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

TORCH
Towards Optimal Residential Care Health

Of those 135 GPs:

**70%**
provided
**13%**
of patient visits

**20%**
provided
**18%**
of patient visits

**10%**
provided
**69%**
of patient visits

← INEFFICIENCY          VULNERABILITY →
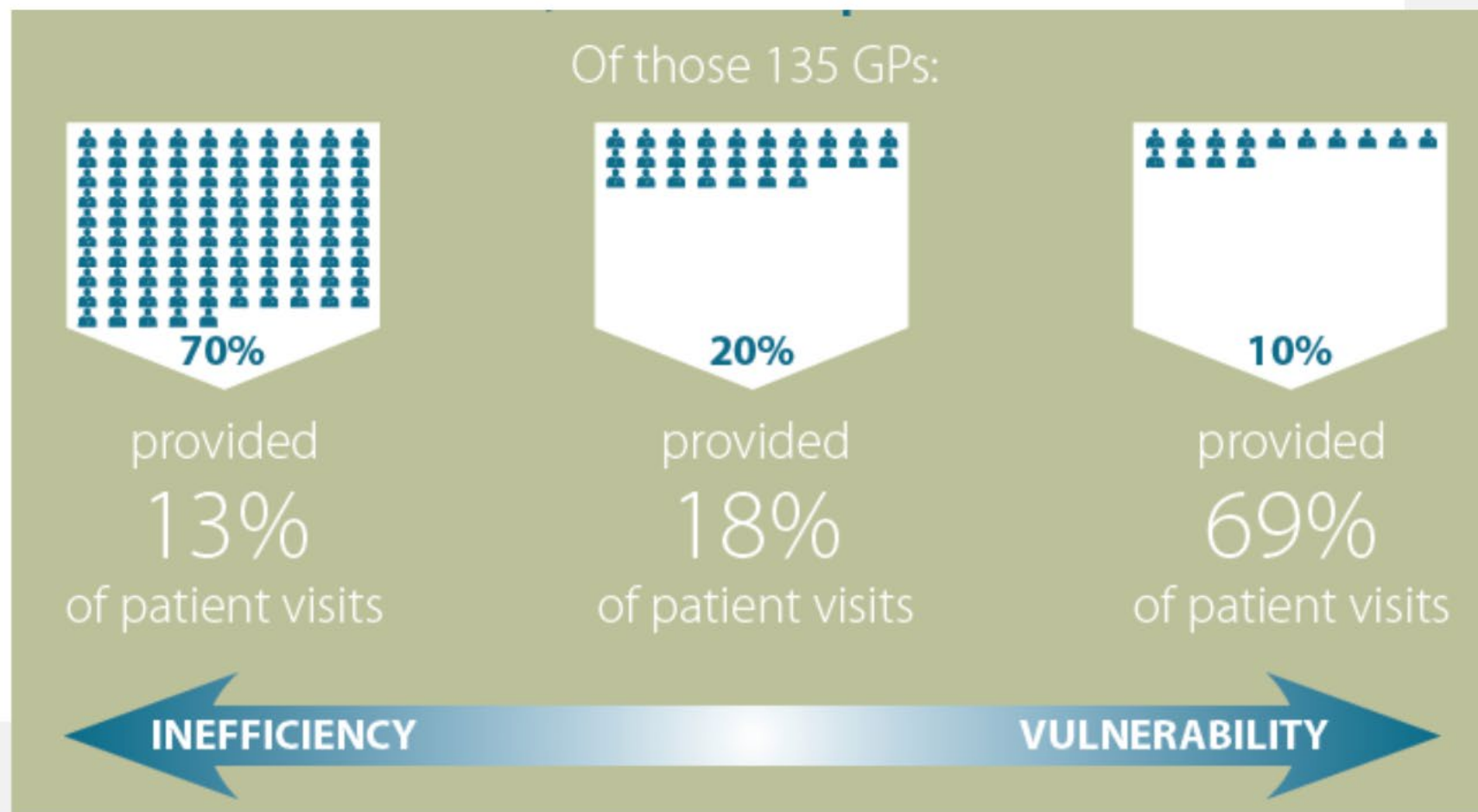
# The Residential Care Initiative

