DOCUMENT OF INTENT

BETWEEN

The Family Physicians of _____

AND

General Practice Services Committee

AND

_____Health Authority

AND

Medical Services Division, BC Ministry of Health Services

AND

British Columbia Medical Association

PURPOSE

This Document of Intent enables the above named partners to work together to establish the _____ Division of Family Practice ("Division"). The purpose of the Division of Family Practice is to provide a unique, collaborative and innovative approach to care through a partnership between the Family Physicians of _____ (the "FP_"), the General Practice Services Committee ("GPSC"), _____ Health Authority ("_HA"), the Ministry of Health Services, Medical Services Division ("MoHS") and the British Columbia Medical Association ("BCMA") (collectively referred to as the "Partners"). It is expected that this collaboration will result in:

- Family Physicians in _____ receiving professional support and the ability to influence patient care in the region;
- Patients in _____ receiving enhanced quality of care; AND
- A contribution to sustainability of the health care system.

The Division of Family Practice is being developed in response to requests from Family Physicians and the public for improved access to the benefits of primary health care and Family Physicians, quality improvement, practice enhancement and to achieve greater confidence in the health care system. The Division of Family Practice will not duplicate the roles and responsibilities of the Health Authority, but will provide formal family practice clinical influence and leadership at the community, regional and provincial level.

The purpose of this Document of Intent is for the Family Physicians of _____, strongly supported and assisted by GPSC and _____ Health Authority, to develop a more formal structure within which to work in the community. The parties of this Document of Intent believe that Family Physicians, if given the financial and other supports needed, will be able to create an improved system of care that benefits the entire community.

This Document of Intent serves merely as an expression of the intent between the parties and does not create any legal obligation between the parties. The provision of funding and services contemplated by this Document of Intent are subject to the discussion and execution of definitive agreements between the Government and the BCMA, and once established, between the Government and the _____ Division of Family Practice. The _____ Health Authority is a partner in these discussions.

PART 1 – GENERAL IMPLEMENTATION

The Division of Family Practice and the new models of care established by this partnership will be created and evaluated using continuous quality improvement methodology, so that what works can be adopted and sustained. Thus, what works will be leveraged and what does not work will be adjusted or discontinued. The intent is to provide Physicians with support to develop and implement innovative solutions to problems in a complex health system, i.e. give the Physicians flexibility and support for ongoing prototyping to make sustainable changes.

The Division of Family Practice will have shared responsibility with the Ministry of Health Services, the _____ Health Authority and the GPSC in planning and addressing gaps in care and quality of patient care issues related to Primary Health Care both in the community and hospital settings.

The Division of Family Practice will be open to all _____ Family Physicians including those who provide full service, specialized (obstetrical, ER) and walk-in clinic services. The Division of Family Practice will be defined geographically by the catchment area of the community hospital. There may be select exemptions to this based upon unforeseen circumstances as agreed by the Partners.

Structure will follow function in that the Division of Family Practice is being developed in response to requests from Family Physicians and the public for quality improvement, practice enhancement, and to achieve greater confidence in the system.

Collaborative Services Committee

The Collaborative Services Committee (the “CSC”) is a committee that will be composed of representatives of the Division of Family Practice, and the Health Authority. Patient, family and community perspectives are important and therefore, the CSC will examine

the best way to ensure that these perspectives are woven throughout CSC planning processes. During the prototyping phase, GPSC and MoHS senior management will also be members and provide active support for their development. For optimal structuring of Divisions in successful programming, the Partners will develop a mechanism whereby the Divisions will have a voice or influence in health authority policy and program development which affects primary care.

The purpose of the CSC is to provide collaborative guidance that supports the Division of Family Practice. The CSC is an innovative way of providing solutions to the complex and inter-connected issues facing the delivery of health services at the community level (including office-based family practice; home, residential and community care; mental health and substance misuse supports; accessing pharmacy, diagnostics, allied health professionals, and community agency services; shared care with medical specialists) and its interface with the acute care system (emergency rooms, in-hospital care). Supported by this collaborative governance, it is expected the Division will continually improve patient care and system efficiencies within its sphere of influence. The CSC will operate by consensus. In situations where disputes arise, committee members will use a voting process. The CSC members will continually evaluate whether the committee structure best meets its goals. There may be other ways to better address these goals and the Partners will examine additional or different ways to support innovative collaboration.

