GUIDELINES

Funding Guidelines

FACILITY ENGAGEMENT
Specialist Services Committee

Distribution: MSAs 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 meet this goal, FE expenditures must align with at least one of the following goals of the 2022 Memorandum of Understanding on Regional and Local Engagement:

- 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 and funding physician led engagement projects.

FE supports the role that community-based partners can play in consulting and collaborating with MSAs and health authorities in improving physicians' work environment and patient care in facilities.

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

MSA executives/society directors have a fiduciary duty to the taxpayers of BC and the Specialist Services Committee to ensure that funding decisions align with the Memorandum of Understanding's goals. 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 Specialist Services Committee, MSA members, 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:**
    a. FE funds cannot be used for the compensation of clinicians, health authority employees or contractors in the delivery of direct and indirect patient care.
    b. FE funds cannot be used for covering the overhead costs associated with the delivery of clinical services in the facility or community.
    c. Due to the Hunter Arbitration award (2005) the scheduling of physicians within a facility is considered to be a form of clinical service. Compensation for scheduling or tools that facilitate the scheduling of physicians within a facility is not a permitted use of FE funding.

3. **Compensation for meeting attendance:**
    a. With approval from the MSA working group, FE funds can pay for MSA members' participation at meetings, or a portion thereof, with MSA members and/or health authority partners that are not associated with:
        i. quality assurance investigations, activities associated with members' practice reviews, or standard department/division or facility quality assurance activities (e.g., morbidity and mortality rounds, case reviews);
        ii. attendance at department/division meetings[1] or MSA meetings as required by the medical staff rules; and,

[1] Matters discussed at department/division meetings include: call schedules, recruitment, resource allocation, equipment and space requests if applicable, issues or complaints about or raised by other departments, and assigning or dividing up attendance for other meetings and committees. For facilities that do not have department meetings, FE funds cannot be used to cover physicians' time discussing matters typically discussed at department meetings.

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.

c. Physicians who attend meetings as part of their contract deliverables with the health authority, and health authority operational leaders are not eligible for FE funding.

d. FE funds cannot be used to purchase non-cash gifts (e.g., prizes) for meeting attendees who are receiving sessional payment.

4. **Donations:** FE funds cannot be used for donations to any entity including charities, non profit organizations and political parties.

5. **Advertising:** FE funds cannot be used for marketing of the MSA to the general public with the exception of physician recruitment ads, MSA staffing job postings, and promotion and communication of MSA activities and meetings to members and partners.

6. **Alcohol:** FE funds cannot be used to purchase alcohol.

SSC FE Working Group Enhancements to the MOU provisions

7. **Capital projects:**
    a. FE funds may be used for capital projects or renovations (e.g., physician lounges) to a lifetime limit (i.e., does not renew each year) of 15% of their annual site funding or $40,000, whichever amount is higher. It is recommended MSAs engage early with health authority partners and other stakeholders (e.g., hospital foundations) to identify opportunities for co-development and cost-sharing, to ensure the project's intent progresses the MOU's goals, and that other types of engagement activities with the physicians and health authorities are also undertaken by the MSA. Exceptions to this policy must be pre-approved by the SSC FEWG Co-Chairs prior to any undertaking.

    b. FE funding is not intended for capital projects or renovations where the funding responsibility rests elsewhere, regardless of whether the funding for these projects is considered inadequate (e.g., renovations and capital maintenance that are the responsibility of the health authority).

    c. FE capital project spending cannot purchase equipment, tools and/or pay for renovation costs that are prohibited within the FE funding guidelines (e.g., clinical equipment, fitness equipment/structures).

8. **Project infrastructure:**
    a. MSAs must consider if and how projects are sustained beyond pilot phases by engaging with key stakeholders (e.g., health authority) 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).

9. **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.

