## Joint Collaborative Committee Funding Opportunities - Vancouver Island\* (Click on the '+' symbols on the left to expand the funding streams)

| Funding Stream      | Initiative                               | Who Can Apply | Examples of Projects/ Use of Funds   | Funding Guidelines  | Provincial Contact               | Local Contact   |
|---------------------|--|---------------|--|---|----------------------------------|---|
| General Practice Se | ervices Committee                        |               |  |   |                                  |   |
|                     | <u>GPSC</u><br>Incentives fees           | • GPs         | Maternity work, in-patient care, long-term care,<br>In patient care  | This is not funding per se, but incentives for<br>providing longitudinal care to specific patient<br>populations.         | <u>gpsc@doctorsofbc.ca</u>       | South Island Division of Family Practice -<br>info@sidfp.com<br>Victoria Division of Family Practice -<br>victoria@divisionsbc.ca |
|                     | Practice<br>Support<br>Program           | • GPs         | Coaching and mentoring, learning opportunities,<br>• and data tools such as panel management and<br>patient experience tool  |   | psp@doctorsofbc.ca               | <u>ryan.forsyth@viha.ca</u>   |
|                     | MC4BC:<br>Maternity Care<br>4BC          | • GPs         | Support for family doctors to strengthen their<br>obstetrical knowledge and skills through hands-<br>on experience, peer mentorship, and financial<br>compensation | A new inititiave to provide supports to GPs<br>who would like to incorporate maternity care<br>into their practice.       | <u>gpsc.mc4bc@doctorsofBC.ca</u> | gpsc.mc4bc@doctorsofbc.ca   |
|                     | <u>Pathways</u>                          | • GPs         | <ul> <li>Tool to help improve the process of family</li> <li>doctors referring patients to specialists and<br/>specialty clinics</li> </ul>                        | A resource for GPs and SPs for referrals, wait<br>times, and literature. Patient view available.<br>Not a funding source. | <u>contactus@pathwaysbc.ca</u>   | <u>victoria@pathwaysbc.ca</u>   |
|                     | Health Data Coalition                    | • GPs         | Support and software: secure access to aggregated clinical data  | Non-profit organization to promote data<br>sharing and use by BC physicians. Not a<br>funding source.                     | info@hdcbc.ca                    | info@hdcbc.ca   |
|                     | SFU leadership and<br>management program | • GPs         | <ul> <li>Leadership program for physicians already in or</li> <li>who plan to be in a leadership role within their division</li> </ul>                             | Ten-day leadership GP development program   | divisions@doctorsofbc.ca         | <u>divisions@doctorsofbc.ca</u>   |

| Funding Stream      | Initiative                                       | Who Can Apply   | Examples of Projects/Use of Funds   | Funding Guidelines   | Contact Person  | Local Contact   |
|---------------------|--|---|---|--|---|---|
| Specialist Services | Committee  |   |   |  |   |   |
|                     | Facility Engagement                              | <ul> <li>Facility based<br/>physicians</li> </ul>                 | 00  | Facility Engagement Website  | <u>your Facility Engagement Liaison MSA</u><br>Webites                              | Local MSA Websites  |
|                     |  |   | Engagement between medical staff and Health<br>Authority  | Facility Engagement Funding Guidelines   | engagement@doctor sofbc.ca  |   |
|                     |  |   | Improvements in Patient Care  |  |   |   |
|                     | <u>Physician Quality</u><br>Improvement          | Facility based physicians   | improvement projects (elligible for (PL)/(ME  | Sessional funding for hours spent training and<br>working on quality improvement projects. (Up<br>to 168 hours at JCC rate)  | Aman Hundal, Portfolio Liaison <u>, Aman Hundal</u><br><u>ahundal@doctorsobc.ca</u> | VIHA - Jennie Aitken, Manager PQI   Bastian<br>Weitzel, PQI Program Associate |