PART 2 – RESPONSIBILITIES OF THE PARTNERS TO THE DIVISION

2.1 _____ Health Authority will:

1. Co-chair the Collaborative Services Governance Committee (VP/Executive Director level) under its overall mandate to provide health care to the population in the community and provide overall perspective and transformation engine for the system.
2. Work to remove systemic barriers to improve care and system sustainability.
3. Provide regional and community specific data expressly requested by the Physician and disclosed in accordance with all privacy legislation and the policies/standards set by the College of Physicians and Surgeons of BC. No such data shall be collected from individual Physician practices as a result of his/her Division membership, except with the express consent of the Physician. Data may also include demographics and community health status, including disease burden.
4. Where appropriate, enter into an agreement with the Division to stock any enhanced access primary health care clinic when the Division identifies its readiness to offer this service.
5. Provide practice and change management support through the Health Authority Regional Practice Support Team (i.e. training and supports in Advanced Access, Patient Self-Management, Chronic Disease Management and Group Medical Visits) currently funded through MoHS agreements with the BCMA.

6. Work to re-orient current health services and/or attach other health professionals to increase integration and collaboration through the development of and funded by Integrated Health Networks.
7. Protect current or enhance funding arrangements for Departments of Family Practice.
8. Provide adequate parking at the hospital and other Health Authority facilities for Family Physicians participating in comprehensive care under this program as mutually agreed.
9. Provide continuous quality improvement and evaluation support.
10. Provide communications and production marketing support on the Division's services.
11. Will review and approve all invoices for clinical services delivered by the Division in Health Authority facilities that are provided in the interim period while the BCMA is responsible for allocating payment.

2.2 GPSC will provide:

1. Annual infrastructure funding to a maximum of $60,000 per 20 participating Physicians.
2. Executive Lead for Divisions of Family Practice.
3. Governance template (BCMA/MoHS).
4. Oversight.
5. Support through Family Practice initiatives including the Practice Support Program.
6. Useful planning data which may include current population with/without Most Responsible Physician, percentage of patients receiving recommended care, percentage of complex patients receiving planned care, and utilization data including MSP, Pharmacare, hospital discharge, Home and Community Care, and Mental Health and Addictions.

The data will be provided in an aggregate summary format to the Division of Family Practice during the implementation planning phase to inform decision-making. Follow-up information will be provided to the Division to assess effectiveness of programs which have been implemented, and to help with ongoing planning and program adjustments.

2.3 The BC Ministry of Health Services, Medical Services Division will provide:

1. Transformational leadership.
2. Funding to prototype new models of care as set out in the Document of Intent.
3. Details of service funding parameters to ensure equity amongst Divisions.
4. Data including individual practice profiles and overall Division of Family Practice profile. Such data must be expressly requested by the Physician and disclosed in accordance with all privacy legislation and the policies/standards set by the College of Physicians and Surgeons of BC. No such data shall be collected from individual Physician practices as a result of his/her Division membership, except with the express consent of the Physician.
5. Ongoing oversight and contract adjudication as appropriate.

2.4 The BC Medical Association will provide:

1. Temporary organizational support to the newly developed Division until such time that the Division can discuss and sign contracts.
2. Administrative support services as requested and purchased by the Division.

PART 3 – ROLE AND FUNCTION OF THE DIVISION OF FAMILY PRACTICE

3.1 Leadership

The Division of Family Practice will build an effective bridge between the Division and the hospital Department of Family Practice. The Department of Family Practice will continue to be responsible for Physician credentialing and privileging as per _HA bylaws, rules and regulations. The Department of Family Practice and the Division of Family Practice will have a shared leadership role of hospital-based programs supported by the Divisions infrastructure and will work in close collaboration with hospital administration on development and implementation of such programs. The Department of Family Practice will be active in evaluating the effectiveness and outcomes of hospital-based programs developed in collaboration with the Division of Family Practice.

3.2 General Duties

(a) The Division will:

1. Facilitate comprehensive primary health care for the people of _____.
2. Facilitate effective community-based administration for the Family Physicians.
3. Facilitate integrated care with Specialists.
4. Facilitate clinical leadership and practice/system design for members, the community and the region.
5. Strive to keep all its members informed and involved.
6. Develop infrastructure to receive and disburse Division infrastructure dollars according to local needs and by agreement of the membership and the Partners.
7. Explore integration with Mental Health, Addictions, Palliative Care, and Residential Services.
8. Explore potential opportunities with other community organizations to improve patient health outcomes (for example local government, schools, municipalities and not-for-profit organizations).
9. Co-chair the Collaborative Services Committee (Physician representative of the Division of Family Practice) under its overall mandate as set out above.
10. Provide an additional Family Physician as member of the CSC.
11. Work to remove Family Practice barriers to improve care and system sustainability.
12. Provide anonymous practice level data. Such data must be expressly requested by the Physician and disclosed in accordance with all privacy legislation and the policies/standards set by the College of Physicians and Surgeons of BC. No such

data shall be collected from individual Physician practices as a result of his/her Division membership, except with the express consent of the Physician.

