Primary Care Transformation Initiative

Practice Transformation Program

Implementation Manual[1]

April 1, 2020 to March 31, 2023

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[1] All content of this manual is subject to change as updates to the Program or related policies occur.

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Program Overview

Purpose

The 2020-2023 Business Plan Renewal for the Grande Prairie Primary Care Network (GP PCN) identified Primary Care Transformation as a key priority initiative. The implementation of the initiative is supported by a Transformation Team which includes a Lead, Nurse Liaison and Practice Facilitators (PFs)[2].

The Practice Transformation Program (PTP) is a key component of the initiative. The purpose of the PTP is to provide practice-specific support for transformation engagement and activity which advance Patient's Medical Home (PMH) implementation.

Practice-Specific Support Streams

Three streams of support are included in the PTP:

1. **Foundations** – Provides a supervision stipend for physicians to fully participate in and oversee activity related to foundation elements of the PMH and associated system level reporting.
2. **Projects** – Provides a supervision stipend to physicians that oversee and engage in approved improvement projects that advance one or more PMH elements.
3. **Team-Based Care Integration** - Allows physicians to complement their clinical team with a co-located PCN employed allied health professional. The PCN would fund all staffing costs and provide a payment to cover the administrative and overhead costs associated with co-location (i.e. office space, EMR access, utilities).

Eligibility and Participation Parameters

Any member physician is eligible to participate in the PTP subject to the following:

- For the Foundations stream, the physician's verified panel must be equal to or greater to the **PTP Panel Size Threshold** for the fiscal year
- No one (1) physician can access more than the **Annual Maximum PTP Payment Amount** defined per fiscal year
- All applicable program responsibilities and reporting requirements continue to be met

The PTP Panel Size Threshold and Annual Maximum PTP Payment Amount values are communicated in Appendix A.

Overarching Reimbursement Principles

All PCNs across Alberta are responsible for ensuring that their programs and operations comply with Alberta Health's Primary Care Initiative (PCI) Policy Manual[3]. The PCI Policy Manual

[2] Practice Facilitators are trained facilitators and change agents who are available to work directly with health care providers to develop, implement and monitor plans and projects related to Patient Medical Home elements and liaise with the provincial Accelerating Change Transformation Team (ACTT) at the Alberta Medical Association and other partners respecting provincial initiatives and supports.

[3] Available at: https://pcnpmo.ca/access/Pages/default.aspx#policies

includes reimbursement policies related to when funding can flow directly to physicians.

The following overarching reimbursement principles shall apply to the PTP as a whole:

- Costs that are already being paid through other means are not eligible for reimbursement.
- Only services/activities not currently funded from other funding pools (e.g., fee-for-service) are eligible for reimbursement. If other funding pools change the type of service/activity that is eligible for payment, then the eligibility for payment will change accordingly.
- Reimbursement rates/amounts will apply for the fiscal year only and be subject to change each fiscal year.
- Physician time shall be compensated at the prevailing sessional rate set by Alberta Health.

