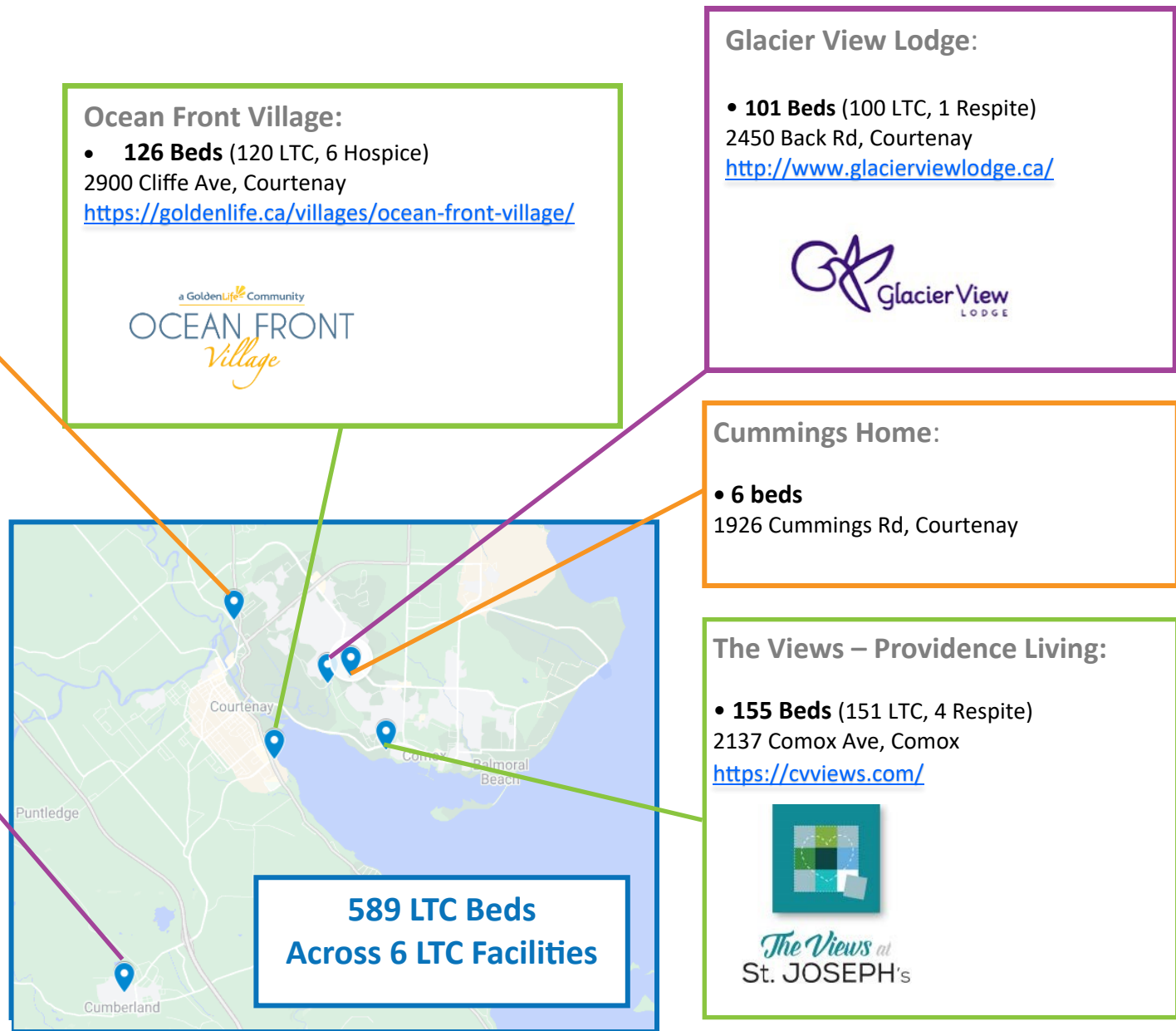


Opportunities in Long-Term Care – 10 Things to Consider

1. **Extremely valuable to the patients and their families:** The relationship with a family physician is very important for our patients in LTC. We are able to help provide dignity and comfort to our elders who have contributed so much in their lives and deserve excellent care.
2. **Meeting a need in the community:** The Comox Valley has a shortage of family physicians providing care for residents in LTC homes which is resulting delays for frail elders waiting to move into LTC (who cannot be admitted until they are attached to an MRP). This adds strain on our health care system if they are waiting in the hospital, or may increase their risk of injury or complications if they are waiting at home.
3. **Change of pace & setting:** Seeing patients in a LTC home is a nice opportunity to get out of the office and connect with the community. We can also spend more time with each patient, which can be a welcome change of pace from the usual hustle and bustle of clinical care.
4. **Supportive community of practice:** When providing care in LTC in the Comox Valley there are options for shared on-call arrangements, new-to-LTC orientation, participation in quality improvement activities, and community of supportive colleagues.
5. **Benefits of clustering:** Clustering is a model where physicians concentrate their care delivery activities at fewer facilities. This can help make LTC a more sustainable and rewarding aspect of a family practice. A clustering approach: increases the consistency of visits; makes the trip financially viable; improves the facility-physician relationship; and improves patient outcomes ([more information here](#)).
6. **Focus on quality of life:** LTC can offer diversity from providing acute care, and engages a different way of thinking. The focus in LTC is on quality of life, with a long-term and palliative approach.
7. **Financial feasibility:** Care delivery in LTC is currently billed through the Fee-For-Service model. When combined with a clustered approach to care, overall billings can average at or above the sessional hourly rate. Information on how the new LFP payment model will apply to LTC settings is coming soon. The LTCI program also offers financial incentives for patient attachment and care delivery activities in LTC, which can contribute to financial sustainability of this area of practice ([more information here](#)).
8. **Expand medical experience:** Providing care in LTC offers a chance to learn from this unique the setting. LTC residents have complex medical needs that can be quite different from what is seen in a community-based clinic.
9. **Team-based care:** Care in LTC is provided in collaboration with nursing teams, care aides, pharmacists, social workers, other allied health professionals. The team-based care approach can be effective and gratifying.
10. **LTC is very rewarding:** It is easy to see the positive impact we make when providing compassionate care in LTC for these vulnerable elders and their families.

