

South Okanagan Similkameen Division of Family Practice

Request for Proposals

A GP for Me Project - Family Physician Recruitment and Retention Strategy

Issued

January 30, 2015

Closing Date

An electronic version and one hard copy of the response must be received before 2:00 pm, Pacific Time, on Friday February 13, 2015.

Contact

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Overview of Opportunity

The South Okanagan Similkameen Division of Family Practice (SOS DoFP) is a member-driven non-profit organization that engages and supports primary care physicians to enhance comprehensive patient care in our community. The SOS DoFP is made up of around 120 family physicians from within and around Keremeos, Oliver, Osoyoos, Okanagan Falls, Penticton, Naramata, Summerland and Princeton. The SOS DoFP strives to be an active leader in creating health system change so that patients can receive primary health care at the right place, the right time, and by the right provider.

The SOS DoFP manages the A GP for me project which is a provincial initiative of Doctors of BC and the BC Ministry of Health. A GP for Me is funded by Doctors of BC and BC Ministry of Health General Practice Services Committee (GPSC). The initiative is being implemented within various Divisions of Family Practice communities throughout British Columbia. A GP for Me is designed to strengthen primary healthcare for patients and doctors and has three overarching goals: 1) Enable patients who want a family doctor to find one, 2) Confirm and strengthen the continuous doctor-patient relationship, which includes providing better support for the needs of vulnerable patients, and 3) Increase the capacity of the primary health care system.

The SOS DoFP is seeking to meet the three A GP for Me goals through a series of six interrelated and overlapping strategies (please see Appendix A). As a part of these strategies, the SOS DoFP invites proposals to develop a Family Physician Recruitment and Retention Strategy (R&R Strategy) that will both support and retain existing family physicians in the South Okanagan Similkameen region, as well as recruit new family physicians to the region based on existing and anticipated vacancies.

The R&R Strategy should address:

- Existing recruitment and retention resources from local, regional and provincial sources (such as Division of Family Practice Provincial Recruitment and Retention Committee, Interior Health recruitment strategies, Inter-divisional Strategic Council Recruitment Committee, Rural initiatives and Health Match BC) in order to build upon existing structures, leverage resources, link with existing supports and develop a well-informed strategy that builds off of local, regional and provincial initiatives
- Leverage points within local municipalities throughout the South Okanagan Similkameen and builds the necessary relationships to work with these potential stakeholders and partners (examples would include municipal councils, economic development officers, schools, employment offices and local real estate companies).
- Supports for spouses of new recruits
- Supports for new recruits that leverage local talent such as rural and urban physician and MOA champions and office efficiency best practices
- Collaborate with partners such as UBCO to operationalize the residency program for the region, and identify supports for residents training in the SOS region such as a pool of GP mentors, CME events, accommodation options etc.
- Supports required for practicing family physicians who are mentoring medical students
- Assistance to be provided for succession planning of family physicians who are planning on retiring within the next four years

Specific Requirement

The successful proponent will:

- Develop a family physician recruitment and retention strategy for potential, new, existing and soon-to-be retiring GPs in the South Okanagan Similkameen region that supports the overall goal of ensuring a sustainable supply of family doctors in the region.
- Ensure that the R&R strategy is in alignment with A GP for Me goals and is sustainable.
- The successful proponent will begin the implementation process of the strategy in collaboration with the SOS DoFP with the ultimate goal that the SOS DoFP will assume responsibility for the implementation with in a three to four month period (or an agreeable time frame).
- Consideration must be given to ensuring that all tools, processes and resources will work for the diverse mix of urban and rural communities within the South Okanagan Similkameen region

Requirements of Respondent

Comprehension of Assignment

The proponent will include their understanding of the project requirements and based on that understanding, outline key success factors and challenges for the project

Demonstrated Experience

The successful Proponent will provide information to illustrate their experience. This should include, but is not limited to:

- Experience in and understanding of the health care sector
- Experience in developing and delivering strategies similar to the subject of this RFP
- Experience in community development and successful relationship building
- Demonstrated understanding of diverse communities within the South Okanagan Similkameen region

The proposal should include a description of roles and responsibilities for all principals involved, as well as résumés.

Project Plan and Schedule

Proponents are required to provide a summary work plan. The plan should include all primary tasks listed in the Specific Requirements and Summary of Opportunity and include a schedule for completion of each project phase.

Value Add

Proponents may include value add elements to their proposals such as: suggestions for collaboration with municipalities, family physicians, post-secondary institutes, etc.; ways that the R&R Strategy could become self-financing and sustainable, or anything else the proponent considers would add value to their proposal.

Fees, Expenses, and Project Costs

The successful proponent is responsible for all costs and expenses incurred during the Project. A firm price, up to \$36,000, must be provided as part of the Proposal.

