



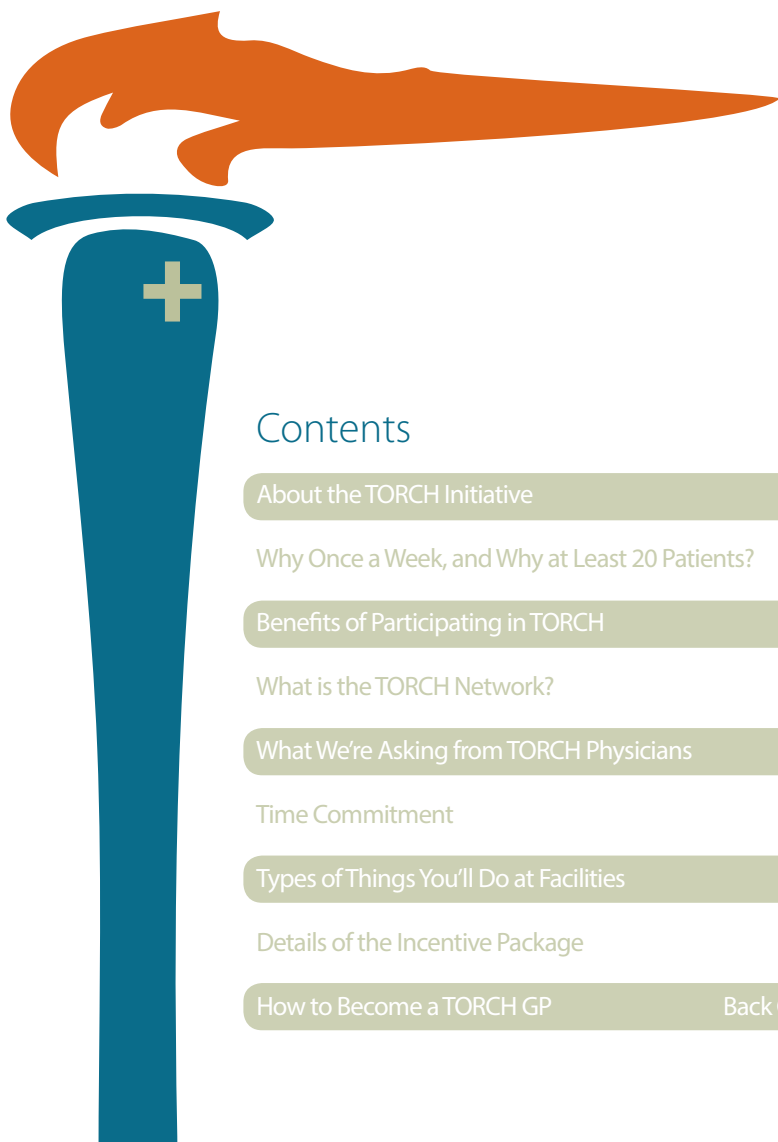
Becoming a TORCH GP

YOUR GUIDE TO
HELPING BUILD
AN INNOVATIVE MODEL
FOR RESIDENTIAL CARE





TORCH aims to optimize physician practice in residential care, and to ensure that patients in Victoria residential care facilities receive quality, consistent medical care.



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About the TORCH Initiative

TORCH stands for **T**owards **O**ptimal **R**esidential **C**are **H**earth. TORCH is an initiative of the Victoria Division of Family Practice (VDFP), in collaboration with Island Health, patients and family members, and other care providers, to improve access to and quality of medical care in residential care.

The TORCH initiative grew out of VDFP member survey findings and *Care of the Elderly* working group analysis, which identified key barriers experienced by GPs with patients in residential care, such as: the geographic distribution of residential care facilities; issues with remuneration; call and locum coverage; and, confidence in providing care to residential care patients.

These barriers have resulted in unsustainable local practice patterns, characterized by:

- **Inefficiency:** 70 per cent of GPs have 1–15 patients in residential care, sometimes spread at several different facilities, which requires them to spend valuable time travelling between different facilities — a requirement that often translates into a barrier to regularly visiting facilities. This 70 per cent of GPs with patients in residential care provides only 13 per cent of the total patient visits.

