

Clinical Alternative Relationship Plans

Expression of Interest

PROGRAM NAME

AHS ZONE

CLINICAL ARP FUNDING MODEL

DATE

REQUEST TYPE

Submitted By:

NAME
POSITION
ADDRESS

PHONE
E-MAIL

Reviewed By:

ALBERTA HEALTH SERVICES

NAME
POSITION
PHONE
E-MAIL

ARP PHYSICIAN SUPPORT SERVICES

NAME
POSITION
PHONE
E-MAIL

Background / Purpose of the Expression of Interest (EOI)

The process to establish a clinical ARP begins with a physician group and AHS. The physician group links with AHS to explore whether a clinical ARP, at first glance, is an appropriate mechanism to support the delivery of the program in question. Once both parties are satisfied a clinical ARP is worth pursuing, Physician Support Services (PSS) and AHS will assist the lead physician in completing an Expression of Interest (EOI). The EOI is a short form that outlines the intent of a clinical ARP and what program services would be provided to which patients. Once the EOI is completed to the satisfaction of the lead physician, AHS and the PSS, the PSS will submit the EOI to Alberta Health (AH). If the EOI is supported by AHS and the PSS, the physician group would then submit consent forms to AH. These consent forms authorize AH to share anonymized service event reporting information with the physician group and with the PSS. This data will help the physician group prepare their clinical ARP application.

NOTE: The EOI is used to assess the feasibility of the program request prior to moving onto the application stage. It ensures a common understanding of purpose amongst the stakeholders and sets the foundation in building the structure and detail required in the preparation of the ARP application. The terms stated within the sections of the EOI are subject to change based on the development process. The program specifics, data analysis and investigation results will be detailed in the application and once agreed upon, will be submitted for approval for implementation.

Statement of Intent / Objectives

Provide a brief description of the program's request including:

Current Situation: An overview of the current services gaps or ministerial order.

Request Details: A brief outline of the request including the magnitude of the request and the objectives.

Rationale: Explain why the request is needed and the risks of not proceeding.

Strategic Alignment: Describe how the request aligns with health system goals or how it fits within the AHS strategic plan or the ARP dimensions.

Steps Taken to Date: Identify what has already occurred with respect to program planning and the implementation of program changes (data analysis, meetings, capital development, other).

STATEMENT OF INTENT / OBJECTIVES

Current Situation:

Request Details:

Rationale:

Strategic Alignment:

Steps Taken to Date:

Proposed Location(s)

For a new ARP: Specify the location(s).

For an expansion request: Outline the current location(s) and any new location(s) being proposed.

PROPOSED LOCATION(S)

Proposed Services

For a new ARP: Provide a brief description of the planned new ARP program.

For an expansion request: Provide a brief summary of existing ARP services and a description of any planned program changes.

PROPOSED SERVICES

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Proposed Patients

For a new ARP: Identify the types of patients to be served.

For an expansion request: Identify the types of patients currently served and any proposed changes to the patient population.

PROPOSED PATIENTS

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