

SHARED CARE

**CANCER CALL FOR  
PROPOSALS INITIATIVE  
APPLICATION &  
FUNDING GUIDELINES**



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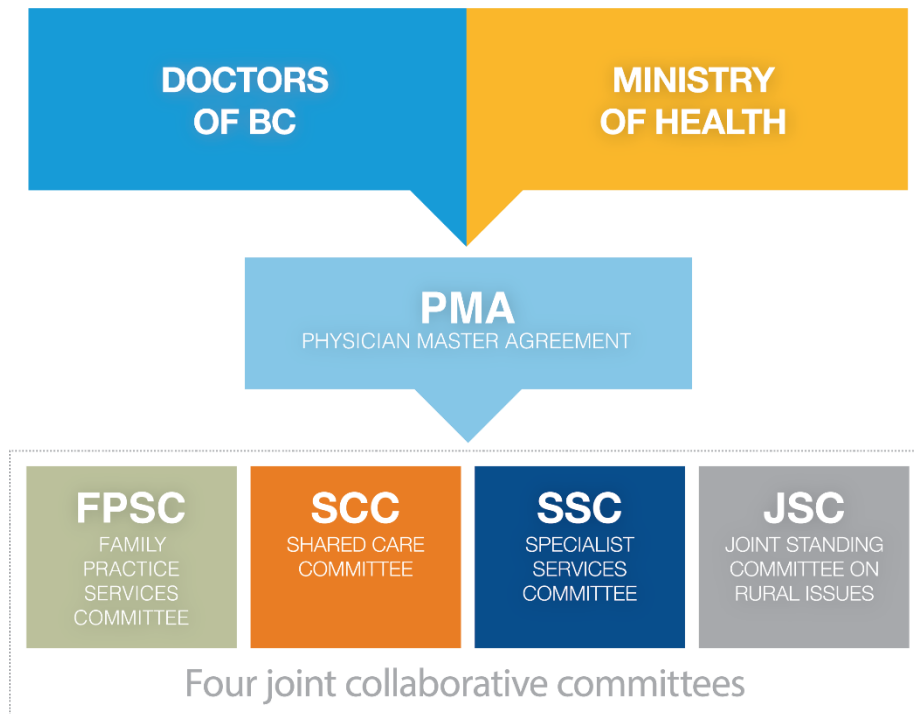
## SHARED CARE COMMITTEE OVERVIEW

### 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, SCC 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.





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The membership of SCC 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.

## Guiding Principles

The SCC 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, health equity, 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 decision regarding funding a proposed project.

## FUNDING OPPORTUNITY & ELIGIBILITY

### The Opportunity

The SCC is providing funding to support physicians to lead innovative projects that help advance BC's 10-Year Cancer Action Plan and SCC's priority to advance cancer care. The SCC, Ministry of Health, Provincial Health Services Authority (PHSA), and BC Cancer have partnered to develop the priorities and implementation of the call for proposals initiative.

Projects can focus on any area of cancer care; however, the following priorities have been identified as areas for project teams to focus on:

1. Improve diagnostic pathways.
2. Recruitment and retention of medical staff (both primary care and specialist) in oncology.



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3. Transitions in care, including unattached patients and Community Oncology Networks.
4. Pain and symptom management.
5. Screening.

All projects must explore how to manage unattached patients.

## Eligibility Criteria

Any physician (family physician, general practice oncologist, or specialist such as surgeon or oncologist) within BC who provides cancer care is eligible to apply for funding. There is no requirement that projects be co-led by a family physician and specialist, however, there is an expectation that it addresses aspects of team-based care.

It is a requirement for physician lead(s) to complete Physician Quality Improvement (PQI) Level 1 training or equivalent prior to submission of the full proposal. See Appendix A: Frequently Asked Questions for more information.

## GOVERNANCE & PROJECT MANAGEMENT

### Governance & Decision Making

The SCC, Ministry of Health, PHSA, and BC Cancer are working in partnership to implement this initiative. An Advisory Committee comprised of representatives from SCC, Ministry of Health, PHSA, and BC Cancer will review all EOIs and proposals to ensure they align with the Cancer Action Plan and support project teams to connect with clinical and health authority leaders and resources across BC Cancer and other health authorities.

The Advisory Committee will recommend EOIs and proposals that should be approved by the SCC Review Panel (for EOIs) and SCC (for proposals).