|                     |  | (Family physicians,<br>specialists, NPs<br>and midwives -         | <ul> <li>Funding includes acess to coordinator support,</li> <li>physician mentors, and data anaylst as well as access to virtual and in-person workshops.</li> </ul>   | Requires a year-long commitment from the<br>applicant as a learner with monthly time<br>commitments (~15hrs/month), pre-reading,<br>participation in cohort workshops and key<br>milestone deliverables. |   | <u>PQI@viha.ca</u>  |
|                     |  | NPs and midwives<br>are not eligible for<br>sessional<br>payment) | Quality Improvement (QI) is best applied to<br>improve existing systems and process where<br>you have a great deal of flexibility in how a gap<br>in care can be addressed. Focus is on improving<br>existing processes and systems without net new<br>resources. | All applications require an Exectuve Sponsor<br>that oversees the area of proposed project<br>focus.   |   | Island Health Medical Staff Website: PQI Page                                 |
|                     |  |   |   | Application process is competitive.<br><u>PQI FAQs</u>   |   |   |
|                     | Physician Quality<br>Improvement<br>Fundamentals | Facility based<br>physicians                                      | <ul> <li>Learning program to learn fundamentals of</li> <li>Quality Improvement. (2x 4 hour sessions held<br/>over 2 days each year)</li> </ul>   | Sessional payments for fully-licensed GPs and SPs eligible for up to 8 hours.  | Aman Hundal ahundal@doctorsobc.ca   | VIHA - Jennie Aitken, Manager PQI   Bastian<br>Weitzel, PQI Program Associate |
|                     |  |   | <ul> <li>who cannot commit to the full year training</li> </ul>   | Offered once yearly, usually in<br>February/March.   |   | <u>PQI@viha.ca</u>  |
|                     |  |   |   | Day 1 must be attended before you can attend<br>Day 2  |   |   |

| Enhancing Access<br>Initiative                              | Specialist cohorts  | <ul> <li>Implementation of central intake/ pooled<br/>referral systems</li> <li>Related activities include transition costs to<br/>implement an EMR, project manager/<br/>coordinator costs, branding services, training for<br/>specialists and MOAs, engaging with GPs to<br/>improve communication/ referral processes</li> </ul> | Enhanced Access FAQs   | Garth Vatkin, Initiative Lead,<br>gvatkin@doctorsofbc.ca<br>Andrea McMaster Project Coordinator<br>amcmaster@doctorsofbc.ca |  |
|---|---|--|--|---|--|
| Surgical Patient<br>Optimization<br>Collaborative (SPOC)    | <ul> <li>GPs</li> <li>Specialists</li> <li>Other health care providers</li> </ul> | <ul> <li>Within a collaborative methodology (15 teams enrolled) improve assessment and management</li> <li>of patients with complex conditions to reduce adverse events, increase patient and caregiver satisfaction, and improve post-operative outcomes</li> </ul>   | Participating physicians, allied health and<br>project manager funded for participation in<br>the Collaborative                          | <u>Geoff Schierbeck</u><br>gschierbeck@doctorsofbc.ca   |  |
| Physician Leadership<br>and Quality<br>Improvement Training | Specialists   | leadership and quality improvement courses or programs   | <ul> <li>Active physicians can receive up to \$10,000<br/>per physician per year for actual tuition fees<br/>and travel costs</li> </ul> | JCCtraining@doctorsofbc.ca  |  |
| <u>SSC Fee Guides</u>                                       | Specialists   | <ul> <li>increase capacity, better coordinate care and</li> <li>improve patient access and care through use of<br/>SSC Fees</li> </ul>   | SSC Fee Guides   | <u>Lea Harth, Fee Guide Advisor</u><br><u>Iharth@doctorsofbc.ca</u>   |  |

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|-----------------|---|---------------------------------|--|---|---|---|
| Shared Care Com | mittee  |                                 |  |   |   |   |