In 2012/13 in Victoria, 135 GPs had patients in residential care.

Of those 135 GPs:



70%

provided
13%
of patient visits



20%

provided
18%
of patient visits



10%

provided
69%
of patient visits

INEFFICIENCY

VULNERABILITY

- **Vulnerability:** 10 per cent of GPs have 50+ patients in residential care, and provide 69 per cent of patient visits. This pattern of a limited number of physicians with many patients leaves patients vulnerable to gaps in service delivery if one of these few physicians is unable to practice.

TORCH aims to optimize physician practice in residential care, and to ensure that patients in Victoria residential care facilities receive quality, consistent medical care. This brochure outlines the TORCH practice model, as well as the incentives designed to support your participation in TORCH.

The TORCH initiative will be implemented at four Victoria residential care facilities (Glengarry Hospital, Gorge Rd. Hospital, The Kiwanis Pavilion, and The Heights at Mt. View) beginning in late 2014.

The TORCH initiative is looking for GPs who want to contribute to an area of high need in primary care, and to build an innovative model of medical care in residential care.

TORCH GPs will agree to attend one of four facilities (Glengarry Hospital, Gorge Road Hospital, the Kiwanis Pavilion, The Heights at Mt. View) on a weekly basis, and be MRP for concentrated groups of at least 20 patients.



Why once a week, and why at least 20 patients?

Experience and research show us that visiting a facility weekly leads to better job satisfaction and patient care. For example, the facility can involve the physician in its work more easily, and patients receive better proactive care.

A minimum of 20 patients is needed to provide adequate financial compensation for weekly facility visits. TORCH GPs are welcome to accept more patients, which will result in more fee-for-service billings.

Benefits of participating in TORCH

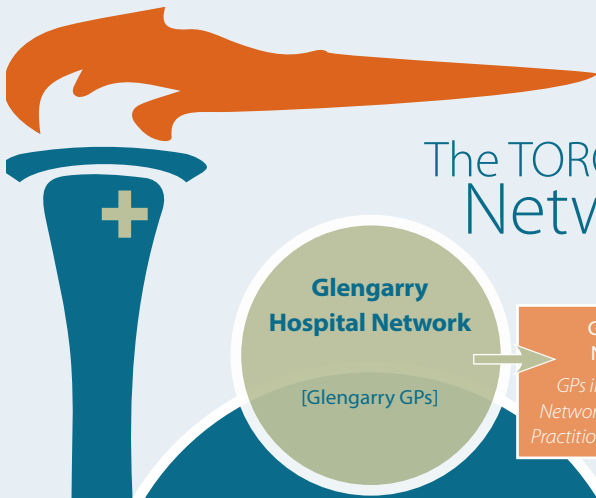
- Being part of a welcoming, collaborative team
- Contributing to an area of high-need in primary care: you want to do good work, and to know that the work you're doing provides value
- Supporting the development of an innovative model of care
- Benefiting from a combination of fee-for-service billings and sessional billings that compensate you at a level at least equivalent to the full sessional rate (per 3.5 hours) during the ramp-up period, and billing optimization support after the ramp-up period
- Practicing in a challenging and rewarding area of medicine
- Focusing time and efforts through having patients concentrated at one facility
- Receiving cross-coverage for your residential care patients, to minimize daytime calls to the facility and to cover holiday time and unplanned absences





What is the TORCH Network?

By participating in TORCH, you will be part of a network of physicians who provide residential care. The TORCH Network comprises all physicians participating in TORCH, and will provide 24-hour coverage at all four facilities. The facility where you have patients will also have a local Facility Network that will provide cross-coverage for other patients in that facility.



