SHARED CARE

PROJECT FUNDING GUIDELINES

SharedCare
Partners for Patients

BRITISH COLUMBIA

doctors of bc

GUIDELINES

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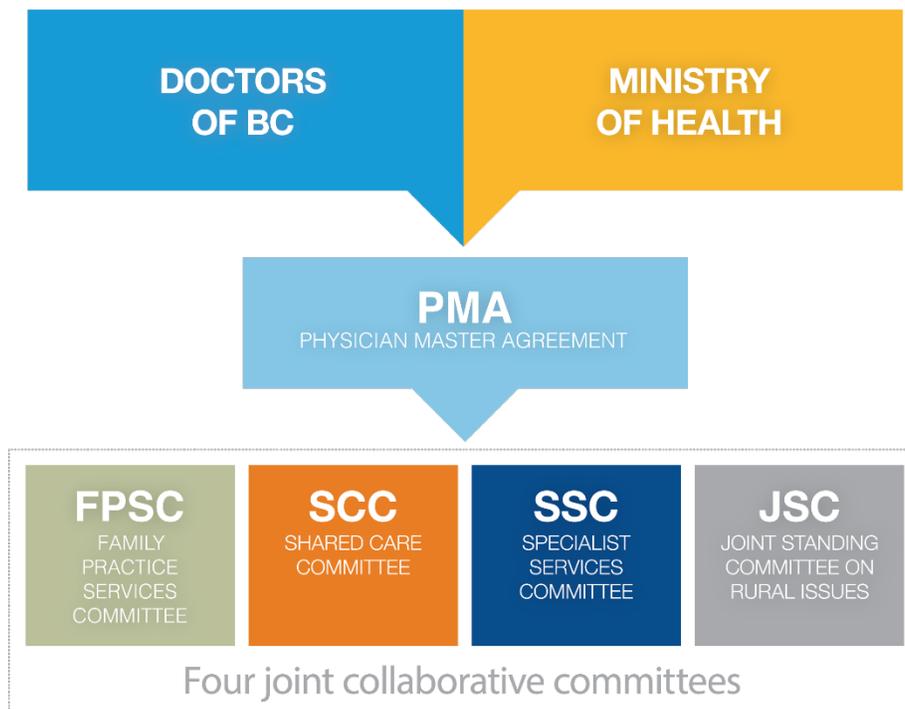**SharedCare**
Partners for Patients

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-centred care to ensure a coordinated care experience for all British Columbians.

DOCTORS OF BC	MINISTRY OF HEALTH

PMA
PHYSICIAN MASTER AGREEMENT

FPSC FAMILY PRACTICE SERVICES COMMITTEE	**SCC** SHARED CARE COMMITTEE	**SSC** SPECIALIST SERVICES COMMITTEE	**JSC** JOINT STANDING COMMITTEE ON RURAL ISSUES

Four joint collaborative committees

Guiding Principles

The Shared Care Committee engages and supports family and specialist physicians to co-lead and collaborate with nursing and allied health care providers, patients, and health system partners to improve care that is:

- Patient- and family/caregiver-centred.
- Rooted in cultural safety and humility.
- Aligned with the IHI Quintuple Aim to improve population health, patient and provider experience, and cost of care.
- Supportive of physician health and wellness.
- Based on strong relationships, communication, and collaboration between family physicians and specialists, and with other allied health care providers and partners.
- Focused on a team-based care approach, which is integrated and coordinated between community and hospital settings.
- Innovative in addressing gaps in care, adopts best practices, and supports spread and sustainability at the local, regional, and system levels.

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

SHARED CARE FUNDING

Funding Overview

The Shared Care Committee offers active support for family and specialist physicians to collaborate on quality improvement projects through its Partners in Care/Transitions in Care Initiative

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

Since 2010, SCC's Partners in Care (PiC) and Transitions in Care (TiC) initiative has engaged family physicians (FP), specialist physicians (SP), family physicians with focused practice, health authorities, and other health professionals, in over 200 community-based projects across the province.