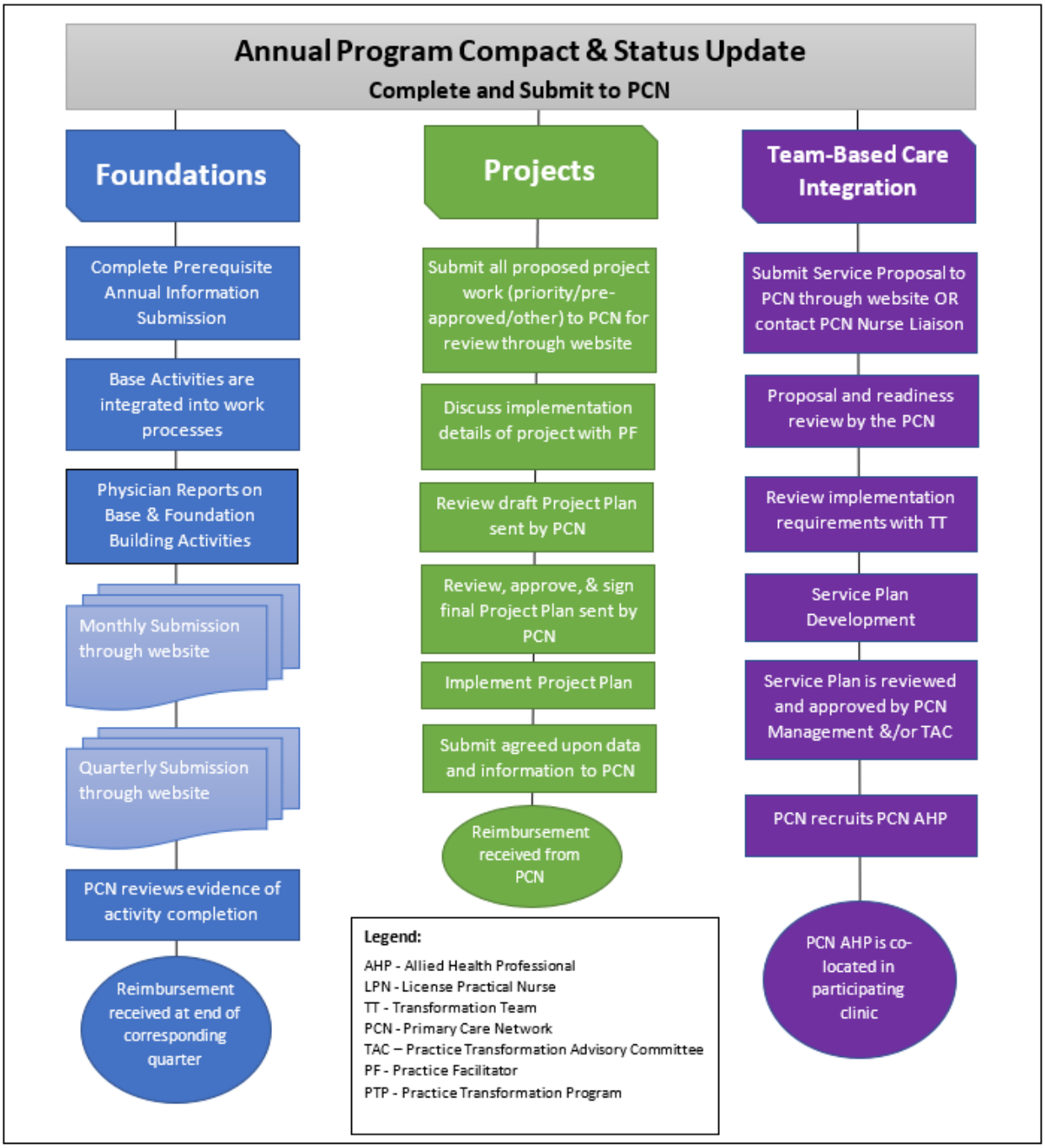
Additional principles and requirements are specified in the description of the implementation of each practice-support stream.

Planning and Reporting Cycle

The table below summarizes the PTP's annual planning and reporting cycle.

Applies to:	Timing	Document/ Electronic Form	Purpose
All Interested Physicians	Q4 of Proceeding Fiscal Year	Annual Program Compact & Status Update	Confirm the practice-support stream that will be accessed over the fiscal year &/or business planning period. Triggers follow-up and pre-planning as appropriate.
Foundations Stream	Q4 of Proceeding Fiscal Year	Pre-requisite Annual Information Submission	Provide basic information regarding the status of the physician's implementation of foundational PMH elements.
	End of each month of Fiscal Year	Foundations Monthly Data Submission	Monthly submission of data and information as evidence of activity completion.
	End of each quarter of Fiscal Year	Foundations Quarterly Report	Quarterly submission of data and information as evidence of activity completion.
Projects Stream	Any time	Project Proposal	Electronic form for outlining project work which triggers review.
	After Project Development Meeting(s)	Project Plan	Outlines roles, responsibilities, accountabilities, evaluation measures, reporting, and reimbursement amounts.
	During &/or After Project Implementation	Project Report	Reports on evaluation measures and project outcomes.
Team-Based Care Integration	Any time	Service Plan Proposal	Electronic form for outlining needs & objectives which triggers service planning meeting(s) with the PCN Transformation Team.
	After Service Planning Meeting	Service Plan	Outlines roles, responsibilities, accountabilities, evaluation measures, data and information submissions.

Below is a visual summary of the planning and reporting cycle for each program stream.



Dispute Resolution Process

If disputes arise regarding program eligibility or fulfillment of relevant requirements, the resolution process will be[4]:

1. The Transformation Lead and PCN Executive Director will meet with the Physician(s) to discuss the issue.
2. If the issue is not resolved through step 1, the Chair of the Practice Transformation Advisory Committee (TAC) and the PCN Executive Director will meet with the physician(s) to discuss the issue.
3. If the issue is not resolved through step 2, TAC will consider the issue, make a determination, and communicate the decision to the relevant physician(s).
4. If the relevant physician(s) are not satisfied with the resolution provided through step 3, the issue may be brought to the Board of Directors for consideration.

