



## Visiting Specialist Package

In this Package

### COMMUNITY COMPONENTS

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To be used by the community to inventory available resources to support a visiting specialist program.
- p 2** **Specialty Needs Assessment**  
To be used by the community to assess their need for services for a given specialty and determine the visit interval most likely to be successful.
- p 3** **Visiting Specialist Questionnaire**  
The first section is completed by the community and then sent to the visiting specialist candidate to determine the compatibility of service offering and any items potentially not foreseen within the community.
- p 6** **Visiting Specialist Welcome Worksheet**
- p 7** **Service Introduction to GPs**  
To be used within the community to make GPs and their MOAs aware of the new service, any associated CME and to provide information on referral and booking processes.
- p 8** **Service Initiation Checklists**  
The be used by the in-community program administrator to support the sustainability of the service.
- p 10** **Sustainability Plan**  
Example of a sustainability plan based on a similar plan developed by the South Okanagan/Similkameen Division of Family Practice.

### SPECIALIST COMPONENTS

- p 4** **Visiting Specialist Questionnaire**
- p 6** **Specialist Welcome Package**  
To be sent to the specialist once service is confirmed to advise them of arrangements, local resources and relationships, community amenities and any travel information that might be helpful.
- p 10** **Sustainability Plan**  
Example of a sustainability plan based on a similar plan developed by the South Okanagan/Similkameen Division of Family Practice.

# Community Information Worksheet

This sheet is intended to be filled out by the host community to take an inventory of community assets that could be used to support visiting specialists. It is intended to require infrequent updates.

## Treatment and Diagnostic Equipment

## Lab Tests available (attach lab requisition and medical imaging request forms)

## Space for Hosting Services

Space	Availability	Amenities	Cost

### Amenities Codes

B Bed	Wifi Wifi Available	MOA Admin / MOA Support
MC Medical Chart	C Desktop Computer	RP Room Prep
Ph Phone	P Printer	PC Access to Powerchart/ Health Authority System

### Travel Funding Availability

What specialties are, or could be, supported by NITOAP\* for your community? Is the service to your community already funded or will you need to work with your Health Authority partners to determine eligibility?

\* NITOAP is the Northern and Isolated Travel Assistance Outreach Program. More information can be found at [gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs/northern-and-isolation-travel-assistance-outreach-program](http://gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs/northern-and-isolation-travel-assistance-outreach-program).

### Additional Funding

Is there funding to support sessional time or will services be fee for service? Would sessionals be available to support CME delivery?

## Specialty Needs Assessment

This sheet is intended to be filled out by the host community to take a baseline of community needs and wants related to a specific specialty and would be done for each new specialty service identified as a candidate for community visits.

Specialty \_\_\_\_\_

### Services Required

Are services required  inpatient  outpatient  both  
(For inpatient services be sure to connect with your local hospital leadership.)

### Historical Referrals

What services have you referred patients to this specialty for and in what volume?

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

### Estimated referrals after 6 months with improved access

For consideration – would improved access increase referrals as GPs begin referring additional patients because the burden of travel has been reduced?

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

### Estimated interval between visits

How frequently do the patients being referred require visits? \_\_\_\_\_

### Desired GP follow up

How will follow up care be delivered for this specialty? Will GPs manage follow-up? Would patients travel for additional services? Will specialists call patients at home? Is telehealth an option?

### Equipment required to deliver services requested

Is there specialized equipment required for the type of service being requested? Is it available within the community or would the specialist be required to bring it?

### Identified CME needs / topics

Have local physicians identified any potential CME topics they feel this specialty could deliver, or that would support improved care?

## Visiting Specialist Questionnaire

The first half of this sheet is intended to be filled out by the community with information gathered on their inventory and assessment sheets. It is intended to provide the visiting specialist candidate with a baseline of community information about equipment, referrals, and needs. The second half of this sheet is intended to be filled out by, or with, the specialist to solicit information about the type of services the specialist might be interested in providing on a visiting clinic basis and their preferences for how they would like to provide that service.

