

Indigenous Interprofessional Primary Care Teams

Guide to Business Plan and Operational Plan Development

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Primary Health Care Branch, Ministry of Health and Long-Term Care

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Introduction

Enhancing Access to Culturally Safe Primary Health Care to Indigenous Communities, Including Traditional Healing Services

The implementation of Indigenous Interprofessional Primary Care (IPC) Teams is part of the government's First Nations Health Action Plan in alignment with the Ministry of Health and Long-Term Care's (ministry) *Patients First: Action Plan for Health Care*.

Ontario's First Nations Health Action Plan includes funding for the establishment of up to 10 new or expanded primary care teams that include traditional healing, with a focus on northern First Nations communities where there are significant gaps in health services. These Indigenous IPC Teams will address health inequities, enhance access to culturally safe care and will improve outcomes in the immediate and long term.

Through Indigenous IPC Teams, clients will have access to the provision of culturally safe health care services and programs as well as Indigenous traditional healers and medicine people. As a collaborative team practice, Indigenous IPC Teams will do their part to address inequity, emphasize mental wellness and addictions/harm reduction, improve management of chronic diseases and diabetes, and take into account social determinants of health when planning services and programs.

Indigenous IPC Teams are community-driven organizations that include traditional healers, family physicians, nurse practitioners, nurses and a range of other interprofessional healthcare providers (IHPs) who are committed to working together collaboratively to provide comprehensive, accessible, coordinated and culturally safe primary care to Indigenous populations, including clients who do not currently have a family physician or primary care provider.

This approach allows traditional healers, physicians and IHPs to work as part of a team to provide Indigenous traditional health services and practice together in a positive working environment, sharing and benefiting from the complementary knowledge and skills of their colleagues.

1. Purpose

This guide is intended to provide Indigenous IPC Teams with guidelines and requirements for developing the two components required for operational funding:

- A *Business Plan* that is a vision for the services and programs the Indigenous IPC Team plans to provide, including client targets and staffing levels. The *Business Plan* should include a projection of the timing and costs to accomplish this.
- An *Operational Plan* that sets out detailed funding requirements for the Fiscal Year (April 1 to March 31). Each Indigenous IPC Team will submit an annual *Operating Plan* for ongoing funding.

2. Background

2.1 Business Plan and Operational Plan Summary

All governance parties or governance stakeholders of your Indigenous IPC Team should agree to an Indigenous governance and accountability structure and incorporate, if applicable, as a not-for-profit incorporation prior to the submission of a *Business Plan* and *Operational Plan*.

Your Indigenous IPC Team's business and operational plan should build on the Application Form submitted to the ministry and the initial feedback you received from your ministry contact. It is recognized that you may not adhere exactly to these initial plans as it is expected that they will evolve as you continue to consult, develop partnerships and assess both community and population needs.

Once your *Business Plan* and *Operational Plan* are submitted, the ministry will review and approve certain human resources, operational overhead and one-time costs through a funding agreement with the ministry. You will be expected to provide reports on progress in meeting your program and service targets on recruitment and on financial expenditures. Please note that funding is allocated at the discretion of the ministry.

2.2 What is a Business Plan and Why is it Needed?

Preparing a *Business Plan* is a requirement to receive funding approval from the ministry for the implementation of your Indigenous IPC Team. The planning process requires Indigenous IPC Teams to understand clearly what they want to achieve, as well as how and when they can reach those goals.

The *Business Plan* is the “vision” for the Indigenous IPC Team and should set out a convincing case or rationale for the funding you are requesting to support the programs and services that you want to provide to your clients in the community. The *Business Plan* must include timelines, milestones and rationales for implementing the supporting infrastructure and resources needed to operationalize your Indigenous IPC Team. Not all Indigenous IPC Teams will require the same amount of time to become fully operational and, therefore, the timeframe in your plan should reflect your expectations.

2.3 What is an *Operational Plan* and How is it Different from a *Business Plan*?

The *Operational Plan* (budget/service plan) is completed on an annual basis (by fiscal year) and provides detail on the resource requirements for implementing the *Business Plan*.

For the initial *Operational Plan*, you should consider what the costs will be when your *Business Plan* is fully realized, both ongoing operational and one-time costs.

