



Shoreline Medical

*Your Peninsula Health Network*

# Community non-profit model for primary care

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Karen Morgan (ED), Dr. Christopher Dowler

# History of Shoreline Medical Society

- Planning to deal with physician shortage began at Saanich Peninsula Hospital
- Saanich Peninsula Hospital Foundation began researching ideas from other parts of Canada; grant from SIDFP in 2012 allowed for a researcher to move things forward.
- 2015, Shoreline founded as a non-profit society; registered charitable status sought shortly after, in order to be able to accept donations (originally intended as capital donations to create clinics) from the SPH Foundation
- Board comprised of community members and physicians
- From the beginning, physician input regarded as critical to building the “right” model
- First site in Sidney opened in 2016

# Since opening Shoreline

- Operating funding challenges have been frequent and regular
- Town of Sidney provided \$190,000 loan in year one as “bridge” funding while charitable status process continued
- Charitable status achieved in early 2017; Saanich Peninsula Hospital and Healthcare Foundation has provided approximately \$4 million in capital funding and approximately \$1 million in operating funding
- Shoreline has grown from 4 physicians at one site to 25 physicians at two sites (Sidney and Brentwood Bay)
- Shoreline physicians pay an overhead rate equivalent to market (28 - 35%)
- Shoreline physicians provide more than 60% of physician service at Saanich Peninsula Hospital

# Governance

- Board of Directors
  - Community members
  - **\*\*Community Longitudinal Family Physicians\*\***
    - Retired
    - Active

