

Specialist Services Committee



Expression of Interest Funding Initiative



1) Introduction

The Specialist Services Committee (SSC), a partnership of Doctors of BC and the BC government, is making available up to \$15 million on a one-time basis to support specialist prototypes and initiatives that enhance coordination of care for patients with complex and longitudinal care needs and support specialists as leaders in quality improvement and innovation.

This is the second phase of the SSC's quality and innovation initiative. The first phase started in 2011 resulted in \$8 million going out to 20 physician-led groups. More information on the previous initiative can be found at <http://www.sscbc.ca/partnership-work/quality-and-innovation-initiative>.

Funding from the SSC is awarded on a one-time basis (i.e. not on-going) but the SSC may offer sustainability or scale-up funding to successful prototypes upon completion and evaluation. The SSC is seeking input and Expressions of Interest from specialists who are actively practicing in BC, and specialist sections to develop prototypes that pursue these identified areas of improvement. Funding will be awarded through a multi-staged process administered by the SSC, as outlined in this document.

Application deadline is April 30, 2014.

2) Objectives

By way of this quality improvement process, the SSC's objectives are to:

- Understand key issues for specialists in caring for their patients
- Enhance quality improvement and innovation
- Address gaps in specialist care, particularly concerning patients with complex care needs
- Promote leadership capacity of specialists
- Promote collaboration between specialists and health authorities
- Create conditions for scale-up and sustainability of successful prototypes
- Promote patient-centred care
- Promote multidisciplinary care teams

3) Eligibility

All specialists who are actively practicing in BC are eligible to apply. Expressions of Interest can be submitted by individual specialists, group practices, departments, or Doctors of BC sections.

Specialists are strongly encouraged to discuss their ideas and work on their applications with colleagues, sections and other stakeholders prior to submission. After the submission deadline, all Expressions of Interest will be shared with their respective health authorities (refer to list in **Appendix A** for health authority contacts).

As many Expressions of Interest will require some level of collaboration with health authorities, where appropriate the SSC evaluation panel will ensure alignment with health authority resources and priorities. Health authority review does not guarantee nor eliminate opportunities for funding as applications will also be evaluated against the criteria below. As appropriate, specialists will be required to work with their health authorities throughout the multi-staged application process.

4) Criteria

The SSC's evaluation panel will consist of representatives from the Specialist Services Committee, Ministry of Health, the Health Authorities and Doctors of BC. Expressions of interest should meet the SSC's Guiding Principles and the following criteria (refer to **Appendix B** for more information). Specifically, the SSC would like to support specialist-led prototypes and initiatives that:

- Promote an evidence-based approach
- Includes robust data collection, analysis, evaluation and monitoring that will demonstrate success
- Demonstrate potential for scalability, spread and sustainability
- Promote collaboration with key stakeholders (i.e. health authority)
- Preference will be given to Expressions of Interest addressing the following priority areas:
 - Priority Patient Populations (refer to **Appendix B** for more information)
 - Timely access for specialist services, diagnostic imaging and elective surgeries
 - Improving emergency department congestion
 - Surgical Improvement - leading improvement projects or events such as patient value stream mapping exercises and projects that improve quality, efficiency, and access.
 - Pooled Referrals - coordinating and pooling patient referrals through a central referral intake process and conducting priority triage and offer patients a "first available appropriate specialist" model.
- About one quarter of the funding will be made available to Expressions of Interest that fall outside of the above-mentioned priority areas.

5) Budget and Use of Funding

A) Budget for Expressions of Interest

As a guideline, the budget for individual Expressions of Interest should not exceed \$1,000,000. Funding can be spread beyond one year, up to a maximum of three years. The SSC may consider Expressions of Interest exceeding \$1,000,000 if physicians from more than one specialty submit joint Expressions of Interest for funding, or a proposed idea has a broad or provincial scope (i.e. spans multiple health authorities). Alternatively, Expressions of Interest that require budgets substantially less than \$1,000,000 while still meeting the evaluation criteria may also be funded (i.e. quality improvement projects). The number of applications approved by the SSC will be dependent on the total budget of the approved Expressions of Interest up to the maximum \$15 million allocation.