[4] Where the physician is a member of TAC and/or the Board, this process may be adapted as needed.

Program Implementation

Webpage

To support implementation of the PTP, the PCN has developed a program specific webpage that includes:

- Program information and documents
- Electronic data submission links
- Electronic forms

The webpage can be accessed at: www.grandeprairiepcn.com/practice

Use of the webpage will be required for several data and information submissions associated with program participation.

Practice-Support Streams

The next sections of this Manual provide further detail on the implementation of each practice-support stream. The following type of information is provided by support stream:

- Additional reimbursement principles
- Activity requirements
- Data submission requirements
- Role and responsibilities
- Applicable planning steps

Implementation - Foundations

This program stream provides a supervision stipend for physicians to fully participate in and oversee activity related to foundation elements of the PMH[5] and associated system level reporting.

Reimbursement Principles

- Only member physicians who confirm participation in the Foundations stream and meet the PTP Panel Size Threshold for the fiscal year are eligible for associated reimbursement payments. Funding is not transferrable to locums or other member physicians.[6]
- Reimbursement amounts will be based on estimates of physician time investment in supervising or directly undertaking identified activities. Where the physician is aware that the time investment did not occur, there is an obligation to inform the PCN. If there is evidence that the physician did not meet this obligation, program participation will immediately be suspended and put forward for review.
- Recognizing that physician time investment in identified activities will be very limited or not occur when the physician is absent from the clinic, reimbursement will be suspended during extended physician absences (1 month or longer).
- Physician time shall be compensated at the prevailing sessional rate set by Alberta Health.
- Indicators of time investment and activity completion will be identified and incorporated in information and data submission forms and reports. The Physician is responsible for ensuring that required forms and reports are accurately completed and submitted to the PCN.
- Forms and reports MUST be received prior to the identified deadline as evidence of activity completion prior to reimbursement. There will be NO exceptions.

Annual Prerequisite Information Submission

To be prepared to support physician participation in the Foundations Stream, PCN Practice Facilitators require some base information regarding the status of the physician's processes related to implementation of PMH elements. This information will be collected through an annual pre-requisite submission and/or review and confirmation of related information.

The associated forms will ask for basic information related to:

- Improvement/Transformation team composition, roles, & process
- Panel processes
- Preventative screening processes

The Annual Pre-requisite Information Submission is required to access reimbursement payments through the Foundations stream.

[5] Please visit the PTP webpage for resources that outline the PMH concept and its implementation.

[6] New physician members that are building their practices and have not yet met the panel size threshold may opt to do AMA Panel Process and Screening and Prevention Change Packages; this will prepare the physician for participation in the Foundations stream. On a case-by-case basis, the PCN will consider supporting this work through the Projects stream.

Base and Foundation Building Activities

The table below describes the activities included in the Foundations stream by PMH element(s).

Base Activities should become fully integrated into clinical work processes. It is expected that the physician and clinic team learn to undertake this work independently, although PCN Practice Facilitators can assist with helping the physician and their staff to integrate the activity into their ongoing work when a physician requests support.

Foundation Building Activities are one-time or annual activities that help to position the physician and the clinic team to advance PMH implementation. These activities can be undertaken any time throughout the fiscal year.

It is anticipated that qualifying Foundation Building Activities will be adjusted each fiscal year.

Base Activities	Foundation Building Activities
Capacity for Improvement	
• Establish & maintain a transformation/ improvement team • Lead monthly or more frequent meetings on an ongoing basis	• Advance improvement leadership skills through structured training and/or education
Panel & Continuity	
• Maintain panel identification & management processes[7]	• Develop CDM registry(ies) • Implement Community Information Integration/Central Patient Attachment Registry (CII/CPAR) • Develop follow-up care pathways for CII notifications • Review panel management status
Comprehensive, Organized, & Evidence-Based Care	
• Participate in preventative screening program (ASaP), advance towards Electronic Medical Record (EMR) optimization & track progress through whole panel reporting	• Attain Health Quality Council of Alberta (HQCA) Confirmed Panel Report and review to identify opportunities for improvement and clinical outreach • Complete training modules for AMA Change Packages related to Opioid Process Improvement and/or Reducing Impacts of Financial Strain
Patient- & Family-Centred Care	
• Learn about your patients' care experience by implementing a patient experience survey	• Consider how to take steps to improve your patients' care experience
Accessible Care	
• Measure, report and monitor Third Next Available (TNA) Appointment	• Understand access, demand & capacity • Determine ideal panel size • Review clinic processes