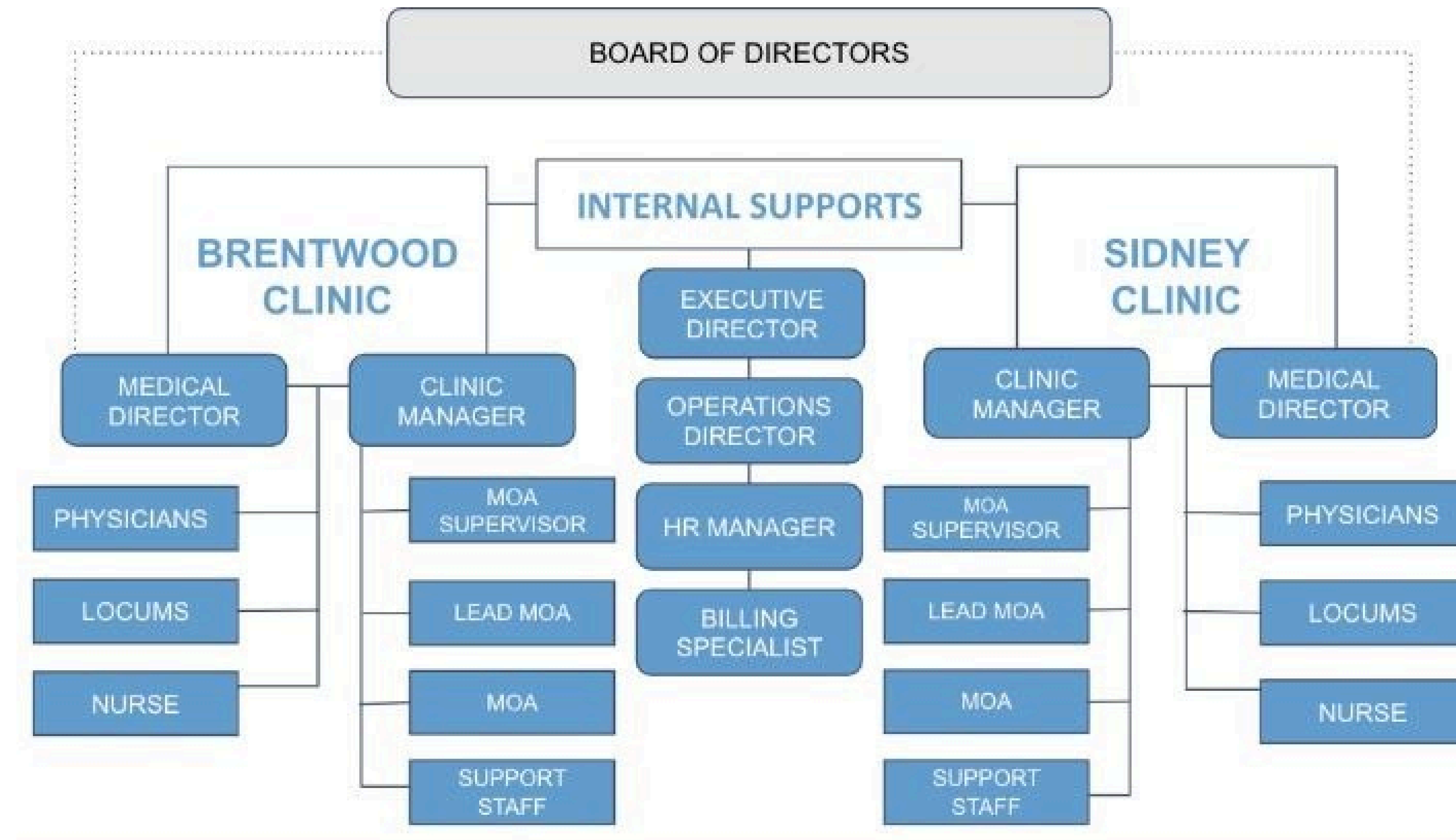
# Clinical Operations

## Culture

- Collaboration
- Support/mentorship
- Efficiency
- Engagement
- Transparency
- Practice autonomy

# Clinical Operations

- **\*\*Lean Organizational Structure\*\***
- Collaborative Leadership Team includes
  - Executive Director - .5 FTE
  - Operations Director - .8 FTE
  - HR Manager - .8 FTE
  - Chief Financial Officer - .3 FTE
  - Billing Specialist – 1.0 FTE
  - MOA managers - 3 at 1.0 FTE
  - Medical Directors for each site - 2 at .3 FTE
    - **\*\*Both do CLFP\*\***
- 24 Family Practices; staff of approximately 35-45 (employed by Shoreline)



# Team Based Care

## Providers

- CLFP's
  - Fee-For-Service FP's
  - New-To-Practice FP's
- Locum physicians
- Walk-In Clinic attached to both clinics
- PCN resources: Nurses, SW, MHSU, Clinical Pharmacists
- Private LPN

# Caring for Patients and Compensation

- Patients attached to individual physicians (or pairs of physicians sharing a practice)
- Practice coverage (when on vacation or doing DoD duties at SPH) largely locums
- Pay is proportional to complexity and appointment volume, with overhead of 28 - 35% on daily billings; 10% on medico-legal documents and CLFP payments. No overhead charged on out-of-office work (i.e., hospital work)
- Patient volume depends on physician preferences, but ranges between 25 - 30 patients per full office day



# Team Based Care

## Change management

- Overhead model acceptable for different practices types/sizes
- Training of providers & integration into clinical team
- Internal referral development
- Physical space utilization
- Scope of providers
- Documentation standards – quality and timeframes

# Community non-profit model for primary care

## Advantages

- Community focused 'wrap around' longitudinal care
- Empowered and engaged communities
- Supportive environment for providers
- Improved recruitment & retention
- Regional attachment, improved local community health

# Community non-profit model for primary care

## Challenges

- Overwhelming community demand
- Obtaining charitable status with CRA
- Fundraising requirement
- Managing donor expectations (eg cash for attachment, special treatment)
- Impact on other clinics/practices in community (potentially destabilizing)
- Operations still funded by physician billings (requirement of CRA)

# Integration with Saanich Peninsula PCN

- PCN nurses at both clinics
  - Family practice
  - Walk-In Clinic nurse in Sidney (via WIC Stabilization Funding)
- SW, MHSU, Clinical Pharmacist
  - Hub & spoke model
- All PCN providers document in clinic EMR (MedAccess)



**Questions?**