



# Primary Care Network Capacity-Building Grant Guidelines & Application

Version 4.0  
January 22, 2008



Alberta's  
Regional Health  
Authorities

The Primary Care Initiative (PCI) Agreement (Schedule G to the Master Agreement) defines local primary care initiatives as the contractual arrangement between one or more participating physicians and a regional health authority acting together to provide designated service responsibilities. The Primary Care Initiative Committee (PCIC) has approved the name “Primary Care Network” for use by local primary care initiatives. Therefore, for the purpose of the Primary Care Initiative Program, and more specifically, for this document, a local primary care initiative will be referred to as a “Primary Care Network.”

Any words or phrases used in this document that are defined in the Master Agreement or the PCI Agreement, whether or not they are capitalized, shall have the same meaning as set out in the Master Agreement or PCI Agreement, unless they are used in a different context than that in the Agreements.

# Table of Contents

1	Primary Care Network Capacity-Building Grant Guidelines .....	4
2	Guide to Completing An Application for the Primary Care Network Capacity-Building Grant .....	6
3	Primary Care Network Capacity-Building Grant Application .....	8

# 1 Primary Care Network Capacity-Building Grant Guidelines

## Introduction

To help address the challenges of smaller than anticipated patient populations and higher than anticipated rates of pro-ration, the Primary Care Initiative (PCI) for a limited time period made available capacity-building grants to provide sufficient funding to allow those Primary Care Networks (PCNs) most in need to fully implement their business plans. The parameters for capacity-building funding and monitoring which is only available for the first to third round of PCNs are provided below.

## Funding Parameters

1. The primary purpose of establishing the capacity-building grants was to provide sufficient funding to allow PCNs to fully implement their business plans. Actual experience reflected that PCNs needed time before they could be fully operational. Therefore the Primary Care Initiative Committee (PCIC) determined that capacity-building grants would no longer be available for PCNs applying in round 4 onwards.
2. Grants are therefore only available to an eligible PCN approved in round 2 or 3 for a maximum of two years from date of PCN start up.
3. PCNs determine their capacity targets, based on a realistic determination of available enrollees, given the size of the community or region and the availability of medical resources outside of the PCN.
4. Grant amounts are based on current enrollment versus targeted enrollment. Enrollees are counted for core providers only (locum physicians are excluded in determining physician FTE to be used in calculating Capacity-Building Grants).
5. The PCN capacity-building grant is based on a maximum capacity target for each PCN. This capacity target will initially be set at 1,500 enrollees per physician FTE (currently the best available proxy).
6. Per capita funding of PCNs was initially based upon pro-ration which was to be suspended for all PCNs for the first two years of operation. However, as of October 1, 2007 the per capita funding methodology changed such that all PCNs now receive per capita funding based upon a 4 cut methodology for patient paneling.
7. Applicants must submit a grant application with the completed business plans. This is important as the grant supports specific aspects of the business plan. Review of the grant application will correspond with business plan evaluation. Prior to submitting a business plan, the PCN must seek a confirmation by AH&W of the current physician FTEs based upon actual participating physicians at the time of submission not the number determined during planning.
8. Grant funding to qualifying PCNs will be based on the following calculation:

**[(Targeted enrollment per core physician FTE – Current enrollment per core physician FTE) X \$50] X the number of FTE core physicians = Total grant funding per annum].**

## **Funding and Monitoring Policy**

1. Capacity-building grants are available to PCNs that were approved in the second or third round. These grants are not be available for PCNs in round 4 and onwards.
2. Funds for the capacity-building grant will come from the existing Primary Care Initiative Budget within the Master Physician Budget. No additional funding is being made available.
3. Eligible PCNs will receive capacity-building grant funds on a semi-annual basis during the two year period of eligibility.
4. The grant amount requested is an application only. The amount actually disbursed is subject to evaluation and validation based on local factors affecting each PCN.
5. Six-month reconciliations will be completed to determine the increase or decrease in capacity. Increase in patient population resulting in increased base funding will result in a proportional reduction in grant funding.
6. If at the time of the six-month reconciliation there is no apparent increase in capacity, work will be initiated with the PCN to determine if assistance is required in achieving the targeted increase in capacity.
7. Building capacity within a PCN can include enhancing the ability for PCNs to increase their population of patients served, and increasing access for patients within a PCN.

## **Payment**

1. Per capita payment calculations are made on the first of April and October followed by payment within three weeks. Grant payments will be made at a later date.