[7] Please refer to the Panel and Continuity resources on the AMA's Accelerating Change Transformation Team website (https://actt.albertadoctors.org/PMH/panel-continuity/Pages/Panel-and-Continuity-Resources.aspx) to better understand this element of the PMH. The Step Checklist (https://actt.albertadoctors.org/file/step-checklist.pdf) details the base activities that all practices should undertake (Panel Identification Level 1 and 2).

Accountability and Reporting

Within the Foundations stream, physician reimbursement payments will be tied to participation in and oversight of the above activities. As noted above, reimbursement amounts are based on estimates of physician time investment in supervising and/or directly undertaking identified activities. Appendix A identifies the maximum number of total hours reimbursable through the Foundations stream per fiscal year.

The table below details the reporting that will be required as evidence of participation and oversight of Base Activities.

Reporting on Base Activities

Base Activities (Max of 48 hrs/yr)*	**Monthly Submission** Within 5 days of end of month	**Quarterly Submission** Within 5 days of end of quarter
Capacity for Improvement		
• Establish a transformation/ improvement team & lead monthly or more frequent meetings on an ongoing basis (3 hours/q) • Liaise with PCN PF at least once per quarter (1 hour/q)	• Meeting dates, attendees, topics covered	• Date of meeting with PCN PF
Panel & Continuity		
• Maintain panel identification & management processes (2 hours/q)	• Verification rate & evidence of recording & monitoring trends	
Comprehensive, Organized, & Evidence Based Care		
• Participate in preventative screening program (ASaP), advance towards EMR optimization & track progress through whole panel reporting (1 hour/q)		• Whole panel reporting results & evidence of recording & monitoring trends
Patient- & Family-Centred Care		
• Learn about your patients' perspectives on their care experience by implementing a patient experience survey (up to 3 hours/q)		• Confirm survey questions, administer survey & reach collection target of 150 responses (survey distribution for up to 3 quarters per year)
Accessible Care		
• Measure, report and monitor TNA (2 hours/q)	• Submit weekly TNA values each month & evidence of recording & monitoring trends	

*Note: q=quarter; yr=year; PF=Practice Facilitator

As shown in the above table, there will be reporting requirements each month as well as quarterly. All data and information must be submitted through the PTP webpage.

Reporting on Foundation Building Activities

Foundation Building Activities	Required Evidence of Completion
Capacity for Improvement	
• Advance improvement leadership skills through structured training and/or education (up to 10 hours)	• Provide evidence of module/course completion to the PCN
Panel & Continuity	
• Implement CII/CPAR (4 hours)	• Provide copy of Confirmation of Participation forms to PCN PF
• Develop follow-up care pathways for CII notifications (2 hours)	• Demonstrate that follow-up care pathways have been integrated into clinic processes
• Develop CDM registry(ies) (2 hours)	• Demonstrate CDM registry(ies) are in place
• Review panel management status (1 hour)	• Complete AMA STEP checklist
Comprehensive, Organized, & Evidence Based Care	
• Attain HQCA Confirmed Panel Report and review to identify opportunities for clinical outreach (3 hours)	• Provide delegate access to PCN PF (or inform PCN of HQCA request) & review Report with PCN PF to identify opportunities for clinical outreach
• Complete AMA training module related to PMH Change Package for Opioid Process Improvements and/or Reducing the Impacts of Financial Strain (4 hours each)	• Provide evidence of module completion to the PCN
Patient- & Family-Centred Care	
• Consider how to take steps to improve your patients' care experience based on results of multi-question patient survey (2 hours)	• Review patient experience survey results for your practice & discuss opportunities for improvement with PCN PF
Accessible Care and Care Coordination	
• Understand access, demand & capacity (2 hours)	• Review panel access indicators in HQCA Confirmed Panel Report with PCN PF
• Determine ideal panel size (1 hour)	• Complete Ideal Panel Size Worksheet with PCN PF
• Review clinic processes (2 hours)	• Complete process mapping with PCN PF

The PCN must attain the identified evidence of completion of an activity within the current fiscal year for the reimbursement to occur out of the current fiscal year allocation.

Once the PCN attains the evidence of completion, the physician will receive reimbursement at the end of the corresponding fiscal quarter.

