

# Clinical Alternative Relationship Plan

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Application

Program Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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# CLINICAL ALTERNATIVE RELATIONSHIP PLAN APPLICATION FORM

**PLEASE NOTE:** All sections of the application **MUST** be completed before the assessment process can begin.

**Program Name:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

## 1.0 Rationale for ARP Creation or Expansion

*Provide a description of the current service gaps. Identify the expected benefits of implementing an ARP and how it will address the current service gaps, as well as the risks of not proceeding. If the supporting data is extensive, please insert summary here and provided the detailed information in an appendix.*

## 2.0 The Program

### 2.1 Overview

*Provide a brief overview of the proposed program (no more than one or two paragraphs).*

### 2.2 Goals

*Outline the goals of the program, identifying any current practices and proposed changes that support ARP principles/purposes. Some groups may already have made changes in their practice in anticipation of moving to an ARP. Please identify these changes under "Current".*

**Current**

**Proposed**

### 2.3 The Centre

*Provide a list of sites where the program services will be offered.*

**Current**

**Proposed**

### 2.4 Patients

*Describe the patient population to be served. Indicate any proposed changes to patient population to be served. Identify the gender, age, and diagnostic characteristics of patients to be served by the program. Target populations examples: diabetics, under-served populations, etc.*

**Current**

**Proposed**

### 2.5 Program Services

*Provide a bulleted list of the program services to be provided. Program services are insured medical services provided by the participating physicians. Indicate the proposed changes to current services.*

**Current**

**Proposed**

## 2.6 Service Delivery Model

Describe the service delivery model currently used and the proposed model. Identify clearly proposed changes to the model. Identify how the physicians' services are currently organized and delivered from referral to discharge/transfer. Include clinic hours and other service requirements.

### Current

### Proposed

## 2.7 Roles of Non-Physician Staff

Describe the roles of non-physician professional staff on the program team.

### Current

### Proposed

## 2.8 Non-Physician Clinical and Administrative Staff Resource Plan

Outline the number of current and proposed non physicians clinical and administrative staff in full-time equivalents (FTEs) required by the program to deliver program services and achieve program goals. Indicate the allocation of responsibility for compensation.

Staff By Type	FTEs <sup>(1)</sup> Current Year <sup>(2)</sup>	Proposed FTEs			% Responsibility <sup>(3)</sup>	
		Year 1 <sup>(2)</sup>	Year 2 <sup>(2)</sup>	Year 3 <sup>(2)</sup>	Physician Group	Alberta Health Services
Non-physician clinical staff:						
Administrative staff:						

(1) 1 FTE = as defined by agreement or contract for that group or person

(2) Operating year (April 01 – March 31)

(3) Actual dollars not required

NOTE: AHS support of an ARP application as indicated by a signature in the ARP Representatives section of the application does not guarantee, nor prioritize their engagement in the search/provision of the recruits identified.

## 2.9 Program Governance, and Practice and Quality Management

Describe how the program will be managed. Identify any proposed changes.

- How will the physician group be governed?
- What is the governance structure and program management process between the physician group and Alberta Health Services?
- How will the leadership group (physicians and clinic managers) manage service provision to ensure the goals are met?
- How will the quality of care be monitored and maintained or improved?

### Current

### Proposed

## 2.10 Program Funding Provisions

Outline the expense responsibility sharing agreement (% physician group, % Alberta Health Services) by major expense category.

Operating Expenses	% Responsibility <sup>(1)</sup>	
	Physician Group	Alberta Health Services
Space and associated costs		
IM/IT		
Capital Improvements:		
Other <sup>(2)</sup>		

(1) Actual dollars not required

(2) Typical items might include costs of collecting and calculating data for reporting, moving costs, recruitment costs

## 3.0 Supporting Data

### 3.1 Program Data Analysis

Complete an assessment of available program data. Insert tables and graphs as necessary. If the analysis is extensive, please insert a summary here and provide the detailed analysis in an appendix. Also, in the table provided, identify the relevant inpatient and ambulatory service volumes and the projected change in volumes over the next three years. The service volumes selected should align with the program goals (section 2.2) and the proposed FTEs/Hours (section 4.4).