Examples of eligible uses of funding include physician time, support resources, limited infrastructure, travel and administrative costs.

All applicants proceeding to Stage 2 will receive initial funding up to \$10,000 based on submitted invoices of eligible expenses. This funding is in addition to the Expression of Interest funding request and meant to support specialist time and additional resources needed to develop a detailed Stage 2 proposal and facilitate collaboration between specialists and their health authorities, where applicable.

The SSC will provide support for quality improvement and facilitating discussions with health authorities as well as provide a list of contacts that can support proposal development.

B) Eligible use of funding:

Examples of eligible activities or services:

- Delivering a new, redesigned or enhanced service (e.g. promoting continuity of care, patient access, quality of care, cost-effectiveness, collaboration, multidisciplinary care)
- Supporting specialist practices through multidisciplinary care (e.g. use of allied health professionals)

- Focusing on quality and/or process improvement (i.e. improving a patient pathway, emergency room improvement)
- Conducting time-limited prototypes to improve service delivery

C) Funding will not support:

- Duplication of services and/or projects
- Increases to current fees or creation of new fees.
- Significant equipment purchases.
- Applications that focus on IT services.
- Payment of office leases.
- Only one Expression of Interest will be approved per physician lead

The above list is an illustrative example of potential use of funding. The SSC may consider supporting other ideas suggested through the Expressions of Interest, but has the discretion to request applicants amend a proposal to better suit the funding criteria.

6) Process and Timelines

The Expression of Interest process will be conducted in multiple stages to allow the SSC to review initial ideas submitted, provide feedback and support for more detailed proposal development.

STAGE 1	Target
<p>A) All applicants must submit an initial <u>Stage 1 Expression of Interest</u> that <u>briefly</u> (2 page maximum) identifies the following:</p> <ul style="list-style-type: none"> i. The problem, proposed solution and supporting evidence ii. The proposed budget amount and what it will be used for (high level) iii. Alignment with the SSC Guiding Principles iv. What funding will achieve, including identification of any sustainability issues v. Identification of key resources and support required from health authorities and other key stakeholders <p style="text-align: right;">Deadline for Stage 1 Expressions of Interest:</p>	<p>Apr 30, 2014</p>
<p>B) The SSC evaluation panel will select ideas for Stage 2 funding. The SSC evaluation panel may consult with applicants regarding eligibility, scope, use of funding, etc. All Stage 2 ideas will be categorized by their readiness state into:</p> <ul style="list-style-type: none"> i. Development-track: applications requiring the time until the Stage 2 proposal deadline ii. Fast-track: group of applications that may be ready to submit proposals prior to Stage 2 deadline (to be determined by SSC) 	<p>May - Jun 2014</p>
STAGE 2	
<p>Deadline for Stage 2 Proposals:</p>	<p>Oct 24, 2014</p>



DEADLINE APRIL 30, 2014

Note: SSC will make the final decision on approval of applications. There will not be an appeals process.

All funded prototypes will submit quarterly and final report based on timelines developed in workplans and contracts which the SSC and key stakeholders will evaluate with respect to its success and potential for scale-up and sustainability.

7) Success Rate

The SSC will only approve and fund Expressions of Interest that best meet the criteria. Due to an anticipated high amount of applications and a limited budget, the SSC cannot guarantee funding to all applicants. Based on projections from the 2012 SSC One-Time Funding process, the SSC anticipates greater than 150 applications.

Further, not all Stage 2 applicants will be successful in approval for full funding. We hope all applicants will benefit from further development of their concepts, collaboration with key stakeholders and quality improvement support.

8) Submission and Contact Information

Specialist physicians and sections may submit their initial Stage 1 Expressions of Interest online at:

[Link to Expression of Interest Application form](#)

Specialist Services Committee
c/o Christina Beck

sscbc@doctorsofbc.ca

Applicants requiring further information or clarification - please visit our Frequently Asked Questions section on our website or contact Christina Beck (604-638-7858).