### Community Information

This section is intended to provide the specialist with an overview of why GPs believe the service would be helpful, what the specialist might expect in terms of referrals and what resources will be available to them to deliver care.

Desired Services	Historical Referral Numbers	Estimated referral numbers after 6 months of improved access

#### Equipment / Medications available locally to support service

Outline any special considerations; i.e. will patients be required to pick up their own medications?

#### Equipment / Medications not Available

#### A brief description of the clinic spaces available and any amenities

#### An overview of the travel funding and support

Provide an overview of the NITOAP program, process for applying and lead times on receiving approvals as well as any supports offered by the community

#### Identified Potential CME topics for this specialty

## Questions for the Visiting Specialist Prospect

What are your thoughts and requirements around

### Clinic Space

Do you require one room or two? Any particulars about the space? Required amenities like med carts, wifi, printers, bed, power etc.

### Required / Desired Equipment

Anything not listed above or not typically readily available within a GP office that would support service delivery.

### Medicines required for service

Cost of medications? Patients typically charged how much? How is payment received?

### Desired administrative support the day of the clinic

What are your expectations for administrative support?

### Booking model

How will the specialist MOA communicate with community practices to receive and book referrals? How many patients a day would you typically see?

### Frequency of visit

How often would you expect to provide service? Is there a regular schedule that might work for you?

**Best mechanism to manage follow up care**

How can GPs support you in follow-up or managing care between visits?

**What service subsets you'd be able to provide**

Which of the requested services can you deliver? Are there services we haven't identified that you could also deliver?

**Who might qualify as good candidates for referral**

**Any pre-service requirements (diagnostics etc.)?**

**What are your thoughts about offering a lunch time CME?**

**Would you be interested in a visit prior to initiating service to meet some of the medical staff, tour the host facility and get the lay of the land?**

## Visiting Specialist Welcome Worksheet

This sheet is intended to be filled out by the host community to provide the specialist with a clear understanding of how the visiting clinic will be supported by the host community.

### Primary community contact

Name \_\_\_\_\_ phone \_\_\_\_\_ cell \_\_\_\_\_  
email \_\_\_\_\_ fax \_\_\_\_\_

### Room Booking

Expenses amenities \_\_\_\_\_

Day support \_\_\_\_\_

Booking model \_\_\_\_\_

Equipment / drugs \_\_\_\_\_

### NITAOP Update

\_\_\_\_\_

### Travel information

Estimated Drive Time \_\_\_\_\_

Ferry Schedule \_\_\_\_\_

Map of Island \_\_\_\_\_

Directions to host facility \_\_\_\_\_

### While you're here

Where to Eat \_\_\_\_\_

Accommodations \_\_\_\_\_

Points of interest \_\_\_\_\_

### Key Relationships or Contacts

This might include a key physician contact, a hospital site administrator or any other local contact who may help support the specialist with their visit.

# Introduction of Service to Local GPs and MOAs

We are pleased to introduce Dr. \_\_\_\_\_

## Brief Bio

## Specialist Clinic Contact Information and Referral / booking information

Ensure you've attached any forms, patient information handouts etc.

## Services Offered

Service	Appropriate referrals	Pre-Service requirements

## Plan for providing follow-up

## Services that will still require travel to an urban center

## In community support

Identify the physician or contact who will provide the primary interface to the specialist and their clinic for scheduling and support.

Name \_\_\_\_\_ phone \_\_\_\_\_ cell \_\_\_\_\_

Email \_\_\_\_\_

## Schedule of upcoming visits

CME (if any) \_\_\_\_\_

Welcome Event \_\_\_\_\_



# Service Initiation Checklist

## BEFORE FIRST VISIT

### Program Coordinator

- Contact NITOAP coordinator with the Health Authority to advise of new service and initiate NITOAP funding request for new service. Note: This process can take quite awhile. It may be prudent to have an interim plan.