13. Engage in practice and change management support through the Practice Support Team (i.e. training and supports in advanced access, patient self-management, chronic disease management, and group medical visits).
14. Work with current Health Authority services, community agencies and/or other health professionals to increase integration and collaboration through participation in the development of Integrated Health Network Teams and engagement in hospital and residential care programs.
15. Engage in continuous quality improvement and evaluation.

(b) The Division will provide Family Physician members with:

1. Information, including professional, clinical and practice supports focused on continuous improvement for patient care and professional satisfaction.
2. Formal and informal networking opportunities.
3. Family Practice voice and influence in the community and Health Authority in the delivery of integrated care.
4. Administration support for the Family Physicians to enable coordinated provision of Primary Care services to their community.
5. Access to Continuing Medical Education.
6. Clinical leadership and practice/system design support for members, the community and the region.
7. Administrative support to facilitate practice coverage for patient access.
8. Physician retention and recruitment planning and supports.
9. Role in medical education through accepting Family Practice residents, nurse practitioners and medical students, and taking a leadership role in organizing and sustaining regular weekly medical staff rounds, journal clubs, and subspecialty interests within family medicine.
10. Support for Physician wellness.

(c) The Division will assist in providing its members in the community with:

1. Branded awareness of its services, collective hours of operation and membership and affiliations.
2. Extended practice hours on weekdays, weekends and holidays to enhance patient access.
3. Comprehensive primary health care including: chronic disease management; maternity care; complex care for people living with multiple chronic conditions including pain, anxiety and depression; mental health care; and end-of-life care. This primary care will be provided in collaboration with other health care providers as appropriate.
4. Models of hospital care that foster continuity of inpatient care and effective information exchange during admissions and discharges, improved efficiency in response to sudden clinical deterioration or hospitalized patients, improved utilization and integration with the health care team, and increased collegial support for care of complex patients.
5. Enhanced coordination and quality of residential care.

6. Extended access and enhanced services in designated Physician-owned and -operated Family Practice and out-patient clinics.

3.3 Build Public Confidence

It will be the Division of Family Practice's role, fully assisted and supported by the Partners, to make this innovative model extremely visible at the local, regional and provincial levels. To ensure this occurs, the Division of Family Practice will facilitate the publishing of information and education on Primary Health Care Services to the public, highlighting innovative and continuous improvement activities, through communication tools such as branded marketing brochures, which might include information on subjects such as:

1. A full description of available Primary Health Care Services and the benefits of such services.
2. Scope of community hospital care services available for patients in the local health authority.
3. Assistance in finding Primary Care Providers for unattached patients in the community.
4. Description of programs in place for providing comprehensive community care for complex and chronic patients.
5. Description of and contact information for maternity care.
6. Description of end-of-life care including in-hospital and community palliative and hospice care tools for end-of-life planning and advanced directives.
7. Description of residential care, home care supports and long-term care options.
8. Contact information for patient access to health services such as walk-in same-day access and after hours care (open or advanced access options).
9. Education regarding appropriate use and access to urgent and emergency care.
10. Mental health and Addictions services.
11. Other additional innovative care available, such as patient self management groups and training, telephone-coaching for managing depression and chronic conditions, group clinical visits, prevention and other services identified by the partners/community.

PART 4 – DIVISION OF FAMILY PRACTICE PROGRAMS AND SERVICES

The infrastructure of the Division is intended to facilitate the development, implementation and administration of new and innovative patient care programs. These programs are expected to be consistent with the goals of access to care, attachment of unattached patients to community practitioners, sustainability of health care and support for complexity and continuity of care. A description of potential programs which have been developed or contemplated are listed below. When the Partners agree on programs to pursue, funding will be provided through the GPSC and additional investments from the MoHS and the local health authority. The value and outcomes of the programs will be collaboratively evaluated by the Partners over the coming three years and be subject to

change and modification. It is expected that additional programs may be developed based on assessment of perceived patient care needs in the community as agreed to by the Partners.

The _____ Division of Family Practice has indicated intent to adopt an enhanced Family Practice Hospital Care Program addressing the primary care needs of unattached patients and the Residential Care Program as their first priorities in new program development. These programs are described below.