|                 | Coordinating Complex<br>Care for Older Adults | Specialists                     | • Polypharmacy   | A Shared Care initiative prioritizing<br>management and coordination of GP/Specialist<br>care for older adults with complex conditions.<br>Applications for the Expression of Interest<br>(EOI) phase can be submitted July 2 2021, July<br>30 2021, Aug 27 2021, Oct 1 2021, Oct 29 2021<br>and Nov 26 2021. | Katie Purych, Project Coordinator<br>kpurych@doctorsofbc.ca       | <u>Katie Purych, Project Coordinator</u><br><u>kpurych@doctorsofbc.ca</u> |
|                 |   | • GPs                           | Referral protocols and communication   | The EOI form can be found here:<br>https://sharedcarebc.ca/sites/default/files/SCC<br>%20-%20Template%20-<br>%20V70ject%20Funding%20Request%20-<br>%20V21.01.21.docx More information can be<br>found here: https://sharedcarebc.ca/our-<br>work/funding-guidelines   |   |   |
|                 |   | • Other health care providers   | Coordinated care plans and responsibilities  | Priorities for funding include: 1) medication<br>management 2) referral protocols and<br>communication and 3) coordinated care plans<br>and responibilities   |   |   |
|                 | Partners in Care /<br>Transitions in Care     | • GPs                           | <ul> <li>Coordination of care for patients among</li> <li>providers and between care settings</li> </ul>   | https://sharedcarebc.ca/our-work/funding-<br>guidelines<br>The EOI form can be found here:  | shared_care@doctorsofbc.ca_                                       | shared_care@doctorsofbc.ca_   |
|                 |   | Specialists                     | Emphasis is on making imrovements at<br>community level, with potential for spread<br>regionally or provincially   | https://sharedcarebc.ca/sites/default/files/SCC<br>%20-%20Template%20-<br>%20Project%20Funding%20Request%20-<br>%20V21.01.21.docx   |   |   |
|                 | Polypharmacy Risk<br>Reduction                | • GPs                           | <ul> <li>reduce risks of polypharmacy in elderly</li> <li>community, acute, residential care</li> </ul>  | Not a funding opportunity but rather<br>resources for physicians  | https://sharedcarebc.ca/resources/polyphar<br>macy-risk-reduction | https://sharedcarebc.ca/resources/polyphar                                |
|                 |   | <ul> <li>Specialists</li> </ul> |  |   |   | macy-risk-reduction   |
|                 | Spread Networks                               | • GPs                           | Share resources, tools, successful approaches for<br>adult mental health and substance use, chronic<br>pain, coordinating complex care for older adults,<br>maternity, palliative care | Submitting an application through one of the<br>Shared Care initiatives above grants access to<br>the Spread Network in that particular topic.<br>http://www.sharedcarebc.ca/ our-<br>work/funding-guidelines   | https://sharedcarebc.ca/our-work/spread-<br>networks              | https://sharedcarebc.ca/our-work/spread-<br>networks                      |
|                 |   | <ul> <li>Specialists</li> </ul> |  |   |   |   |

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|----------------------|---------------------------------|---|---|---|---|--|--|--|
| Jointly funded by GR | sintly funded by GPSC, SSC, SCC |   |   |   |   |  |  |  |
|                      | lealth System_<br>edesign       | Specialists   | System redesign projects selected by the HA for   | engage in HA-selected system improvement projects.  | VCH - Laura Muljiani <u>Laura.Muljiani@vch.ca</u> ;<br>Eva Jackson <u>Eva.Jackson@vch.ca</u><br>IH - Benjamin Rhebergen<br>Bemjamin.rhenergen@interiorhealth.ca<br>FH - Jag Sandhu J <u>ag.sandhu@fraserhealth.ca</u> | VIHA - Deborah Bartley<br><u>Deborah.bartley@viha.ca</u> |  |  |
|                      |                                 | • GPs   | Standarization of Patient Care Plans,<br>Infrastructure Design/Redesign, Discharge and<br>Care Planning/Transition planning | Funding is HA-led, physicians must consult<br>with Island Health program leadership before<br>applying and are encouraged to connect with<br>their program director to co-develop<br>application materials. | NH - Janice Paterson<br>Janice.paterson@northernhealth.ca<br>VIHA - Deborah Bartley<br>Deborah.bartley@viha.ca<br>PHSA - Yuriko Ryan <u>yuriko.ryan@phsa.ca</u>   |  |  |  |
