GUIDELINES

Funding Guidelines

FACILITY ENGAGEMENT
An SSC Initiative

Distribution: MSA's 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 strengthen the engagement between MSAs and health authorities, FE expenditures must align with at least one of the following:

- 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.

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

To strengthen governance and accountability in the health system, MSA executives/society directors have a fiduciary duty to the taxpayers of BC and the members of the MSA to ensure that funding decisions align with the purposes of the initiative and health system priorities. 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 MSA members, the membership of Doctors of BC, 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:** FE funds may not be used for the compensation of clinicians, health authority employees or contractors in the delivery of direct and indirect patient care.

3. **Compensation for meeting attendance:**
    a. With approval from the MSA working group, FE funds can pay for MSA members' full or partial participation at meetings with MSA members and/or health authority partners that <u>are not</u> associated with:
        i. quality assurance investigations, activities associated with members' practice reviews, or standard department/division quality assurance activities (e.g., morbidity and mortality rounds);
        ii. attendance at department/division meetings 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.
    b. FE funds can pay for MSA members' attendance at Medical Advisory Committee meetings at the health authority-wide, regional and local levels. Physicians who attend the meeting as part of their contract deliverables with the health authority are not eligible for FE funding.

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

Guidelines for areas not explained by the MOU

5. **Capital projects:**
    a. FE funds may be used for capital projects or renovations (e.g., physician lounges) to a total limit 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 funding for these projects is considered inadequate.

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 that encompass the Institute of Health Improvement Triple 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 independent physician research projects that are typically funded by research grants.

9. **Training:**
    a. FE funds cannot be used to pay physicians' sessionals and expenses for required CME accredited clinical training.
    b. MSAs are encouraged to explore alternative funding sources for non-clinical training before utilizing FE funds. If FE funds are used, it can be used to support accredited and non-accredited non-clinical training (e.g., speakers' fees, physician sessionals and expenses) provided that multiple physician groups or the majority of the MSA can benefit. Areas of non-clinical training relevant to MSAs include communication, conflict resolution, and leadership.

10. **PQI/FE work:**
    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:**

    Excluding physician sessionals, FE funds can be used for planned events with the aim to foster relationship building amongst MSA members and with other stakeholders including health authority and community partners, and/or promote awareness and participation of FE activities.

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 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 for consultation. Composition of the table should include other FE participating MSA executives and local/regional HA partners with support from the 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 Co-Chairs for input and/or decision.