As 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 formed the foundation of SCC's Networks, which were initiated to bring together communities actively engaged in addressing the needs of priority populations.
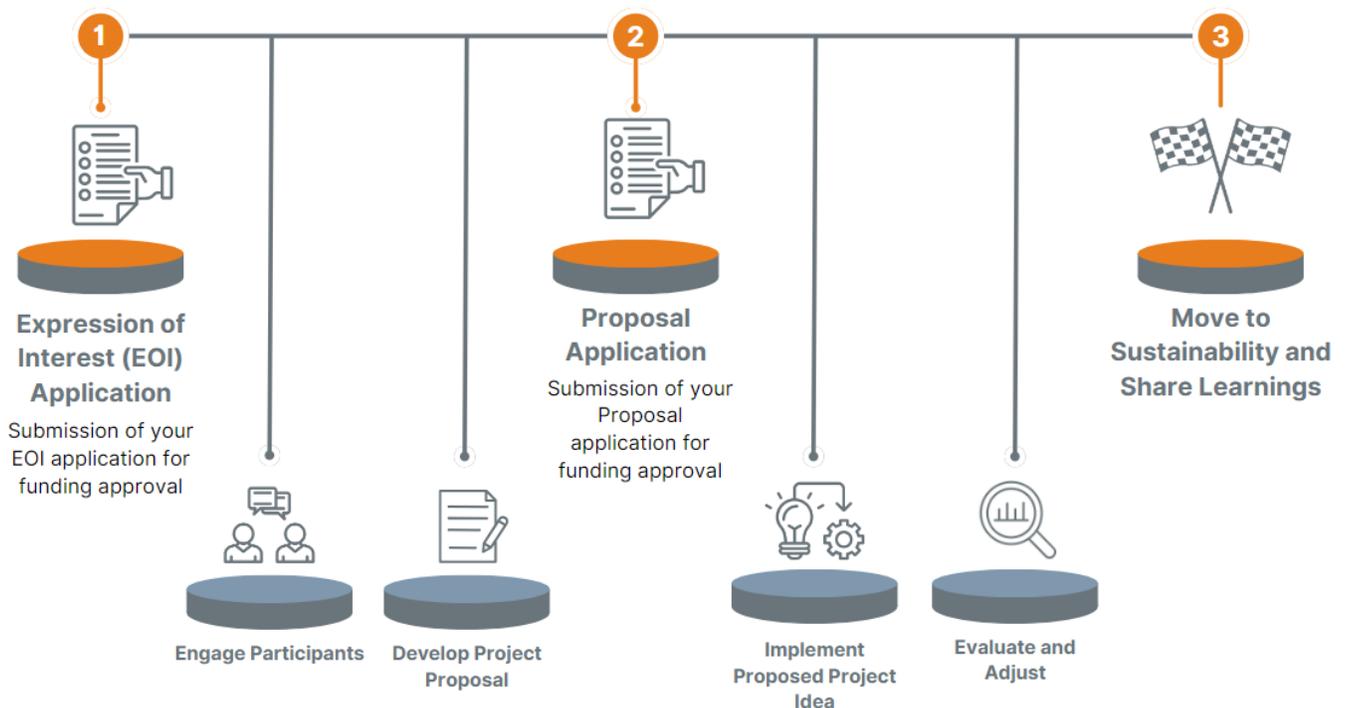
GUIDELINES

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.

Funding Process

1 Expression of Interest (EOI) Application
Submission of your EOI application for funding approval

Engage Participants

Develop Project Proposal

2 Proposal Application
Submission of your Proposal application for funding approval

Implement Proposed Project Idea

Evaluate and Adjust

3 Move to Sustainability and Share Learnings

1. Expression of Interest (EOI)

Submission of an Expression of Interest (EOI) application provides the opportunity to share a new project idea to the Shared Care Committee before significant work is undertaken. Project teams or initiative groups can apply for funding (up to $25,000) to develop a more fulsome project proposal and provides Shared Care the opportunity to have early input into the work being developed i.e., recommendations for alignment with other work underway across the JCCs, and suggestions for partners or expertise that may assist in the development of the work.

All communities receiving funding 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.
- Opportunities to liaise with other project leads working on Shared Care improvement projects.
- Routine gatherings to learn and share resources.
- Access and support to implement a shared measurement framework, as well as survey tools designed to capture the pre- and post-project community context.

