**Purpose**

This initiative is a collaboration between GPSC and JSC/RCCbc to create an opportunity for Divisions and their Collaborative Services Committee (CSC) partners. The purpose of this initiative is to help build local capacity to operate effectively in networks and to manage the necessary change. Accessing this resource will support communities in transitioning towards successful Primary Care Networks (PCNs) and strengthen partnerships for ongoing collaborative work. By using a similar set of services across the province we can also elicit a common set of metrics and information to share and learn from across Waves / Divisions / Regions for learning purposes and develop a picture of system change at a provincial level.

**Background**

At the Divisions Learning Session in March 2019, the keynote address delivered by Ronald Lindstrom, PhD, centred on “High-functioning Networks”. It provided a foundation for thinking about Divisions’ work in the context of network theory. Following Dr Lindstrom’s address, Adam King presented on the topic of “Effective Conversations: How to Move Your Ideas Forward.” This presentation focused on the use of behavioural economics concepts to drive system change, and in particular, how to understand conflict through this lens to move ideas forward more effectively. Their tactics for Managing Change and working effectively in networks were seen as valuable by many Divisions in relation to their partnership-building and PCN development activities. Following the event, strong interest emerged from a variety of Divisions to engage and work together with the consultants.

By offering a financial contribution to all Divisions and their CSC partners, we are providing them an equal opportunity to use these consultants’ services to support their work.

**Approach**

It is critical that this work be community-based and participatory. The consultants aim to support health partners to use data and best practices in a meaningful way to inform their PCN development, strengthen the relationships between health partners, and manage change.

The GPSC recognizes that communities are complex systems with high degrees of connectivity and interdependence. Developing partnerships and PCNs within a complex system requires diverse elements whose interactions create many unpredictable, emergent results. For these reasons, we believe this initiative will be valuable as it creates local capacity to support an ongoing process of innovation in which both the path and the destination are evolving.

Divisions and their CSC partners can choose from a menu of services to ensure a good fit with their local objectives and processes.

Each community’s circumstances are different, therefore, use of these services is ***voluntary.*** Divisions and their CSC partners may choose to work with the consultants or not – or to use some but not all of the available services.

**Eligibility**

This opportunity is being offered to all Divisions and their CSC partners across the province, including those that are not in PCN Wave 1 or 2. It is expected that Wave 1 and 2 communities may choose to participate in the initiative sooner; however, any community at any stage is welcome to participate at any time.

**Description**

The initiative provides the opportunity for Divisions and their CSC partners to engage the services of the consultants to understand, evaluate and improve the quality and strength of relationships toward successful PCNs and other ongoing collaborative work.

The consultants will use a developmental evaluation approach through which the participants evaluate and reflect on their own situation and determine how to use the findings to improve or adjust their work. The various services available to the Divisions and their CSC partners are outlined in detail in this document. Key points to note:

* Divisions can access the consultants’ services between **September 2019 and September 2021.** It is possible to access the services in stages – for example, to decide to use further services after engaging initial services.
* Divisions may choose none, some, or all of the available services over the two year period from September 2019 to September 2021.
* The GPSC will contribute ***up to $12,000*** to each Division that decides to engage the services of Adam King and Ron Lindstrom. This contribution can be used for consulting fees only.
* Rural Divisions, in addition to the $12,000 contribution from GPSC, can utilize ***up to $10,000 of their JSC Rural Equity Funds (REF)*** which can be applied to any type of expense to support their participation in this initiative. Those rural communities who have not received the JSC REF can receive up to a $10,000 maximum contribution from RCCbc. (In other words, Rural Divisions can use a total maximum of $22,000 for this initiative – $12,000 from GPSC and $10,000 from RCCbc).
* Divisions may choose to work with one or more other Divisions, particularly small or remote Divisions who may benefit from sharing resources. Additionally, learnings from one or more communities may be shared at a regional meeting or provincial learning session.
* The GPSC will ask Divisions engaged in this initiative for consent to see the results of the work in order to better understand systems change at a provincial level and to facilitate learning across the province. Any information would be used in aggregate (anonymously) and only with consent of the participants.

**What to do if your Division is interested in participating:**

1. **NOTIFY YOUR GPSC LIAISON OF YOUR INTEREST**
2. **EXPRESSION OF INTEREST FOR DISCOVERY MEETING & INITIAL PHONE CALL**

To express interest in a Discovery Meeting, please submit the attached DISCOVERY MEETING EXPRESSION OF INTEREST FORM to Katrina Stein at kstein@doctorsofbc.ca

Once you have submitted the form, a one hour phone call is arranged with Adam and Ron to understand the scope and content of the meeting. You do not need to commit to the Discovery Meeting until you have had this phone call.

