

Introduction

Funding is available to compensate physicians for eligible time they spend on quality improvement (QI) projects and training with an eligible sponsoring organization. The Saskatchewan Medical Association (SMA) and the Ministry of Health (Ministry) are providing funding from monies that were agreed to as part of the quality and access funding within the current SMA-Ministry agreement.

Eligible Sponsoring Organizations

The Physician Compensation Quality Improvement Program (PCQIP) is now expanded to compensate physicians for eligible time they spend on approved QI training and projects that support provincial health system priorities as indicated on the Provincial Leadership Team approved system matrix. These projects may be led by the following organizations:

- RHAs;
- Ministry of Health;
- Saskatchewan Medical Association;
- Physician offices;
- eHealth;
- Health Quality Council;
- 3sHealth; and,
- Saskatchewan Cancer Agency.

As of January 1, 2016, the program will require organizations to apply for funding to support physician engagement in quality improvement (QI) work, at the rates identified.

Please note that sponsoring organizations are required to confirm approval and participation upon request.

Application Process

Organizations must submit a separate application for each QI project/training initiative for assessment by the PCQIP Oversight Committee. Generally projects should commence within three months of receiving approval for funding and should be completed within 12 months.

Deadlines for applications: To be decided.

The application must detail:

- Organization applying;
- Project description;
- Nature of physician involvement:
 - Education Stream (e.g., Lean Leader Certification)
 - Engagement Stream (e.g., planning meetings, value stream mapping, visioning sessions, Rapid Process Improvement Workshops, Kaizen Basics);
- Number of physicians to be engaged;
- Estimate of amount of time required for each type of involvement;
- Timeframe for physician engagement;

- Outcome, Process, Balancing and Success measures; and
- Describe how the application meets the following criteria (full description of criteria is listed below):
 - *Potential Impact;*
 - *Contribution to Provincial Health System Strategic Priorities;*
 - *Patient- and Family-Centered; and,*
 - *Feasibility.*

The QI Program Committee will review applications following each application date. Committee decisions will not be implemented on a retroactive basis.

Available Funds

The number of proposals awarded funding each year depends on the merits of the proposals received and the total funds available. The Oversight Committee has discretion over the proposals selected and the amount awarded, within the PCQIP budget allocated by the Quality and Access Fund. Funds must generally be used according to the approved QI work and timelines unless special permission is obtained from the Committee.

All unused funds must be returned to the PCQIP when the approved QI work is completed or if a physician recipient is, for any reason, unable to complete the approved QI work.

Applicants must notify the PCQIP of any co-funding or potential in overlap of physician compensation. Applicants must also specify if an overlap of physician compensation exists and if so, the amount and source, and whether this additional funding has been secured at the time of application. PCQIP funding is conditional on disclosure to the PCQIP and the PCQIP's approval of the co-funding/overlap in physician compensation.

- For example - Where a physician is participating in this work as a direct result of an administrative position they hold and for which they have an existing contract (i.e., Senior Medical Officers), the physician would not be able to be paid both through their non-fee-for-service contract and this program.

Assessment of Applications

Applications will be adjudicated based only on the information submitted. Two-to-three pages should suffice and applications are not to exceed four pages.

Eligibility Criteria

Funding applications will be assessed on the following criteria:

1. *Potential Impact:* What you are trying to accomplish. Preference will be given to QI work that impacts and brings benefits across the spectrum of healthcare services with the goal of improving quality, access, continuity and efficiency, and which contributes to better patient care. Client/patient/resident population(s); potential to implement benefits/outcomes across other organizations and/or sectors within Saskatchewan, demonstrated commitment of sponsoring organizational leadership, and other impacts on the provision of care will be important review

- criteria. (Examples include—but are not limited to—the implementation of cross-sectoral evidence-based guidelines; shared clinical protocols, pathways and standards of care);
2. *Contribution to the achievement of Saskatchewan's Health System Strategic Priorities:*
 - *Highest priority will be given to QI work that directly contributes to the achievement of health system strategic priorities articulated in the provincial strategy matrix by making improvements in quality and/or access not limited to a specific location (i.e., work may be rolled-out to achieve similar improvements elsewhere in the province).*
 - *QI work that has been identified as high priority/transformational by health system leaders, but that may not be explicitly identified in the provincial strategy deployment matrix, will also be considered.*
 3. *Patient- and Family-Centered:* Preference will be given to QI work which includes the involvement of patients, families and communities (e.g., shared decision-making, patient and family advisors, and community involvement), and,
 4. *Feasibility:* Preference will be given to QI work with feasible outcomes (e.g., anticipated resources, such as, human, financial, IT, equipment, in-kind resources, etc., required to achieve goals, timelines and within the project team's "scope of control").

