The Health System Redesign (HSR) Initiative is supported by three Joint Collaborative Committees (JCCs) of Doctors of BC and the Ministry of Health: Shared Care, Specialist Services, and Family Practice Services Committees.



## Health System Redesign (HSR) Funding for Physician Engagement

## **General Funding Criteria**

- Funding cannot be used for physician education, training, or orientation.
- Funding is to be aligned with the Ministry of Health priorities.
- Funding is intended to assist health authorities to receive meaningful physician input and engagement in acute and community-based service redesign activities and projects.
- Physician input and engagement should reflect appropriate application of the IAP2 <u>Core</u> <u>Values</u> and <u>Spectrum of Engagement</u>.
- Funding is applied for time-limited redesign projects and broad scale physician engagement in health authority service redesign activities, recognizing that these may be several years in duration.
- Funding is not intended for ongoing program administration, standing committee work or to cover the cost of staff positions.
- Funding is intended to cover physician participation beyond hospital administrative duties for which physicians are already responsible and compensated.
- Funding for physician engagement health authority redesign activities should not be applied where funding responsibility for physician engagement rests elsewhere, regardless of whether funding for those activities is considered inadequate. This is to avoid overlap and duplication of funding from multiple sources.

If you are unsure if your project aligns with the funding criteria, or would like to discuss other funding opportunities, please contact Atsuko Tanahara, leader, specialist services committee initiatives and we will work with you on identifying and coordinating the most appropriate support(s) for your project.

Submit completed documents (electronic format only, please) to <u>SSCLeader@interiorhealth.ca</u>.

If you have any questions, please contact Atsuko by email at <u>SSCLeader@interiorhealth.ca</u> or by telephone at 250-469-7070 x 12173









Funding for the Physician Engagement in Health System Redesign (HSR) initiative is provided by the Specialist Services Committee, Shared Care Committee, and Family Practice Services Committees (together, the Joint Collaborative Committees of BC Government and Doctors of BC). The goal of the HSR funding is to ensure that physicians are engaged and have the opportunity to participate in planning, decision making and implementation of new or revised health services, in a manner that contributes to alignment across the health system, and reflects the application of the IHI Triple AIM Improvement Framework.

## PART 1 – PROJECT SUMMARY

| Project Name:   |   |  | 2024/2025   |
|---|---|--|---|
| Project Lead (IH Staff Position):   |   |  |   |
| Phyisician Lead (If applicable)   |   |  |   |
| Program Lead (Cost Centre Signatory):   |   |  |   |
| Primary Program or Specialty:   |   | Secondary Specialty (If Applicable)                              |   |
| Community/Facility:   |   |  |   |
| Activity:   |   |  |   |
| Project Start Date (MM/YYYY)  |   | Project End Date (MM/YYYY)                                       |   |
| The project activity described in this application is:  | New, it has not been<br>funded through Health<br>System Redesign (HSR)<br>prior | A continuation of the<br><u>same</u> work funded by<br>HSR prior | <ul> <li>Is a distinct phase<br/>of a project funded<br/>through HSR, currently<br/>or in the past</li> </ul> |
| PART 2 - PROJECT INFORMATION  | J   |  |   |
| <ol> <li>Project purpose or description,<br/>including 2-3 anticipated outcomes of<br/>the project?</li> <li>(Brief description of project)</li> <li>*This funding initiative is intended for<br/>time-limited projects. Please note<br/>that ongoing program administration<br/>or standing committee work is<br/>outside the scope of this initiative.</li> </ol> |   |  |   |
|   |   |  |   |

| <ol> <li>Have you, or will you be applying for<br/>or receiving funding from any other<br/>source(s)? If so, please identify the<br/>funding source(s).</li> </ol> |  |
|--|--|
| (Medical Staff Associations/Facility Engagement,<br>Shared Care, PQI, Ministry of Health, Interior<br>Health, etc)   |  |
| This information will help us work with<br>you to identify the most appropriate  |  |
| funding source(s) and help us to<br>coordinate across different funding<br>sources to maximize the resources   |  |
| available to you for your project.   |  |
| 3. How does the project align with the Interior Health Key Strategies?   |  |
| (Please reference or copy an excerpt from the specific tactic and/or deliverable from the strategic plan)  |  |
| The purpose of HSR funding is to enable physicians to contribute to  |  |
| achieving health authority priorities.   |  |
| Physician engagement that directly   |  |
| supports Interior Health's high priority   |  |
| issues will have priority for this   |  |
| funding.   |  |
| A Physician input and engagement must  | reflect the appropriate application of the IAP2 Core Values and Spectrum of Engagement The |