The price should include all costs associated with both development of the strategy, collaboration with the SOS DoFP, and early implementation.

Additional Considerations

- The SOS DoFP owns the intellectual property of any material created
- The R&R Strategy will be evaluated by the SOS DoFP in-house evaluator as a part of the overall A GP for Me strategy and funding requirements to the GPSC

Proposal Evaluation and Award

All Responses (an electronic version and one hard copy) must be submitted by 2:00 pm Pacific Standard Time on Friday February X, 2015.

Receipt confirmation of each Response will be provided electronically.

Responses not meeting all mandatory criteria will be rejected without further consideration.

Responses that do meet all the mandatory criteria will then be assessed and scored against the

evaluation criteria. The SOS DoFP will evaluate submissions based on the Proposal Evaluation Criteria outlined below.

All documents, including Responses, submitted to the SOS DoFP become the property of the SOS DoFP.

Mandatory Criteria

The following are mandatory requirements. Responses not clearly demonstrating that they meet them will receive no further consideration during the evaluation process.

- 1) The response must be received at the closing location and submitted by the specified closing date and time, and cannot be sent by facsimile
- 2) The response must be in English

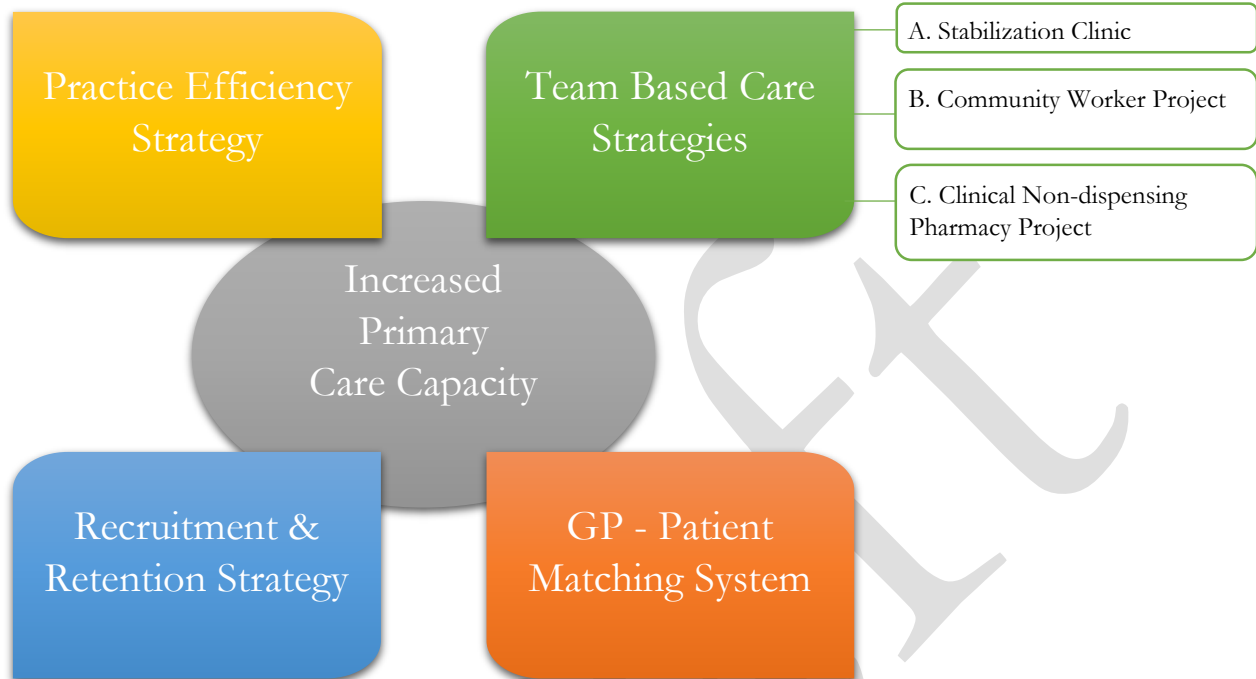
Proposal Evaluation Criteria

Responses meeting the mandatory requirements will be further assessed against the following criteria. Please see the Overview of Opportunity and Requirements of Respondent section for more information on the criteria.

Proposal Evaluation Criteria	Points Available
Comprehension of assignment	20
Demonstrated experience	20
Project plan and schedule	40
Value add	10
Pricing/Estimated Costs	10
Total	100

Appendix A – Summary of Projects

The A GP for Me Implementation Phase contains four overall strategies (representing six projects) that are believed to address the issues facing the SOS region and achieve increased connection rates overall.