Awarding of Applications

Best attempts will be made to distribute funding across the province. The Committee will advise each applicant on the decision of their application.

Once an application has been approved, funding will be provided to the applicant that will then be responsible to provide payment to the individual physicians at the rates noted below. Half of the approved amount will be issued once a letter of agreement is signed between the Ministry and applicant; the remaining funding will be issued following reconciliation of time required and/or provided by participating physicians.

Committee decisions regarding awarding of applications are final and binding.

Compensation Rates

- Education Stream: Physicians who participate in approved QI educational activities including Lean Leader Certification will be compensated at the rate of \$187.50 per hour.
- Engagement Stream: Physicians who participate in all other projects or training (e.g., Kaizen Basics) which are approved for the QI Program will be compensated at the rate of \$150 per hour.

The Education Stream's higher rate is to acknowledge that some approved QI educational activities (e.g., Lean Leader certification training) require considerable dedication and a greater level of intensity of study to successfully complete.

Organizations cannot top-up PCQIP rates of pay. Rates are not intended to be an income replacement, but meant to acknowledge contribution to system transformation above and beyond employment duties. Negotiation of the rate of pay is outside the scope of Oversight Committee and, instead, is negotiated between the Ministry and SMA.

Funding cannot be used for other Continuing Medical Education purposes; PCQIP funding is separate from funding available in the Continuing Medical Education Fund.

Physicians eligible for payment include those who are licensed to practice medicine independently in the province of Saskatchewan.

While medical learners may be involved in QI work, their involvement does not qualify for compensation through this fund.

Please see the 'Ineligible Projects and Work' section below for information on the time that can be submitted for payment.

Ineligible Projects and Work

The PCQIP does not provide funding for standard employment duties, activities required to maintain professional standing or improvement initiatives where it is not obvious that the primary goal of physician involvement is to directly support the achievement of providing Saskatchewan patients and families with better health, better care, better value, and better teams. If an event is cancelled with less than 3 weeks notification given, the physician is able to register a complaint with the Oversight Committee.

Ineligible work would include but is not limited to:

- Physician committee work related to Practitioner Staff Bylaws;
- Physician travel time;
- Physician preparation time;
- Physician work that is a Continuing Medical Education (CME) accredited activity and does not count towards Lean Leader certification;
- Physician time spent backfilling another physician who is participating in approved QI work; and,
- Work that has already been completed (i.e., applications must be prospective).

In the event an applicant plans, but does not conduct QI work as scheduled, no payment will be made to physicians through the QI program.

Communication has been shared with health system organizations regarding the last-minute cancellation of QI work that involves physicians and the barriers this presents to physician involvement. If cancellation of an event is necessary, best attempts will be made by the sponsoring organization to give appropriate notice to physician participants.

Clarification on eligible and non-eligible time is provided in the table below.

Eligible Time	Examples of Non-Eligible Time
Time spent on QI projects by medical leadership (including SMOs) and administrative physicians <u>if the time spent is in addition to the time for which they are already remunerated.</u> (e.g. if a physician is contracted to provide 2 days (16 hours) of administrative work per week and works 2 days (16 hours) on administrative work plus 3 hours for QI work in a week, the 3 hours is eligible time; however, the 3 hours is not eligible if the QI work is done as part of the 2 days (16 hours) of administrative work).	Time spent working on a QI project when the physician is already receiving compensation (e.g., salary) for the work as part of their remuneration package (i.e. no duplicate payments). Physicians in positions paid by Regions where QI work is already part of their position responsibilities. Medical leadership (including SMOs) and administrative physician work time involving regular or ongoing department, section head or management meetings or committee work.
Time spent on QI projects by a non-fee-for-service physician when the time is during clinical time <u>and</u> the clinical time spent working on the QI project is made up <u>after normal clinical hours.</u>	Physician travel time. Physician time spent doing preparation work, homework assignments or other work outside of QI training.
Time spent participating in an eligible sponsoring organization-approved project not directly linked to the achievement of the breakthrough initiatives included in the provincial strategy.	Physician time spent backfilling a physician who is taking part in QI work or training. Physician time spent on mortality and morbidity rounds or other intra-departmental matters. Cancelled projects or meetings. Physician time spent on research.

