

## FPSC Minor Tenant Improvements

### *Funding Guidelines*

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The Family Practice Services Committee (FPSC) has endorsed one-time funding for minor tenant improvements to family physician (FP) owned/ leased clinics participating in their local Primary Care Network (PCN). The Doctors of BC and the Ministry of Health, through the FPSC, are continuing to collaborate and support all PCN communities as they lead the implementation, spread and sustainability of team-based care within the context of Patient Medical Homes and Primary Care Networks.

#### **Funding Amount**

1. A total of \$1.25M is available in FY2023/24 and FY2024/25. Funding is available until March 31, 2025 or when the total funding amount has been exhausted. PCN communities with the approved PCN Service Plan will have priority access to the funding.
2. FPSC will contribute up to 85% of the total renovation cost per the approved quote/invoice, up to a maximum of two rooms at \$41K per room, per clinic. The FP/Clinic will cover the remaining costs.

#### **Eligible Use of Funds**

##### **Eligible:**

1. Private FP owned or leased clinics currently participating in their local PCN and planning to continue practicing in the expanded or renovated space.
2. Expanding and/or renovating existing or new space to accommodate *new* PCN team members (RNs, LPNs and/or AHPs), as indicated in PCN service plan approvals, who will be providing services in the new space at least 60% of the time.
3. Expanding and/or renovating may include:
  - design and contracting, including labour
  - permanent fixtures: materials for floor and wall coverings, ceilings, partitions, electrical, plumbing, fire protection and security
4. Unexpected costs associated with building code upgrades will be considered on a case by case basis.

##### **Ineligible:**

1. First Nations/Aboriginal clinics; Community Health Centres; Health Authority primary care clinics; Clinics owned or operated by third parties.

2. Expanding or renovating to accommodate FPs or NPs only – i.e., where no new inter-professional team members (RNs, LPNs and/or AHPs) will be added to the practice.
3. Costs associated with:
  - Moving or relocating an existing FP or NP clinic
  - Solo FP or NP practices forming a group practice
  - Building a new clinic
4. Purchasing capital or clinical equipment, including desks, computers, EMRs, etc.
5. Work funded through other sources (e.g., other JCCs, service planning funds, etc.)

## **Funding Process**

1. Funding requests from divisions will be accepted during FY2023/24 and FY2024/25 for eligible PCN communities until the total funding amount has been exhausted.
2. The division of family practice engages with members/clinics to assess need and opportunity for use of this funding to help achieve the goals of the local PCN, as defined in the service plan. When considering clinics, the division should ensure the chosen clinics also confirm their commitment to continue operating in the renovated space, and the new PCN team members (RNs, LPNs and/or AHPs) have been hired/in place.
3. The division applies for funding using the provided submission form, signed by the PCN Steering Committee Co-Chairs or CSC Co-Chairs. The form must provide the following information:
  - explanation of need and alignment with PCN service plan approvals
  - size of the new space (square feet), total FTEs of new PCN team members, including working hours/week
4. The division submits the signed completed submission form to FPSC staff with the quote/invoice from the contractor. The quote/invoice must provide the breakdown expenses per room. A lump sum amount won't be accepted.
  - FPSC will contribute 85% of the total renovation cost per the approved quote/invoice up to a maximum of two rooms at \$41K/room/clinic. The FP/clinic is responsible to cover the remaining cost.
  - FP/clinic who opt to apply for the funds by submitting a quote from the contractor, and receive the funds *prior* to renovations is responsible to cover the remaining costs, which include but are not limited to, the price difference between the final invoice and the quote due to cost increments in labor, material, exchange rate, etc.
  - FPSC staff are available to provide clarity to the PCN Steering Committee on funding parameters and to review proposals as needed.
5. FPSC staff review the proposal and make recommendation to PCCT Leadership; at this time FPSC Staff will also review PCN funding approvals to prevent duplication of funding for similar elements.
6. PCT Leadership Team provides a response within three weeks of receiving submission.
7. FPSC staff send a Funds Transfer Agreement (FTA) to the division, process counter signature and transfer the funds to the division's account.

## **Reporting Requirements**

1. Within three months of completing the minor tenant improvements, the division must submit a financial report indicating the use of funds and initial status report demonstrating the value added in each clinic through the minor tenant improvements.
  - Financial report will ask for actual size (square feet) and actual cost, as well as cost breakdown of materials, labour, etc.
  - The value added by the renovation may be measured by: number of clinicians (FTE) using the new space, number of patients seen by the co-located RN, LPN and/or AHP as a result of the new space.
2. Funding must be expended, and minor tenant improvements must be completed by the end of the PMA, March 31, 2025. Any funds unspent as of March 31, 2025, must be returned to the FPSC by June 30, 2025.