The Discovery Meeting is required for participation in any of the other services. This is a half-day meeting for Divisions held in your local area which may include divisional staff, key physician leads and partner representatives. The meeting will help you explore the services available and help you determine if and how this approach can support your collaborative / partnership work.

1. **HOLD A DISCOVERY MEETING IN YOUR COMMUNITY**

Upon approval of the Discovery Meeting request by the CPQI Team, Divisions may contract the consultants directly and organize the date and venue for the meeting. Divisions are responsible to pay the consultants’ fees and subsequently submit an invoice for reimbursement to Katrina Stein at kstein@doctorsofbc.ca

1. **REQUEST FURTHER SERVICES**

If your Division and partners wish to engage further services following a Discovery Meeting, please submit the attached SERVICES REQUEST FORM to Katrina Stein at kstein@doctorsofbc.ca

1. **WORK WITH THE CONSULTANTS**

Upon approval of the Services request by the Provincial Division Office, Divisions may contract the consultants directly. Divisions are responsible to pay the consultants for services rendered, and subsequently submit an invoice to the Provincial Division Office for reimbursement of up to $12,000.

Note: If the Division chooses services that amount to LESS than $12,000, then the actual amount will be reimbursed by GPSC (e.g., if the services total $9,000 then the GPSC would reimburse $9,000). If the Division chooses services that amount to MORE than $12,000, then the GPSC will reimburse the Division a total of $12,000.

Rural Divisions should contact Kim Williams at RCCbc to determine their eligibility for additional funding or to confirm their plan to use all or part of their JSC Equity Funds for this purpose.

**Please complete this form to express interests in the services of consultants Adam King and Ron Lindstrom for a Discovery Meeting.**

Note that the consultants’ fees of $2,550 + GST are eligible for reimbursement from the up to $12,000 contribution available from the GPSC. All costs other than the consultants’ fees are the responsibility of the Divisions, including consultants travel costs, participants travel costs, and sessional fees. Divisions must contract the consultants directly and then submit the paid invoice for reimbursement.

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| --- |
| 1. General Information
 |
| Date |  |
| Division |  |
|  | **Board Chair/Lead** | **Executive Director** |
| Name |  |  |
| Email |  |  |
| Contact Number |  |  |
| Signature |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Activities** *(GST and travel expenses are not included in costs)*

Make selections using the checkmark function in the Selection column.  | **Cost** | **Selection** |
| **A. Discovery Meeting** (preparation and ½ day meeting) | **$2,550** |[ ]
|  |
| **Proposed Date of Discovery Meeting (Month and Year Only):** |  |  |
|  |  |
| ***For Admin Use Only*** Date Approved: |
| Click or tap to enter a date. |

Please email this completed form to Katrina Stein, Senior Project Coordinator, at kstein@doctorsofbc.ca. For all inquiries please contact Katrina Stein at kstein@doctorsofbc.ca or 604-638-2887/1-800-665-2262.

Upon approval the primary staff and physician contact will be informed to proceed with Thinking in Networks and Managing Change Initiative and can move ahead to engage the consultants to begin their activities.

**Please complete this form to request SERVICES (after having completed a Discovery Meeting).**

|  |
| --- |
| 1. General Information
 |
| 1.1) Division Details |
| Date of Request |  | Discovery Meeting Date |  |
| Division |  |
| Board Chair/Lead |  | Executive Director |  |
| Email |  | Email |  |
| Contact Number |  | Contact Number |  |
| Signature |  | Signature |  |

|  |
| --- |
| 1.2) Start Date (Month and Year Only) |
|  |
| 1.3) End Date (Month and Year Only- prior to initiative end date of August 2021) |
|  |

|  |  |  |
| --- | --- | --- |
| 1. **Activities** *(GST and travel expenses are not included in costs)*

