

FAQ

PMH Funding Information Sessions

GENERAL

Is there a minimum number of PMH attributes that must be addressed in the divisions' proposed initiative(s)?

No, there is no minimum or maximum number. However, when you state which attribute(s) you plan to address please briefly describe (one or two sentences) how your work will apply.

Why are so many people involved in the review process?

Because several departments (PSP, Evaluation, CPI, etc.) are involved in supporting this work, we have invited representatives from each to sit on the staff team. This will help ensure that submissions meet criteria, that information is complete and clearly presented (including for readers not fully familiar with a division's work), and that each department can meet the expectations of the division to support the work. For the same reasons, we invited colleagues from the Ministry to contribute prior to the submission going to the Joint Leadership Team (JLT). We also want to ensure that divisions have an opportunity to respond to questions, provide more information if required, and, once the submission goes to the GPSC co-chairs, that they have the best chance of success.

Will there be wide-scale promotion of the PMH work to the public?

At this time the focus is on building partnerships, implementation, and getting the pieces into place. Doctors of BC's communications department is available for consultation should you wish to profile your division's work.

Is this a two-part process like A GP for Me (i.e., Assessment and Planning phase,

then Implementation)?

There are not two distinct funding processes as there was in A GP for Me. However, divisions may wish to apply for initial funding for assessment and planning-like activities to support development of a clear plan for later work. If divisions apply for all or most of the \$250K up front, there will be a gating process. Your Community Liaison can talk with you about how this might work.

FUNDING

Are partners, including health authorities, expected to pay for allied health professionals' clinical work?

This funding is not available to pay for clinical work by any healthcare professional. If this is part of your work, you will want to discuss it with your partners. The provincial team is happy to support you in these conversations.

How specific do our submissions for funding need to be? Many divisions are still figuring out which actions will be most valuable. How do we request funding when we aren't sure what we will implement?

As mentioned above, divisions may apply for initial funding to help with planning and apply later for (up to) the remainder of the funds.

EVALUATION & COLLECTING DATA

How will the provincial office facilitate divisions obtaining access to data?

Please see the [Community data table](#) that outlines the data already available, and where to find it. Tomas Reyes is the provincial office contact for questions about data not covered in the table. In parallel, Sarah Fielden's evaluation team will soon release data from the A GP for Me survey. As we identify common patterns in additional data requests related to the PMH work, Tomas will approach the MoH and health authorities to suggest a standard-

ized approach and identify regional gaps/duplications.

If we have already gone through a process of reviewing panel data are we required to do so again through PSP?

There is no requirement to complete the panel assessment or any other PSP tool at this time. However, physicians interested in practice supports related to PMH implementation are strongly encouraged to reach out to their RST coordinators for more information about available supports and how PSP can help doctors improve their practices.

For the patient survey, how will the GPSC reach out to patients? Will patients be surveyed from each division? Will patients from each PMH project be interviewed?

The GPSC will not administer patient surveys through divisions; the evaluation team will draw on existing data sources (e.g., Statistics Canada's annual Canadian Community Health Survey). This will provide a system-level indication of the provincial changes over time as PMH spreads across the province.

When will the physician survey be available?

The PMH evaluation framework includes a small set of core questions about physician experience. These will be finalized at the end of March and made available to divisions shortly thereafter so that they may add their own questions and disseminate to their members to establish a baseline.

How much of the community profile info needs to be included in the funding application vs. what is intended to be collected during the project?

Divisions are encouraged to utilize readily available data to support the submission of the PMH funding application, with the understanding that some additional work and data requests may be required to complete the community profile for decision making purposes once the funding is granted.

Is the 10% allocated in the budget meant to support both the provincial and the local evaluation?

All local evaluation costs will come out of the 10% allocated in the budget. The Provincial Evaluation department will cover sessional fees for division members participating in the provincial PMH evaluation. The Provincial PMH evaluation will be supported centrally but will require some division resources. For example, some progress indicators may require regular reporting from divisions and the provincial team may ask for assistance in connecting with your physician members and other groups who may be invited to participate in activities such as interviews or focus groups. The provincial evaluation team will be working closely with divisions and anticipate being able to meet some of the local evaluation needs through our proposed methods. Anything beyond this will need to come out of the 10%.

Are there specific guidelines about local evaluation format and structure, or is that up to the local communities?

Data collected at the local level as part of the provincial evaluation will need to be standardized across all communities. Outside of the provincial framework, divisions can choose to evaluate what they want for their own purposes.

If we are starting small (i.e., one clinic), is it reasonable to think that we would

launch the survey with just those physicians, or is this a community-wide survey?

It would be a community-wide physician survey that would be rolled-up regionally and provincially and then looked at over time.

What are the expectations around stories and case studies (e.g., length and scope)?

We ask that each division contribute a small number (5-10) of most significant change stories from physicians and patients that will be collected through a central evaluator (unless the division wants to use an internal staff or evaluator). We ask that divisions help us identify and liaise with appropriate potential participants.

PRACTICE SUPPORT PROGRAM

Our Peer Mentors tell us that they are stretched. Are there plans to train PSP staff to provide training, mentorship, and form creation for the different EMRs?

The PSP will continue to recruit and upskill Peer Mentors to support the delivery of practice supports for clinical improvements and EMR-focused activities.

Will the PMH practice assessment be a funded PSP activity?

Yes. The PSP central office is reviewing details of the pilot compensation policy. Details of compensation for participating physicians beyond what has been allocated during the

piloting period will be made available ASAP.

How long does it take to complete the PMH practice assessment for a practice?

For the current version, anecdotal information suggests completion times of 20-45 minutes, depending on whether the assessment is completed with a Regional Support Team coordinator or solo.

Will the PMH practice assessment be much different than the current PMH practice assessment available online?

Yes. Please contact your local RST Coordinator for details on the assessment tool.

Do practices have to agree to participate in the practice assessment prior to April 1, 2017?

No. At this time completion of the PMH assessment tool is voluntary.