GUIDELINES

Funding Guidelines

FACILITY ENGAGEMENT
An SSC Initiative

Distribution: MSAs and Health Authority Partners

Approved by: SSC Facility Engagement Working Group

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Contents

Preamble

The overarching intent of FE funding is to foster meaningful consultation and collaboration between MSAs and health authorities. To meet this goal, FE expenditures must align with at least one of the following goals of the 2019 Memorandum of Understanding on Regional and Local Engagement:

- To improve communication and relationships among the medical staff so that their views are more effectively represented.
- To prioritize issues that significantly affect physicians and patient care.
- To support medical staff contributions to the development and achievement of health authority plans and initiatives that directly affect physicians.
- To have meaningful interactions between the medical staff and health authority leaders, including physicians in formal HA medical leadership roles.

FE funds are primarily intended to compensate physicians for their time spent participating in internal meetings and meetings with health authority partners in relation to the FE initiative. Secondary uses of the funds include covering infrastructure costs of the MSA/physician societies.

FE supports the role that community-based partners can play in consulting and collaborating with MSAs and health authorities in improving physicians' work environment and patient care in facilities.

Decision making

Local FE funding decisions are made by the MSA executives/society directors in conjunction with MSA working groups, where applicable. Before decisions are made, health authorities must be consulted on proposed activities that have operational impact or require health authority involvement, funding or in-kind support. Proposed activities can be brought forward by MSA members and health authorities for consideration.

Accountability

MSA executives/society directors have a fiduciary duty to the taxpayers of BC and the Specialist Services Committee to ensure that funding decisions align with the Memorandum of Understanding's goals. At the same time, they must be cost-conscious and accountable in their approach. All funding decisions must be able stand up to the scrutiny of Specialist Services Committee, MSA members, and ultimately the public.

Funding Guidelines

The purpose of the guidelines is to provide greater clarity to MSAs and health authorities on the prohibited uses of Facility Engagement (FE) funds, and other frequently asked areas of use that are not explained in the MOU. Recognizing that MSAs will continue to encounter grey zones in funding through the course of the initiative, criteria are also provided to assist in their decision-making.

Supplementary guidelines for select MOU funding criteria

1. **Clinical equipment:** FE funds may not be used for the purchase of equipment or tools used by clinicians or health authority employees that involves direct or indirect patient care, or patient information/data.

2. **Clinical service:**
    a. FE funds cannot be used for the compensation of clinicians, health authority employees or contractors in the delivery of direct and indirect patient care.
    b. FE funds cannot be used for covering the overhead costs associated with the delivery of clinical services in the facility or community.
    c. Due to the Hunter Arbitration award (2005) the scheduling of physicians within a facility is considered to be a form of clinical service. Compensation for scheduling or tools that facilitate the scheduling of physicians within a facility is not a permitted use of FE funding.

3. **Compensation for meeting attendance:**
    a. With approval from the MSA working group, FE funds can pay for MSA members' participation at meetings, or a portion thereof, with MSA members and/or health authority partners that are not associated with:
        i. quality assurance investigations, activities associated with members' practice reviews, or standard department/division or facility quality assurance activities (e.g., morbidity and mortality rounds, case reviews);
        ii. attendance at department/division meetings[1] or MSA meetings as required by the medical staff rules; and,
        iii. quality assurance committees associated or reporting to the Medical Advisory Committee at any level.

[1] Matters discussed at department/division meetings include: call schedules, recruitment, resource allocation, equipment and space requests if applicable, issues or complaints about or raised by other departments, and assigning or dividing up attendance for other meetings and committees. For facilities that do not have department meetings, FE funds cannot be used to cover physicians' time discussing matters typically discussed at department meetings.

b. FE funds can pay for MSA members' attendance at Medical Advisory Committee meetings at the health authority-wide, regional and local levels.

c. Physicians who attend meetings as part of their contract deliverables with the health authority, and health authority operational leaders are not eligible for FE funding.

d. FE funds cannot be used to purchase non-cash gifts for meeting attendees who are receiving sessional payment.

4. **Donations:** FE funds cannot be used for donations to charities, non-profits, or political parties. FE funds cannot be used to purchase non-cash gifts for members of the public or auxiliary organizations.

