Video Transcript:
A Facilitators' Guide to Implementing a Collaborative Practice Model

"Since 2015, the Victoria-South Island LTCI has worked in partnership with family physicians and local long-term care homes to implement collaborative practice models. This provides a way for physicians and care home staff to improve team-based long-term care by creating supportive structures and processes that enable team communication, coordination and continuous quality improvement. At the time of filming, around 75% of care homes in Victoria-South Island have either CORE or TORCH models in place."

"The TORCH model, which stands for Towards Optimal Residential Care Health, provides a structured physician visit schedule. The CORE model, which stands for Collaboration & Coordination for Residential Excellence, alternatively allows for a flexible physician visit schedule, while at the same time providing increased coordination and efficiency. The CORE Practice Model, which this video will focus on, supports consistent, high-quality medical care for residents by increasing collaborative practice between physicians and care home staff."

"Most residents require a new Most Responsible Physician or Practitioner, also known as the MRP, when they are admitted to a long-term care home. The CORE model enables care home teams to efficiently fill this need, by having a core group of physicians who agree to take care of residents at the site through an established rota. As new residents are admitted, they are assigned to a physician in rotation (also referred to as the "physician rota"), so that the physicians' preferred panel sizes are maintained. Each core physician typically maintains a caseload of 10 to 30 residents at the home, which we refer to as their "panel." This ensures the availability of a physician for every new admission, assists physicians to grow their long-term care practice at a manageable rate and helps to ensure an evenly distributed workload for physicians."

"When considering the implementation of CORE, it's important for physicians and care home teams to understand their commitments within the CORE model. When physicians opt into the CORE model, they commit to the following:

- opting-in to the LTCI and agreeing to meet the best practice expectations
- participating in the Physician Rota to accept new admissions, together with other physician colleagues, and act as MRP for a cohort of residents
- attending the care home in-person to provide proactive visits on a regular basis, during daytime hours
- and working collaboratively with care home staff to develop efficient, effective communication processes

"Care home leadership commit to supporting all aspects of the CORE model as outlined above but additionally should be prepared to adjust some clinical processes. This is required 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 more flexibility in the timing of care conferences, or additional advance planning and notice so the MRP can attend. Many

local CORE and TORCH model sites have successfully adapted their care conference schedules and have experienced improvements in collaborative care as a result. The LTCI has developed helpful forms and processes to support these adaptations and can support your care home team to make any needed adjustments."

"Establishing a CORE model typically takes 3-6 months, depending on the readiness of the care home team. The first step involves meeting with the LTCI program team to assess the organization's readiness for practice model development. This includes leadership and staff support for the CORE model, a supportive medical coordinator, and the availability of a site leader with the time and energy to work with the LTCI Coordinator on CORE implementation. Following this meeting, the next step is to develop a project budget in collaboration with the LTCI team. Then, we'll review the current physician roster and investigate their interest in participating in a CORE group for the home. Finally, we'll set a timeline for key events, which includes activities such as sending correspondence to physicians and residents and/or families, hosting information meetings, establishing and confirming the CORE physician group, setting a CORE launch date, and arranging for transfers of medical care, where required. Shortly after the CORE launch date, we'll hold the first physician - care home CORE quality meeting, where the components of the practice model will be discussed. To ensure ongoing maintenance and improvement of the CORE model, the LTCI supports your site to hold semi-annual CORE quality meetings. The LTCI has a thorough practice model implementation toolkit, which includes templates of letters, forms, agendas, and more."

"Implementation of the CORE model takes additional resources in the start-up phase. This will vary site-to-site depending on the needs of the care home. The LTCI team provides hands-on Program Coordinator support to help establish the CORE model. Funding is available for staff lead hours for the initial planning as well as the implementation phase. Physicians that lead or participate in the CORE group are remunerated at the sessional rate for time spent in 'ramp up' activities when the model is first being established and for attendance at up to 2 CORE quality meetings per year. Catering costs for meetings can also be supported. Detailed budgets for CORE implementation are developed in collaboration with the LTCI program team."

"If you have additional questions on how to establish a CORE model, please contact us! We'd be happy to meet with you and discuss options for CORE at your site."

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