## Physician input and engagement must reflect the appropriate application of the IAP2 Core Values and Spectrum of Engagement. The overall goal of physician engagment for this initiative is to (select one only):

| Level   | Physician Engagement Goal  | IH Commitment to Physician Participants   |
|---|--|---|
| lnform  | To provide physicians with balanced and objective<br>information to assist them in understanding the<br>problem, alternatives, opportunities and/or<br>solutions that have been decided. | To keep physicians informed, with accurate and timely information.  |
| Consult   | To obtain physician feedback on analysis, alternatives and/or decisions.   | To keep physicians informed, listen to and acknowledge concerns and aspirations – and provide feedback on how their input influenced the decision.  |
| Involve   | To work directly with physicians throughout the process to ensure that physician concerns and perspectives are consistently understood and considered as decisions are taken.            | To ensure physician concerns and perspectives are directly reflected in the alternatives developed – and provide feedback on how physician input influenced the decision.                                 |
| Collaborate   | To partner with physicians in each aspect of the initiative, including leadership, the development of alternatives and the identification of a preferred solution.                       | To look to physicians for advice, leadership and<br>innovation in formulating solutions, and to incorporate<br>physician advice and recommendations into the<br>decisions to the maximum extent possible. |
| Empower   | To place final decision making in the hands of physicians.   | To implement what is decided.   |
| <ol> <li>Who do you plan to e<br/>Medical Leadership St</li> <li>Note: Funding is not provid<br/>funding source, if the work<br/>scope of the medical leader</li> </ol> | ed through this<br>falls within the  |   |

| <ol> <li>The goal of HSR funding is to ensure<br/>that physicians are engaged and have<br/>the opportunity to participate in<br/>planning, decision making and<br/>implementation of new or revised</li> </ol>   |  |   |  |          |      |      |
|--|--|---|--|----------|------|------|
| health services that align with Interior   |  |   |  |          |      |      |
| Health's priorities. Describe how  |  |   |  |          |      |      |
| physicians will be engaged to meet   |  |   |  |          |      |      |
| the strategic priority indicated in item 3 above.  |  |   |  |          |      |      |
| 5 above.   |  |   |  |          |      |      |
| How will physicians be engaged or  |  |   |  |          |      |      |
| involved in this project or initiative?  |  |   |  |          |      |      |
| How will physician input be factored into  |  |   |  |          |      |      |
| the decision-making?   |  |   |  |          |      |      |
| Part 3 - Funding Request for phys  | sician participation   |   |  |          |      |      |
| 7. How many physicians will be engaged   | Anticipated # of FPs:  |   |  |          |      |      |
| to support this project or initiative?   | Anticipated # of SPs:  |   |  |          |      |      |
|  | Total # of Physicians:   |   |  |          |      |      |
| 8. Consider the physician engagement tin 2024/25. Hourly rate is \$171.05 for bo   |  | _   |  |          | -    |      |
| Q1 April 1 to June 30 2024   | \$   | ipiete the attached budget  | Janning excer                                  | uocument |      |      |
| Q2 July 1 to September 30 2024   | \$   |   |  |          |      |      |
| · · ·  | \$   |   |  |          |      |      |
|  |  |   |  |          |      |      |
| Q4 January 1 to March 31 2025  | \$   |   |  |          |      |      |
| TOTAL  | \$   |   |  |          |      |      |
| 9. The budget template (excel) is complet  | e and attached to this app   | lication (required)   | □ Yes  |          | 🛛 No |      |
| PART 4 – ACKNOWLEDGEMENT   |  |   |  |          |      |      |
| 10. A project outline, charter or similar doe on request to the co-funders.  | cument is available, and it  | can be provided   |  | □ Yes    |      | No   |
| <ul> <li>11. By signing below, the Program Sponsor</li> <li>This project or activity is a priority wi</li> <li>All operational resource impacts of t</li> <li>The physician engagement plan is ap</li> <li>If funding is approved, it will be used between April 1, 2024 and March 31,</li> <li>The total physician compensation cla</li> <li>A final report will be submitted no lat</li> <li>All physician participants will be given</li> </ul> | thin their VP's portfolio;<br>he project have been cons<br>propriate and reasonable;<br>I only to compensate phys<br>2025 as described in this<br>imed against this funding<br>ter than April 30, 2024 (for<br>n a physician evaluation su | cians for the participation in<br>proposal and allowed by the<br>will not exceed the amount a<br>m to be provided) and; | IH-led engager<br>funding guideli<br>approved; | ines;    |      | aken |
| Program Sponsor Name:  | Signature of   |   |  |          |      |      |

| Program Sponsor Name:<br>(VP or VP direct report) | Signature of<br>Approval: | Date: |  |
|---|---------------------------|-------|--|
|   | Approval                  |       |  |