In 2015, *the General Practice Services Committee (GPSC) launched a province-wide Residential Care Initiative (RCI) to address:*

- Diminishing GP engagement & barriers in residential care

- Growth in the residential care population

*Locally, the Victoria and South Island Divisions of Family Practice work together to meet:*

**& 6** *Best Practice Expectations*

**3** *System Level Outcomes*

# GPSC LTCI Funding Agreement

- Calculated by multiplying the number of beds in a community X $400/bed/year, to arrive at an annual lump sum for the community's LTCI program

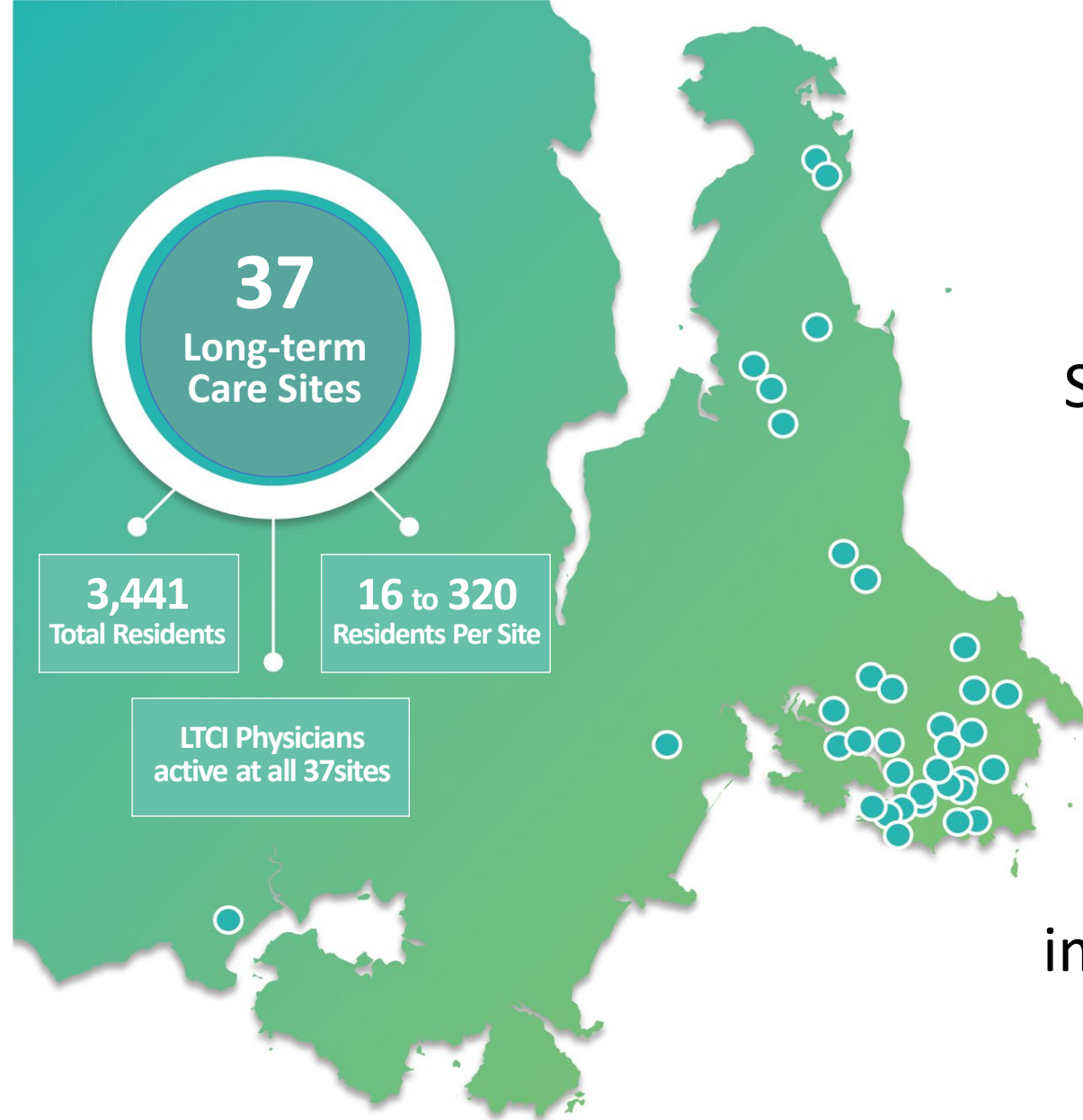- With 3,441 beds in the Victoria-South Island region, the annual local funding is $1,376,400