Strategy One: The Practice Efficiency Strategy (PES) is a collection of actions with a phased rollout approach over 15 months aimed at increasing overall primary care system capacity and improving relationships between GPs and vulnerable patients. The PES leverages the resources of the Practice Support Program (PSP) to implement Group Medical Visit (GMV) and office efficiency training (OET) through the use of practice coaches. (PSP was consulted with regarding this strategy and helped to co-design the strategy). The PES also involves embedding a hotline for GPs and MOAs to access for any questions related to practice management including EMR, human resources, complex billing questions, etc.

Strategy Two – Team Based Care Project A: The Stabilization Clinic Project (SCP) is a strategy that will leverage significant in-kind resources from Interior Health (IH) and augment IH’s existing Primary Care Clinic that supports 45 Mental Health Substance Use patients (funded through Community Integrated Health Services’ South Okanagan Mental Health and Substance Use program, or CIHS MHSU). The SCP will provide primary care attachment for approximately 200 patients who are disenfranchised, marginalized and experience difficulty in attaching to typical family practice settings in Penticton and Summerland. The SCP offers these patients primary care treatment in a group-care / shared-care setting funded through CIHS MHSU. The SCP will achieve this by providing patients with a GP in the clinic (becoming the Most Responsible Physician, as well as connecting the patients to a Clinical Care Coordinator (someone who has a background in community social services) who will conduct a psycho-social assessment, and in collaboration with the GP, conduct goal setting and discharge planning towards reintegration into a community-based family practice setting once the patient is stabilized.

Strategy Two – Team Based Care Project B: The Community Worker (CW) project offers 1.4 FTE Community Workers to attached and unattached patients (including vulnerable patients) living in and around

Princeton, and living within Oliver and Osoyoos. CWs will provide psychosocial support and resource coordination to patients that have been identified by GPs in family practice, walk-in clinics, and emergency departments, while working collaboratively and through a shared care arrangement with family physicians. CWs can support patients to follow primary care treatment plans; provide psychosocial support; coordinate the range of community and allied-health resources designed to benefit vulnerable patients; assist in stabilizing vulnerable patients so that they can fit into typical family practice settings; and help to strengthen the quality of attachment between patients and family doctors. CWs possess social-work type competencies and will help to meet the range of psychosocial needs associated with various health conditions, (especially vulnerable conditions) so that primary care treatment is optimized and more efficient.

Strategy Two – Team Based Care Project C: The Clinical Non-Dispensing Pharmacy System

Strategy (CNDP) is a self-sustaining system that will enable an independent non-dispensing pharmacist to go directly into family practice clinics to work with GPs clinic to support medication reviews, patient education, Group Medical Visits, and consults for patients with complex, co-morbid and chronic health conditions. The CNDP strategy will also enable an independent non-dispensing pharmacist to visit local First Nations health centres to assist in providing culturally sensitive medication reviews, and optimize directly reimbursed medications which represent a significant financial burden upon local bands' health care budgets. The CNDP strategy would enable increased system capacity and improved relationships between vulnerable patients and GPs as a result of increased and improved treatment planning; GPs ability to consult with pharmacists in their clinics; pharmacist able to review patient prescriptions prior to discharge from hospital to ensure that drug is cheapest version and compatible with Pharmacare; and pharmacists are able to do comprehensive medication reviews through accessing patient files in GP offices.

Strategy Three: The Peer Led Recruitment and Retention Strategy (RRS) is a brand new area of focus for the SOS Division of Family Practice, as our division has never approached this work before at a local level. The RRS is designed to both support and retain existing GPs in the South Okanagan Similkameen region, as well as recruit new GPs to the region based on existing and anticipated vacancies. The RRS involves hiring a .3FTE (12 hrs/week) “recruitment coordinator” position to research and review existing structures/resources, and build a locally-made solution that leverages resources such as local municipalities and economic development strategies. The RRS also involves work to increase opportunities for more locum support to help retain existing GPs in the region, and additionally, will support residents who come to train in our region.

Strategy Four: The Physician/Patient Matching System (PPMS) is designed to attach SOS residents in need of family doctors to GPs within their community. The PPMS does not involve maintaining any patient records, so patient privacy is not an issue. The PPMS functions as a collection of a range of GP Rotas managed by various MOAs in the region, based on community and patient type. A list of Rota types will be available to physicians working in emergency and walk-in clinics who are treating patients who don't have a family doctor and are looking for one. When walk-in clinic and emergency-room physicians treat unattached patients (who are looking for a GP), they can assess the patient type and refer the patient to the appropriate Rota, by way of providing the phone number for the MOA coordinator. Upon referral to the Rota, the patient calls the MOA who maintains the Rota and is given the telephone number of the next accepting physician on the Rota.