Project Reporting

Organizations must submit a brief status report of the QI initiative by email within six months of receiving the grant funds. They must also submit a final report confirming physician involvement when the project is completed in order to receive the outstanding approved funding. Successful applicants will be given a contact person from the Ministry of Health to submit reports.

Monitoring and Verification of Service

The Oversight Committee or its agents reserve the right to audit the Program in any reasonable manner they see fit to ensure accountability.

The Oversight Committee or its agents may follow-up with either the organization or the physician to verify that the physician is participating in the QI work/training. Records must support the claims submitted by demonstrating that physician involvement in QI work/training was pre-approved; that the claim submitted represented the work/ training completed; and that the time claimed was eligible for payment. As such, a records review is used to verify that physician involvement occurred and the appropriate compensation was claimed.

If, in the judgment of the Committee, a claim for payment was fraudulently submitted to the Program, all funding for the involved project will be recovered.

PCQIP APPLICATION FORM

Applications will be adjudicated based only on the information submitted. Two-to-three pages should suffice and applications are not to exceed four pages. Email the completed PCQIP Application Form to Sherry Davidson (Medical Services) at sherry.davidson@health.gov.sk.ca

Name of QI Project/Training:

Note: Separate application forms are required for each project/training event.

Type of QI Project/Training: RPIW Lean Leader Training LILT
Mistake Proofing Other _____

Does the activity contribute to the achievement of a priority articulated in the provincial strategy matrix?

YES

NO

If YES, which one: _____

Does the activity contribute to the achievement of another organizational (non provincial) priority?

YES

NO

If YES, which one: _____

Is this a new activity or continuing project?

New

Continuing

If linked to a continuing project, note project # and name here:

Brief Project/Training Description:

Expected Start and End Dates of QI Project/Training:

Nature of Physician Involvement:

Education Stream (\$187.50/hour)

Engagement Stream (\$150/hour)

Number of Physicians to be Involved:

Do any of these physicians have contracts (e.g., Non-fee-for-service; administrative; medical leadership)?

YES

NO

If yes, will all time spent on QI projects during regular clinical/administrative time be made up after normal clinical/administrative hours?

YES

NO

Expected Amount of Physician Time Required for Each Type of Involvement:

Total Amount of Funding Requested:

The following measures should be included: **Outcome** (what are you trying to do?); **Process** (how are you going to drive improvement?); **Balancing** (how are you going to ensure an improvement in one area isn't negatively impacting another area?); and **Success** (how do you know if the changes you are making are leading to improvement?) Include additional pages and/or a completed Project Form if required.

With the above in mind, describe how the application meets the following criteria (See PCQIP Information Package for full description of criteria):

➤ *Potential Impact and Outcome:*

➤ *Contribution to Provincial Health System Strategic Priorities and Process:*

➤ ***Patient- and Family-Centered and Success:***

➤ ***Feasibility and Balancing:***

**PHYSICIAN COMPENSATION QUALITY IMPROVEMENT
PROGRAM APPLICATION FORM**

Revised October 2017

Sponsoring Organization:

Has this QI project (e.g., RPIW, 3P event, Mistake Proofing, etc.) been done before? Is it in the Health Quality Council Database ([www. KaizenTracker.ca](http://www.KaizenTracker.ca))?

YES

NO

Don't Have Access to Database

If YES, which one:

Approved By:

(Include position. Must be a senior leader within the organization i.e., VP, Executive Director, CEO, physician-office owner)

Approver's Contact Information:

Applicant's Name and Contact Information:

(If different from Approver)