4.1 Family Practice Hospital Care Program

The patient benefit from continuity of care provided by Full Service Family Practitioners (FSFPs) working in hospitals has been a key element of hospital care in Canada. In the past few years the number of FSFPs involved in this care has decreased dramatically, particularly in urban settings. This program, linked to the Division, is aimed at supporting existing FSFPs engaged in hospital care and encouraging others to join them. This will be accomplished by taking a team-based collaborative approach and appropriately compensating the physicians and enhancing their involvement in the hospital resulting from being away from their office while at the same time having to continue to pay their overhead office costs.

Desired Outcomes:

- Reduced length of stay for all patient populations;
- Reduced re-hospitalization/hospitalization of people with CHF and COPD;
- Retention and expansion of Family Physicians taking care of their own patients in hospital;
- Reduction in the number of unattached hospital and community patient population;
- Improved planning and morale in medical wards (determined by patient/nurse/physician surveys); AND
- Increased percentage of patients receiving continuity of care – measured through Majority Source of Care (MSOC) formula.

4.2 Enhanced Access Primary Health Care Clinic

In addition to the enhanced service hours and access provided by specific community enhanced family practices within the _HA model, there is an interest in prototyping enhanced access models through the development of community clinics owned and collaboratively managed by Family Practitioners who are members of a Division of Family Practice.

Desired Outcomes:

- Reduction in people seeking primary care from the Emergency Department of the target hospital; AND
- Enhanced access to primary care for vulnerable or difficult to serve populations.

4.3 Family Practice Residential Care Program

A team of health professionals working together to deliver proactive as well as urgent primary health care needs of patients in residential care who might otherwise be referred to an ER.

Desired Outcomes:

- Reduction in residents seeking primary care from the Emergency Department of the Division's local participating hospital;
- Family Practitioners continue to support their patients in residential care;
- Reduced numbers of transfers to ER at the local participating hospital;
- Reduced numbers of acute care admissions;
- Reduced length of stay in hospital for residential care patients;
- Increased number of people who are able to die in their residential care home rather than being transferred to hospital for their last hours or days; AND
- Enhanced access to primary care for this vulnerable population.

4.4 Palliative Care

There exists palliative care programming in the _____ Regional Hospital and the community. Family Physicians have always played important roles in providing comfort to their dying patients. The Division can assist in improving palliative care supports and services.

Desired Outcomes:

- Program sustainability;
- Continued access to comprehensive end-of-life care for patients in the _____ area; AND
- Ongoing support and retention of Physicians currently involved in this program as well as recruitment of additional Physicians as needed.

4.5 Maternity Clinic

The Division will assist in supporting or enhancing maternity care in _____. This may include future formations of maternity clinics. Other supportive initiatives include: the Obstetrical Care Premium, increased training and support, collaborative delivery models with midwives and a patient-centred maternity care pathway. Funding for these maternity care services is through the GPSC Full Service Family Practice Incentive Program.

Desired Outcomes:

- Program sustainability;
- Continued access to comprehensive maternity care for patients in the Division's catchment area; AND

- Ongoing support and retention of Physicians currently involved in this program as well as recruitment of additional Physicians as needed.

4.6 Enhanced Community Care Capacity

A targeted effort will be made to identify potential Family Physician vacancies in existing physician offices in the geographical area covered by the Division. This includes supporting Family Practice clinics who wish to restructure and maximize real estate by increasing the number of Physicians working in the same clinic. These interested Physicians will be provided with support to advertise and recruit locums and permanent Family Practitioners to the area. Support will be offered to coordinate a community locum program. This effort will also focus on developing and promoting programs to integrate unattached patients into primary care practices. Participating Physicians will work with support services to analyze Division clinical data with the intention of informing further capacity planning and evaluation of current programs.

This initiative will also examine and support collaboration with other Primary Care Providers such as Nurse Practitioners to aid in assignment of unattached patients from geographic catchment area to Division of Family Practice members or to associated divisional clinics (Enhanced Access Primary Health Care Services Network).

Desired Outcomes:

- Program sustainability;
- Reduction in the number of patients who do not have a Family Physician but are seeking one;
- Retention and recruitment of Family Physicians to the community enabling successful implementation of enhanced patient care programs; AND
- Assignment of unattached patients from geographic catchment area to divisional FSFPs or to divisional clinic (Enhanced Access Primary Health Care Services Network).

4.7 Physician Health

Division members will be offered local relevant education and support through a variety of avenues including, but not limited to, a website, special speaker events, a local support group, education for Physicians treating Physicians, and support for medical society social networking events.

Desired Outcomes:

- Increased support for Physicians by encouraging and enabling Physician health and balance;
- Increased networking opportunities for both Family Physicians and Specialists; AND
- Improved retention of physicians in the community and in Full Service Family Practice.