10. **Physician Research**
    a. FE funds cannot be used for physician research projects[2]

11. **Continuing Professional Development (CPD)**
    a. CPD <u>not directly related</u> to patient care (e.g., quality improvement, physician leadership, organizational development, cultural safety and humility):
        - FE funds can pay for sessionals <u>and</u> associated expenses for CPD events/activities that involve required active participation (e.g., interactive discussions with peers and trainer, break out groups, independent tasks requested by trainer).
        - FE funds can <u>only</u> be used for expenses (<u>not</u> sessionals) for CPD events/activities that involve passive participation (e.g., receiving information only; no expectation of participants to discuss or complete tasks by the trainer).
        - CME credits can be claimed simultaneously for both active and passive participation in CPD events/activities that are not directly related to patient care.

    b. CPD <u>directly related</u> to patient care:
        - FE funds can pay for associated expenses for group-based CPD events/activities not required for privileges or licensing. If CME credits are provided, no sessionals can be paid by FE. If no CME credits are provided, sessionals can be covered by FE.
        - FE funds cannot pay for sessionals and associated expenses for CPD events/activities required for privileges or licensing.

12. **Electronic Health Record (EHR) Training**
    a. FE funding cannot be used for physicians' time spent in formal EHR training and other training that is essential for implementing EHRs (e.g., dictation).
    b. Please refer to the MSA EHR Engagement One-Time Funds Funding Guideline for more information on what FE funds can be used for in EHR engagement work.

[2] **Research** aims to generate new knowledge that is generalizable to the wider population; test a new practice, theory or intervention; and, its design is tightly controlled in order to limit the effect of confounding variables on the variables of interest. For further information, please click here: Is it research or quality improvement?

13. Quality Improvement Framework/Approach:

a. FE funds can be used for quality improvement projects that align with and advance the Facility Engagement Initiative goals and the Institute of Health Improvement's Quintuple Aim (i.e., improving patient outcomes, improving patient and provider experience, reducing costs and advancing health equity), involve multiple physician groups and/or collaboration with health authority partners.

b. FE funding can support a QI approach to engagement projects (e.g., data analysis support and project management support).

c. 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.

d. 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).

14. Social Events:

a. FE funds can only be used for social events that align with the MOU objectives and the MSA's strategic priorities. Structured and unstructured events can be held at the hospital/facility or off-site. Event examples include those supporting networking, rewards and recognition, celebration, and socializing opportunities attached to AGMs and strategic planning retreats.

b. FE funds can only be used to cover the cost of food, venue and other administrative expenses necessary to hold the event safely (if required). Sessional payment for the event cannot be provided.

c. The use of FE funds for events will be capped at an annual maximum budget of 10% of MSA's annual funding amount. If an MSA would like to exceed their maximal budget cap for events in a particular year, a request can be submitted to the FEWG Co-Chairs for exemption.

d. Attendees who do not have a direct role in Facility Engagement (i.e., family members) cannot have their individual expenses covered by FE and/or be remunerated for their participation time.

15. Wellness Activities:

a. FE funds can be used to support activities that address work environment and organizational risks for increasing physician burnout (e.g., reducing administrative burdens on physicians; improving work flows; improving collegiality among and within work groups such as improving teamwork, communication and conflict management).

b. Group activities that enhance individual approaches to manage burnout symptoms such as resiliency training can be funded, but sites should consider organizational and work group strategies for reducing risk of burnout as well (e.g., working with health authority partners on reducing paperwork or developing efficient workflows for implementing electronic health records; departmental training on respectful peer-to-peer communication).

c. FE funds cannot be used to cover costs related to fitness or social activities (e.g., gym memberships, gym equipment, fitness classes, ski tickets, golfing fees, yoga sessions).

16. Eligible Expenses

In accordance with SSC and Doctors of BC expense reimbursement policies, eligible expenses associated with sessional claims are limited to the following:

a. Meals: Breakfast, lunch and/or dinner expenses while attending the meeting/event, or spent on travel to and from the meeting/event, are eligible for reimbursement. Meal expenses will be capped at $100 per day. Where a meal is provided free of charge, no claim for that meal can be made.

b. Accommodation: A maximum of $410 including tax per night is available for accommodation. Between May 1st and September 30th, a maximum of $550 per night will be available. Accommodation expenses are not eligible for reimbursement where the conference, event or meeting is less than 50km from the claimant's personal residence.

