

Burnaby Patient Medical Home for Priority Populations – A part of the Edmonds Centre for Healthy Communities: Request for Qualifications

Burnaby Patient Medical Home for Priority Populations Guidelines for Funding Proposals Funded and Governed by the Burnaby PCN Steering Committee

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Overview and Eligibility

The Burnaby Primary Care Network (PCN) is releasing this Request for Qualifications to fund the design and not-for-profiting operations of a new clinic focused on primary care¹ and health promotion for priority populations.

This clinic will operate as a <u>patient medical home</u>², becoming one of three services within the Edmonds Centre for Healthy Communities (CfHC). The other two parts are:

- Edmonds Health and Wellness Services (Allied Health Hub) housing <u>PCN allied health services</u>³, operated jointly by Fraser Health (FH) and the Burnaby Division of Family Practice (BDFP), and physically co-located on the same floor as the clinic.
- Edmonds Urgent and Primary Care Centre (UPCC) operated by PrimeCare Medical Clinic and FH, located across the street from the clinic at Kingsway and Edmonds.

The PCN Steering Committee (PCN SC) will be awarding the contract to operate this clinic at the Edmonds CfHC to a Burnaby not-for-profit entity with expertise in delivering community-based social services to one or more of the populations, that will be served at the Burnaby Patient Medical Home for Priority Populations clinic (PPC).

The goal is to attach⁴ Burnaby residents from priority populations, as identified by PCN SC, to Primary Care Providers⁵ at the PPC. A core value of the Burnaby PCN is that addressing the social determinants of health⁶ is key to the development of healthy communities. As such, the clinic will target four priority populations: newcomers and refugees, expectant/new parents and their babies, residents with complex mental health needs, and homeless and/or underhoused residents. To support providing services to these populations, the clinic will operate in Primary Care Teams⁷ with on-site allied health⁸ and nursing staff working alongside family physicians (FPs) and Nurse Practitioners (NPs). The clinic will also be the home of a new maternity post-partum service that will be operated as an extension of the Burnaby Maternity Clinic (located at Burnaby Hospital).

A guiding principle of this funding opportunity is that the clinic will serve priority populations and that the clinic is an integral part of the network of family practice clinics and services in Burnaby. It will also deliver services to the surrounding family practices with patients within the identified priority populations. The successful not-for-profit is also expected to connect the services offered at the PPC to community-based services offered by the not-for-profit, and other social service organizations in the Burnaby community. The successful not-for-profit would work alongside

¹ Primary health care is a type of medical care that typically involves routine care, care for urgent but minor or common health problems, mental health care, maternity and child care, psychosocial services, liaison with home care, health promotion and disease prevention, and end-of-life care. It is also an important source of chronic disease prevention and management. Primary Care providers are family physicians and nurse practitioners who consult with a wide range of patients including infants, children, teenagers, adults, and seniors. They have a broad knowledge of the body at every stage of life, which is useful for their varied patient base. Also, they know their patient's home/family life, which can help in the diagnosis of several illnesses. (source: schcontario.ca)

² A patient medical home (PMH) is a family practice that operates at an ideal level to provide long-term patient care throughout a patient's life. This means creating therapeutic relationships developed over time between a patient and a Family Physician in which the patient sees this Family Physician for most of their medical care needs.

³ Allied health professionals aim to prevent, diagnose, and treat a range of mental and physical health conditions and illnesses as an additional service in consultation with a Family Physician or Nurse Practitioner.

⁴ Patient attachment is the process of matching patients to a Family Physician or Nurse Practitioner so that they can receive longitudinal (long term) medical care

⁵ a Family Physician or Nurse Practitioner

⁶ From the <u>BC Centre for Disease Control</u>: "Many of the things that affect our health lie outside of the health sector (e.g., living or working conditions, social supports, income, employment or educational opportunities, etc.). These are called "social determinants of health", non-medical factors that can positively or negatively influence health outcomes."