### Centralized Project Management Support

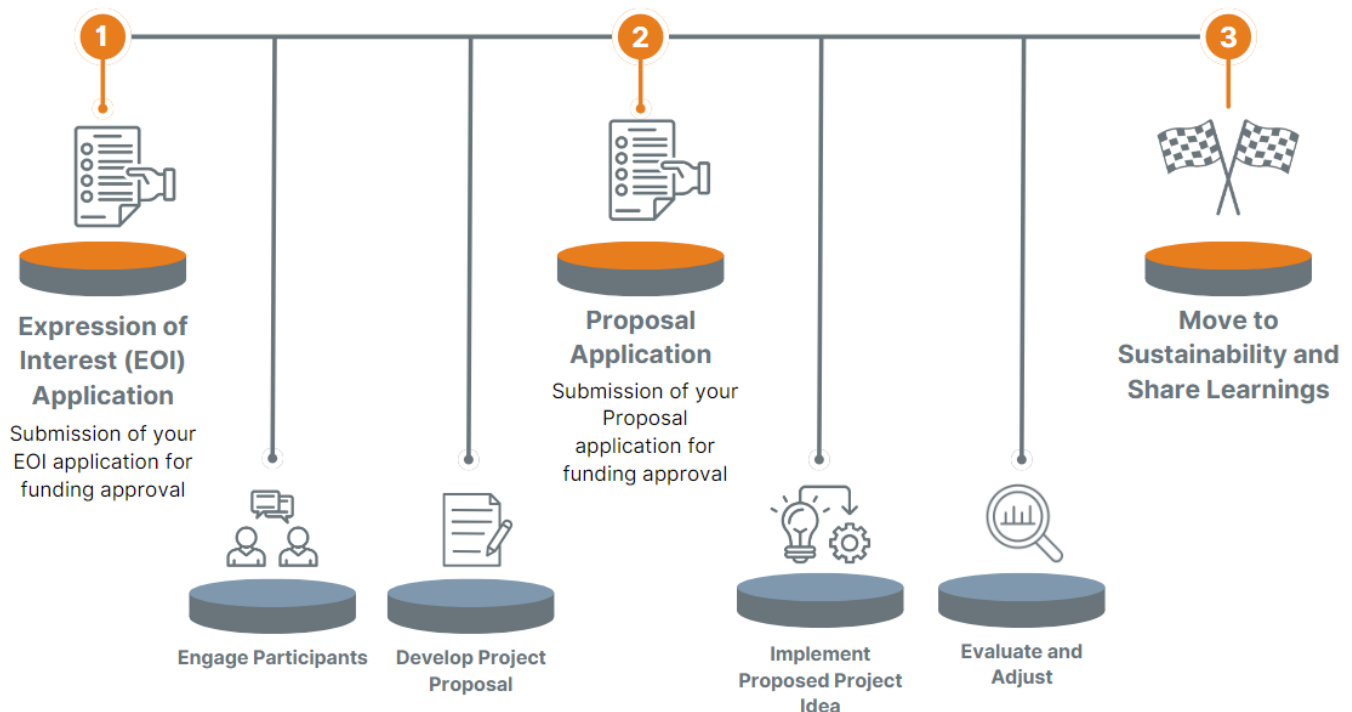
SCC has partnered with PHSA's Medical Staff Quality team to provide centralized project management support for the call proposals initiative. The team will:

- Be a resource for all physicians in BC who are interested in applying for funding, regardless of what health authority they work in.
- Provide support to physicians to complete the EOI and proposal applications as needed.
- Connect physicians to resources within PHSA, BC Cancer, or regional health authority teams.



- Provide overall project management for approved EOIs and proposals.
- Act as the fund holder for all projects and facilitate payments to all physicians, partners, and consultants as outlined in the project budget.
- Support measurement and evaluation activities.

## APPLICATION PROCESS



### 1. Expression of Interest (EOI)

Submission of an EOI application provides the opportunity to share a new project idea before significant work is undertaken. Project teams can apply for up to \$25,000 to develop a more fulsome project proposal. Project teams will have 3 months to complete and submit their full project proposal once the EOI is approved.

### 2. Project Proposal

Following the EOI phase, project teams must submit a full project proposal outlining their detailed workplan, budget, and evaluation plan to implement their project. Up to an additional \$75,000 is available to complete the project and projects must be complete within 15 months.



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## Submission & Decision Timelines

1. October 4, 2024 – deadline to submit an EOI.
2. November 30, 2024 – decision on approved EOIs to be communicated to teams.
3. March 3, 2025 – deadline to submit a proposal.
4. April 30, 2025 – decision on approved proposals to be communicated to teams.
5. July 31, 2026 – deadline to complete project and submit final reports.

Application Process	
<b>Step 1</b>	Determine if your project idea aligns with the priorities of the call for proposals.
<b>Step 2</b>	Indicate your interest to submit an EOI by completing this <a href="#">1 minute form</a> .
<b>Step 3</b>	Develop an EOI application. If you require support to complete the EOI email <a href="mailto:medstaffquality@phsa.ca">medstaffquality@phsa.ca</a> .
<b>Step 4</b>	Submit EOI application by October 4, 2024 to <a href="mailto:shared_care@doctorsofbc.ca">shared_care@doctorsofbc.ca</a> .
<b>Step 5</b>	If EOI is approved, begin working on full project proposal and ensure physician lead(s) meet quality improvement education requirements.
<b>Step 6</b>	Submit full project proposal by March 3, 2025 to <a href="mailto:shared_care@doctorsofbc.ca">shared_care@doctorsofbc.ca</a> .
<b>Step 7</b>	If proposal is approved, complete project.