2. Project Proposal

With the use of EOI funding, a full project proposal, associated budget, and evaluation plan may be developed and submitted to the Shared Care Committee for consideration. If approved for funding, projects will have the opportunity to implement their proposed project idea, evaluate, and adjust along the way. At the conclusion of the project, projects will be supported to share their learnings and, if appropriate, scale or spread to others throughout the province.

Region-based Initiative Liaisons will provide support and assistance in the development of the EOIs and proposals and will present applications to the Committee on behalf of the applicant(s).

For a step-by-step guide to applying for funding, go to Appendix A.

Submission Timelines

The Shared Care Committee consists of four physicians appointed by the Board of Doctors of BC, and four members appointed by the Ministry of Health. The Committee also includes representation from each of the province's health authorities, as well as two patient and family representatives.

The Committee reviews funding submissions to Shared Care five times a year: November, February, April, June, and September. It is important to note that while Shared Care strives for submissions to be reviewed in a timely manner, there is no guaranteed timeline for the review and approval process. The timing of the reviews depends on various factors including readiness of application, volume of submissions received, and complexity of proposed project.

Supplemental Funding Available

Local Shared Care Steering Committees ($20,000)

For communities with three or more concurrent projects funded through Shared Care, establishing a local steering committee is a requirement, and communities with an approved steering committee application will be provided $20,000 to fund their activities. The purpose of establishing a 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 communication between community providers including FPs, SPs, and the health authority. The Shared Care Terms of Reference must be agreed to prior to funding for a steering committee.

Local Shared Care Steering Committees must be comprised of:

- Two co-chairs – FP & SP.
- Additional physicians – minimum one per project.
- Health authority representation (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 (as relevant).

Sustainability Funding ($10,000)

To provide the capability to check back on closed projects to ensure sustainability is efficient, it is recommended that funding is provided one to two 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 $10,000 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.

PROJECT REPORTING REQUIREMENTS

SCC has a responsibility to ensure that projects receiving funding maintain consistent accountability throughout the project lifecycle. As noted in the Funds Transfer Agreement, it is the Fund Holder's responsibility to ensure that all required project reporting is completed, regardless of the presence of an active project lead/manager.

Quarterly Reporting Requirements

- With a buffer of a minimum of three months after the start of the project, all EOIs, full proposal projects, Local Steering Committees, and sustainability funding initiatives are required to submit quarterly status and financial reports.
- Written quarterly reports, submitted through SCC's online reporting portal, are required, regardless of whether activities have occurred for the relevant quarter.
- Verbal reports to the Initiative Liaison via a Steering Committee or other methodology are not considered fulfilment of the reporting requirement.

Process to Collect Reports

- On the last day of the quarter (June 30, September 30, December 31, and March 31), a reporting reminder will be sent by the Quality Impact Project Officer to each project required to submit quarterly reports. Reporting is due on the 15th of the following month (July 15, October 15, January 15, April 15).
- Projects without a quarterly report submitted within two weeks following the due date will receive a reminder. This reminder will be sent by the Quality Impact Project Officer.
- Discussion on projects that are consistently late (defined as two instances of reporting that were more than one month late) will be referred to the Sr. Manager, Quality Impact.

Final Reports and Project Closure Requirements

EOI Completion Report: As you progress through the EOI, you may find that for a variety of reasons, you do not want to proceed to a full proposal project. If this is the case, we require an EOI Completion Report.

Proposal Final Report: Full proposal projects are required to submit a final report at the time of contract end. It is encouraged to share an early draft of the report with the Initiative Liaison for feedback prior to finalization. Shared Care may request submission of data collected throughout the project.

Financial Reconciliation: A report on final expenditures is required. Unspent funds are to be returned to Shared Care.

End of Project Physician Engagement: Upon conclusion of the project, all participating physicians (defined as those who received at least one sessional payment during the project) should be surveyed on their experience. Shared Care staff may also conduct exit interviews with these physicians to further understand their perspectives and spread project learnings through various channels.

EVALUATION

The Importance of Evaluation in Shared Care

All Shared Care full proposal projects are expected to conduct an evaluation of their work. Evaluation activities are crucial in demonstrating the value and impact of the work. These results and lessons learned can then be shared with key stakeholders, including other project teams, the Shared Care Committee, health authorities, and the Ministry of Health.