**LTCI**
Vic-SI Long-term Care Initiative

# LTCI Best Practice Expectations (BPEs)

>>>

# LTCI System Level Outcomes

- 24/7 availability and on-site attendance, when required

- Proactive visits to residents

- Meaningful medication reviews

- Completed documentation

- Attendance at case conferences

- *Vic-SI LTCI added*: Participation in Quality Improvement (e.g. quarterly meetings)

Reduced unnecessary/ inappropriate hospital transfers

Reduced cost as a result of higher quality care

Improved resident experience

Improved provider experience

## LTCI
Vic-SI Long-term Care Initiative

# In 2015, the LTCI surveyed physicians prior to the launch of the program.....

**98** physicians responded to the survey

→ $\frac{1}{3}$ from the South Island Division

→ $\frac{2}{3}$ from the Victoria Division

*We learned.....*

# Priorities...

## Supports

- Increased remuneration
- Patients concentrated at one care home
- Network of support from colleagues/GPs
- Less frequent/lighter on call
- Billing optimization support

## Funding

- Direct physician compensation
- Care home organizational improvement
- Education for physicians
- Quality improvement/evaluation
- Program administration and coordination

# VISION

Create a **culture of excellence, teamwork, and sustainability** in patient-centred medical care for **residents in long-term care homes** as well as the overall LTC system, through supporting **physicians** and collaborating with other **care providers** and **family**.

Consistently meet **LTCI Best Practice Expectations** by 2024

# MISSION

## SYSTEM COORDINATION & SUSTAINABILITY

## PRACTICE MODEL INNOVATION

Emphasis on developing, implementing, and maintaining models for **Practice Innovation**:

- TORCH Physician Model
- CORE Physician Model
- Distributed model with BPEs fully implemented
- Models at MSM and TLAB

## EXCELLENT CARE

Establishing and consistently meeting **Standards of Care**, in collaboration with key stakeholders, including:

- Best Practice Expectations: implementation and data-driven accountability strategies
- Quality Improvement: chart audits, common documentation

## PRACTICE SUPPORT

Provide **Practice Support** to encourage participation and reduce barriers:

- Quarterly payments
- Special one-time incentives
- Clinical learning
- Billing / Parking / Admin
- Scholarship fund; QI seed fund

- Juna Cizman: VDFP 2014-2021, Program Manager Vic-SI LTCI
- Carolyn Brandly: 2016-2017 Strategic Consultant
- Jessica Swinburnson: VDFP, 2016 LTCI Operations Lead
- Emily Charter: 2018-2019 LTCI Program Coordinator, Administration
- Meaghan Valade: 2018 Masters of Social Work Practicum Placement
- Annebeth Leurs: 2018 -2021 LTCI Program Coordinator, Long-Term Care Quality Improvement Support
- Fiona Sudbury: 2019-present LTCI Program Consultant

- Cherie Wheeler: 2018-2022 LTCI Program Coordinator, Long-Term Care Quality Improvement Support
- Erin Horne: 2018-2019 LTCI Program Coordinator, Long-Term Care Quality Improvement Support
- Megan Schulz: 2019-2021 LTCI Program Coordinator, Quality Improvement and Clinical Support
- Sunita Maghera: 2020 –present Long-Term Care Initiative/Victoria Division Administrative Assistant
- Gillian Swinburnson: 2022-present Program Support Contractor