Implementation - Projects

This program stream provides a supervision stipend to physicians that oversee and engage in approved improvement/practice transformation projects that advance one or more PMH elements.

Reimbursement Principles

- Only member physicians who confirm participation in the Projects stream are eligible for associated reimbursement payments. Funding is not transferrable to locums or other member physicians.
- Reimbursement amounts will be based on estimates of physician time investment in supervising or directly undertaking identified activities. Where the physician is aware that the time investment did not occur, there is an obligation to inform the PCN. If there is evidence that the physician did not meet this obligation, program participation will immediately be suspended and put forward for review.
- An eligible physician can not be reimbursed for more than the Annual Maximum Number of Project Hours which is communicated in Appendix A.
- Indicators of time investment and activity completion will be identified and incorporated in project information and data submissions. The Physician is responsible for ensuring that required submissions are provided to the PCN.
- Forms and reports MUST be received as evidence of activity completion prior to reimbursement. There will be NO exceptions.

Priority Projects

Priority projects are intended to encourage broad engagement by member physicians on common strategic priorities related to PMH implementation within the identified fiscal year.

Identified PMH Projects

The PCN will also maintain a list of other Identified PMH Projects which have been determined to aligned with one or more PMH pillar. These projects will typically be narrower in scope and focus on a specific aspect of the physician's practice.

Practice Specific Project Submissions

Physicians may have other unique ideas for improvement/transformation projects that align with one or more PMH pillars.

Project Review and Approval Process

For a project (priority project, identified PMH project, or other) to be considered for reimbursement through the PTP, it must follow the review and approval steps outlined below:

1. Propose project work through submission of idea via the electronic form available on the PTP webpage. (Your Practice Facilitator may work with you to do this on your behalf).

2. Practice Facilitator reviews project work submission and reaches out to physician to discuss implementation details of project. (For practice-specific submissions, PMH alignment must be clear[8]).
3. Practice Facilitator drafts Project Plan and provides to physician for review and/or further discussion.
4. PCN Transformation Team lead finalizes and signs Project Plan and Practice Facilitator provides to physician for their signature.

All Project Plans will document project goals and objectives, planned activities and timelines, evaluation measures, reporting requirements, and overall estimate of time investment for reimbursement purposes.

For information purposes, a Project Plan Template is included in Appendix B. Draft template project plans for Priority Projects will be made available when interest is expressed by the physician or a project proposal submission is received through the PTP website.

[8] The Transformation Team will seek the advice of the TAC as needed.

Implementation - Team-Based Care Integration

The Team-Based Care Integration stream allows physicians to choose to complement their clinical team with a part-time PCN employed allied health professional (AHP) within the clinic. Appendix C identifies the potential AHP Full Time Equivalent (FTE) per physician by fiscal year.

The co-located AHP will serve patients directly through one-to-one or group appointments and manage the corresponding panel of patients. A Service Plan developed by the PCN and Physician(s) will designate the specific clinical activities to be undertaken by the AHP in alignment with their scope of practice.

The AHP's role should include supporting transformation work undertaken by the physician(s) and implementation of the PMH as it relates to the AHP's clinical activity. For example, where appropriate, the AHP will work with the clinic team to optimize patient access to the AHP's services and use of EMR software to manage the AHP's panel. However, if the physician(s) is also being reimbursed for participating in elements of the Foundations stream, the AHP's role CANNOT include completing activities or reporting associated with those elements of the Foundations stream.

For this program stream, the PCN will fund all AHP staffing costs and provide participating clinics with a payment to cover the administrative and overhead costs associated with co-location (i.e. office space, EMR access, utilities).

Reimbursement Principles

- Physicians that participate in the Team-Based Care Integration stream will be eligible to be reimbursed for administrative costs associated with co-location of the PCN AHP.
- The reimbursement approach will depend on the overhead cost responsibility structure within the clinic.
- Administrative cost reimbursement is intended to offset space, utility, equipment, EMR, and supply costs at a pre-set amount per PCN AHP FTE per month. Determination of the pre-set amount shall be informed by market rates. (See Appendix C.)
- Administrative cost payments will be provided once the PCN AHP initiates work within the clinic.
- Payment will occur quarterly. The first payment will be prorated if the start date of the PCN AHP does not correspond to the start of the quarter.

Requirements and Responsibilities

Successful team-based care integration requires both the PCN and the participating physician(s) to have a clear understanding of the roles and responsibilities associated with the collaboration. The table below details roles and responsibilities.