[Link to Frequently Asked Questions](#)

Appendix A

Designated Health Authority Representatives

After the submission deadline, all Expressions of Interest will be shared with their respective health authorities.

As many Expressions of Interest will require some level of collaboration with health authorities, where appropriate the SSC evaluation panel will ensure alignment with health authority resources and priorities. Health authority review does not guarantee nor eliminate opportunities for funding as applications will also be evaluated against the criteria included in this document. As appropriate, specialists will be required to work with their health authorities throughout the multi-staged application process.

Applicants may choose to contact their respective health authority representative, as identified below. Please indicate "SSC Expression of Interest Proposal" in the subject heading when contacting your health authority representative.

FHA: Dr. Roy Morton, Executive Medical Director, Physician Partnerships and Performance
c/o Kerri Aujla
604-520-4174
Kerri.Aujla@fraserhealth.ca

PHSA: Georgene Miller
c/o Madonna Follett
604-829-2625
mfollett@phsa.ca

IHA: Gina Sloan, Director, Physician Compensation Planning & Initiatives
250-870-4607
Gina.Sloan@interiorhealth.ca

NHA: Dr. Ronald Chapman, VP of Medicine
c/o Candice Manahan
250-649-7176
Candice.Manahan@northernhealth.ca

VCH: VCH Senior Executive Medical Group
c/o Julian Jamieson
604-875-5084
Julian.Jamieson@vch.ca

VIHA: Dr. Martin Wale, Executive Medical Director
c/o Tanya Unger
250-519-7700 X 13970
Tanya.Unger@viha.ca

Appendix B

SSC Guiding Principles

The following Guiding Principles represent fundamental principles, or values, inherent to all initiatives sponsored, fostered and funded by SSC.

1. All SSC initiatives are reflected in the SSC's Quality and Innovation Plan, ensuring integration, leveraging of opportunities, identification of dependences, and efficient implementation.
2. Initiatives aim to achieve the modified IHI's Triple Aim outcomes, including:
 - improving the patient care and provider experience
 - improving the health of the population
 - reducing per capita cost
3. Initiatives promote collaborative partnerships between its core partners:
 - Doctors of BC and specialist physicians
 - Ministry of Health and the health authoritiesInitiatives mutually address and benefit the priorities of its partners in order to promote commitment, ownership and sustainability.
4. Initiatives are designed to reflect the unique regional, community, and local needs of partners, and promote coordination and learning across the Province.
5. Initiatives are supported by a robust measurement and evaluation framework, and promote the sustainability and spread of success and best practice.
6. Alignment with [Doctors of BC](#) and [Ministry of Health](#) strategic plans.
7. Initiatives promote quality and innovation, including:
 - collaborative practice
 - patient engagement
 - efficient capacity
 - improved knowledge, skill and judgment of individual physicians
 - improved access to care and care gaps

Patient Populations

The Expression of Interest criteria is based on the Ministry of Health's strategic plan top 7 patient populations in terms of the health status groups with the greatest need for health care. For further reference, please refer to the Ministry of Health's [Setting Priorities](#).

- End of Life (Palliative)
- Frail in Care (Residential Care)
- Cancer
- High Complex Chronic Conditions: conditions or combinations of conditions that are characterized by use of high complex services from multiple providers. These conditions include:
 - Dementia
 - Cystic Fibrosis
 - Dialysis
 - Transplant
 - Congestive Heart Failure
 - Stroke
 - Combination of Diabetes + Hypertension + Osteoarthritis
 - Combination of Angina + COPD
 - Combination of Rheumatoid Arthritis + Osteoporosis
 - Combination of Acute Myocardial Infarction + Pre-dialysis Chronic Kidney Disease
- Frail in the Community and Severe Disability
- Maternity and healthy newborns
- Mental health and substance use