## PROJECT REPORTING REQUIREMENTS

SCC has a responsibility to ensure that projects receiving funding maintain consistent accountability throughout the project lifecycle. As the fund holder and project manager for the initiative, the PHSA Medical Staff Quality team are responsible for ensuring that all required project reporting is completed and will work with the project teams to adhere to the following reporting requirements.

### Quarterly Reporting Requirements

- With a buffer of a minimum of three months after the start of the project, all EOIs and full proposal projects 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 are not considered fulfilment of the reporting requirement.



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## 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 SCC to the PHSA Medical Staff Quality team to submit quarterly reports. Reporting is due on the 15<sup>th</sup> 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 SCC.
- 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, Shared Care & Strategic Initiatives.

## 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 project close. It is encouraged to share an early draft of the report with the Initiative Liaison for feedback prior to finalization. SCC 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 SCC.

**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. SCC staff may also conduct exit interviews with these physicians to further understand their perspectives and spread project learnings through various channels.

## EVALUATION

All SCC funded projects are expected to be evaluated. Evaluation activities are crucial in demonstrating the value and impact of the work.

Project teams are expected to:

- Complete an evaluation plan at the time of proposal submission 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.





Note: SCC is currently exploring options for evaluation support and will provide more information to project teams at the time of EOI approval.

## SUSTAINABILITY PLAN

SCC projects are time-limited quality improvement initiatives designed to ensure that the project outcomes meet defined goals and are self-sustaining or integrated into system processes for patient care.

As SCC provides one-time funding, project teams must develop a sustainability plan early on to ensure the project implementation activities will be sustained on a long-term basis after project close. Additionally, projects should identify the funding and administrative plan to support operations.

The SCC Committee defines sustainability as the following:

- When new ways of working and improved outcomes become the norm<sup>1</sup>.
- Holding the gains and evolving as required – definitely not going back<sup>2</sup>.
- 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<sup>3</sup>.

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.

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

<sup>2</sup> NHS Institute for Innovation and Improvement 2005

<sup>3</sup> 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](http://ihi.org).



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

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



## APPENDIX A: FREQUENTLY ASKED QUESTIONS

### **Who can I contact if I have questions about the call for proposals?**

Email [shared\\_care@doctorsofbc.ca](mailto:shared_care@doctorsofbc.ca) and your inquiry will be directed to the right person.

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

The focus of the EOI phase is partner 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 can apply for full project funding or decide not to proceed further.

### **Who is the fund holder and project manager for my project?**

SCC has partnered with PHSA's Medical Staff Quality team to provide centralized project management support for the call proposals initiative. The team will:

- Be a resource for all physicians in BC who are interested in applying for funding, regardless of what health authority they work in.
- Provide support to physicians to complete the EOI and proposal applications as needed.
- Connect physicians to resources within PHSA, BC Cancer, or regional health authority teams.
- Provide overall project management for approved EOIs and proposals and facilitate required reporting.
- Act as the fund holder for all projects and facilitate payments to all physicians, partners, and consultants as outlined in the project budget.
- Support measurement and evaluation activities.

### **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.

### **Who will evaluate my project?**

More information will be coming on centralized evaluation resources.



### How do I obtain PQI Level 1 Training?

Physician lead(s) must complete PQI Level 1 training or equivalent prior to submission of the full proposal. Information on the program and how to access training can be found [here](#).

### What if I have already completed PQI Level 1 Training or an equivalent program?

If you have completed PQI Level 1 Training, no further action is required.

Shared Care will consider other quality improvement education training that has been completed as equivalent. Please email [shared\\_care@doctorsofbc.ca](mailto:shared_care@doctorsofbc.ca) with a brief description of the program and it will be reviewed.

### 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.

### 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](#).

### What are the reporting requirements for a project?

All EOIs and projects are required to submit quarterly status and financial reports as well as a final report. As the fund holders and project manager, the PHSA Medical Staff Quality team will work with the project teams to submit reports.

### 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.

	<b>Research</b>	<b>Quality Improvement</b>
<b>What is the purpose of your project?</b>	To generate new knowledge, generalizable to the wider population.	To improve internal processes, practices, or systems.
<b>What is my role?</b>	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.



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<b>What are you trying to accomplish?</b>	To test a new practice, theory, intervention, or device.	Bring about immediate positive change to a local practice setting.
<b>How many participants will you include?</b>	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.
<b>How long do you anticipate your project will take?</b>	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.
<b>What tools/ instrument are used to collect data?</b>	Valid and reliable instruments that measure concepts of interest.	Data collection tools that allow for easy recording of quick-cycle information.
<b>How will you analyze data?</b>	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.
<b>Will you be able to vary your protocol during the study?</b>	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.
<b>Who will most likely benefit from your project?</b>	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.
<b>Is Research ethics approval required?</b>	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.
<b>What do you plan to do with your findings?</b>	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.