Evaluation Activities & Deliverables

Project teams are expected to:

- Complete an evaluation at the time of proposal or within the first quarter of the project.
- Collect data and perform evaluation activities throughout project implementation phase.
- Write a final report that synthesizes results and findings at the project closure phase.

Getting Started with Evaluation

Please consult the Evaluation Planning Toolkit, which will provide project teams with:

- A practical framework to assist in planning and executing the project's evaluation.
- The templates and survey tools that Shared Care require or recommend you use.

The Shared Care team, including your Initiative Liaison and support staff, will engage with you throughout the project to support evaluation efforts.

SUSTAINABILITY PLAN

Shared Care projects are time-limited 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 develop a sustainability plan early on to ensure the project implementation activities will be sustained within the community on a long-term basis after project close. Additionally, projects should identify the funding and administrative plan to support operations.

The Shared Care Committee defines sustainability as the following:

- When new ways of working and improved outcomes become the norm[1].
- 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 front-line 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 in sustainability planning would be guided by the SCC process and follow the NHS identified aims:

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

There are 10 factors related to process, staff, and organizational issues. Consider creating a sample questionnaire to identify key gaps in terms of sustainability:

[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.

	Factors
Process	Monitoring progress
	Adaptability
	Credibility of benefits
	Benefit beyond helping patients
Staff	Training and involvement
	Behaviours
	Senior leaders
	Clinical leaders
Organization	Infrastructure
	Fits with goals and culture

APPENDIX A: APPLYING FOR SHARED CARE FUNDING

Shared Care initiatives are intended to be accessible to physicians in all settings. To ensure this accessibility, the Shared Care Committee has developed a few streamlined steps for proposal development and applying for funding.

	Steps for Funding
Step 1	Engage with your Initiative Liaison
Step 2	Ensure project team members meet quality improvement education requirements
Step 3	Develop an Expression of Interest (EOI) Application and work with your Initiative Liaison to finalize EOI
Step 4	EOI submitted for funding approval
Step 5	EOI approval and sign Funds Transfer Agreement. Quarterly reporting commences.
Step 6	Physician lead(s) to meet quality improvement education requirements.
Step 7	Complete draft full proposal and work with your Initiative Liaison to finalize.
Step 8	Full proposal is submitted to Committee for funding approval (amount dependent on project).
Step 9	Complete and sign Funds Transfer Agreement after approval. Quarterly reporting commences.

Project Development and Funding Process

Step 1: Engage with Your Initiative Liaison

The Initiative Liaison will engage with project teams to develop their initial project idea, help identify related work for potential alignment, and coordinate the process of engaging the Shared Care Committee.

Identify the care gap that you are trying to address: provide the patient, family, and caregiver perspective to highlight the issue. What is the issue or gap in care that needs to be addressed? How would addressing this gap 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, specialist physicians and their respective specialty group, family physicians with focused practice, the Division of Family Practice and/or medical staff association, allied health professionals, regional health authority, and First Nations Health Authority and/or local First Nations.

Identify your project team: physician leads (FP and SP), 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. 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: Ensure Project Team Members Meet Quality Improvement Education Requirements

PQI Level 1 training, or equivalent (to be approved by Shared Care), is a requirement for project managers prior to the submission of an EOI application.

Step 3: Develop an Expression of Interest (EOI) Application

Using the Expression of Interest template found on our Funding Guidelines webpage, work with the Initiative Liaison to develop an EOI outlining the project idea and the funding required to engage potential participants and to develop the full project proposal.

Project team can apply for funding (up to $25,000) as a precursor to developing a more fulsome project proposal.

Initiative Liaisons will work with the project team to make any necessary changes before the finalized EOI goes to the SCC for funding approval. This review process may be iterative, as needed.

Step 4: EOI Submitted for Funding Approval

EOI is presented to Shared Care: The Initiative Liaison will put forward the EOI to Shared Care, who will either respond by approving the EOI, or, in some cases, they 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.

Decisions on EOIs and proposals occur five times a year: November, February, April, June, and September. Intake deadlines will be the 15th of the month prior to the decision month. Please note that submission by the deadline does not guarantee inclusion; decision timing will be based on readiness of the EOI or proposal.

Step 5: EOI Approval and Sign Funds Transfer Agreement

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

Quarterly reporting on the project, alongside project financial status is a requirement. Quarterly reporting is due throughout the lifetime of the project.