## 2 Guide to Completing The Application for the Primary Care Network Capacity-Building Grant

### Step 1 Request for Number of FTE Core Physicians

- If a Primary Care Network has submitted a request for business planning reports, then the number of FTE core physicians can be requested.
- To obtain this number please contact David Onyschuk at Alberta Health & Wellness at (780) 415-0218. Ensure you ask for core physician FTE's only.
- Please note that Primary Care Network physicians may be part of an Alternative Relationship Plan (ARP), and are not included in the FTE calculation. If this affects your Primary Care Network please contact your Transition Support Manager for further guidance.

### Step 2 Eligibility for the Primary Care Network Capacity-Building Grant

Prior to starting the application process, complete the grant eligibility requirements below.

- Identify the current enrollment number for the Primary Care Network (use "Number of potential enrollees" data from the business planning reports).

**Current enrollment number** = \_\_\_\_\_

- To determine the current enrollment number per core physician FTE, divide the current enrollment number (see above) by the number of core FTE physicians (see Step 1).

$$\text{Current enrollment per Core physician FTE} = \frac{\text{Current enrollment number}}{\text{Number of core FTE physicians}}$$

- Compare the current enrollment per core physician FTE with the targeted enrollment per core physician FTE as set by the Secretariat.

**Targeted enrollment number = 1500 (as mandated by the Secretariat)**

- If the current enrollment is less than the targeted enrollment, then the Primary Care Network is eligible for grant funding and may proceed to Step 3 - Completing the Grant Application Template.
- If the current enrollment is greater than the targeted enrollment, then the Primary Care Network is not eligible for grant funding and must send an email to confirm non-eligibility to the Primary Care Initiative (PCI) Program Management Office (PMO) at [pci@primarycareinitiative.ab.ca](mailto:pci@primarycareinitiative.ab.ca).

### **Example 1 - Eligible Primary Care Network**

Number of core FTE physicians (as obtained from AHW) = 51.3

Current enrollment number = 53,987

Current enrollment per core physician FTE =  $53,987/51.3 = 1052$

$1052 < 1500$  therefore Primary Care Network is eligible for grant funding. Proceed to Step 3.

### **Example 2 - Non-Eligible Primary Care Network**

Number of core FTE physicians (as obtained from AHW) = 15.2

Current enrollment number = 23,765

Current enrollment per core physician FTE =  $23,765/15.2 = 1563$

$1563 > 1500$  therefore Primary Care Network is not eligible for grant funding. Do not proceed to Step 3. Please send an email to confirm non-eligibility to PCI PMO.

### **Step 3 Completing the Grant Application Template (see Section 3)**

- Section 1 - Application Description - Primary Care Networks are required to submit a two to three page document outlining the information detailed in the application template.

### 3 Primary Care Network Capacity-Building Grant Application

#### Section 1 Application Description

1. **Targeted enrollment at go live/start up date:**

*The targeted enrollment per core physician FTE is based on a maximum capacity target for each Primary Care Network. This capacity target will initially be set at 1500 enrollees per core physician FTE.*

***Please note:** The targeted enrollment number may be less than the maximum capacity target (currently set at 1500). Primary Care Networks are expected to determine their target population based on information sources and analysis. Consideration should be given to total enrollee numbers for the catchment area.*

2. **Funding amount requested**

***Please note:** The grant amount requested is an application only. The amount actually disbursed is subject to evaluation and validation based on local factors affecting each Primary Care Network.*

a. Capacity-Building Grant Calculation Details

# of FTE core physicians	
Current enrollment per core physician FTE	
Targeted enrollment per core physician FTE	
<b>Total grant funding per annum (*using the formula)</b>	<b>\$</b>

**\*Grant Calculation Formula**

**[(Targeted enrollment per core physician FTE – Current enrollment per core physician FTE) X \$50] X the number of core FTE physicians = Total grant funding per annum]**

3. **Use of grant funding**

***Describe in detail how the Primary Care Network will be better able to achieve their business plan through use of the request grant amount.***

*For example, if according to the Primary Care Network service delivery plan, the Primary Care Network per capita payment is not sufficient, how will the requested grant amount enable the Primary Care Network to supplement the service plan.*

*Please provide sufficient evidence to aid in assessing the application.*

*Describe in detail how capacity will be increased over the two-year time frame, specifically:*

- *Attract and retain new patients*
- *Retain current patients*
- *Recruit and/or retain health providers to support increased patient capacity*

**4. Communication Plan**

*Given the Primary Care Network demographics, the complexity of current patient population and resources available, please describe in detail the Primary Care Network's communication plan to*

- *Attract new patients*
- *Retain current patients*