⁷ Primary Care Teams, or team-based care, is a model of health care delivery where many professionals work together to meet a patient's needs. A key feature is having patients and their care providers being equal partners. (source: teambasedcarebc.ca)

⁸ These allied health staff are separate employees/contracts from the above mentioned PCN allied health services – that are currently operating out of Edmonds Health and Wellness Services space – and would be hired directly by the successful not-for-profit applicant.

and govern the clinic in partnership with the family physicians, Fraser Health, and other local not-for-profits. This includes the initial setup and ongoing operations of the clinic.

As such, a strong preference will be given to a not-for-profit entity currently operating within Burnaby. A multi-partner bid is a possibility among more than one not-for-profit, but there must be an identified Burnaby lead not-for-profit organization that will sign the Funds Transfer Agreement (FTA). Family Physician members of the Burnaby Division of Family Practice will work with the successful not-for-profit entity or entities to guide and inform the medical aspects of the clinic's development and ongoing clinical operations.

Available Funding

This funding opportunity is for annual operating funds of \$1.589M. See Appendix A for a breakdown of the one-time and annual operating funding parameters. There may also be a small amount of one-time start-up funding to support the opening of the Edmonds clinic location. This amount is to be confirmed.

Note that the clinic space is fully furnished and ready for operations. See Appendix B for images of the space.

Eligibility for the PPC start-up funds and ongoing management contract is open to all Burnaby community-based not-for-profits who deliver services to one or more of the four clinic's priority populations: newcomers and refugees, expectant/new parents and their babies, residents with complex mental health needs, homeless and/or underhoused residents.

The successful not-for-profit entity will be required to sign a Memorandum of Understanding (MOU) with the PCN SC. Funds to operate the PPC will be directed to the non-for-profit entity via an FTA with the Ministry of Health (MoH) and/or with Fraser Health.

Funding Priorities and Terms and Conditions

- 1. The successful not-for-profit will be required to agree to the following parameters:
- 2. **Governance**: The Priority Population Clinic will be governed as follows:
- 3. The not-for-profit operating the clinic will be accountable to the Burnaby PCN Steering Committee for the operations and functions of the site, and have a seat at the PCN SC.
- 4. A PPC clinical steering committee will be comprised of representatives from the not-for-profit, family doctors and other Burnaby not-for-profits representing the populations served at the clinic. This clinical steering committee will guide the clinical operations of the clinic and ensure the clinic is operating effectively as a node in the larger network of Burnaby family practices.
- 5. **A CfHC clinical steering committee** will guide the clinical integration of the clinic with the AH Hub and the Edmonds UPCC.
- 6. **PCN Network Linkages:** The successful not-for-profit agrees to deliver the following clinical services at the clinic:
 - a. Operate the clinic as per the parameters set out by the Burnaby PCN SC. Any changes or expansion to the proposed scope of services to be offered at the clinic will require PCN SC approval.
 - b. Strive to operate the clinic as a best practice patient medical home (family practice clinic) that is tailored to meet the unique needs of the target populations that will be served at the clinic and includes offering outreach services. As such, the successful not-for-profit agrees to work closely with

- the Burnaby family physicians to design the clinical workflows and services that will be offered at the clinic.
- c. Agree to operate the clinic as a node of the Burnaby network of family practice clinics: Operate the clinic as an integrated part of the network of family practice clinics in Burnaby. These linkages to surrounding clinics will be co-designed with Burnaby FPs (in partnership with the Burnaby Division of Family Practice) and include the following:
 - i. To ensure continuity with the network, the clinic will use the Electronic Medical Record (EMR) system of the PCN.
 - ii. Deliver outreach services to surrounding practices, ensuring that providers from surrounding practices can refer eligible patients to allied health services offered at the clinic.
 - iii. Operate the new maternity post-partum program within the clinic, in partnership with, and as an extension of, the Burnaby Maternity Clinic
 - iv. Have medical residents and other clinical providers in training (clinical learners) working with appropriate preceptors (supervising provider) at the clinic.
 - v. Manage the procedure room⁹ as a shared community service that Burnaby FPs can use and book into.
- d. Integrate clinic services with the network of community-based services offered in Burnaby by other not-for-profits that have expertise for the target populations.
- 7. Agree to operate the clinic within the funding envelope provided by the MoH; and/or with FH.
- 8. Sign a Memorandum of Understanding (MOU) with the PCN SC; sign a funds transfer agreement with MoH. Potentially sign an FTA with FH for any funds that are provided by FH to augment the revenue base of the clinic.
- 9. **Transition to a Community Health Clinic (CHC):** Following selection of a successful not-for-profit, a proposal will be submitted to the MoH, under the direction of the PCN SC, for the Burnaby Patient Medical Home for Priority Populations Clinic to become a Community Health Clinic¹⁰.

