

The Victoria and South Island Divisions of Family Practice
Long-term Care Initiative 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 (LTCI) program: The Physician and the Victoria and South Island Divisions of Family Practice Long-term Care Initiative Program.

By opting-in to the LTCI program, The Physician agrees to meet the Best Practice Expectations (BPE's), outlined below, for all residents for whom they are MRP, at all care homes at which their residents are located.

Background

The FPSC will provide annually renewable funding support to be administered through the divisions, to design and implement local solutions that deliver dedicated FP MRP services for patients in long-term care homes.

For the purposes of this initiative, a dedicated FP MRP is defined as one who delivers care according to Best Practice Expectations and promotes these System Level Outcomes:

<i>Best Practice Expectations (see page 3):</i>	<i>System Level Outcomes:</i>
<ol style="list-style-type: none">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.	<ol style="list-style-type: none">1. Reduced unnecessary or inappropriate hospital transfers.2. Improved patient-provider experience.3. Reduced cost per patient as a result of a higher quality of care.

The LTCI program will be implemented with the principles of continuous quality improvement, using Plan-Do-Study-Act (PDSA) cycles to:

- Assess the current state with regards to meeting the Best Practice Expectations.
- Develop and test new approaches to improving Best Practice Expectations.
- Integrate learning into the LTCI program.

The Victoria and South Island Divisions of Family Practice
Long-term Care Initiative Program

Letter of Agreement

Areas of Agreement

1. The Physician agrees to the following:

- i. To meet the Best Practice Expectations for all residents in all care homes (i.e., physicians may not opt-in to the LTCI program for only some care homes or some groups of residents).
- ii. Where there are challenges in meeting one or more Best Practice Expectations, work with care home staff and the LTCI program team to develop and trial approaches to consistently meet all Best Practice Expectations.
- iii. Participate in evaluation of the overall LTCI program and provide input on the direction of the program, including funding allocation.

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

- i. Provide LTCI Program Resources:
 - *Program administration*: Support to care home teams and physicians to develop, trial, and assess approaches to meeting the best practice expectations.
 - *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 care homes. Parking passes will be provided as needed per long-term care home 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, interest holder 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, or to relinquish MRP care to any panel of residents at a given care home.

All parties, including care home representatives, are encouraged to meet to explore an agreeable resolution before the dissolution becomes permanent.

Best Practice Expectations Commitments

<i>Physician's Commitment</i> <i>for all residents for whom they are MRP, and to the care home team</i>	<i>Best Practice Expectation</i>	<i>Long-term Care Home's Commitment</i> <i>to all participating physicians</i>
<ul style="list-style-type: none"> ✓ Provide reliable, responsive after-hours coverage that maintains care on site and minimizes ER transfers, where possible. (<i>Achieved through the After-Hours Call Group</i>). ✓ Be responsive to daytime medical needs during regular business hours Monday to Friday. 	<i>24/7 availability and on-site attendance, when required.</i>	<ul style="list-style-type: none"> ✓ Work with LTCI program team to improve care home – physician communication processes and triage urgency of issues. ✓ Monitor responsiveness of after-hours coverage systems.
<ul style="list-style-type: none"> ✓ Attend the care home on a regular basis and ensure that individual patients are seen ideally every 30 days, and no less frequently than every 90 days. ✓ Ideally regular visits will be scheduled and communicated with care home in advance to improve efficiency (for both physicians and care homes). 	<i>Proactive visiting to residents.</i>	<ul style="list-style-type: none"> ✓ 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.
<ul style="list-style-type: none"> ✓ Support the completion of meaningful medication reviews at regular intervals, at least every 6 months. ✓ Include, as appropriate, consultation with pharmacy, nursing staff, and the resident or their health care representative. 	<i>Meaningful medication reviews.</i>	<ul style="list-style-type: none"> ✓ Integrate medication reviews with resident case conferences. ✓ Align with rational prescribing programs where possible. ✓ 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.
<ul style="list-style-type: none"> ✓ 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>	<ul style="list-style-type: none"> ✓ Work with Island Health and the LTCI program team to implement templates at the care home level, in order to support completed documentation.
<ul style="list-style-type: none"> ✓ Attend case conferences for residents for whom FP is MRP. 	<i>Attendance at care conferences.</i>	<ul style="list-style-type: none"> ✓ Communicate scheduled time in advance (at least 6 weeks). ✓ Preferably schedule conferences at mutually agreeable times. ✓ Cluster care conferences for each physician, where possible.
<ul style="list-style-type: none"> ✓ Participate in a regular quality improvement process, such as attendance at care home meetings or conducting chart reviews. 	<i>Participation in a regular quality improvement process.</i>	<ul style="list-style-type: none"> ✓ Engage with physicians and the LTCI program team to develop quality improvement and team-based care processes such as convening care home meetings.

The Victoria and South Island Divisions of Family Practice
Long-term Care Initiative Program

Letter of Agreement

The undersigned agree to participate in the Long-term Care Initiative (LTCI) 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: _____

Care homes at which you attend residents as MRP:

Please send this completed form to VictoriaSouthIsland.LTCI@victoriadivision.ca or fax 778-401-0521