Indicator	Fiscal Year 1 <sup>(1)</sup>	Fiscal Year 2 <sup>(1)</sup>	Fiscal Year 3 <sup>(1)</sup>	Proposed Year <sup>(1)</sup>		
				Year 1	Year 2	Year 3

(1) Operating year (April 01 – March 31)



#### 4.4 Physician Recruitment and Compensation

Select the proposed funding model from the ARP Guide.

Annualized

Sessional

Capitation

#### Current

Calculate the current compensation from the Physician Services Budget for providing the clinical program services

Current Year: (yyyy/yyyy)				
Specialty	Physicians	FTE/Hours	Payment Rate	Annual Revenue
<b>Total</b>			<b>N/A</b>	

#### Proposed

Alberta Health expects that each physician group will need to plan for growth. This section is intended to show the physician resource needs by year, as well as to provide a description of the program recruitment plan to meet those needs.

Year 1 <sup>(1)</sup> :				
Specialty	Physicians	FTE/Hours	Payment Rate <sup>(2)</sup>	Annual Revenue
<b>Total</b>			<b>N/A</b>	
Year 2 <sup>(1)</sup> :				
Specialty	Physicians	FTE/Hours	Payment Rate <sup>(2)</sup>	Annual Revenue
<b>Total</b>			<b>N/A</b>	
Year 3 <sup>(1)</sup> :				
Specialty	Physicians	FTE/Hours	Payment Rate <sup>(2)</sup>	Annual Revenue
<b>Total</b>			<b>N/A</b>	

(1) Operating year (April 01 – March 31)

(2) Based on average payments per 1.0 FTE by specialty in the ARP Guide

#### Recruitment Plan and Challenges:

Identify the strategies to address the year over year change in FTEs/hours as shown in the table above, and the number of physicians the program needs or plans to recruit. Address any anticipated retirements and/or resignations. Describe any known challenges in the recruitment of the required specialties which may limit the program's ability to achieve its goals and proposed targets.



## 5.0 Performance Reporting

### 5.1 Quarterly Report

Identify the performance measures the program will report on quarterly. The measures should reflect the outputs and outcomes of the program and demonstrate the program's success.

Category	Performance Indicator	Data Source	Data Responsibility	Actual Results				Comments
				Quarter 1	Quarter 2	Quarter 3	Quarter 4	

### 5.2 Annual Report

Identify the performance measures the program will report on annually. The measures should reflect the outputs and outcomes of the program and demonstrate the program's success. Provide an annual target for each indicator.

Category	Performance Indicator	Data Source	Data Responsibility	Fiscal Year End		Variance	Explanation of variance
				Proposed Results	Actual Results		

## ARP Representatives

Alberta Health Services Zone:

Alberta Health Services Zone Vice President

Name:

Position:

Phone:

Fax:

Email:

Alberta Health Services Zone Medical Director

Name:

Position:

Phone:

Fax:

Email:

Signature

Signature

Name of Physicians or Physician Group:

Physician Leader

Name:

Position:

Phone:

Fax:

Email:

Physician Leader

Name:

Position:

Phone:

Fax:

Email:

Signature

Signature

Name of Other Organization:

Representative

Name:

Position:

Phone:

Fax:

Email:

Representative

Name:

Position:

Phone:

Fax:

Email:

Signature

Signature

If legal counsel has been engaged, please provide names and contact below:

### For Physicians

Name:

Phone:

Email:

### For Alberta Health Services

Name:

Phone:

Email:

## Reports

The Minister of Health requires that reporting be provided as follows:

Initial to indicate agreement to comply with these requirements

Type of Report	Frequency	Physician Leader	Alberta Health Services Representative
FTE reports/sessional hour invoicing	Monthly		
Service event reports	Within 90 days		
Performance reports	Quarterly/Annually		
Changes in physician membership	Upon occurrence		

Please identify who will be responsible for providing the various products and reports:

Product	Responsible Party		Contact Information
	Physician Group	Alberta Health Services	
Preparing and submitting FTE reports/sessional hour invoices			
Service event reports			
Collecting clinical data			
Preparing and submitting quarterly reports			
Preparing and submitting annual reports			
Notifying Alberta Health of changes in physician membership.			