SSC FE Working Group Enhancements to the MOU provisions

5. **Capital projects:**
   a. FE funds may be used for capital projects or renovations (e.g., physician lounges) to a one-time total limit (i.e., does not renew each year) of 15% of their annual site funding or $40,000, whichever limit is higher. It is recommended for MSAs to work with health authority partners to identify opportunities for cost-sharing.

   b. FE funding is not intended for capital projects or renovations where the funding responsibility rests elsewhere, regardless of whether the funding for these projects is considered inadequate.

   c. FE capital project spending cannot purchase equipment, tools and/or pay for renovation costs that is prohibited within the FE funding guidelines (e.g., clinical equipment, gym equipment).

6. **Project infrastructure:**
   a. MSAs must consider if and how projects are sustained beyond pilot phases by engaging with key stakeholders early in development.

   b. FE funding can be used to hire contracted staff to assist with the operationalization of projects approved by the MSA executives and/or MSA working group (e.g., evaluation, data collection and analysis, project coordination and tracking).

7. **Other Joint Clinical Committee projects seeking sustainability funding:** When assessing the appropriateness of using FE funding for Joint Clinical Committee funded projects (e.g., GPSC, Divisions of Family Practice, Shared Care), the following should be considered:
   a. the relevance of the project to address facility-based issues;

   b. the extent of MSA and health authority involvement;

   c. whether funding responsibility rests elsewhere, regardless of whether funding for those activities is considered adequate; and,

   d. if there are cost-sharing opportunities, where applicable.

8. **Physician research and quality projects:**

a. FE funds can be used for quality improvement projects[2] that encompass the Institute of Health Improvement Quadruple Aim (i.e., improving patient outcomes, improving patient and provider experience, reducing costs), involve multiple physician groups and/or collaboration with health authority partners.

b. FE funds cannot be used for physician research projects[3].

9. **Training: Physicians are provided training supports through the Physician Master Agreement that are administered through Doctors of BC and the Joint Clinical Committees. Alternative sources should be examined prior to the use of FE funding for physician training. As such, Facility Engagement supports the following use of FE funds for physician training:**
   a. Non-clinical training: FE funds can pay for non-clinical training that supports the organizational development and effective stewardship of MSAs (e.g., effective communication, conflict resolution, running effective meetings, and consensus decision making). Physician training funding guidelines can be accessed here.
   b. Non-required clinical training: FE funds can be used for *non-required* clinical training only if it involves multiple physicians groups or the majority of the MSA. CME credits may be claimed from these trainings but **FE funds cannot be used to pay physicians' sessionals for attending non-required CME accredited clinical training**.
   c. Required Clinical Training: FE funds cannot be used to pay physicians' sessionals and expenses for required CME accredited clinical training.

10. **Physician Quality Improvement:**
    a. FE funding can be used to pay for Physician Quality Improvement graduates' time spent training and guiding their MSA colleagues on MSA endorsed quality projects.
    b. FE funding can be used to pay MSA members' time in working with the PQI-funded physicians on their projects at various stages (e.g., design, implementation, evaluation).

11. **Events:**

    a. FE funds can only be used for events that align with the MOU objectives such as those promoting awareness of and participation in FE activities, and fostering relationship building amongst MSA members and with health authority and community partners.
    b. FE funds cannot be used to pay physician sessional time to attend events where the primary intent is to socialize, or to cover costs related to fitness or social activities (e.g., gym memberships, ski tickets, golfing fees, yoga sessions, movie nights).

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[2] **Quality improvement** aims to improve internal processes, practices, costs or productivity by assessing an existing practice; applies a flexible design on ongoing feedback through Plan Do Study Act cycle; and, is completed quickly through rapid cycles.

[3] **Research** aims to generate new knowledge that is generalizable to the wider population; test a new practice, theory or intervention; and, its design is tightly controlled in order to limit the effect of confounding variables on the variables of interest. For further information, please click here: Is it research or quality improvement?

c. Attendees who do not have a direct role in Facility Engagement (i.e., family members) cannot have their individual expenses covered by FE and/or be remunerated for their participation time.

12. Wellness Activities:

a. FE funds can be used to support activities that addresses work environment and organizational risks for increasing physician burnout (e.g., reducing administrative burdens on physicians; improving work flows; improving collegiality among and within work groups such as improving teamwork, communication and conflict management).

b. Group activities that enhance individual approaches to manage burnout symptoms such as resiliency training can be funded, but sites should consider organizational and work group strategies for reducing risk of burnout as well (e.g., working with health authority partners on reducing paperwork or developing efficient workflows for implementing electronic health records; departmental training on respectful peer-to-peer communication).

c. FE funds cannot be used cover costs related to fitness or social activities (e.g., gym memberships, gym equipment, fitness classes, ski tickets, golfing fees, yoga sessions).