Physician(s) Roles & Responsibilities	PCN Roles and Responsibilities
Readiness for PCN Allied Health Professional (AHP)	
• Prerequisites to service planning for PCN AHP integration include: ○ Panel processes are established	• The PCN Transformation Team may need to access the clinic's EMR to create panel lists (e.g. chronic disease, mental health patients, etc). This

Physician(s) Roles & Responsibilities	PCN Roles and Responsibilities
○ Physician(s) panel is up to date ○ HQCA Confirmed Panel Report(s) received in the last year • Submission of a Proposal for Team-based Care Integration or contacting the PCN's Nurse Liaison is required to initiate further service planning.	information helps the PCN determine the amount of potential work and helps ensure the correct personnel are placed in the clinic. • If the Physician(s) panel(s) are not large enough to sustain acceptable workload levels, then a PCN AHP will NOT be supplied. This will be reassessed every 6-12 months.
Equipment/ Space	
• The PCN AHP must be provided adequate/ appropriate office space that can be used by the AHP to see patients. • The PCN AHP must have access to: ○ Dedicated computer(s) that support the latest operating system and internet access ○ Clinic EMR for patient medical information and charting ○ Medical equipment that relates to the role ○ Printer(s) and basic office supplies ○ Dedicated or shared phone line ○ Storage space for education material/supplies	• If no adequate clinic space or equipment is available, the PCN AHP will not be integrated in the clinic. ○ The physician(s) will have access to central PCN AHPs only • Where the PCN AHP is integrated within a clinic, the physician(s) will be eligible for administrative cost reimbursement as per the Practice Transformation Program Implementation Manual.
Privacy	
• The Alberta Office of the Privacy and Information Officer (OIPC) must have an accepted PIA and/or PIA update that covers participation in the PCN on file for the physician(s). • The physician(s) must have an Information Management Agreement in place with the PCN.	• If there is no accepted PIA with the OIPC, then the PCN will support the clinic in achieving this within a 3-month timeframe. • Any costs associated with PIA development and submission are regular operating costs that must be borne by the physician/clinic.
Service Planning	
• The Physician(s) must work with the Transformation Team to develop a Service Plan that documents details of team-based care integration. • The Service Plan must align with advancement of the PMH and/or North Zone service plan priorities (see Appendix D). • By signing the Service Plan, the Physician(s) acknowledge that continuation of team-based care integration is subject to meeting the commitments contained within the Service Plan and, by reference, the PTP Manual including the roles and responsibilities outlined in this table.	• The PCN's Transformation Team will work with and support the Physician(s) to complete the Team-Based Care Integration Service Plan template. • Signed Service Plans will be approved by the PCN's Management Team unless it is determined that the direction of the Practice Transformation Advisory Committee (TAC) is needed. ○ The Transformation Team Lead will ensure that the Service Plan version signed by the Physician(s) is brought forward to the TAC for review at the next available opportunity.
Comprehensive Team-Based Care	
• Physicians in the clinic must have access to Netcare. • Communication with PCN AHP ○ Acceptable forms of communication are: face-to-face; EMR messaging; phone; and fax ○ Post it notes regarding patient care are not acceptable due to the high chance of error, loss, and privacy breach • The physician(s) will support the AHP's role within the clinic, be available to meet with PCN AHP as	• The PCN AHP will function as a member of the clinic primary care team when on site, communicating, and collaborating with physicians and all team members using approved forms of communication. • EMR ○ The PCN AHP will have sufficient knowledge of the clinic's EMR to provide efficient and effective patient care and feedback to physicians ○ PCN Practice Facilitators will support EMR training of PCN AHPs

