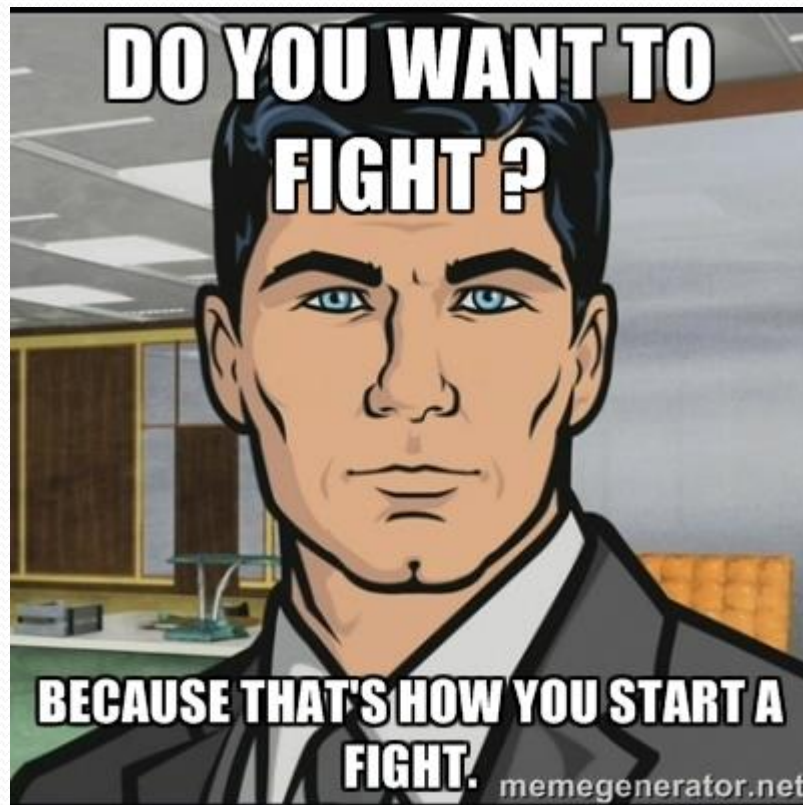


# Residential Care Improvements

# Before MOU signing

- “Here is a funding model – we have to do X to get Y. Do you want to do this? If so how?”
  - Need reasonable amount of buy-in to a rough plan
- How is your community of doctors going to meet the 5 best practices?
  - 24/7 availability and on-site attendance when required
  - Proactive visits to residents
  - Meaningful medication reviews
  - Completed documentation
  - Attendance at case conferences

Are you saying, my care is not good enough?



# IS RCI *Status Quo* or *Change*?

- RCI is about *change* but
  - We have limited supply of doctors
  - Change is needed with staff, patients and admin
  - Change theory says you can't change everything all at once
  -
- Therefore... RCI is about *status quo* too

# Marketing your Practice Model

- Any product sold is purchased because of many reasons besides the core function
  - Persuasive sales person
  - Identity building for purchaser
  - Good packaging
  - Feature set, or one important feature
- What are the reasons that a GP will change his or her practice (buy the RCI product)?

# What are the reasons that a GP will change his or her practice?

- Skill development
  - Community contribution
  - Identity building – helper, champion of marginalized
  - Teamwork opportunity
  - Retirement planning
  - Specialization
  - Income
- 
- This is package you can build around the RIC funding model – what does that package look like for your GP's

# TORCH practice model package

- 6 x 3 hour training in residential care medicine
- Free parking
- Team building with the facility staff
- Weekly visits to facility with 20 patients gave \$150/hr average (\$250/hr for some)
- Team building with fellow GP's
- Part of something new
- Serving a population in need

# Change Model

