

**CLINICAL ALTERNATIVE RELATIONSHIP PLAN:  
BLENDED CAPITATION MODEL – DEMONSTRATION PROJECT  
EXPRESSION OF INTEREST FORM**

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**INTRODUCTION**

This Expression of Interest form is designed to allow clinics to formally submit a request for consideration to join the Clinical Alternate Relationship Plan (Clinical ARP) – Blended Capitation Model (BCM). The Expression of Interest submitted by the requesting clinics will be used by a joint committee comprised of representatives from Alberta Health, Alberta Health Services, the Institute of Health Economics and the Alberta Medical Association to determine eligibility for enrollment into the BCM funding model. Evaluation and ranking of each request will be based on consistent and collaboratively developed criteria. The criteria are as follows: clinical impact, state of readiness, and cost/budget implications. The joint committee will put forward prioritized recommendations to Alberta Health for final approval.

Please note that the volume of requests may result in an overall demand that cannot be met within the 2016/2017 fiscal year; clinics will be informed as soon as possible regarding their eligibility to apply for enrollment into the BCM funding model. Once the selection process is complete, Alberta Health will contact selected clinics to initiate BCM application and implementation.

An 18-month demonstration project will be conducted with five clinics to identify and address any issues that arise, and make necessary adjustments. After an initial assessment of the first five clinics, up to 10 additional clinics may be considered for BCM implementation during the demonstration project. All of the 10 additional clinics will be included in the evaluation of the 18-month demonstration project should they be implemented.

**GENERAL GUIDELINES FOR COMPLETION**

All of the information collected herein will be treated confidentially and shared only with those on the joint committee for the review and assessment of submitted Expressions of Interest.

Some notes on the Blended Capitation Model:

1. Only applications from clinics with 3+ physicians are being accepted.
2. Comprehensive primary care clinics that have high administrative capacity and are able to adapt to the anticipated practice changes will be eligible for phase one of the demonstration project.
3. Clinics with physicians who work in an Emergency Department or urgent care centre in the same community as the clinic are not eligible to participate in the Blended Capitation Model demonstration project at this time.
4. To better evaluate your clinic for BCM eligibility, please provide the PRAC IDs of all of the physicians in your clinic. This information will be used to perform economic modelling which will give the selection committee, as well as your physicians, the

necessary information to determine if the BCM is a feasible and sustainable option for your clinic.

5. Only clinics with all physicians willing to participate in the model will be selected for the participation in the Clinical ARP-BCM.

For further information, please see the Frequently Asked Questions for Physicians.

**CLINIC INFORMATION**

*This section gathers information on the physical location, the current funding model, the program services and the patients at the clinic that is applying for the Clinical ARP - BCM.*

**Clinic Name**

*Name of the clinic that is expressing interest in the Blended Capitation Model.*

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**Alberta Health Services Zone**

*Which Alberta Health Services zone is the clinic located in?*

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**Current Physician Compensation Model**

*How are the physicians in the clinic currently receiving compensation?*

- Fee-for-service       Clinical ARP       Academic Alternative Relationship Plan

**Request Type**

*Is this request for a new Clinical ARP, or for the expansion of an existing one?*

- New       Existing

**Clinic Location**

*Where is the clinic currently located? Is there more than one location applying to be part of the same Clinical ARP - BCM? If a new location is being considered if the application is successful, please indicate the location under "Proposed Location(s)".*

Current Location(s):

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Proposed Location(s):

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**Clinic Services**

Current Clinic Services include:

*Please provide a description (using sentences or bullet points) of the current clinic services. If more space is necessary, please attach an extra sheet. ex. nutrition, weight management, diabetes care, after-hours care etc.*

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Proposed Enhancements to Service Delivery:

*Please provide a description (using sentences or bullet points) of how joining a Clinical ARP-BCM will allow the clinic to change or enhance service delivery. ex. increasing provision of after-hours care, increasing continuity of care, reducing wait times for appointments etc.*

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**Clinic Patients**

Patient Panel Size (# of patients to be affiliated): \_\_\_\_\_

Current and Proposed Patient Demographics

*Please identify the types of patients that are currently served by the clinic and how, if at all, this might change in a Clinical ARP – BCM. ex. approximate demographics, age range, special populations etc.*

Current Patients

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Proposed Patients

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**ALIGNMENT WITH DEMONSTRATION PROJECT CRITERIA**

*This section is used to help determine if a clinic meets the eligibility requirements for the demonstration project of the Clinical ARP – BCM.*

**Part 1**

1. Does this clinic operate out of only one location?

Yes

No

2. Do any of the physicians in the clinic work in an Emergency Department or urgent care centre in the same community as the clinic?

Yes

No

3. Number of participating physicians: \_\_\_\_\_

4. Please provide physician PRAC ID's: *(please attach a separate page if more space is needed)*


5. Clinic hours of operation:

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6. How does your clinic manage the need for same day access?

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7. What is the current structure of provision of after-hours care?

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8. Are your medical records electronic?

Yes

No

9. Which type of electronic medical record do you use?

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10. What staff support does the clinic currently have and describe how many? (*ex. two registered nurses, one licensed practical nurse, one dietician, two billing/administrative staff etc.*)

Please indicate whether staff are full-time or part-time.

Staff Type	Number	Full time/Part Time
<i>Ex. Registered Nurse</i>	3	




**Part 2**

*Please note that completion of the following programs are not requirements for eligibility.*

Is the clinic part of a Primary Care Network?

- Yes  No

Has the clinic completed the following programs:

1. AIM or equivalent

- Completed  In process  Not completed

- If not completed, does the clinic intend to complete an AIM program?

- Yes  No

If yes, please provide a timeline for AIM completion:

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2. Medical Home Assessment (Towards Optimized Practice, PCN, other)

- Completed  In process  Not completed

- If not completed, does the clinic intend to complete a Medical Home Assessment?

- Yes  No

If yes, please provide a timeline for Medical Home Assessment completion:

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3. PCN Evolution

- In process  Not completed

- If not completed, does the clinic intend to complete a PCN Evolution process?

- Yes  No

If yes, please provide a timeline for PCN evolution completion:

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4. ASaP (Alberta Screening and Prevention) or equivalent

Completed  In process  Not completed

- If not completed, does clinic intend to complete an ASaP program?

Yes  No

If yes, please provide a timeline for ASaP completion:

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5. If your clinic is selected; within what timeframe would the clinic be able to move over to the new funding model? (e.g. ability to roster/affiliate patients using APP online and collect data with an EMR)

Immediately  2-4 months  >4 months

Please elaborate on your proposed timeframe:

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**Date:**

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**Submitted By:**

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

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

*Thank you for completing an Expression of Interest for the Clinical ARP - Blended Capitation Model.*