**Decision Matrix – for resource allocation in a PCN - Chilliwack**

*Principles*

* Interest expressed for the resource(s)
* Equity in resource distribution among practices
* Panel size – proportional distribution (not including detail on panel management data as part of our selection criteria)
* Engagement level or involvement in PCN work to date (we want some engagement, the higher the level the smoother it tends to go)

*Decision approach*

* Balance above principles
* Consider PCN strategies – note: we have not asked specifically about a commitment to these – we have not made it a criteria to work for these specifically
* Access and attachment of vulnerable populations
* Building interdisciplinary teams to support chronic disease patients
* Supporting transitions to care and services for vulnerable populations
* Supporting access attachment and transitions for mild to moderate MH patients
* Improving access to urgent and primary care
* Integrating traditional wellness mentors
* Expectations for clinics
* Attachment targets for attachment (willing to meet or work towards)

*Commitment to PCN attributes*

* Identification of physician lead and admin lead
* Participation in evaluation activities
* Reporting of zero fee attachment codes
* Lead GP and MOA, commit to clinic meetings