The CV Division of Family Practice gratefully acknowledges that we work on the traditional unceded territories of the members of the K'ómoks First Nations.

Long-term Care in the Comox Valley



Comox Valley Seniors Village:


- **136 Beds**
4640 Headquarters Rd, Courtenay
<http://www.retirementconcepts.com/locations/comox-valley-seniors-village-casa-loma/>



Retirement Concepts

Cumberland Lodge:

- **65 Beds** (64 LTC, 1 Respite)
2696 Windermere Ave, Cumberland
http://www.viha.ca/hcc/residential/locations/cumberland_lodge.htm



island health
Cumberland Lodge

Ocean Front Village:

- **126 Beds** (120 LTC, 6 Hospice)
2900 Cliffe Ave, Courtenay
<https://goldenlife.ca/villages/ocean-front-village/>



Glacier View Lodge:

- **101 Beds** (100 LTC, 1 Respite)
2450 Back Rd, Courtenay
<http://www.glacierviewlodge.ca/>




Cummings Home:

- **6 beds**
1926 Cummings Rd, Courtenay

The Views – Providence Living:

- **155 Beds** (151 LTC, 4 Respite)
2137 Comox Ave, Comox
<https://cvviews.com/>



The Views at
St. JOSEPH's

**589 LTC Beds
Across 6 LTC Facilities**

Comox Valley Long-term Care Initiative—an Overview for FPs & NPs

What is the LTCI?

The Comox Valley Long-term Care Initiative (LTCI) works to improve the care of all residents in LTC homes, and to improve the experience of care providers. It works to address the challenges in LTC and supports implementing best practices for medical care by collaborating with Family Physicians (FPs), Nurse Practitioners (NPs) and care home teams to develop system-level changes to the culture & structure of LTC.

Many physicians already meet most of the best practice expectations of the LTCI. However, the LTCI can help you achieve all the best practice expectations, if you are not already meeting all of them.

5 Best Practice Expectations: System-Level Outcomes:

- | | |
|--|---|
| <ul style="list-style-type: none"> • 24/7 availability and on-site attendance, when required • Proactive visits to residents, at least quarterly • Meaningful medication reviews • Completed documentation • Attendance at care conferences | <ul style="list-style-type: none"> • Reduced unnecessary or inappropriate hospital transfers • Improved patient-provider experience • Reduced cost/patient as a result of a higher quality of care |
|--|---|

How does the LTCI Support FPs & NPs?

LTCI is an opt-in program. It provides incentives to eligible care providers to help compensate for the time and energy involved in working towards best practices and an improved quality of care within LTC in our community. Non-monetary practice supports are also available.

Financial Support Available:

Basic Best Practice Incentive: Applies to all patients in LTC for an MRP working toward the 5 Best Practice Expectations, specifically: Proactive visits to residents, Completed documentation, and 24/7 availability.	\$100/ patient in LTC per fiscal year
Admitting-MRP Incentive: For new admissions to LTC, for whom you are the admitting-MRP. Includes patients from your own practice, and new, unattached patients that you become the MRP for.	\$100/ patient upon admission
Clustering Incentive: For existing LTC patients accepted to your panel post-admission, transferred from another LTC MRP. (Max 200 across CV)	\$50/ patient accepted
Care Conferences—Quality Improvement Incentive: For attending or providing input into admitting / annual care conferences. On-site attendance is encouraged. (Incentive includes \$50 for an CC med review)	\$100/ patient per fiscal year
Meaningful Medication Reviews—Quality Improvement Incentive: For completing a med review in the 6 months between care conferences.	\$50/ patient per fiscal year

Sessional Payments for Quality Improvement Work: Hourly, based on the current sessional rate for FPs / NPs. Paid for eligible LTCI contributions, such as Working Group meetings.

How to Participate:

- 1) **LEARN:** Review the [CV LTCI - Letter of Agreement](#).
- 2) **CONNECT:** Ask the [LTCI Coordinator](#) any questions about the program.
- 3) **SIGN:** The LoA allows you to bill the LTCI for attachment and care-delivery activities, and is your commitment to the Best Practices.

- 4) **GET SUPPORT:** Share your plans for practicing in LTC so we can support you: which facilities, panel size, call arrangements, etc.
- 5) **GET PAID:** Submit your monthly invoices for attachment and care delivery activities by fax (template provided).
- 6) **CREATE CHANGE:** Consider joining the LTCI Working Group to collaborate on local solutions.

Additional Resources:

[GPSC LTCI—Early Results Handout \(2016\)](#)

[CV —Future of LTC Meeting Report \(2022\)](#)

[CV LTCI - Clustering Handout \(2022\)](#)