   FE funds cannot be used to cover accommodation costs for locum or medical students/resident placements.

c. Travel and Vehicle Expense: Travel expenses will be reimbursed for the most expeditious route of travel (e.g., economy airfare, taxis, car rentals, parking costs). Private vehicle mileage will be reimbursed (at the rate set in FEMS via Doctors of BC policy) where one-way travel from the claimant's personal residence or office exceeds 50km.

d. Travel Time: Travel time using the most expeditious route may be paid at the sessional rate for time away from the office during business hours only.

e. Parking and registration expenses required for attending the meeting/event.

All expenses must be accompanied by a receipt. Where receipts are missing, proof of purchase credit card statements will suffice.

17. Alternatively Paid Physicians and Health Authority Physician Leaders

a. According to the 2019 Physician Master Agreement Specialist Subsidiary Agreement (Article 8), FE funds are allocated to support the engagement of all facility-based GPs and specialists who are paid on a fee-for-service basis or under an alternative payment arrangement (e.g., salaried, service contracted, sessionally contracted).

b. Alternatively paid physicians and physicians with formal heath authority leadership roles (e.g., department head, medical director, chief of staff) should consult with their health authority regarding their participation in specific FE activities to determine whether or not the activities are Services under their existing health authority contract.

c. Alternatively paid physicians and physicians in formal health authority leadership roles can only submit claims for FE activities if they are not already being paid for that work under their alternative payment arrangement, health authority contract, or by another party.

d. FE funds cannot be used for physician time or supports (e.g., MSA contractors and employees) on considering, developing, negotiating, or reviewing alternative payment plans (e.g., service contracts, sessional contracts and salary arrangements). Contact the Doctors of BC's Advocacy and Negotiations team for physician support in developing and negotiating

contracts at advocacy@doctorsofbc.ca or your Engagement Partner for a referral to the appropriate Doctors of BC staff resource.

e. FE funds cannot be used for physician time or supports (e.g., MSA contracts and employees) to undertake their business responsibilities as part of APP process development and implementation (e.g., scheduling and scheduling tools – see FE funding guideline 2c; obtaining and engaging with accountants, lawyers, clinic practice staff; developing and implementing governance practice agreements).

18. Residents

a. According to the Joint Clinical Committee sessional reimbursement guidelines, residents are not entitled to charge sessional fees and are only permitted to do so under extraordinary circumstances. Prior approval for sessional reimbursement must be received by FE leadership. Expenses will be covered as appropriate.

19. Recognition

a. Recognition of significant contributions by physician leaders in furthering the MOU's goals (e.g., plaque or award creation) can be covered by FE funds provided the annual budget is no more than 5% of their annual site funding or $5,000, whichever is lower.

20. Indigenous Engagement

Engagement may include project participation, consultation, cultural work, and/or meeting attendance by elders/knowledge keepers. The Joint Clinical Committees (JCC) have recommended the following guidelines and rates:

a. Ask and learn from the local Indigenous community or representative about the typical compensation expected for the request (i.e. drumming or elders attending meeting).
b. If there are no locally-preferred compensation rates, use the JCC suggested rates for honorariums (see below).
c. Consider the additional cost burden of participation such as extensive travel to a meeting, parking and meals.
d. The presentation of small gifts, in addition to the honorarium, may be appropriate in situations of ceremonies and special recognition as tokens of appreciation. Examples include mugs, T-shirts, thank you cards, tea or coffee, etc. depending on the scale of work.
e. Funding for engagement should not be applied where funding responsibility rests elsewhere i.e., if the representative is receiving a paid salary to attend. This is to avoid overlap and duplication of funding from multiple sources.
f. Support including expenses (e.g., meals) for accompanying caregivers may be required for the Indigenous Elder or Knowledge Keeper.
g. Honorariums should be received promptly following the service that was provided, out of respect for the Elder or representative.

Cultural Activities	JCC Recommended Honorarium
Traditional Welcome: Opening/Closing Prayer	**$150** for one person for each event day.

