Long-term Care Initiative (LTCI) Questions & Answers

December 6, 2019

Note: this document will be updated as we receive additional questions and requests for clarification.

PARTICIPATING IN THE LTCI

What are the steps to follow to participate in the LTCI?

1) Review LTCI best practice expectations and program materials
2) Opt-in to the program by signing a system-wide LTCI Letter of Agreement that covers all residents for whom you are MRP
3) Access funding and supports

What will be asked of physicians to participate in the LTCI?

Many physicians already meet most of the **best practice expectations** of the LTCI, the first five of which have been set by the GPSC. However, the LTCI will help you to help you achieve all the **best practice expectations**, if you are not already meeting all of them:

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

We will work with facilities and physicians so every participating doctor can meet the requirements outlined, resulting in the desired **system-level outcomes**:

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

What if I won't be able to meet all best practice expectations right away? Can I still sign up for the LTCI program?

The LTCI Steering Committee and program team understand that there will be a transition period to fully implement all the best practice expectations and for the LTCI to make a positive impact on the system-level outcomes. The LTCI program is working with physicians to understand how to best address barriers to meeting best practice expectations. We ask that all physicians who participate in the LTCI make a commitment to meeting the best practices, and if there are barriers to doing so, to communicate those with the LTCI program team so we can work on solutions together.

Why did you change the best practice expectation for quarterly facility meetings to 'participation in a regular quality improvement processes?

The LTCI Steering Committee and program team has received feedback from members that attending quarterly meetings at each site at which a GP attends residents may be a significant barrier to participating in the LTCI program. As a result, we are adjusting that best practice to a broader, more flexible expectation, which could be a variety of activities such as attending meetings at only one site to work on quality improvement, doing audits on your own charts, or another relevant activity.

What is the purpose of participating in quality improvement processes?

The purpose of embedding regular quality improvement processes and activities into the LTCI is to develop ways of meeting the first five best practice expectations set by the GPSC, with more ease and efficiency. Extra funding alone will not, for example, solve the challenges around physician attendance at care conferences, or ensuring 24-hour coverage. The idea is to bring physicians and facility teams together to sort out process issues, communication issues, and any other barriers that impede consistently meeting the first five best practice expectations.

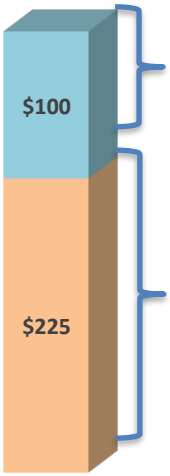
What is the difference between the LTCI and TORCH?

The LTCI is a funding initiative to support system and quality improvements in long-term care, associated with several best practice expectations (see above). There are a variety of ways for physicians to practice in long-term care and meet the best practice expectations, and the TORCH (Towards Optimal Long-term Care Health) model is one of them. The TORCH initiative is built around the same best practice expectations, where physicians become MRP for concentrated groups of 20-30 patients at one facility (or multiple groups at multiple facilities), attend the facility at a regularly scheduled time on a weekly basis, and participate in team-based care processes. Funding available through the LTCI will support the expansion of the TORCH model where there is physician interest and facility readiness.

LTCI FUNDING & PAYMENTS

What funding is available for physicians participating in the LTCI?

Participating physicians will receive a total of $325 per resident, (broken down as follows) to meet best practice expectations:



$100 per resident (no maximum), to support:

- 24/7 availability and on-site attendance, when required
- Pooled to support call group members (where applicable)

$225 per resident (to a maximum of 30 residents per facility), to support:

- Proactive visits to residents
- Meaningful medication reviews
- Completed documentation
- Attendance at case conferences
- Participation in quality improvement

Total annual compensation cannot exceed the $45,000.00 limit per physician stipulated by GPSC. Once a physician has opted-in to the LTCI program by completing the *LTCI Letter of Agreement*, best practice expectations must be met at each facility.

When and how will payments be made?

Payments will be made on a quarterly basis.

How will payments be calculated?

We want to ensure that all physicians in our area providing long-term care services are fairly compensated for this important work, which is one of the main reasons for the joint collaborative approach taken by the Divisions. Regardless of the facilities at which you provide care, you will be compensated in the same way:

- $225 per resident, annually, for up to 30 residents per facility
- $100 per resident for 24/7 availability and on-site attendance, when required
- Pooled to support call group members (where applicable)
- There is a $45,000 annual maximum per physician, as defined by the GPSC. Quarterly compensation will not exceed $11,250.00 per physician.

Data from each facility is collected monthly, outlining the number of patients each MRP has at the end of that quarter. Payments are not tied to unique patients or their PHN. We acknowledge that this method might not always correctly reflect the bed count over the quarter, however to maximize monies available to physicians in the program, and to minimize administrative burden to facilities, this method of data collection seems the most balanced solution. We believe that over the course of a year, the number of new admissions will balance out the number of residents who are lost.

What if the payment I receive does not accurately reflect the services I provided over the quarter?
Physicians who believe that their quarterly payments do not accurately reflect the long-term care services provided or the number of residents they attended are encouraged to contact the LTCI Program.

***May I participate in only one aspect of the LTCI program, for example, may I provide only after-hours coverage and receive $100 per resident*?**
Physicians who participate in the LTCI agree to meet ALL best practice expectations for all of their patients at all facilities, and will receive the full amount of funding they are eligible for. The best practice expectations and associated funding may not be partially fulfilled or accessed.