Assessment Criteria

In addition to the goals and requirements listed in the 'Overview' and 'Requirements' sections above, the following are the funding priorities and assessment criteria used in evaluating proposals:

- 1. Does the proposal demonstrate a deep organizational competency in one or more of the four target populations?
- 2. Is the not-for-profit operating out of Burnaby?
- 3. Does the proposal demonstrate a competency to manage the operations for a medical clinic of the proposed size? Prior experience delivering primary care clinic services would be an asset.
- 4. Does the proposal address an understanding of, and the means to remove, barriers to primary care access as part of the clinic?
- 5. Does the proposal demonstrate a willingness to operate the clinic as a valuable contributor and collaborator within the network of Burnaby family practices?
- 6. Does the proposal demonstrate a willingness and competency to impact systemic improvements with the help and expertise of community-based service providers?

⁹ In the clinic, there is one purpose-built procedure room that has been intentionally designed for the Burnaby Family Physician community to have access to.

¹⁰ "Community Health Centres (CHCs) are multi-sector health and health care organizations that deliver integrated, people-centred services and programs that reflect the needs and priorities of the diverse communities they serve" (source: bcachc.org/about-chcs).

- 7. Does the proposal demonstrate a willingness to operate the clinic as a component of the larger CfHC, and in so doing, demonstrate a willingness to work closely with the AH Hub and the Edmonds UPCC to deliver seamless, integrated medical and social services to the target populations?
- 8. Does the proposal demonstrate a willingness to operate the clinic in accordance with the proposed governance model?
- 9. Does the proposal demonstrate the leadership and ability to work in collaboration with key partners to ensure the effectiveness of the clinic?
- 10. Does the proposal demonstrate an understanding of the Burnaby PCN and willingness to work as part of a system of care.
- 11. Does the proposal demonstrate excellent organizational governance, fiscal and risk management?
- 12. Is there acceptance of the funding parameters?
- 13. Value add: does the not-for-profit have the ability to scale up or duplicate the clinic in another location?

Responsibility of Fund Recipient(s)

- 1. **Governance**: A condition of receiving the PCN Award is the participation of the successful not-for-profit on:
 - monthly PCN Steering Committee
 - monthly (or bimonthly) PPC clinical steering committee
 - A quarterly CfHC clinical steering committee
- 2. **Co-design the clinic workflows** with Burnaby FPs and other community service agencies, and ensure workflows are endorsed by the PCN SC.
- 3. Operate the clinic (as per the terms and conditions identified above): target soft launch date is July 1, 2024.
- 4. **Reporting**: An annual clinic performance report including process, output and outcome metrics is due to the PCN SC on April 30, annually, and prior to the receipt of funding for the next fiscal year. This report will be shared with MoH.

Timelines

This RFQ represents the first step in this process. Key dates are:

October 13, 2023 @ 5:00pm— Call is circulated

October 18, 2023 @ 12:00pm — Application period open, Submission Template available

October 18, 2023 @ 1:00pm — Information Session

October 26, 2023 @ 4:00pm — Information Session

October 27, 2023 @ 3:30pm — Site Walkthrough

November 29, 2023 @ 11:59pm — Application period closes

December 1 – 15, 2023 — Review of Applications

December 20, 2023 — Successful grant recipient(s) notified

January 31, 2024 — Agreements executed

March 1, 2024 — New governance structure activated

March 31, 2024 — Start-up and implementation (tech onboarding, workflow, processes, community engagement, marketing)

July 1, 2024 — Soft opening of the Burnaby Patient Medical Home for Priority Populations clinic

Questions from interested not-for-profits can be directed to (burnabypcn@burnabydivision.ca) during the open application process. Answers will be posted publicly on the <u>Burnaby PCN website</u>.