Step 6: Physician Lead(s) to Meet Quality Improvement Education Requirements

As it is a requirement for the project's physician lead(s) to have complete PQI Level 1 training, or equivalent (to be approved by Shared Care), prior to submission of the full proposal, we suggest that you ensure this is done during the EOI phase.

Steps 7: Complete Draft Full Proposal and Work with Initiative Liaison to Finalize

At the conclusion of the EOI phase, projects may submit a full project proposal which will include a workplan, evaluation plan, and budget. The Initiative Liaison will provide support and assistance in the development of the proposal, evaluation plan, and budget.

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

Gated Funding: If your proposal is requesting funding in excess of $100,000, funding will flow to the project in gates. Gates may be structured to synchronize with:

- 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.

Step 8: Full Proposal Submitted to Committee for Funding Approval (amount dependent on project)

Similar to Steps 3 & 4 (EOI), the following steps are required to reach funding approval:
1. Full proposal is presented to the Committee for funding approval.
2. Execute 'Funds Transfer Agreement'. Funding released.

Step 9: Project Implementation, Quarterly Reporting, and Final Report Submission

Once funds have been received, it is the responsibility of the project manager to implement the Shared Care project to completion. Quarterly reporting on the project, alongside project financial status, is a requirement. Quarterly reporting is due throughout the lifetime of the project, occurring July 15th, October 15th, January 15th, April 15th.

At the end of the project, a final report is submitted to Shared Care, alongside a final financial report.

Applying for Local Steering Committee Funding

Local Steering Committee Funding is available for any fund holder who has three or more concurrent Shared Care projects. See the Local Shared Care Steering Committee Funding Request form.

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 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 Quality Impact Senior Manager Committee for review and approval.

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

APPENDIX B: DETAILED FORM INFORMATION – EXPRESSION OF INTEREST

Project Purpose/Summary (100 word maximum)

The summary should provide information on the gap/problem you are trying to address. How did your group identify this gap? Who was involved in identifying it and why is it a priority?

Patient Story

Grounding the work of health care system improvement in the patient journey is central to the approach of Shared Care. Please provide an (anonymized) story about how the problem/gap is impacting patients in your community.

Shared Measures

Based on what you already know about the gap/problem, which Shared Measures would fit most with the proposed project (Note: these measures can be updated in the full proposal stage).

☐ **SCC1** - Improved patient care and health outcomes ☐ **SCC2** - Improved patient ability to self-manage care ☐ **SCC3** - Improvements in physician and other health provider coordination, flow of care, and communication ☐ **SCC4** - Improved patient transitions between provider and care environments	☐ **SCC5** - Improvements in FP access to specialist consultations ☐ **SCC6** - Improve timeliness of patient access to physician care ☐ **SCC7** - Improvements in appropriateness of FP referrals to specialist physicians ☐ **SCC8** - Improved per capita cost of care or improved sustainability

Physician Leadership

Often, the spark for addressing a gap in care is identified by a physician. Provide information in this section regarding what led the physician lead(s) to become interested in addressing the gap in care. Also, please address the issue of physician leadership capacity. Do the physician leads have the capacity to work on the project?

Activities & Engagement

Please describe what steps the project team will take to build toward the submission of a full proposal. Also, address how the project team will engage with key stakeholders such as health authority representatives, Physician Quality Improvement (PQI) graduates, previous Shared Care project physician leads, and community-based specialists. How will the team engage the patient and family caregiver voice and capture the patient experience in planning? Which Indigenous communities and other diverse populations will be engaged in this project and in what capacity?

Participants

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. Health authority contacts.
d. Physicians and allied health professionals engaged and/or participating.
e. Indigenous partners and patient partners.
f. Project manager/others.

Budget Guidelines (applicable for both EOI & Proposal stages)

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.
    iv. Shared Care recognizes that in lieu of specialist participation in all projects, some will engage and have leadership from family physicians with a focused practice. For budgeting purposes, please report budgets according to College membership i.e., CCFP physicians to be budgeted within the FP line item; FRCPC to be budgeted within the SP line item.

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, bookkeeping 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 provisions 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.

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 Collaborative Committees showcase, etc.

i. It is recommended that a 10% contingency be built into the budget.