- GPSC Task Group
- COVID
- Staffing crisis

# GPSC LTC Task Group:

- implement recommendations from provincial LTCI Service Review report (data from 2019/20)

- ToR deliverable 1.1 – "Clarify process & details regarding the return of LTCI funding surpluses to GPSC as directed by the committee"

- Sometime between the report (produced in 2020) & the GPSC Task Group (2021), GPSC decided local LTCIs should return surpluses

**high level summary + aims**

GPSC decision regarding return of unspent LTCI funds **1**

Significant impacts to Vic-SI LTCI programming **2**

*Strategies to mitigate risks* **3**

LTCI
Vic-SI Long-term Care Initiative

# **Vic-SI LTCI Data Trends** show that from 2014/15 to 2021/2022

- a 300% relative increase in care conference attendance

- an 89% relative increase in proactive visiting

- a 52% reduction in residents prescribed 9+ medications

- a 71% reduction in unscheduled ED transfers, among other LTC BPE gains
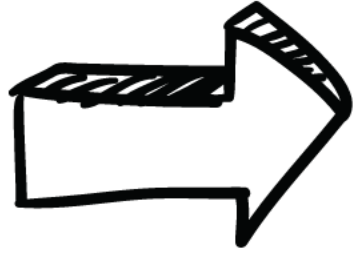
# Supports...

- Increased remuneration
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- Billing optimization support
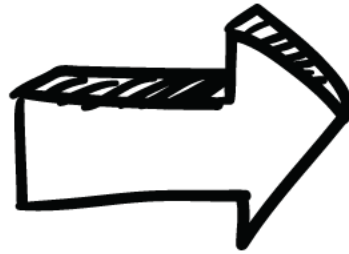
- *$225/resident + stipend for after-hours ($887-$2330/slot of call)*
- *Practice models at 24/37 sites which encourage ideal panel sizes*
- *Working groups & supports*
- *After-hours call coverage at all 37 sites and 3400+ system beds*
- *Vic-SI LTCI Billing Guide & access to billing consultant*

# Funding...

- Direct physician compensation
- Care home organizational improvement
- Education for physicians
- Quality improvement/evaluation
- Program administration and coordination

- *Direct quarterly payments*
- *Practice models at 24/37 sites*
- *Monthly CME events*
- *Annual evaluation*
- *Robust program supports*

# LTCI MOBILIZATION WORK

*use of the unspent funds*

## ➡ Preparing for Reduced Coordinator Time

- Practice model implementation resource package

- Orientation package for new care home leaders

- Practice model rubric to assist in to classifying the degree of coordination at the care home level

- After-Hours Call Group (AHCG) training module: fourteen short videos and multiple-choice questions providing an overview of call group, how to use the SBAR, and top reasons for call

- AHCG packages: dropping off updated call group posters, SBARs, order sets, Notification of Death Tool

- Administrative tools and videos: creating and disbursing administrative tools to build capacity and support care homes

## ➡ Suggestions from LTCI Physicians

- Mobilization Activities as Suggested by LTCI Physicians

- Best Practice Expectation resource packages and indexes:
  - Care Conferences tools and processes
  - Chart Review tools & processes

- UTI SBAR

- LTC Physician Workforce and Practice Planning one-on-one interviews

- Steering Committee group development, facilitated leadership during change sessions with Vantage booked for April, June, and October 2022

- Formation of LTC Community of Practice Group

- Bonus' for LTCI Physicians in recognition of service

**Mobilization Activities Preparing for Reduced Coordinator Time**

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# What's next for the LTCI?

- 5+ physicians leaving the LTC system
- Additional retirements expected in 2023
- No current replacements
- As many as 15 new physicians needed

**RECRUITMENT**

# Physician Engagement

**March 2016:**
- **47** active LTCI physicians-MRP for **68.9%** of residents
- **197** physicians in total with residents in LTC

**October 2022:**
- **72** active LTCI physicians-MRP for **98.7%** of residents
- **106** physicians in total with residents in LTC

# THE END

*THANK YOU!*