Appendix A: Estimated Financials for the Proposed Patient Medical Home for Priority Populations

Estimated Financials for the Burnaby Patient Medical Home for Priority Populations Clinic (within the Edmonds CfHC)				
Estimated Rev	anua			
	om Overhead (FP, NP, and Allied Health positions)	\$645,200		
	nding for FP and NP contracts (7 total)*	\$0		
	nding for Allied Health & Nursing Staff (6 FTE)**	\$668,000		
	rect Funding From MoH***	\$244,294		
	N Redistribution Funding	\$32,159		
	·		\$1,589,653	
			. , ,	
Estimated Exp	enses			
All	ied Health & Nursing Staff Salaries**	\$668,000		
	n-Clinical Staff***	\$594,294		
Le	ase (paid by funder directly)****	\$0		
Ot	her Operating Costs^	\$327,359		
			\$1,589,653	
Net			\$0	

^{*} Contracts with Family Physicians and Nurse Practitioners will be paid directly by the Ministry of Health or Fraser Health and only overhead from these positions will flow to the successful not-for-profit organization;

^{**}The not-for-profit will be funded directly for the 6 FTE of Allied Health & Nursing and it is expected that the not-for-profit will be responsible for hiring these resources.

^{***} Includes 1 FTE Office Manager, 0.2 FTE Medical Director, 1 FTE HR Manager (1 year)

^{****} The fund transer agreement will include provisions for the not-for-profit's rights for the use of the space.

[^]Other Operating Costs Include: Cleaning & Security, Supplies, Hosting, Tech Devices & Licenses, Office Admin – Bookeeping, Accounting, Buisness & Building Insurance. After-Revenues and Expenses figures are estimates; to be confirmed by the Ministry of Health.

Appendix B: Space Plan

Image 1 – The Red outline indicates the clinical space located at 7366 Edmonds St. Unit 306 within the Edmonds CFHC. It is co-located on the same floor as the AH Hub (jointly operated by FH & the BDFP).

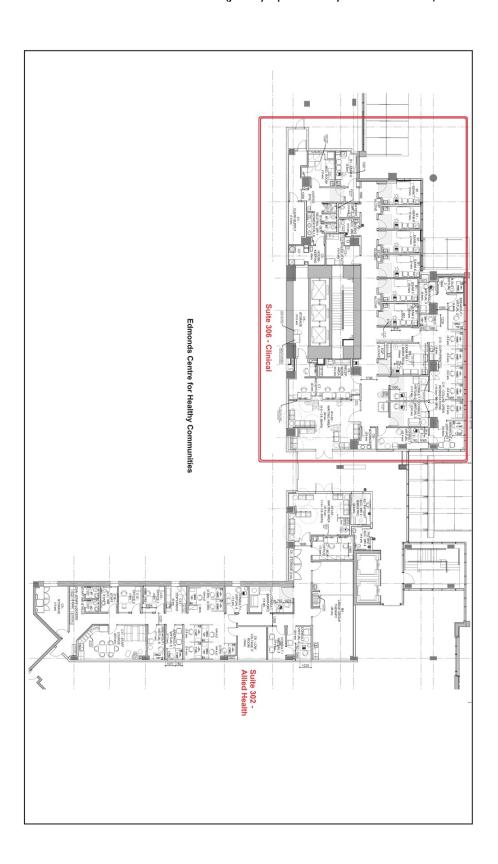


Image 2 – Clinical space located at 7366 Edmonds St. Unit 306 (detailed). Note that the diagram does not reflect renovations that are underway to convert consult rooms into additional exam rooms.