|                      |                                 | Midwives and NPs<br>can apply but will<br>not receive<br>sessional<br>payments. | Examples of VIHA approved projects for 2021/22<br>• can be found on the Island Health Medical Staff<br>Website.             | Post-funding sustainability is a critical<br>component.<br>Applications are accepted annually and<br>unspent funds may be reallocated to different<br>projects.   |   |  |  |  |

| Funding Stream     | Initiative              | Who Can Apply  | Examples of Projects/Use of Funds  | Funding Guidelines  | Contact Person  | Local Contact   |
|--------------------|-------------------------|--|--|---|---|---|
| Joint Standing Cor | mmittee on Rural Issues |  |  |   |   |   |
| Joint Standing Cor |                         | <ul> <li>Rural physicians</li> <li>Rural locums (with some exceptions)</li> <li>Residents</li> </ul> | There are many Rural Programs that provide<br>incentives to rural physicians, each with their<br>own set of criteria and complexities.<br>Isolation Allowance<br>Fund (IAF)<br>Rural Retention Program (RRP) - annual<br>retention benefits paid to physicians<br>Individual Rural Continuing Medical Education<br>(RCME) - participation in medical education to<br>update and enhance skills and credentials<br>required for rural practice.<br>Recruitment Incentive Fund (RIF) - financial<br>incentives to fill vacancies that are part of a HA<br>Physician Supply Plan.<br>Recruitment Contingency Fund (RCF) -<br>assistance to RSA communities with recruiting<br>expenses where 1) recruitment is expected to<br>be difficult and 2) failure to fill vacancy in a<br>timely manner will have a significant impact on<br>delivery of medical care required by the HA<br>Physician Supply Plan.<br>Rural Emergency Enhancement Fund (REEF) -<br>funds to encourage reliable public access to<br>emergency services in rural HA designated EDs<br>serviced by fee-for-service physicians.<br>Supervisors of Provisionally Licensed Physicians<br>(SPLP) - support for supervising physicians who<br>spend a significant amount of time assessing<br>knowledge, competencies, and clinical skills of | To be eligible for any/all of the rural incentive<br>programs, physicains <b>must be residing and</b><br><b>working in an eligible rural community (RSA)</b><br>for a minimum of 9 months and this<br>commitment must be outlined in their hiring<br>letter/letter of offer. This applies to locums<br>and permanent positions.<br>Individual RCME funding is ongoing, there are<br>no deadlines to apply for funds.<br>Rural Programs Guide provided by MoH and<br>DoBC<br>Rural Emergency Enhancement Fund (REEF)<br>Policy | HLTH.RuralPrograms@gov.bc.ca for General<br>Information on Rural Programs | Antoinette Picone, Liaison RCME Community,<br>Program, Island Health (RCCbc) - contact for<br>Individual RCME funding,<br>Antoinette.Picone@viha.ca<br>Theresa Yuja, Rural Programs Liaison (Non-<br>educational funds), Theresa.Yuja@VIHA.CA<br>https://www2.gov.bc.ca/gov/content/health/<br>practitioner-professional-resources/physician-<br>compensation/rural-practice-programs<br>Rural Programs Guide provided by MoH and<br>DoBC |

| Northern and<br>Isolation Travel<br>Assistance Outreach<br>Program | Physicians visiting<br>eligible rural and<br>isolated<br>communities | <ul> <li>Travel assistance for approved physicians to visit</li> <li>eligible rural and isolated communities to<br/>provide medical services</li> </ul>                      | Reimbursement will be paid to physicians<br>upon submission of Application for Expenses<br>form:<br>https://www2.gov.bc.ca/assets/gov/health/for<br>ms/2804fil.pdf. Applications are due before<br>Consists of 8 programs targeted to rural   | HLTH.RuralPrograms@gov.bc.ca                           | HLTH.RuralPrograms@gov.bc.ca  |
|--|--|--|---|--|---|
