

Physician Resources

An Overview of Current Processes

Grayson Fulmer, Sr. Director of Medical Affairs, NSH
October 2024

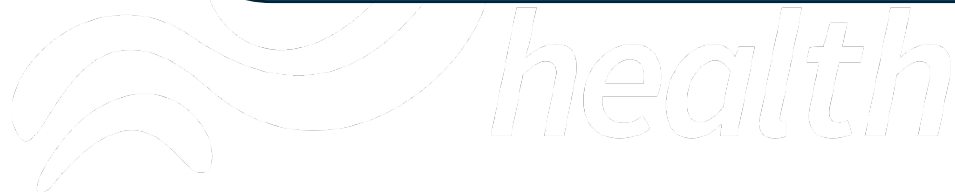


Agenda

1. Introduction to Physician Resource Tracking Processes
 - A. Background
 - B. General Procedure
2. Processes for requests **not** requiring new resources
 - A. Replacement MD Committee
 - B. Operational Meeting
3. Processes for requests requiring new resources
 - A. TIP TOP Program
 - B. Business Case Process
 - C. Process for Handling Urgent Needs

Today's Key Objectives

1. To provide a clear overview of the processes, structures and expected timelines of the current physician resource processes.
2. To provide clear direction on how to access & navigate these processes.
3. To try present at an accessible level of detail to foster understanding of the different approaches.





Section 1: Introduction to Physician Resource Processes

Background and Evolution of Current Processes

BLUF for this Section

- Physician Positions historically were not tracked.
- They are now.
- There are reasons why.
- We are going to ask questions to determine how to advance the request.
- The Medical Affairs team/IWK VP Medicine are here to help.

1970's to late 2000's: "Invisible Hand" & Budget Tracking

- Historically physicians were allowed to set up practices where there was sufficient fee-for-service to earn a living.
- Over time alternative payment plans, academic funding plans, hourly funding and daily minimum arrangements were introduced. All these new funding modalities were based on either full-time-equivalencies or hours.
- Additions to complement were negotiated individually by budget line (APPs, AFPs, etc.)

2010's to Present: Central Tracking and Approval Processes

- In 2012 DHW introduced position tracking for all existing facility-based physicians.
- In 2015 with the amalgamation of health authorities, position tracking was expanded for all physicians in the province.
- 2016 & 2019 Master Agreements had a defined budget for "New MD funding" which was discontinued in most recent AFP and Physician Agreements.

The IWK/NSH are accountable for the administration of the medical staff.

The DHW who holds the accountability for funding physician positions.

The Importance of Physician Resource Tracking

1. System Design
2. Supply Side Planning
3. System Function
4. Process Coordination



General Physician Resource Request Process



Step 1:
Identification of
Physician
Resource Need



Step 2:
Identification of
System
Impact/Costs



Step 3:
Determination
of Most
Effective
Pathway for
Request

The Most Effective Process

Key Questions

1. Is this Request Aligned with our Strategic Priorities or addressing a clear need?
2. Are there existing MD resources to meet the need?
3. Is there a new system cost beyond the request MD resource?
4. Is this Time Sensitive?

Requests not clearly aligned with the health system's strategic priorities, or a clearly defined need have little chance of success.

Requests for MD resources that **do not require new funds** in the system (either physician or operational funds) will most likely flow through one of the following processes:

- Replacement MD Committee;
- Operational Committee Processes.

Requests for MD resources that **require new funds** in the system (either physician or operational funds) will most likely flow through one of the following processes:

- TIP TOP Program
- Business Cases
- Urgent Request Process

Section 2: Processes for Requests that do not require New Resources

What does “Not Requiring New Resources” Mean?

BLUF for this Section

- When there are no new resources required to support a request, timelines tend to be around 2 weeks.
- The source of the existing resource will determine which process is used.
- The Medical Affairs team/IWK VP Medicine are here to help navigate this process.

The outlined processes in this section are applied when the request does not require **net new resources** to the system. Some examples:

- Retirements and replacements.
- New positions within a set budget (e.g. radiology).
- Repurposing positions.
- Changing funding modalities (cost neutral conversion requests).

Some common scenarios dealt with via these pathways:

- Physician retirements seeking a replacement of a similar scope.
- Physician replacements that might have a modernized scope with limited operational or system impacts.
- Repurposing existing physician vacancies or operational funding to support a new request.
- Bridging processes.

Structures and Processes- Existing Resources

Replacement MD Committee

Standing committee to oversee all **individual** physician positions not currently associated with current year business cases.

Details:

- Tri-party Committee between IWK/NSH/DHW.
- Co-chaired between IWK/NSH.
- Biweekly meeting cadence.
- Standardized application and approval processes.
- Administratively supported by NSHA Medical Affairs.
- Typical request turnaround of <3 weeks.

Operational Committee

Standing Committee to oversee all group resources processes (e.g. hospitalists, ED) and other operational issues.

Details:

- Committee of NSH/DHW.
- Co-chaired between DHW/NSH.
- Biweekly meeting cadence.
- Standardized request process and approval processes.
- Administratively supported by NSH Medical Affairs
- Typical request turnaround of <2 weeks.

Contact your local Medical Affairs Lead or Zone Medical Executive Director for Support



Section 3: Processes for Requests that do require New Resources

What does “Requiring New Resources” Mean?