### Specialist to provide

- detailed list of equipment needed. To note: visiting specialists typically bring most of their own small pieces (needles, excisions kits etc.)
- schedule parameters, days and hours
- expectation of MOA services to be provided
  - hours
  - email
  - fax
  - phone
- referral parameters
  - referral criteria
  - diagnostics needed
  - labs needed
- if Host MOA to be required to check in off EMR, access codes to EMR provided
- Specialist MOA contact information provided to Host MOA
- confidentiality agreement if required

### Specialist contact info

Private number for office and cell phone where specialist can be reached in case of difficulty

Office phone \_\_\_\_\_ Cell \_\_\_\_\_

### Specialist MOA

- introduced via email / phone to Host MOA
- agreement on email vs fax of daysheet day prior to clinic
- preferred number of patients per hour and expectation of patient visit length
- email or fax agreement on days to be booked
- who to contact if cancellations same day or fit-ins

### Host MOA

- confirmation of dates to be booked via email
- distribution of clinic dates to local practitioners
- travel information and map

## ON DAY OF FIRST VISIT

### Specialist

- should be booked with 1/2hour-1hour time between arrival at clinic and first appointment to give specialist time to settle in, ensure everything is available
- take the time to discuss with Host MOA
  - how patients will be checked in and files dealt with
  - what to do if specialist running late
  - when and if to interrupt specialist
  - specialist's preferred form of address and correct pronunciation of name
- business cards
- paperwork for patients upon check in

### Specialist MOA

- to have sent daysheet
- clear whether host office will be booking, cancelling, changing appointments, or whether patients will be directed to contact Specialist MOA to do all of this
- to call Host MOA if there are fit ins or changes to the schedule on the day

### Host MOA

- have welcome package ready. Ideal is if the specialist could be given the option of lunch with local providers or just have a welcome package ready with information and possibly welcome gifts. Some specialists prefer to have a quieter day and are happy to have lunch while some specialists prefer to see as many patients as possible before returning home.
- ensure daysheet is available or access to EMR is working
- discuss above list with specialist
- provide phone if required
- find out if specialist has travel constraints (ex. ferry to catch) in order to ensure they are out on time
- receive patients, check them in, get them to fill out any paperwork
- direct patients to business cards for re-booking, changing appointments
- fill out TAP forms for patients travelling in from other communities if applicable
- ensure GPs in host clinic are aware this is specialist's first day, be conscious of making introductions

## IMMEDIATELY AFTER THE FIRST VISIT

- Project Coordinator to debrief each party to ensure any glitches are dealt with prior to the next visit
- Book next clinic

## Sample Sustainability Plan

### General Framework:

Visiting Specialist Clinics on Salt Spring Island have evolved over a period of years generally based on the relationships between local GPs and a particular specialist known to them. Historically services have been provided in a variety of facilities with widely variable booking and coordination models resulting in some confusion and, at times, underutilization of services.

This plan outlines the roles and responsibilities of the key players and is based on a similar plan developed by the South Okanagan/Similkameen Division of Family Practice in support of their Outreach Clinic Program in Princeton BC.

Role	Responsibility	Timeline	Things to consider / be aware of:
Program Coordinator (May be an MOA, GP Champion or Division staff)	Service Set-Up: Coordinate the initial community inventory and needs assessment processes.	Per clinic as new needs identified	Paying special attention to referral numbers both forecast and historical as well as equipment needs will help ensure the SP is adequately booked to sustain service.  Consider hosting costs when interfacing with candidate SP.  Arranging to have patients come on one day can be time consuming for MOAs.
	Travel Funding: Help coordinate NITOAP application process with Health Authority. Bill Relph is local contact.	Annual submission for NITOAP in September	Accuracy of the prediction year over year is part of the criteria for approval.
	CME: If a Lunch and Learn is being offered, book the venue and arrange for the food.	Per clinic	
	Post visit follow-up: De-brief host clinic, specialists and GPs after visits to work out any bugs.	Per clinic	It's also important to follow up on the referral process.
	Sustainability: Regularly review any upcoming vacancies and work with GPs, SPs and MOAs to identify new SPs or potential replacements.	Each quarter	Requires good communication between SP and host community.
Specialists and their Medical Office Assistants	Service Set-Up: Work with host community to set up service.	Per clinic as new needs identified	A complete toolkit can be helpful in streamlining this process as it should provide an overview of space, equipment and service delivery needs.
	Travel Funding: Upon request submit projected dates to Program Coordinator.	Annual submission in September	An accurate prediction is important for future funding.  Ensure agreement letter returned in March.
	Clinic room booking: Contact the host facility to arrange for space. Provide preferred referral form, any patient handouts and any other materials that may be helpful to the host community.	Per clinic	The ability to accept referral forms from within clinic EMRs is helpful.

