

Summary: Establishing a CORE Medical Practice Model

Victoria-South Island Residential Care Initiative (Vic-SI RCI)

CORE stands for *Collaboration and Coordination for Residential Excellence* and is a practice model that supports consistent, high-quality medical care to residents through increased collaborative practice between physicians and care home staff.

Why a CORE Physician Model?

Responding to the requests of Victoria and South Island Division members and care home leaders, the Vic-SI RCI program team is developing new models of care structured around the GPSC RCI best practice expectations*. The CORE physician model allows for more individual flexibility than the successful but highly structured TORCH physician model, at the same time providing increased coordination and efficiency. Several Victoria sites have successfully adopted a CORE model, including Glenwarren Lodge, James Bay Care Centre, Luther Court, and Gorge Road Hospital.

Additionally, almost 85% of residents newly admitted to a long-term care home require a new Most Responsible Physician or Practitioner (MRP). The CORE model enables care home teams to efficiently to fill this need. In addition, adoption of the model enables the care home to demonstrate commitment to leadership in residential care practice that will positively impact the system-level RCI outcomes of reducing unnecessary or inappropriate hospital transfers, improving resident and provider experience, and decreasing cost/resident as a result of a higher quality of care.

A cornerstone of the CORE model is a **Physician Rota**, which:

- facilitate the availability of a physician for every new admission, most of which involve a transfer of care to a new MRP,
- assists physicians to grow their residential care practice at a manageable rate, and
- helps ensure a more evenly distributed workload for physicians.

What do CORE Physicians agree to?

- Participate in the Physician Rota to accept new admissions, together with other physician colleagues, and act as MRP for a cohort of residents
- Attend the facility to provide proactive visits on a regular basis, during daytime hours
- Opt-in to the RCI and agree to meet the best practice expectations:
 - Regular daytime availability and on-site attendance, when required (after-hours coverage provided by RCI call group)
 - proactive visits to residents
 - meaningful medication reviews
 - completed documentation
 - attendance at case conferences
 - participation in a regular quality improvement process to enhance care at the facility
- Work collaboratively with facility staff to develop efficient, effective communication processes

* For information on the provincial and regional RCI, see: www.gpsc.bc.ca/our-impact/residential-care

What do CORE care home teams agree to?

In order for the CORE model to be most successful, we ask that care home leadership are supportive of all aspects of the CORE model as outlined above. Additionally, we ask that teams be prepared to make adjustments to accommodate the increased level of collaboration between CORE physicians and site team members. For example, each CORE physician is asked to attend care conferences and participate in meaningful medication reviews for each resident for whom they are MRP. This shift often requires adjustments to timing of care conferences, or additional advance planning and notice so the CORE physician may plan to attend. Many other local CORE and TORCH sites have successfully adapted their care conference schedules and the RCI has developed helpful processes to support these adaptations, and have experienced improvements in collaborative care as a result. The RCI program team will support your care home team to make any needed adjustments and will be with you every step of the way.

How are physicians funded in the CORE model?

CORE Physicians are remunerated for clinical services through Medical Services Plan (MSP) fee-for-service billing. Once residents are ‘cohorted’ and a CORE physician has a critical mass of residents at the site, MSP billings per hour are comparable to, or above, the physician sessional rate per hour. Additionally, the Vic-SI RCI program provides 1) an annual stipend of \$325/resident for participating physicians, to meet the RCI Best Practice Expectations (\$100/resident of this stipend is pooled to provide payments for the after-hours call group, which all 38 local sites are covered by), and 2) payment at the sessional rate to attend site-based meetings and quality implement activities. The RCI program team provides billing support to ensure CORE physicians are optimizing their MSP billings. Physician billing scenarios are available for review.

What are the steps for establishing a CORE model?

Establishing a CORE model takes 3-6 months, depending on the readiness of the care home team. The following is an overview of key steps involved:

1. Planning: Meet with the RCI program team to assess the organizational readiness at the care home, such as leadership and staff support of the CORE model, a supportive medical coordinator, and the availability of a key staff lead to work with the RCI Coordinator
2. Develop a project budget in collaboration with the RCI program team (see *Funding* section below)
3. Review current physician roster and establish desired CORE group model
4. Set timeline for key events, including dates for sending correspondence, hosting information breakfast, confirming CORE physician group, and CORE launch date
5. Send out initial correspondence (*CORE Summary* and *Implementation Notice* letter to current MRPs—see Glenwarren sample documents)
6. Host CORE information breakfast
7. Assess interest expressed by physicians and determine CORE physician group
8. Assess care transfers and make arrangements, send *Letter to Families*

9. Send out *CORE confirmation letter* to CORE GPs and provide orientation to new CORE GPs
10. Send out CORE confirmation letter to any physicians who are transferring care of a resident to the new CORE group
11. Hold first CORE physician meeting shortly after CORE launch date
12. Ongoing maintenance and quality improvement; quarterly CORE meetings

Once the initial implementation is complete, ongoing maintenance, quality improvement and evaluation support is available through the RCI program team. CORE meetings typically occur quarterly during the start up year, and semi-annually after that (or as needed). CORE teams are well positioned to participate in RCI Quality Improvement Seed fund projects at their sites to make improvements around the RCI Best Practices (funding of up to \$15,000 per project).

What funding and supports are available to support the establishment of a CORE model?

The CORE model takes additional resources in the start-up phase, and will vary site-to-site depending on the needs of the long-term care home. The RCI program team provides hands-on Program Coordinator support to help establish the CORE model. In addition, the following costs are fundable through the RCI program:

- Staff lead hours for the initial planning & implementation phase
- CORE physician site lead hours (paid at the sessional rate)
- CORE physician member 'ramp up' hours when the model is first being established (paid at the sessional rate)
- CORE Physician payments to attend quarterly CORE meetings in the first year (paid at the sessional rate)
- Catering costs for initial breakfast meeting and first year of CORE physician meetings

Detailed budgets/funding allocation will be developed in collaboration with the RCI program team.

Have additional questions? Would you like to meet with an RCI program team member?

Contact us at VictoriaSouthIsland.RCI@divisionsbc.ca or 778-265-3137. We would be happy to meet with you and discuss options for the CORE model at your site!