BLUF for this Section

- When there are new resources required to support a request, timelines for approvals can be much longer.
- TIP-TOP program is available when MDs are willing to commit to a plan for retirement.
- The Medical Affairs team/IWK VP Medicine are here to help navigate this process.

The outlined processes in this section are applied when the request requires **net new resources** to the system. Some examples:

- New positions or services
- New innovations or pathways to care
- Changes in scope or modernization of practice

Common scenarios dealt with via these pathways:

- Physician retirements where a cross-over period is requested.
- Increasing clinical demand requiring expansion of current services.
- Spousal recruitment (where no vacancies exist).
- New recruits trained in modern techniques (e.g. robotics, non-invasive, etc.).
- Expansion of residency positions.

Structures and Processes- New Resources

TIP-TOP Program

New program established to allow for time limited investment to support cross over of resources where a physician is retiring from practice.

Details:

- Application processes a part of the Replacement MD committee process.
- Maximum cross over of up to two (2) year and retiring MD must provide clear retirement date.
- There must be a clear plan for expanded deliverables during the cross over period.
- Typical request turnaround of <3 weeks.

Business Case Process

Standardized annual process to request new funds be added to the system via a prepared proposal.

Details:

- Standardized templates managed by the NSH/IWK finance team.
- Business cases can be prepared at either zone or provincial level, change request process for in year changes.
- Cases are reviewed and prioritized at COC for NSH and IWK internally prioritizes.
- Cases are presented to DHW in the fall of each year.
- Typical request turnaround of >6 months.

Urgent Request Process

Ad hoc process when a time sensitive, **urgent** need arises requiring new resources.

Details:

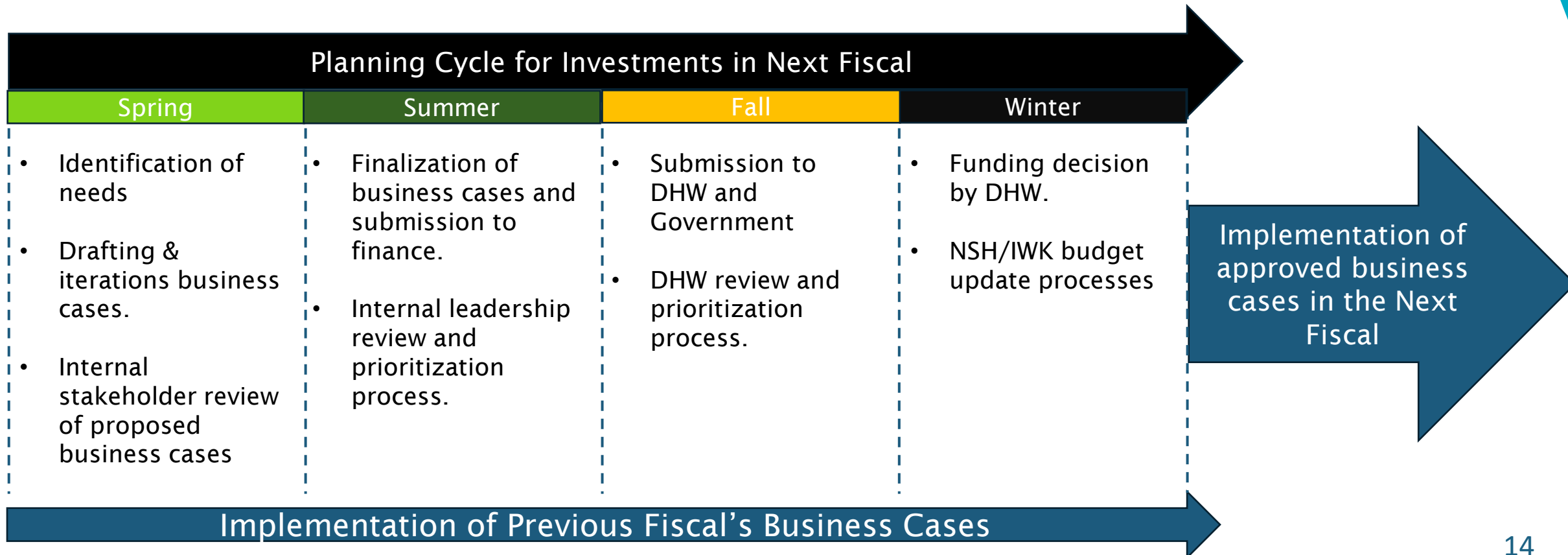
- Issues are escalated via department head/ZMED to VP Medicine or Sr. Director Medical Affairs.
- Weekly meeting co-chaired between DHW/NSH.
- Administratively supported by NSH Medical Affairs
- Variable turnaround times.

Contact your local Medical Affairs Lead or Zone Medical Executive Director for Support

Business Case Overview


Each year key dates are for the business planning process are communicated from our Finance Departments.

Specifics around review processes continue to be refined year over year.



Summary Take Away Messages

1. Tracking physician positions is important to ensure system resources and supports are in place.
2. There are multiple pathways to support physician resources request. The source of the existing resource will determine which process is used.
3. The Medical Affairs team/IWK VP Medicine are here to help navigate this process, we work collaboratively with DHW and DNS.
4. When there are no new resources required to support a request, timelines tend to be around 2 weeks after we get all the required information.
5. When there are new resources required to support a request, timelines for approvals can be much longer.
6. TIP-TOP program is available when MDs are willing to commit to a plan for retirement.
7. Business case process key dates are communicated each year.



Thank you
The Q&A will follow