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.
    iii. 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.
    iv.   Compensate executive directors.
    v.   Direct compensation for patient, family, and caregiver participation in Shared Care projects
    vi.   Participate in clinical training and non-clinical training.
    vii. Research studies.
    viii. Alcoholic beverages.
    ix.   Sustain long-term project operations.

The EOI Funding Request Template and the Budget Template can be found on our Funding Guidelines webpage.

APPENDIX C: DETAILED FORM INFORMATION – FULL PROPOSAL

Project Summary (100 word maximum)

The summary should provide information an Executive Summary of the gap/problem you are trying to address and the activities you plan to undertake.

Project Aim Statement

An aim statement is the answer to the first question in the Model for Improvement, "What are we trying to accomplish?" (Institute for Healthcare Improvement, 2022)

Patient Story

Grounding the work of health care system improvement in the patient journey is central to the approach of Shared Care. Please provide an (anonymized) story about how the problem/gap is impacting a patient/patients in your community.

Activities & Engagement

Please describe what steps the project team will take to build toward the submission of a full proposal. Also address how the project team will engage with key stakeholders such as health authority representatives, Physician Quality Improvement (PQI) graduates, previous Shared Care project physician leads, and community specialists. If physician leads have completed PQI training (Level 1 and above), please note in the designated checkbox. How will the team engage the patient and family caregiver voice and capture the patient experience in planning? Which Indigenous communities and other diverse populations will be engaged in this project and in what capacity?

Shared Measures

Based on what you already know about the gap/problem, which Shared Measures would fit most with the proposed project (Note: these measures can be updated in the Full Proposal Stage)

☐ **SCC1** - Improved patient care and health outcomes ☐ **SCC2** - Improved patient ability to self-manage care ☐ **SCC3** - Improvements in physician and other health provider coordination, flow of care and communication	☐ **SCC5** - Improvements in GP access to specialist consultations ☐ **SCC6** - Improve timeliness of patient access to physician care ☐ **SCC7** - Improvements in appropriateness of GP referrals to specialist physicians

☐ **SCC4** - Improved patient transitions between provider and care environments	☐ **SCC8** - Improved per capita cost of care or improved sustainability

Patient Populations

Please select the key patient populations who will benefit from the improvement work of the project.

Dimensions of Quality

Utilizing the Dimensions of Quality first published in 2009 by the BC Patient Safety & Quality Council, please identify the primary and secondary dimensions that the project will address. (What is Quality, 2022)

Quality is defined by seven dimensions that span the full continuum of care:

- **Respect**: honouring a person's choices, needs, and values.
- **Safety**: avoiding harm and fostering security.
- **Accessibility**: ease with which health and wellness services are reached.
- **Appropriateness**: care is specific to a person's, or community's, context.
- **Effectiveness**: care is known to achieve intended outcomes.
- **Equity**: fair distribution of services and benefits according to population need.
- **Efficiency**: optimal and sustainable use of resources to yield maximum value.

Engagement – Patient & Family Caregiver voice

The voice of patients and families in the shaping of health care improvements is vital. Patients and families can speak to their own lived experience within the health system and frequently provide input to project discernment and implementation that is valuable and unique. For larger projects, contact the Patient Voices Network for information on inviting patient voices to your project table.

Indigenous Community Engagement

Shared Care Committee, as one of four Joint Collaborative Committees, have prioritized partnering with Indigenous communities and are committed to walking with First Nations, Métis, and Inuit peoples on our collective journey to ensure Indigenous patients have access to culturally safe health care in BC.

In an effort to align with the United Nations Declaration on the Rights of Indigenous peoples, The Truth and Reconciliation Commission, and British Columbia's In Plain Sight Report, we ground our journey in the meaningful relationships we continue to build with Indigenous communities, Elders and Knowledge Keepers, the Ministry of Health, and the First Nations Health Authority and BC's other health authorities.

There is no simple fix for the systemic racism that exists in health care, but we are committed to adopting a process of constant learning, educating, and evolving.

Please reflect on the above in order to capture how Indigenous, First Nations, Métis, and Inuit peoples will be involved in shaping your improvement project.

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?

Barriers

Please identify if there are known risks or barriers to project implementation.