4.8 Integrated Health Network

An Integrated Health Network (IHN) will typically serve a geographic community that links Family Physicians with existing health authority and community resources. It also adds other key resources to improve coordinated community care through an integrated team of providers wrapped around high-need priority patient populations, and providing functions such as:

- Patient self-management training and groups;
- Patient education;
- Life coaching and solution focused counselling;
- Group clinical visits;
- Effective linkage to home and community care, medical specialists and local hospital transition-home teams; AND
- Community development and social supports capacity.

The initial focus of the IHN teams has been to improve care for priority populations with specific chronic conditions or co-morbidities.

Desired Outcomes:

- Initiative is considered a success by the Partners; AND
- Improved health outcomes in the population of patients with chronic medical conditions.

4.9 CME Coordinator/Education Coordinator

Initially this position could coordinate morning rounds for the medical staff. Development of Division programs such as the enhanced Family Physician Hospital Care Program could include targeted CME which can be developed in collaboration with existing programs. In the longer term there is potential for development of a comprehensive Family Practice Residency program. With this program this position will evolve into a role that coordinates the teaching program for medical students and residents.

Desired Outcomes:

- Professional Development;
- Increased competence and professional satisfaction for Family Physicians' participation in Divisional Programs;
- Increased retention and recruitment of Family Physicians; AND
- Support for development of a local Family Practice Residency Program.

PART 5 - GOALS

It is a goal that, by _____ 2009, all of the Partners will be able to report progress in the following areas:

1. The Division of Family Practice will have enabled _____ Physicians to develop and use a revised Family Practice service delivery model for patient care that includes:
    - Ongoing adaptation and improvement processes;
    - Successful enhancement of quality of care for the unattached patient as well as the established Family Practitioner patient population;
    - Improved provider satisfaction;
    - Recruitment and retention of Family Practitioners to participate in hospital care; AND
    - Decreased unattached patient population within the local geographic community.
2. The Division of Family Practice will have identified other areas of involvement beyond the original care gaps identified as requiring action.
3. The visibility of the Division of Family Practice through media, brochures and public statements.
4. Family Physicians will feel more connected to each other and experience increased professional satisfaction.
5. Division of Family Practice members will feel confidence in their infrastructure and its ability to effectively relate to the Health Authority.
6. The Family Physicians (through the Division of Family Practice) will have experienced positive results from their new collective voice and influence.
7. The Division of Family Practice will have presented at least once to the Health Authority Executive.
8. Family Physicians will be able to identify improved relations with specialists and improved access for their patients to specialty services.
9. The Division of Family Practice will be known by the Universities and aware of potential opportunities for teaching, training, preceptor and research.
10. The Division of Family Practice will be able to show through their own data where they have been able to improve access and care for their patients.
11. The Division of Family Practice, with the help of all the Partners to this Document of Intent will provide at least semi-annual reports.
12. The Physicians, the GPSC, the Health Authority and the Ministry will report a unique experience of commitment to continuous adaptation and improvement for patients and across the system and expression of confidence in the methodology for the future.
13. The community will express greater confidence in the health system.
14. The Division of Family Practice membership will engage with and include more of the community's Family Physicians.

15. The Division of Family Practice will have helped to accelerate integration of Health Authority services with primary health care.
16. Accelerated clinical and practice improvements.
17. Better organization of care for patients outside of the hospital or ER setting.
18. Ongoing involvement in medical education of students and residents with enhanced relationship between medical schools and GP community.

PART 6 - DISSOLUTION

The Partners acknowledge that the collaboration contemplated by the Document of Intent may be dissolved at any time or that any Partner may withdraw from the collaboration at their discretion.

The Partners to this Document of Intent executed this agreement on the _____day of _____ , 2009

Signed on Behalf of the Family Physicians of _____

_____
Dr.
Family Physician

_____
Dr.
Family Physician

_____
Dr.
Family Physician

_____
Dr.
Family Physician

_____
Dr.
Family Physician

Signed on Behalf of _____Health Authority

_____
President & CEO, _____ Health Authority

Signed on Behalf of Ministry of Health Services

_____
Stephen Brown
Assistant Deputy Minister, MSP Division

Signed on Behalf of General Practice Services Committee

_____
Valerie Tregillus
Co-chair

_____

) **Dr. William Cavers**
) **Co-chair**
)

) Signed on Behalf of British
) Columbia Medical Association
)
)
) _____
) **Dr. Mark Schonfeld**
Chief Executive Officer
BC Medical Association