# Nanaimo's Residential Care Initiative

# … I am happy with the way I practice, why should I become involved in this initiative?

FAQs...

Physicians are encouraged to join the Initiative in order to continue to enhance patient care. If you prefer not to participate you will not be eligible for the additional RCI remuneration.

#### I do not want to commit to providing a 24 hour service—does this mean I cannot be included in the initiative?

Not at all... participating physicians will be offered the opportunity to OPT IN or OPT OUT of providing out of hours availability. Physicians who opt out will still be required to work towards meeting the remaining Best Practice Expectations.

#### … I don't have any residential care patients—can I still be involved in this initiative?

Yes! The Division welcomes physicians without residential care experience to participate, and will provide arrange of support for GPs. Once you have signed a Letter of Agreement you will be offered the opportunity to receive new patients into your practice profile.

# … Can a family physician who does not belong to a local division participate in the initiative?

Yes. There is no requirement for a family physician to be a member of a division in order to participate.

## … How will I be remunerated?

Physicians will receive a per patient payment for working toward the GPSC expectations *excluding 24hr call.* Physicians who also provide out of hours availability will receive a bonus payment. GP payments will be processed by the Division on a quarterly basis.

## … How will progress be measured?

The Division receives quarterly facility level data from the GPSC measuring basic outcomes which will be used to improve the quality of care in Nanaimo



## WHAT NEXT?

## **Letter of Agreement:**

All physicians interested in participating in the new initiative will need to sign a *Letter of Agreement* before being eligible to receive remuneration for their patients.

The Agreement outlines the GPSC Best Practice Expectations which are the building blocks of the Residential Care Initiative

The agreement is between the Nanaimo Division of Family Practice and the physician only.

## **More Information**

For more information and online forms, please visit the Division of Family Practice website www.divisionsbc.ca/nanaimo

or contact a member of the project team at *RCINanaimo@DivisionsBC.ca* 





## Nanaimo Residential Care Initiative

A Nanaimo Division of Family Practice Initiative

# INFORMATION FOR FAMILY PHYSICIANS



Nanaimo Division of Family Practice

## **RESIDENTIAL CARE INITIATIVE**

## What is the RCI ?

#### Background

The General Practice Services Committee (GPSC) predicts a 120% growth in the residential care population between 2011 and 2036. The GPSC is providing \$12M per annum to help GPs support long term care patients throughout the province. The funding for this system change is the **Residential Care Initiative.** 

## Nanaimo's Community of Care

The Nanaimo Division of Family Practice, in partnership with the GPSC and Island Health, has designed a local solution to encourage the best possible care of complex residential care patients. This framework works towards achieving the *GPSC 5 Best Practice Expectations* with dedicated GP MRP services for all residential care patients, and is the basis for a proposed new *Community of Care in Nanaimo*.



## **Evolution not Revolution..**

Whilst our aims are high we understand that change will not happen immediately. The Nanaimo RCI is an evolutionary process where we recognise that by working together we can, over time, improve patient care within the constraints of GP practice.

## NANAIMO'S LOCAL SOLUTION

What does this mean for care practice?

#### **Improving Patient Care**

This positive initiative will provide incentives and support to enable physicians to contribute to improving patient care in Nanaimo and work towards achieving the **3 GPSC system-level outcomes** :



### **Supporting Physicians**

The Nanaimo Division's RCI will assist physicians in the community by providing access to peer support and groups, together with CME events, and collaboration with allied health providers to help them achieve the GPSC 5 Best Practice Expectations.

#### **Removing Barriers**

Right now, some physicians report they experience challenges in providing care for patients living in long term care facilities. These include the complexities of visiting patients across multiple sites, providing 24 hour care, and receiving support. The RCI team is working with stakeholders to identify and implement solutions which can help physicians provide high quality care to their patients.

## **A COMMUNITY OF CARE**

What are the benefits for the GP ...

## **Reduced Emergency Calls**

Evidence shows that regular visits to residential patients help reduce emergency demands on physicians, facilitate efficient care, and enable *better patient health outcomes*.

**Shared Responsibility for Out of Hours Calls** A network of physicians will take responsibility for

out of hours support to patients. On call demand can be planned and shared, and physicians will not be expected to attend unfamiliar facilities.

The RCI seeks to retain and enhance existing ways of working. Physicians are encouraged to join networks to allow for maximum effectiveness. Physicians working independently can continue to do so if they choose. Physicians will be offered the opportunity to **OPT IN** or **OPT OUT** of out of hours care.

## **Remuneration Incentives**

The Nanaimo Residential Care Initiative funding is *IN ADDITION* to fee-for-service payments for direct patient services provided by physicians.

Participating physicians will receive \$200 per year for each residential care patient they look after. Physicians wishing to offer out of hours care will receive an additional \$120 per year pro-rata payment per patient.

#### Improved systems

The Initiative seeks to encourage a culture of collegial co-operation which will reduce the individual burden on the MRP. We aim to increase the effectiveness of MRPs, by combining resources, removing system constraints, and sharing best practices between all stakeholders involved in residential care.