Sustainability

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

Governance

Identify if there is an action Steering Committee which will oversee the project. If not, what type of governance does the project plan to use to keep its work on track.

Participants

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 (as applicable).
c. Health Authority contacts.
d. Physicians and allied health professionals engaged and/or participating.

e. Indigenous partners and patient partners.

f. Project Manager/others.

Budget Guidelines (applicable for both EOI & Proposal stages)

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, bookkeeping 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.

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.
  iii. 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.
  iv. Compensate Executive Directors.
  v. Direct compensation for patient, family, and caregiver participation in Shared Care projects.
  vi. Participate in clinical training and non-clinical training.
  vii. Research studies.
  viii. Alcoholic beverages.
  ix. Sustain long-term project operations.

APPENDIX D: PROJECT MODIFICATIONS

Requesting Additional Funds to Complete a Project

It is expected that communities, for the most part, can 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. If additional funding is less than 20% of the overall project value, follow Option 1. For additional funding of greater than 20% of the overall project value, follow Option 2.

OPTION 1 – ADDITIONAL FUNDING LESS THAN 20% OF OVERALL PROJECT VALUE

Step 1: The Project Lead contacts their 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.

OPTION 2 – ADDITIONAL FUNDING OVER 20% OF OVERALL PROJECT VALUE

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

Step 2: The Project Lead provides a minimum five-to-seven-page interim report summarizing the key deliverables, outcomes, and progress that the project has made and the rationale for the additional funds request. The Project Lead also creates a budget and work plan for the additional funds being requested and attaches them 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 two funding extensions are available, as needed, to projects.

The process for requesting an extension:

Step 1: The Project Lead contacts their 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.

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 E: ROLES AND RESPONSIBLITIES

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 Physician, 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 two-to-three 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 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.

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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 resources requirements.
- Develop and implement a communications plan to ensure that the Shared Care Committee, the Divisions of Family Practice, family physicians, 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 per the Funds Transfer Agreement. The report requests a status update, including the status of the project, completed key activities, next steps, and financial status update. The number of physicians (differentiated by specialists and family physicians) that have been paid at least one sessional payment for their involvement in the project is also required. The quarterly report is reviewed by 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 final report (which incorporates evaluation).

- Facilitate the distribution, collection, and submission of the Physician End of Project Survey.

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 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.

Responsibility of the Fund Holder

The 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.

Reporting

SCC has a responsibility to ensure that projects receiving funding maintain consistent accountability throughout the project lifecycle. As noted in the Funds Transfer Agreement, it is the fund holder's responsibility to ensure that all required project reporting is completed, regardless of the presence of an active project lead/manager. See earlier section on Project Reporting Requirements for specifics on deliverables.

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 develop a proposal inclusive of a high-level project plan, an evaluation plan detailing outcomes, measures and data collection strategies, and a 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. Health Authorities, Non-Profit Organizations, and PHSA agencies can also act as fund holders. Individuals, physicians or otherwise, are not able to act as fund holders.

How do I engage patients?

Each project should engage patients and families on some level throughout your project. There are various ways to engage the patient and family voice in your initiative:
  - Patient journey mapping.
  - Patient focus group.
  - Surveys and interviews.
  - Participation in working group.

Where do I engage physicians?

Physicians may be engaged in various ways including though the Divisions of 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. 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).

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?

PQI training (or equivalent QI training) is available to project leads/managers and all physicians who are participating in current Shared Care projects and/or are starting a project.

Through the Physician Leadership Scholarship Program (PLSP), physicians who are actively practicing in BC are eligible to receive funding for leadership and quality improvement training. For more information on the scholarship, visit the PLSP webpage.

In addition to the scholarship program, health authorities throughout BC have partnered with the Specialist Services Committee to offer the Physician Quality Improvement (PQI) program. For more information on the program, visit the PQI webpage.

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 Doctors of BC website.

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 Shared Care Learning Centre's project directory.

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 QI team lead, you are part of the system you are trying to improve. Your subjective experience assists 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 tools/ instrument are used to collect data?	Valid and 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 and 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 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 topic.	If process changes are trialed and then adopted, those directly working in and/or receiving services from the system will benefit from the project.
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?

All EOIs, projects, and local SCC steering committees funded by Shared Care are required to submit quarterly status and financial reports as well as a final report.

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.