work of your project including publication, presenting at conferences or promoting your work within the context of the Divisions of Family Practice or Facility-based Medical Staff Associations. Shared Care communications staff would be pleased to discuss opportunities with you.