Physician(s) Roles & Responsibilities	PCN Roles and Responsibilities
required and work collaboratively to promote quality patient care. • The physician(s) will make themselves available for discussion with the PCN's Transformation Lead regarding any PCN concerns.	• The PCN Transformation Lead will make themselves available to discuss concerns that the Physician(s) have with the PCN AHP's clinical care.
Evaluation and Reporting	
• The Physician(s) will support regular collection and reporting of data and information that contributes to the evaluation of the Service Plan objectives and the Practice Transformation Program more generally. • At a minimum, evaluation data will cover AHP access, encounter activity, and patient experience. • At a minimum, the physician(s) will review related evaluation reports with the PCN Transformation Team once per year.	• Service planning will include discussion of evaluation and reporting. • The Transformation Team will support the AHP and clinic to effectively collect and report evaluation data and information. • Physician(s) will be sent evaluation reports related to the team-based care integration. • Review of evaluation reports will address the overall effectiveness of the current Service Plan in relation to its objectives and whether Service Plan modifications are needed.
PCN AHP Management	
• The physician(s) and clinic staff will commit to assist with integration of PCN AHP into the clinic. • The physician(s) will ensure that the work the PCN AHP is asked to perform is in line with the approved Service Plan. • Office staff will be made aware of the roles and responsibilities of the PCN AHP, understand the appointment booking process and help to integrate the PCN AHP as part of the clinic team. • The PCN AHP may work in multiple clinics; therefore, 3-months of notice is required for any change to scheduled days of work and hours unless otherwise agreed upon by the PCN. • The Physician(s) will comply with CPSA Standards of Practice as they relate to managing regulated healthcare professionals. • The Physician(s) will support the PCN's policies and procedures regarding vacation and personal leave for the PCN AHP. • The Physician(s) will support any continuing education requirements of the PCN AHP. • The Physician(s) will bring any concerns with the AHP's integration into the clinical team and/or their clinical role to the attention of the Transformation Lead for discussion and, if required, management action.	• The PCN will be responsible for AHP recruitment, hiring, and training and will work with the Physician(s) to select the best individual for the role. o If the clinic wishes the PCN to hire one of their existing employees, they must go through the PCN recruitment process (resume submission and formal interview with reference review). It is not guaranteed that the employee will be hired. • The PCN will support successful integration of the PCN AHP into the clinic. • The PCN AHP will be required to adhere to identified standards of practice and work to full scope of their discipline. • There may be times that an individual PCN AHP will need to be adjusted to meet PCN operational requirements, but a concentrated effort will be made to ensure continuity of care whenever possible. • Performance reviews for the PCN AHP will be conducted once per year; any required professional registrations and certificates will be reviewed at that time. The Physician(s) will be invited to participate in annual performance reviews. • If the PCN AHP will be away from work for an extended period (more than 16 weeks) the PCN will attempt to find a temporary replacement. This may not always be possible and the PCN will work with the physician(s) on alternate solutions.
PCN AHP Training	
• The Physician(s) shall support and accommodate PCN AHP training that needs to occur off-site and require time away from clinic.	• The PCN will ensure that PCN AHP receives appropriate training to support the Service Plan including training related to: o EMR use o PHC indicator reporting (if applicable) o Clinical care and education

Service and Readiness Review

A Service Proposal must be submitted to the PCN using the electronic form available on the PTP webpage or the physician(s) must contact the PCN Nurse Liaison to initiate discussion of team-based care integration request. This will trigger readiness review by the PCN.

The physician(s) that have submitted the Service Proposal must work with the PCN's Transformation Team to review whether the implementation roles and responsibilities can be met and determine whether to proceed to service plan development.

Service Plan Development and Approval

If the service proposal/request proceeds to Service Plan development, the PCN's Transformation Team will work with the interested physician(s) to develop a Service Plan that documents objectives, planned activities to be undertaken by the PCN AHP, implementation steps, potential evaluation measures, and reporting requirements.

All Service Plans must be reviewed and approved by the PCN Management Team prior to proceeding with recruitment of the PCN AHP that will be co-located in the physician's(s') clinic.

Appendix A – Program Eligibility & Reimbursement Parameters

PTP Panel Size Threshold

Each fiscal year, this threshold shall be based on 50% of the average panel size of family medicine physicians as published in the most recent report of the Canadian Institute for Health Information (CIHI). For the Business Plan term of 2020-23, the Panel Size Threshold value[9] by fiscal year is:

- 2020/21: 410
- 2021/22: 410
- 2022/23: TBD

Annual Maximum PTP Payment Amount

Each fiscal year, the PCN Board of Directors will establish a maximum amount per physician that can be paid directly to any one participating physician member through the PTP[10]. For the Business Plan term of 2020-23, the Maximum PTP Payment Amount by fiscal year is:

- 2020/21: $30,000
- 2021/22: $30,000
- 2022/23: TBD

Annual Maximum Number of Project Hours

Each fiscal year, the Practice Transformation Advisory Committee (TAC) will establish a maximum number of hours eligible for reimbursement through approved and completed project plans as per the Projects Stream. For the Business Plan term of 2020-23, the Maximum PTP Payment by fiscal year is:

- 2020/21: 66 hours
- 2021/22: 60 hours
- 2022/23: TBD

Annual Maximum Number of Foundations Hours

Each fiscal year, TAC will establish a maximum number of hours eligible for reimbursement through the Foundations Stream. For the Business Plan term of 2020-23, the Maximum PTP Payment by fiscal year is:

- 2020/21: 66 hours
- 2021/22: 66 hours
- 2022/23: TBD

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[9] Based on in annual *Physicians in Canada* reports published by the Canadian Institute for Health Information (CIHI). The latest report which was released by in October 2020 indicated that there were 122 family medicine physicians per 100,000 population which is the same as the previous year. See: Physicians in Canada, 2019 (cihi.ca).

