

VDFP-SIDFP Long-term Care Initiative (LTICI) Program *Letter of Agreement*

Purpose

This Letter of Agreement (LOA) outlines the responsibilities and resources shared between the parties participating in the Long-term Care Initiative (LTICI) program: the Physician and the Victoria and South Island Divisions of Family Practice LTICI program.

By opting-in to the LTICI program, the Physician agrees to meet the best practice expectations for all residents for whom they are MRP, at all facilities at which their residents are located.

Background

The GPSC initiative will provide annually-renewable funding support to be administered through divisions, to design and implement local solutions that deliver dedicated GP MRP services for patients in Long-term care facilities. For the purposes of this initiative, a dedicated GP MRP is defined as one who delivers care according to best practice expectations and promotes system level outcomes:

Best practice expectations (see page 3):

1. 24/7 availability and on-site attendance, when required
2. Proactive visits to residents
3. Meaningful medication reviews
4. Completed documentation
5. Attendance at case conferences
6. Participation in a regular quality improvement process

System level outcomes:

1. Reduced unnecessary or inappropriate hospital transfers
2. Improved patient-provider experience
3. Reduced cost/patient as a result of a higher quality of care

The LTICI program will be implemented with the principles of continuous quality improvement, using PDSA (Plan-Do-Study-Act) cycles to: assess the current state with regards to meeting the best practice expectations, develop and test new approaches to improving best practice expectations, and integrate learning into the LTICI program.

Areas of Agreement

1. The Physician agrees to the following:

- i. Meet the best practice expectations for all residents in all facilities (i.e. physicians may not opt-in to the LTICI program for only some facilities or some groups of residents).
- ii. Where there are challenges in meeting one or more best practice expectations, work with facility staff and the LTICI program team to develop and trial approaches to consistently meet all best practice expectations.
- iii. Participate in evaluation of the overall LTICI program and provide input on the direction of the program, including funding allocation.

2. The VDFP-SIDFP Long-term Care Initiative (LTICI) program agrees to the following:

- i. **Provide LTICI Payments:**

Participating physicians will receive the following annual funding:

- **\$225** per resident (for up to 30 residents per facility), to support:
 - Proactive visits to residents
 - Meaningful medication reviews
 - Completed documentation
 - Attendance at case conferences
 - Participation in a regular quality improvement process
 - 24/7 coverage: daytime hours
- **\$100** per resident (no facility/resident limit) (pooled at the 30 Victoria sites or 6 Saanich Peninsula sites*) to support:
 - 24/7 coverage: after-hours

**Note: If you have residents at any of the 30 sites covered by the Victoria after-hours call group or the 6 sites covered by the Saanich Peninsula after-hours call group, you will only receive the after-hours amount if you are part of the call group.*

Total annual compensation cannot exceed the \$45,000.00 limit per physician stipulated by the GPSC. Quarterly compensation will not exceed \$11,250.00 per physician.

Payments will be calculated from facility data submitted at the end of each quarter and will be paid to participating physicians in the month following the quarter end.

ii. **Provide LTCI Program Resources:**

- Program administration: Support to facility teams and physicians to develop, trial, and assess approaches to meeting the best practice expectations.
- Education: Mainpro accredited Long-term care training and education opportunities.
- Billing: Long-term care billing optimization support for physicians and/or MOAs, in the form of workshops and written materials.
- Parking: Physician parking at all facilities. Parking passes will be provided as needed per Long-term facility site requirements.
- Mainpro: Quality improvement activities will be accredited for CPD wherever possible.
- Fax-to-email: Options for direct fax-to-email services.
- Program Evaluation: Sessional compensation for physician attendance at semi-annual LTCI program evaluation meetings.

Term and Renewal

The term of this Letter of Agreement applies from the date of signing. The Letter of Agreement will be reviewed and updated as needed with results from LTCI evaluation and monitoring activities, stakeholder engagement, and local quality improvement activities. Participation in the LTCI program is voluntary and the Letter of Agreement is effective when signed by all parties. In the spirit of continuity of care for local Long-term care patients, it is requested that the Physician provide at least three months' notice to the VDFP-SIDFP LTCI program of any intention to terminate this Agreement. All parties, including facility representatives, are encouraged to meet to explore an agreeable resolution before the dissolution becomes permanent.

Best Practice Expectation Commitments

Physician's Commitment <i>for all residents for whom they are MRP, and to the facility team</i>	Best practice expectation	Long-term Care Facility's Commitment <i>to all participating physicians</i>
1) Provide reliable, responsive after-hours coverage that maintains care on site and minimizes ER transfers, where possible 2) Be responsive to daytime medical needs during regular business hours Monday to Friday	<i>24/7 availability and on-site attendance, when required</i>	1) Work with LTCI program team to improve facility – physician communication processes and triage urgency of issues 2) Monitor responsiveness of after-hours coverage systems
1) Attend the facility on a regular basis and ensure that individual patients are seen ideally every 30 days, and no less frequently than every 90 days 2) Ideally regular visits will be scheduled and communicated with facility in advance to improve efficiency (for both physicians and facilities)	<i>Proactive visiting to residents</i>	1) Work with LTCI program team to provide supports that facilitate proactive physician visiting, such as: <ul style="list-style-type: none"> ○ building patient panel size to improve efficiency of regular visiting ○ facilitating physician parking
1) Support the completion of meaningful medication reviews at regular intervals, at least every 6 months 2) Include, as appropriate, consultation with pharmacy, nursing staff, and the resident or their health care representative	<i>Meaningful medication reviews</i>	1) Integrate medication reviews with resident case conferences 2) Align with rational prescribing programs where possible 3) Work with Island Health and the LTCI program team to improve and streamline the review process to make best use of physician time, including the use of standardized forms and templates
1) Completion of at least the following: <ul style="list-style-type: none"> ● Problem List, and ● A documented Advance Care Plan, which may include: <ul style="list-style-type: none"> ○ Medical Orders for Scope of Treatment (MOST) ○ Goals of Care 	<i>Completed documentation</i>	1) Work with Island Health and the LTCI program team to implement templates at the facility level, in order to support completed documentation
1) Attend case conferences for residents for whom GP is MRP	<i>Attendance at case conferences</i>	1) Communicate scheduled time in advance (at least 6 weeks) 2) Preferably schedule conferences at mutually agreeable times 3) Cluster care conferences for each physician, where possible
1) Participate in a regular quality improvement process, such as attendance at facility meetings or conducting chart reviews	<i>Participation in a regular quality improvement process</i>	1) Engage with physicians and the LTCI program team to develop quality improvement and team-based care processes such as convening facility meetings

The undersigned agree to participate in the Long-term Care Initiative as outlined in this Letter of Agreement.

Physician *name*

Representative of the VDFP-SIDFP LTCI *name*

Physician *signature*

Representative of the VDFP-SIDFP LTCI *signature*

Date

Date

Physician Contact Information (for LTCI program purposes)

First Name _____ Last Name _____

Office phone _____ Mobile phone _____

Email address _____

Address: _____

Facilities at which you attend residents as MRP:

Please send this completed form to [VictoriaSouthIsland.LTCI @divisionsbc.ca](mailto:VictoriaSouthIsland.LTCI@divisionsbc.ca) or fax 778-265-0298.