

Overview

Between 2003/04 and 2012/13, British Columbia experienced an increase of approximately 10% in the number of community-based family physicians. Over this same time period, the number of family physicians delivering residential care services dropped by about 13%. The GPSC's residential care initiative is designed to address this challenge by enabling divisions/self-organizing groups to develop local solutions that improve the care of patients receiving residential care services.

Dedicated GP MRP Services

The initiative supports divisions, or self-organizing groups of family physicians where no divisions exist, to design and implement local solutions that deliver dedicated GP MRP services for patients in residential care facilities. For the purposes of this initiative, a dedicated GP MRP is defined as one who delivers care according to five best practice expectations and promotes three system level outcomes:

Best practice expectations:

- 24/7 availability and on-site attendance, when required
- Proactive visits to residents
- Meaningful medication reviews
- Completed documentation
- Attendance at case conferences

System level outcomes:

- Reduced unnecessary or inappropriate hospital transfers
- Improved patient-provider experience
- Reduced cost/patient as a result of a higher quality of care

Through this collaborative work, it is also anticipated that divisions/self-organizing groups will be positioned to explore broader topics, such as the linkages between residential care and home health, the sustainability of the service delivery models, or the anticipated 120% growth in the residential care population between 2011 and 2036.

Getting Started

1. *Intent:* Through the submission of a Request for Planning Funding, divisions/self-organizing groups interested in designing and implementing a local solution can access up to \$7,000 for planning per community within the division's geographic boundaries starting April 1, 2015. This planning funding is available until March 31, 2017.
2. *Engagement:* For an equitable process, divisions/self-organizing groups are encouraged to invite all local family physicians to participate in discussions about the proposed local solution and funding allocations.
3. *Planning:* With the planning funding, the local division/self-organizing group will convene at least once to discuss how to best locally achieve the dedicated GP MRP services. The local model and funding allocation details are determined by the local division/self-organizing group, and must meet the initiative's best practice expectations and system level outcomes. Divisions/self-organizing groups may allocate the funding into several pots to enable various elements of their program. For example: 1) A division/community coordinator for residential care, 2) The network structure itself including on-call, 3) Support of enhanced patient care, 4) Quality improvement, evaluation, mentoring, or education sessions, and/or 5) Other functions as determined locally.
4. *Memorandum of Understanding:* Once the division/self-organizing group has planned a local solution for dedicated GP MRP residential care services, the solution is articulated in a Memorandum of Understanding (MOU) between the division/self-organizing group and the regional health authority.
5. *Funding:* Funding will be provided to divisions/self-organizing groups through a Funds Transfer Agreement (FTA) between the local division and Doctors of BC, on behalf of the GPSC. The MOU will form part of the FTA. Starting July 1, 2015, divisions/self-organizing groups with a completed MOU and FTA can access a quarterly lump sum incentive, calculated for equity at an annual \$400 per residential care bed, to implement their local solutions. The formula considers both publicly and privately funded residential care beds. The lump sum incentive is not available retroactively. There is no deadline to complete an MOU and launch the local solution.
6. *Payment:* Based on the FTA, the division/self-organized group will receive a monthly payment, through the Doctors of BC on behalf of GPSC, approximately two weeks after each month. Divisions/self-organized groups will determine the specific payment process to individual family physicians based on their local solution.
7. *Monitoring/Learning:* Working with divisions/self-organized groups and health authorities, the GPSC is currently planning evaluative processes that will measure local and provincial expectations and outcomes as well as a process to share learnings with all stakeholders.

More Information

For complete initiative information and resources, visit the GPSC website, www.gpsc.bc.ca. For questions, contact Darcy Eyres, co-chair, GPSC Residential Care Working Group (residentialcare@doctorsofbc.ca or 250-480-8151).