13. Eligible Expenses

In accordance to SSC and Doctors of BC expense reimbursement policies, eligible expenses associated with sessional claims are limited to the following:

a. Meals: Breakfast, lunch and/or dinner expenses while attending the meeting/event, or spent on travel to and from the meeting/event, are eligible for reimbursement. Meal expenses will be capped at $100 per day. Where a meal is provided free of charge, no claim for that meal can be made.

b. Accommodation: A maximum of $220 excluding tax per night is available for accommodation. Between May 1st and September 30th, a maximum of $280 including tax will be available. Accommodation expenses are not eligible for reimbursement where the conference, event or meeting is less than 50km from the claimant's personal residence.

FE funds cannot be used to cover accommodation costs for locum or medical students/resident placements.

c. Travel and Vehicle Expense: Travel expenses will be reimbursed for the most expeditious route of travel (e.g., economy airfare, taxis, car rentals, parking costs). Private vehicle mileage will be reimbursed (at the rate set in FEMS via Doctors of BC policy) where one-way travel from the claimant's personal residence or office exceeds 50km.

d. Travel Time: Travel time using the most expeditious route may be paid at the sessional rate for time away from the office during business hours only.

e. Parking and registration expenses required for attending the meeting/event.

All expenses must be accompanied by a receipt. Where receipts are missing, proof of purchase credit card statements will suffice.

14. Alternatively Paid Physicians and Health Authority Physician Leaders

a. According to the 2019 Physician Master Agreement Specialist Subsidiary Agreement (Article 8), FE funds are allocated to support the engagement of all facility-based GPs and specialists who are paid on a fee-for-service basis or under an alternative payment arrangement (e.g., salaried, service contracted, sessionally contracted).

b. Alternatively paid physicians and physicians with formal heath authority leadership roles (e.g., department head, medical director, chief of staff) should consult with their health authority regarding their participation in specific FE activities to determine whether or not the activities are Services under their existing health authority contract.

c. Alternatively paid physicians and physicians in formal health authority leadership roles can only submit claims for FE activities if they are not already being paid for that work under their alternative payment arrangement, health authority contract, or by another party.

15. Residents

a. According to the Joint Clinical Committee sessional reimbursement guidelines, residents are not entitled to charge sessional fees and are only permitted to do so under extraordinary circumstances. Prior approval for sessional reimbursement must be received by FE leadership. Expenses will be covered as appropriate.

Decision-making Criteria for Grey Zones

The following MSA decision-making criteria have been provided to address ambiguous uses that are not explained in the MOU criteria or SSC funding guidelines.

a. Does the proposed activity fall outside one of the specific categories of prohibited uses under the MOU or other SSC guidelines? (clinical equipment, paying for clinical services, real estate, etc.)

b. Does the proposed activity foster meaningful interactions and communication amongst MSA members and/or between the health authority and MSA members?

c. Does the proposed activity directly influence positive change for the medical staff's work environment and patient care?

d. Is the proposed activity supported by a broad spectrum of physicians at the site or in the region (e.g., multiple departments, multiple disciplines)?

e. Is the proposed activity supported by the health authority (e.g., health authority sponsor or funding/in-kind commitment)?

f. Is the MSA the most appropriate funding source?

g. Would the MSA be able to publicly defend the proposed initiative as an appropriate use of public funding?

h. If required, is the proposed initiative able to stand on its on without continued sustainment funding? This question does not apply if the proposed initiative does not require ongoing funding.

If all the answers are 'yes' then the proposal can proceed without further review.

The proposed initiative cannot proceed if the answer to a) is ‘no’. There is no SSC appeal process for sites if the proposed initiative falls within one of the specific categories of prohibited uses in the MOU (section 5 (a) to (f)) or SSC funding guidelines.

If one of the answers to b) to h) are ’no' and the MSA is having difficulty reaching a decision, then the proposal can be brought forward to a regional MSA-HA table or ad hoc meeting for consultation and documentation. Participants should include other FE participating MSA executives in the region or sub-region, local/regional HA partners, and FE staff. HA partners are to be consulted on every potential grey zone funding decision prior to final approval by the MSA.

Escalation Process

Grey zone uses: If a local MSA is having difficulty making a decision on a proposed activity after consultation with other MSA executives and HA partners at a regional level, the matter can be brought forward to the SSC FE Working Group and its Co-Chairs for input and/or decision.