[10] This includes reimbursement for Foundations and Projects activity completion and administrative cost reimbursement through the Team-based Care Integration stream. It does not include funding allocated for PCN allied health professional salary and benefits as this money is not provided directly to physicians.

Appendix B – Project Plan Template

PRACTICE TRANSFORMATION PROGRAM

Project Plan

Preamble:

- This Project Plan that has been informed by your Project submission and subsequent Project Development form.
- A signature block is provided at the end of the document for you to confirm your approval.
- Modifications to the Project Plan components must be discussed with the PCN's Transformation Team.

Physician Name: _____ **Date:** _____

1. **Project Description**

2. **Goals and Objectives**

3. **Activities**

4. **Resources**

5. **Challenges**

6. **Timeframe**

7. **Evaluation and Reporting**

8. **Other**

Estimate project start date: _____

Estimate of Physician Time Investment*: _____ hours

*This estimate will be used as the basis for reimbursement from the PCN. Once this form is signed, any physician concern respecting the number of hours must be addressed through Dispute Resolution Process identified in the PTP Implementation Manual.

Conditions to be Met Prior to Reimbursement:

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Commitment Statement

By signing below, I acknowledge my agreement with and commitment to this document as well as all other implementation details and commitments captured in the Practice Transformation Program Implementation Manual.

_____ PCN Transformation Team Lead

_____ Physician Signature

Appendix C – Team-Based Care Integration Support

AHP Full-Time Equivalent (FTE) per Physician

Each fiscal year, the AHP FTE available to be accessed by eligible PCN member physicians shall be reviewed and may be modified based on PCN funding availability.

For the Business Plan term of 2020-23, the AHP FTE per Physician by fiscal year is:

- 2020/21: 0.25 FTE (9.5 hours per week) if the physician is participating in another stream as well; 0.4 FTE (15 hours per week) if the physician is participating only in Team-based Care Integration
- 2021/22: 0.25 FTE (9.5 hours per week) if the physician is participating in another stream as well; 0.4 FTE (15 hours per week) if the physician is participating only in Team-based
- 2022/23: TBD

Administrative Cost Reimbursement Amount

Each fiscal year, the Administrative Cost Reimbursement associated with co-location of a PCN AHP will be reviewed[11].

For the Business Plan term of 2020-23, the Administrative Cost Reimbursement Amount by fiscal year is:

- 2020/21: $12,000 per 1.0 FTE or $3,000 per 0.25 FTE
- 2021/22: $12,000 per 1.0 FTE or $3,000 per 0.25 FTE
- 2022/23: TBD

[11] This includes reimbursement for Foundations and Projects activity completion and administrative cost reimbursement through the Team-based Care Integration stream. It does not include funding allocated for PCN allied health professional salary and benefits as this money is not provided directly to physicians.

Appendix D – North Zone Service Plan Priorities

The table below is replicated from the GP PCN 2020-23 Business Plan Renewal.

North Zone Service Plan Summary

Priority Population	Key Issues
Indigenous	Poor health outcomes High material deprivation index High rate of co-morbid conditions (diabetes, COPD, hypertension, obesity)
Frail, Complex Senior	Social isolation and loneliness High ED utilization High rate of alternative levels of care
Maternal care/child	High teen birth rate High rate of tobacco usage during pregnancy
Addiction and Mental Health	Opioid use disorder High rate of ED use for mood, anxiety and other behavioral conditions Preventative education and intervention for children and youth
Chronic and Co-Morbid Conditions	Chronic Obstructive Pulmonary Disorder (COPD) with high ED utilization rates Diabetes, lack of foot care service, and high rate of foot amputation ED readmission rates within 30 days of discharge
Unattached patients within all priority populations	

All Zone PCN Committees have been tasked with aligning activities with these three strategic objectives:

1. Improved integration of services between AHS and PCNs
2. Increased alignment of primary and community services across the zone
3. Shared administrative services