Elder or Indigenous representative meeting participant (Participant may provide services including consultation, knowledge sharing, opening/closing prayer and story-telling)	**$50** for one person per hour. **$200** for one person for half-day meeting. This rate covers all services performed during the meeting. **$400** for one person for full day meeting. This rate covers all services performed during the meeting.
Speakers/Presenters	**Rates will vary-** refer to individual for rate.
Firekeepers/ Doorkeepers for Ceremony	**$100** per event.
Cultural Services (Such as brushing, smudging, healing sessions, sweat lodge, longhouse ceremony, medicine/wellness workshops)	**$350** per event (5-8 hours).
Individual dancers/singers/drummers (outside of contracted cultural performance groups)	**$150** per person per event day.

21. Physician Recruitment and Retention

FE funds can be used to support physician recruitment and retention activities that complement health authority processes and meet facilities' needs. As an early and ongoing process, MSAs and health authorities should work together on strengthening, coordinating and streamlining local and regional strategies and processes with the intent to clarify stakeholders' roles and responsibilities, avoid duplication or siloing of services/supports, and improve recruitment and retention outcomes.

Working with community partners (e.g., Division of Family Practice) can also be considered where appropriate.

MSA recruitment and retention activities supporting medical staff members' participation may include:

- Contributing to the assessment and planning of facilities' physician resource needs through engagement with their respective departments and health authority medical leaders;
- Contributing to the assessment and development of physician recruitment strategies through engagement with health authorities;
- Initiating physician led or designed local recruitment activities (e.g., recruitment ads);
- Supporting physician time to initiate, orientate, vet and interview potential recruits;
- Enhancing medical staff orientation and onboarding processes;
- Participating in physician recruitment events, forums or conferences;
- Offering recognition awards or appreciation events for medical staff (refer above to funding guideline 14 for social events and funding guideline 19 for recognition);
- Supporting physician time to mentor new recruits; and,
- Supporting physician time to improve the facility's work environment and culture.

FE funds cannot be used to:

- Support physician time or supports for compensation related work such as preparing, developing and negotiating alternative payment plans with health authorities and Ministry of Health.

22. Non-Physician Medical Staff Members and Allied Health Professionals Involvement in FEI

Physician Societies

a. Physician and non-physician members of the Medical Staff Association are automatically members of the physician society. Physician society directors may allow non-physicians to participate as either voting or non-voting members in the physician society.

b. Non-physician medical staff members should be given notice of physician society annual general meetings and other requisite physician society meetings, and provided copies of the physician society's Constitution and Bylaws and any other physician society progress reports as appropriate.

c. Physician society directors must be physicians (section 5.2 of physician society C&B). Physicians are the fiduciaries of the FE funding and as such the legal, financial, and moral responsibility of the use of FE funding rests with physicians.

d. The physician directors may share FEMS administrator privileges (e.g., reviewing and approving claims and expenses) with a non-physician MSA executive through a Directors' resolution.

Unincorporated MSAs (e.g., FESC sites)

a. MSA physician executives are the fiduciaries of FE funding and as such the legal, financial, and moral responsibility of the use of FE funding rests with physicians.

b. MSA physician executives may share FEMS administrator privileges (e.g., reviewing and approving claims and expenses) with a non-physician MSA executive through a documented approval decision by the MSA physician executives.

Compensation and Inclusion in FE funded projects

a. The funding of non-physician providers (i.e., non-physician medical staff members and AHPs) is decided by the MSA executives/working groups when funding proposals and activities are assessed and reviewed.

b. Compensation rates for non-physician providers are provincially set in the Facility Engagement Management System (FEMS) with alignment to Joint Collaborative Committee policies.

c. Non-physician providers/MSAs should consult with their health authority regarding their participation in FE activities to determine whether the activities are services under their existing employee or contract arrangement with the health authority.

d. Non-physician providers can only submit claims for FE activities if they are not already being paid for that work by the health authority or by another party.

e. Physicians are the fiduciaries of the FE funding and as such the legal, financial, and moral responsibility of the use of FE funding rests with physicians. FE funding proposals that are submitted by non-physician providers must include a MSA physician collaborator.

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 directly 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 or ad hoc meeting for consultation and documentation. Participants should include other FE participating MSA executives in the region or sub-region, local/regional HA partners, and 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 FE Working Group and its Co-Chairs for input and/or decision.