<insert Month day, year>

Attention: Dr. <FirstName LastName>

Fax: <insert fax number>

**Re: Transition to CORE Physician Model at <insert Facility Name here>**

**RESPONSE REQUIRED regarding your resident(s)**

Dear Dr. <FirstName LastName>,

As a family physician with one or more residents at <insert Facility Name here>, we are writing to invite you to an information meeting about our transition to a **CORE Physician Model**. We are planning to have the CORE model in place by <insert date here (e.g. mid-June 2019)>. CORE stands for *Collaboration and Coordination for Residential Excellence*. It is a practice model that will ensure <Facility Name> is well positioned to support physicians to meet the best practice expectations of the regional Residential Care Initiative (RCI)\* and will enable physicians to work more closely with staff to provide excellent care to residents.

**ABOUT THE CORE MODEL**

The CORE Model aims to optimize collaborative practice in long term care and ensure excellent, consistent medical care for all residents. In addition to an emphasis on meeting the RCI best practice expectations, a cornerstone of the CORE Model is a **Physician Rota**, which will:

* facilitate the availability of a physician for every new admission, most of which involve a transfer of care to a new MRP,
* assist physicians to grow their long term care practice at a manageable rate, and
* help ensure a more evenly distributed workload for physicians.

<Facility Name> anticipates that the new model will further enrich our supportive, team-based environment, and demonstrate commitment to leadership in long term care practice that will positively impact the system level RCI outcomes. Please see the attached summary for details of the CORE Physician Model.

**LEARN MORE ABOUT THE CORE MODEL**

Please join <Facility Name> Administration, the Medical Coordinator *(delete if none; can add Facility Leaders if needed)*, and the RCI Program Team for a light breakfast to learn more about the new CORE Model, the transition process, and the incentive package available to physicians who will form the CORE Team at <Facility Name>. Please bring your questions!

**Date:** Day of week, Month day

**Time:** start time to end time

**Location:** <Insert Facility Name & meeting room name>

**RSVP: Please RSVP by Month day to** [VictoriaSouthIsland.RCI@divisionsbc.ca](mailto:VictoriaSouthIsland.RCI@divisionsbc.ca) or 778.265.0298 *Please indicate any food allergies at time of RSVP*

**WHAT THE CORE PHYSICIAN MODEL WILL MEAN FOR YOU AND YOUR RESIDENT(S) AT <FACILITY NAME>**

***New Residents***

A member of the CORE physician group will **become MRP for all new unattached residents** to <Facility Name>.

For new residents who are currently attached to a community-based GP, the choice of physician will always remain with the resident. The resident and/or their substitute decision maker, together with the community-based GP, may determine a transfer of care is not in the best interests of the resident. In this case, if the community-based Physician is wiling to follow, then they will remain the MRP.

***Existing Residents***

Some physicians will choose to **transfer the medical care** of their resident(s) to a CORE physician who will become MRP. Facility leadership will contact you to plan the transfer of care and the sensitive communication required with the resident and their family members.

**NEXT STEPS**

The CORE Physician Model will be fully implemented at <Facility Name> on **Day of week,** **Month day, year *(leave this date highlighted in yellow)***. We would like to know if and how you would like to participate in the new practice model.

Other physicians have chosen to **continue to provide medical care** for their current resident(s) according to the Island Health Residential Services medical care standards.

If you have any questions about the CORE Physician Model, please contact us to learn more.

Sincerely,

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| --- | --- | --- | --- |
| **FirstName LastName**  Director of Care  Phone number  Ext. (if any)  Email address | **FirstName LastName**  Executive Director  Phone number  Ext. (if any)  Email address | **Dr. FirstName LastName**  Medical Coordinator  Email address | **Juna Cizman**  RCI Project Manager  250-208-5457  jcizman@divisionsbc.ca |

\* For information on the provincial and regional Residential Care Initiative (RCI)

<https://www.divisionsbc.ca/victoria/gpscresidentialcare>

**<Facility Name>: CORE Physician Model Participation**

Please review the 3 options regarding the upcoming implementation of the CORE Physician Model and return your form to <Facility Name> Centre Administration at <insert fax number> (fax) by **Day of week,** **Month day, year**.

I would prefer to:

☐ **Continue to provide medical care for my resident(s) at <Facility Name> AND participate in the CORE model.** I understand I am agreeing to practice under the terms of the CORE Physician Model, and that I am entitled to receive the model incentives. Please see the attached summary for complete details of the CORE Physician Model.

☐ **Transfer the medical care of my resident(s)** to a CORE Physician who will become MRP.

☐ **Continue to provide medical care for my current resident(s) at <Facility Name>** according to the Island Health Residential Services medical care standards. I understand that all new *unattached* residents admitted to <Facility Name> after <Month day, year> will be cared for by CORE Physicians.

**NOTE: You will remain as MRP for your resident(s) at <Facility Name> until we confirm your preference.**

Thank you for your timely reply.

Physician name: Dr. **FirstName LastName**