Role	Responsibility	Timeline	Things to consider / be aware of:
	Patient booking and medical records: Once room booked, SP MOA to book patients based on referrals and record in their EMR.	Per clinic	Arranging to have all patients within the community booked on a single day can be time consuming for the MOA.
	CME: If a Lunch and Learn is being offered, confirm any needed materials	Per clinic	Consider using case review or Q&A formats as interactive formats
	Confirm: A couple of days before the clinic, connect with host clinic to confirm	Per clinic	
	Daysheet: The day before clinic forward the day-sheet to host clinic	Per clinic	Ensuring the host MOA has sufficient time to review the schedule can help them manage an efficient clinic for the SP
	Follow-up: After the clinic advise host clinic and program coordinator of any challenges or additional needs.	Per clinic	Active troubleshooting will ensure continuous improvement
	Travel Expenses: Submit travel expenses to NITOAP if funding has been approved.	Per clinic	Expenses take approximately two months to process
	Cancelled clinics: SPs who have to cancel a clinic within 24 hours due to weather or other extenuating circumstances can write to the Joint Standing Committee on Rural Issues (JSC) to request cancellation compensation.	Per clinic	Coordinate with Physician Compensation Team at Health Authority.
Identified Host Facility/Clinic MOA	Service Set-Up: Work with program coordinator to complete set-up process.	Per clinic as need identified	
	Clinic booking: Receive SP bookings and make corresponding arrangements within the clinic. Receive and distribute referral forms, patient hand outs and any other appropriate materials.	Per clinic	Requires adequate time to complete host functions.
	Community Communication: Make community based providers aware of upcoming clinics for consideration in making appropriate referrals— ie: monthly calendar? If CME being offered, advise local providers of topic.	Ongoing	Adequate referral volume is an essential component of SP service sustainability.  Learning opportunities can be an important way to connect SPs and GPs; building collegiality and improving the interface between providers.
	Clinic Management: The day before ensure day-sheet and any required paperwork received, space and materials prepared. The day of clinic greet the SP, ensure patients checked in, any paperwork completed and direct patients to waiting area.	Per clinic	
	Follow Up: Provide feedback to the program coordinator after the clinic	Per clinic	
Community GPs, NP and Locums	Service Set-Up: Work with program coordinator to do inventory and assessment work. Provide outreach and relationship support.	Per clinic as needs identified	

Role	Responsibility	Timeline	Things to consider / be aware of:
	Referrals: Refer to visiting SPs using their referral forms. Maintain an awareness of the visiting SPs to the community.	Ongoing	
	CMEs: Advise program coordinator of any specific interests for CME. Attend CMEs prepared to actively engage.	Ongoing	
	Relationship: Attend welcome function and make efforts to connect with visiting SPs.	Per clinic and ongoing	Creating opportunities for personal connections is key to relationship building and service sustainability.
	Sustainability: Work with program coordinator to recruit visiting SPs as needed.	Ongoing	
GP Champion	Relationship: Act as a key point of contact for the visiting SP.	Ongoing	Investing the time in the relationship helps ensure continuity of service and build on collegiality. Physicians are more likely to share concerns with each other.