The TORCH Network

Glengarry Hospital Network

[Glengarry GPs]

Glengarry Hospital
Nurse Practitioner

*GPs in the Glengarry Hospital
Network collaborate with a Nurse
Practitioner to care for their patients*

The Heights at Mt. View Network

[Heights GPs]

The TORCH Network

GPs in the TORCH Network:

- provide 24-hour coverage to all facilities at regularly scheduled intervals
- meet every one to two months to help build and refine the TORCH model

The Gorge Road Hospital Network

[Gorge Road GPs]

The Kiwanis Pavilion Network

[Kiwanis GPs]

What we're asking from TORCH physicians:

- ☑ Accept MRP status for a minimum of 20 patients at one of the four prototype facilities
- ☑ See those patients on a regular basis to support planned proactive care
- ☑ Attend the facility on a weekly basis, for a two-to-three hour period, at complementary times to other GPs in the Facility Network (an average of 48 weeks out of the year)
- ☑ Participate in the TORCH 24-hour coverage network. Frequency of call is dependent on total numbers in the TORCH Network: with 20 TORCH GPs, call would be for one weeknight per month, and for one weekend every four months
- ☑ Attendance at TORCH Network meetings every one to two months
- ☑ Meet existing island Health Residential Care Medical Standards:

intranet.viha.ca/pnp/pnpdocs/residential-care-medicalstandards.pdf





By joining the TORCH Network of GPs, you will pioneer an innovative approach to providing quality, comprehensive residential care.

Time commitment

We anticipate three hours at a regular weekly interval (48 out of 52 weeks per year, not including holiday time). This regular, predictable time would be scheduled so that it doesn't overlap with other GPs in the TORCH Network, with the aim of providing fairly comprehensive daytime coverage to other TORCH patients at the same facility.

Types of things you'll do at facilities during your scheduled visit:

- Attend to your patients
- Be available to other patients in the facility who are part of TORCH, and who require timely access to care
- Attend formal and informal care conferences on behalf of your patients or other TORCH patients (to be determined by your Facility Network)
- May attend in-house facility committees (e.g. Advisory Councils: quality, family, medical) on behalf of your Facility Network

We've developed a comprehensive incentive package to help you participate in TORCH and to reap the benefits.

Details of the incentive package

- **TORCH implementation 'ramp up period' clinical sessional support:** up to 18 hours of clinical sessions spread out over the first three to four months, in order to help get you started
- **TORCH Network participation support:** 18 hours at the sessional rate to attend TORCH Network meetings over the course of the year
- **TORCH Network participation support:** six hours at the sessional rate to participate in TORCH Network facility-based quality improvement over the course of the year
- **Billing optimization:** Since fee-for-service forms the foundation of the financial model in TORCH, we'll provide billing support (for you and/or your MOA), to optimize residential care billings, in the form of workshops and individualized support, focused on the **A GP for Me** fee codes and other residential care billing codes/tips
- **Space** to work at facility

- **Practice support module:** Mainpro M1 CME credits for the module on advance access booking to support office efficiency (valued at \$3000 in sessional funding; space available for three participants: dates to be confirmed soon)
- **Parking passes:** Island Health parking pass for Island Health sites, and dedicated parking at affiliate sites
- **Practice Support Coordinator & Individual Practice Coaching:** Modules and personal practice coaching to optimize your entire practice (not just the residential care component) and support you to reorganize your practice to participate in TORCH
- **Continuing Medical Education/Continuing Professional Development (CME/CPD):** We will provide you with accredited (Mainpro) residential care CME/CPD to ensure you are confident in the care you provide. Additionally, you will have a CME/CPD budget to allocate to relevant residential care professional development, such as the annual conference in residential care
- **Administrative support:** A TORCH Network administrator to organize weekly facility schedule, 24-hour coverage schedules, and TORCH Network meetings
- **Direct fax to email messaging** for physicians who don't have a fax machine to receive faxes from facilities
- **Billing support**



How to Become a TORCH GP

To register as a TORCH GP, contact:

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divisionsbc.ca/victoria/torch



Victoria

Division of Family Practice

A GPSC initiative

Produced October 2014