| Rural Education<br>Action Plan REAP                                | <ul> <li>Rural physicians</li> </ul>                                 | Educational Opportunities  | physicians, each with it's own set of criteria.<br>Visit the REAP site for more details.  | REAP@familymed.ubc.ca                                  | Antoinette.Picone@viha.ca   |
|  | Rural locums   | CME/CPD  | Additional programs and funds are targets for<br>Learners (Medical Students) and Residents.   | Claims:  | Antoinette Picone, Liaison RCME Community<br>Program, Island Health (RCCbc)   |
|  | Residents  | Cultural Safety Training   |   | benefits@doctorsoEc.ca                                 |   |
|  |  | Rural skills upgrade   |   |  | <u>Visit the website</u><br>(https://rccbc.ca/rccbc/about-reap/) for<br>specific program details. Physicians have to<br>contact REAP staff for required applicatoins.           |
|  |  | <ul> <li>Advanced skills and training</li> <li>Rural leadership development project</li> <li>Undergrad teaching stipend and postgraduate<br/>resident experience.</li> </ul> |   |  |   |
| Rural Continuining<br>Medical Education<br>Community Program       | Rural physicians   | Funds to support community CME   | Rural Coordination Centre of BC   | Heather Gummow, Provincial Manager<br>hgummow@rccbc.ca | Antoinette.Picone@viha.ca   |
|  |  | Funds to support innovative CME activity<br>• through <u>SPIFI Initiative</u>  | Funds are not for payments to physicians for<br>participating in CME activities.  |  | Antoinette Picone, Liaison RCME Community<br>Program, Island Health (RCCbc)   |
|  |  | Addresses needs of local physicians and their teams for collective learning  | Funding is ongoing and there is no deadlines to<br>apply for funds, with the exception of SPIFI<br>funds (SPIFI funds must be used within a fiscal<br>period Apr 1 to Mar 31)<br>No community gets fewer than \$5,000 or more   |  | As the liaison for RCME Community Program<br>Antoinnette faciliates funding and can<br>connect interested parties with the lead for<br>the community and the fund request form. |
|  |  | Enables activities that address the health care service needs of the community   | than \$180K in annual allocation. For utilization<br>by RSA communities only.   |  |   |
|  |  | Supports development of CanMEDS roles  | Applications for SPIFI funds may be submitted<br>by a group (4-6 physicians) or a collaborative of<br>physicians from 2 or more RSA communities.  |  |   |
|  |  | RCME Community Program funding is separate<br>from RCME funding for individuals.   | Eligible expenses include accreditation,<br>attendee and speaker travel/accommodation,<br>catering, coordination, equipment,<br>honorarium/sessionals (speakers and course<br>preparation), meeting expenses, RCME<br>physician lead planning activities, registration<br>course fees, and venue/room rental. |  |   |
|  |  | <ul> <li>Requires involvement of specialists and</li> <li>generalists in decision making (unless no specialists are part of the community).</li> </ul>                       | RCME physician leads in consultation with<br>their local CPD governance structure provide<br>the final approval over funding usage. (HAs<br>have no oversight, they simply act as fund<br>Community requirements, available funding<br>and allocations are reviewed and revalidated                           |  |   |
| Locums for Rural BC  | Locums in rural communities  | Support and assistance for locums to cover<br>• accommodation costs, travel, meals, car rental<br>or mileage.  | annually.<br>All expense claims should be submitted to the<br>Locums for Rural BC office using this form:<br>http://www2.gov.bc.ca/assets/gov/health/for<br>ms/2805fil.pdf  | info@locumsruralbc.ca_                                 | info@locumsruralbc.ca_  |

\* Please note that this document is intended to provide a high-level overview of the various funding streams available to physicians and at times may be incomplete or inaccurate due to changes in funding and programs. For the most up to date information, email the contact in the "Contact Person" column. If you notice an error in the document, please email info@southislandmsa.ca