The Health System Redesign Initiative is supported by three Joint Collaborative Committees of Doctors of BC and the Ministry of Health: Shared Care, Specialist Services, and Family Practice Services Committees.

Health System Redesign (HSR) Initiative Funding

The Joint Collaborative Committees (JCCs) established the HSR initiative in 2010 to facilitate physician engagement and collaboration in the redesign and/or quality improvement of health services provided by health authorities. HSR is intended to provide unique opportunities for involving physicians in the planning and delivery of health services that would not otherwise be available. The JCCs include the Family Practice Services Committee (FPSC), Specialist Services Committee (SSC) and Shared Care Committee (SCC).

**In April 2022, the HSR initiative was updated to:**

* Ensure that physicians are engaged and have the opportunity to participate in planning, decision making and implementation of new or revised health services, in a manner that contributes to alignment across the health system and reflects the application of the IHI Triple Aim Improvement Framework.
* A new, three-year funding agreement, structure, and reporting tool with

$1,350,000 per health authority to be released in 6 phases.

In determining that a particular activity is appropriate for Health System Redesign funding, health authorities should apply the following criteria:

* Funding is to be aligned with the Ministry of Health priorities.
* Funding is intended to assist health authorities to receive meaningful physician input and engagement in acute and community-based service redesign activities and projects.
* Physician input and engagement should reflect appropriate application of the IAP2 Core Values and Spectrum of Engagement. Identification of the level of engagement anticipated in projects and activities supported through HSR funding should be clearly outlined for each project or engagement activity funded.
* Funding is applied for time-limited redesign projects and broad scale physician engagement in health authority service redesign activities, recognizing that these may be several years in duration.
* Funding is not intended for ongoing program administration, standing committee work or to cover the cost of staff positions.
* Funding is intended to cover physician participation beyond hospital administrative duties for which physicians are already responsible and compensated; and
* Funding for physician engagement in health authority HSR projects should not be applied where funding responsibility for physician engagement rests elsewhere, regardless of whether funding for those activities is considered inadequate. This is to avoid overlap and duplication of funding from multiple sources.

[Read full details of the HSR Initiative program outline here](https://sscbc.ca/system-improvement/health-system-redesign).

Please direct questions to your local Specialist Services Committee Leader, Community Liaison, or to Jessica Nadler, JCC Liaison (JCC@doctorsofbc.ca).



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|  |  **Inform** | **Consult** | **Involve** | **Collaborate** | **Empower** |
| **GOAL of ENGAGEMENT** | To provide physiciansbalanced and objective information to assist them in understanding the problem, alternatives, opportunities and/orsolutions that have | To obtain physicianfeedback on analysis, alternatives and/or decisions taken | To work with physiciansthroughout the process, to ensure that physician concerns and perspectives are consistently understood and considered asdecisions are taken | To partner with physicians To place final decisionin each aspect of the making in the hands of initiative, including physicians. leadership, thedevelopment of alternatives and the identification of apreferred solution. |
| been decided |  |  |  |
| **COMMITMENT** | To keep physiciansinformed, with accurate and timely information | To keep physiciansinformed, listen to and acknowledge concerns and aspirations – and provide feedback on how their input influenced the decision | To ensure physicianconcerns and perspectives are directly reflected in the alternatives developed – and provide feedback on how physician inputinfluenced the decision | To look to physicians foradvice, leadership and innovation in formulating solutions, and to incorporate physician advice and recommendations into thedecisions to the maximum | To implement what isdecided. |
|  |  |  | extent possible |  |