How will payment for call systems work?
The Victoria Long-term Care After-Hours Call Group provides after-hours coverage for ALL residents in 30 facilities in Victoria. The new after-hours coverage system successfully launched on Monday, April 3, 2017 with 26 physician innovators who are working with facility teams to help build a coordinated, responsive system of long-term care coverage in Victoria. The LTCI program team supports existing after-hours coverage in other local regions (Sooke and the Saanich Peninsula) separately.

LTCI PROGRAM SUPPORTS & BENEFITS

What other supports are available for physicians participating in the LTCI?
In addition to funding support, GPs participating in the LTCI will be able to access program and administrative supports, such as:

- Facility coordination supports, for example, to help facilitate GP attendance at care conferences, and improvement of logistics at the facility level (e.g., parking passes, work location, procedures);
- Clinical education and billing optimization sessions; and
- Physician networking, mentoring, recruitment, and orientation.

How will participating in the LTCI help me?
It can be challenging to juggle a busy practice, call requirements, and your own personal life along with the need to see your long-term care patients. The LTCI provides supports (financial, logistical, and professional) to help you streamline the demands on your time.

Patients seen on a regular basis tend to have more positive health outcomes. This can also mean fewer calls and faxes to you during your office day, and fewer surprises when you attend your patients at a facility.

Working within a network of colleagues has its own benefits: Professional development, information sharing, being able to problem solve within a group. Being able to share call with a defined group of physicians within a specific geography will allow you and your patients to know that their care is top of mind.

We have heard from many physicians that the biggest challenge to seeing long-term care patients is participating in care conferences and mediation reviews. We will be working with facilities to ensure that

these take place at a time that is convenient for you and for the care team members with whom you work. Also, clustering multiple conferences during a single visit to the facility will help you care for your patients and will make your life a little easier.

LTCI PROGRAM BACKGROUND

Why are the Victoria and South Island Divisions working together on this initiative? Will the program be uniform across the region?

The VDFP and SIDFP are taking a joint, unified approach to this initiative in order to ensure equity across the region for physicians and patients alike. While practice approaches may vary across the region, there will be one LTCI funding model to support all participating physicians. The VDFP will be administering the local LTCI program for the entire Victoria and South Island regions, including supports to physicians and payments to all members of both divisions who elect to participate in the LTCI.

Although there will be one LTCI funding model across the region, participating physicians will have the autonomy to practice in a variety of ways that make sense for their various sub-regional and facility contexts, in line with the best practice expectations asked of all participating physicians.

What is the LTCI trying to address?

- **Changing context of family practice:** Over the last 10 years, the number of community-based family physicians in BC has increased by about 10%. Over this same period, the number of family physicians delivering long-term care services dropped by about 13%.[1]
- **Practice barriers**: Local analysis indicates that barriers such as geographic distribution of facilities, challenges with coverage, and insufficient remuneration, have resulted in unsustainable practice patterns and have contributed to the changing context of family practice in long-term care.
- **Unsustainable practice patterns**: One end of the spectrum, many physicians have a few patients in long-term care and spend significant amounts of time travelling to different facilities, and struggle to visit residents proactively. On the other end of the spectrum, a very limited number of physicians have many patients, leaving patients vulnerable to gaps in service delivery if one of these few physicians is unable to practice.
- **Patient care distribution**: Only 8 physicians provide care for roughly one third to one half of all 3,400 local long-term care patients, while 105 physicians provide care for only 1 to 5 patients each. We know that the fewer patients a physician attends in any given facility, the fewer times that patient is seen, which makes proactive visiting less likely to happen.

[1] http://www.gpscbc.ca/family-practice-incentive/long-term-care

- **Aging population**: It's anticipated that there will be a 120% growth in the long-term care population in the next 20 years. That equals increased healthcare demands and rising resource requirements to fund those demands.

Conclusion: Unsustainable practice patterns must be changed by addressing barriers to practice and moving towards more coordinated and team-based care structures in long-term care, especially within the context of increased healthcare demands of an aging population with complex medical needs.

What is the vision for the LTCI program?
Create a Culture of Excellence and Teamwork in medical care for residents in facilities, through supporting physicians and collaborating with other care providers and families.

What kinds of things will change as a result of the LTCI?
We hope that positive change will take place:

- Coordinated case conferences and medication reviews
- Regular visits to facilities, resulting in healthier patients and fewer calls outside of visits
- Better communication between physicians, facilities, care team members, and families
- Streamlined long-term care demands, making your day-to-day working life less fractured
- Increased compensation for physicians participating in the Initiative

LTCI PROGRAM MONITORING & QUALITY IMPROVEMENT

Will there be changes to the program over time? How?
As with any continuous quality improvement project, we anticipate that the program will change – for the better – over time. Over the coming months, we will have the chance to assess what works, what needs improvement, and what is missing from the program, and will make adjustments as needed.

How will the best practice expectations be monitored?
Through a provincial process, the GPSC will provide monitoring information on the five best practice expectations and three system level outcomes. The GPSC will provide the Victoria and South Island divisions with high-level information on the best practices, for example: if there is 24/7 availability across facilities, what level of proactive visiting is occurring as reported through fee for service, etc. More details will be available when the evaluation framework is available from GPSC. The divisions will use the evaluation data received from GPSC at the aggregate level to make program adjustments and refinements, as needed.

If you have any questions about the LTCI or the Questions & Answers outlined in this document, please contact the program lead, Juna Cizman, at jcizman@divisionsbc.ca.