Make selections using the checkmark function in the Selection column.  | **Cost** | **Selection** |
|  |
| **B. Situational Analysis Support and Learning Bundle**  | **$13,050** |[ ]
| NOTE: To maximize synergies and value we recommend engaging in each component described below, however, it is possible for communities to choose one or more of the individual components.  |
| **INFO COLLECTION*** **Rapid Relationship Assessment Survey**
 | Component Cost: $4,600 |[ ]
| * **Strategic Video Storytelling**
 | Component Cost: $5,200 |[ ]
| **COACHING AND TRAINING*** **Change Strategy and Management Training**
 | Component Cost: $2,500 |[ ]
| * **One-on-one Change Strategy and Management Coaching**
 | Component Cost: $750 |[ ]
|  |
| **C. Longitudinal Support and Learning Bundle** | **$6,600** |[ ]
| **PARTNER on-line survey (one-licence purchase; one cycle)**  | Component Cost: $4,350 |[ ]
| **Qualitative (semi-structured interviews and/or focus groups for deeper understanding + collective solutions)**  | Component Cost: $2,250 |[ ]
|  |
| **D. Community Learning Sessions to Review and Share Results and Determine Next Steps (Required if any B. or C. services selected)** | **$2,100** |[ ]
|  |
| **Full Package (Activities B. to D.)**  | **$21,750** |[ ]
| **Total cost of selected activities** | **$** |
| **Contribution Breakdown**  | **GPSC****Contribution** | **JSC REF/RCCbc Contribution** | **Division****Balance** |
| *Include Activity A. Discovery Meeting of $2,550 in total contribution costs* | **$** | **$** | **$** |

**A. Discovery Meeting**

***required before use of other services***

The Discovery Meeting is required for participation in any of the other services. This is a half-day meeting for Divisions and their CSC partners about the Thinking in Networks and Managing Change initiative and the menu of options available for communities. It will help communities to determine if and how these services can help them meet their objectives and fit with their current activities and processes.

**B. Situational Analysis and Managing Change Support -**

***Assessing and supporting the current state***

**Goals:**

1. Support health partners to document and analyse current partner relationships, perspectives, successes and challenges during their PCN development to accelerate learning, improvement and relationship building.
2. Support health partners to optimize their change strategies through the application of behavioural science, Managing Change, and quality improvement best practices.

**Service Offerings:**

1. **Rapid Relationship Assessments:** We can apply a rapid, visual, and validated tool to measure the closeness of relationships between individuals and groups. This assessment can be a first step assessment for the PCN planning / implementation committees, the wider partnership relationships, or across primary care teams.

1. **Strategic Storytelling:** Capturing the stories of change including the successes and challenges from multiple perspectives (providers, PCN partners, patients, administrators).Video, podcast and infographic storytelling mediums are all possible.
2. **Change strategy and management capacity building workshops for PCN leadership and implementation teams**
3. **Change strategy and management coaching for implementation teams**

**C. Longitudinal Measures of Relationships and Strategies to Improve Effectiveness - *Assessing and supporting what happens over time***

**Goal:** To provide Divisions and their CSC partners with a more longitudinal measurement of progress throughout their PCN development through a cyclic approach.

**Service Offerings:** A mixed methods approach including social network analysis using a user-friendly on-line survey tool (quantitative method) combined with purposively sampled semi-structured interviews and/or focus groups (qualitative method).

1. Collect **base-line data using the PARTNER tool** (Cycle 1)
2. **Semi-structured interviews and/or focus groups: f**ollowing analysis of the findings generated by the PARTNER tool, to drill down to further explore and expand upon the findings, especially those that are unexpected (both positive and negative), a limited number of semi-structured interviews and/or focus groups will be conducted.
3. **Sharing Results & Discussing Learnings:** Workshop to review and reflect on the results and discuss how to apply the learnings.
4. Collect **follow-up measurement of progress** after 8-10 months (Cycle 2), and again later if required. Similarly, follow-up interviews and/or focus groups will be conducted during Cycle 2 and ensuing cycles as required.

These activities will be coordinated to the extent possible with other projects (including evaluation projects) underway or planned in order to mitigate any community perceptions of siloed and uncoordinated projects in their geographic or functional areas.

**PARTNER tool:** The Program to Analyse, Record, and Track Networks to Enhance Relationships (PARTNER) is a validated on-line survey and data analysis social network analysis (SNA) tool which has been employed over a decade in 3,000+ multi-sector communities, including the health sector.

PARTNER measures, maps, and monitors a number of relationship characteristics between the participants, including, for example: type and frequency of communications; resource contribution; reliability; support of the vision and goals; openness to discussion; power and influence; level of involvement; and, levels of value and trust.

The findings help to identify strengths, gaps, and strategies to improve the effectiveness of the collaborative or network initially and over time and, based on the findings, course-correct quickly and as necessary.