The ministry requires completion of both the *Business Plan* and *Operational Plan* in order to prepare and finalize a funding agreement with your Indigenous IPC Team that will describe your services, funding, deliverables and reporting requirements. This agreement will recognize a phased implementation process and funding that will be provided to support this implementation. In return, your Indigenous IPC Team governance body will commit to the provision of the services according to the agreed-upon plan with the ministry through a funding agreement.

2.4 Your *Business Plan* and *Operational Plan* Checklist

Planning and Budgeting Steps

Below is a checklist of key steps to support the Indigenous IPC Team planning and budgeting process.

Planning Steps

- Identify current status;
- Define future/proposed plan;
- Validate justification and assumptions;
- Identify and analyze options for achieving plan;
- Select best options and processes;
- Assessment of plans and processes through culturally-based gender and/or equity lens;
- Define key benchmarks (*e.g.* timelines for completing *Business Plan* and *Operational Plan*);
- Determine resources required;
- Identify major risks that may impact on plan achievement and create risk mitigation strategies; and
- Identify relevant performance management measures and evaluation criteria.

Working through the *Business Plan* and *Operational Plan* Requirements

Below is a checklist of requirements that need to be addressed in your Indigenous IPC Team *Business Plan* and *Operational Plan*.

Business Plan (Vision when Operational)

- Governance and organizational structure;
- Strategic and program planning;
- Population characteristics;
- Implementation of collaborative team care, including Indigenous health service coordination and integration with other community organizations and Indigenous partners;
- Description of Indigenous programs and health services;
- List of culturally safe providers, job descriptions and recruitment plans;
- Premises planning;
- Information technology and clinical information systems; and
- Timelines to becoming a fully operational Indigenous IPC Team.

Operational Plan (Annual Budget/Service Plan)

- Service Plan; and
- Detailed annual resource requirements/budget.

3. Business and Operational Planning Framework

Recognizing that building on the model inclusive of Indigenous traditional healing requires more than just the addition of new resources, Indigenous IPC Teams will have an opportunity to integrate quality improvement concepts and methods into their planning and activities from the outset.

3.1 Planning Principles

The business and operational plans should:

- Increase efficiency with a proactive model of care that responds to the needs of populations as well as individuals, especially those who do not always receive the culturally safe and appropriate care they need;
- Promote cultural safety with a focus on respect to ensure clients feel safe during care and encourage a new role for the client as a partner in her/his own care, and in the planning, implementation and evaluation of services;
- Support an Indigenous-governed primary care team that includes on-going community consultation, Indigenous partnership development and stakeholder engagement, as required;
- Facilitate cultural knowledge, awareness and sensitivity based on respect for Indigenous peoples to build mutual trust, transparency and accountability among all participants (client, practitioner, communities);
- Build on existing infrastructure, information and capacity;
- Ensure a balance when considering needs, resources, risks and opportunities;
- Leverage existing Indigenous health centres, community resources and linkages, to enhance coordination and integration of care and services unique to each location;
- Foster cultural holistic healing, teachings and language and the role of traditional counsellors and Elders to address the unique health care needs of Indigenous peoples;
- Support the continuing search for ways to improve the care that is delivered, in order to eliminate disparities and reduce or compensate for barriers; and
- Be results oriented.

3.2 Planning Outcomes

The business and operational plans should:

- Enable the successful achievement of the Indigenous IPC Team vision;
- Provide a solid foundation for effective and efficient Indigenous IPC Team service delivery that is responsive to the defined populations' needs;
- Maximize the value of community and human resources; and
- Provide a critical path for Indigenous IPC Team implementation while allowing flexibility to make adjustments to implementation as a result of feedback and experience.

3.3 Quality Improvement

For information on Quality Improvement, Indigenous Culturally Safe Training, and the Primary Care Patient Experience Survey, please refer to SECTION 6: ACCOUNTABILITY in the *Guide to Completing an Application Form*.

Your Business Plan will elaborate on your team's plans provided in the Application Form.

4. Business Plan Elements

4.1 Required Elements

Your Indigenous IPC Team will be in a position to develop a *Business Plan* once you have established your governance structure and are well into the process of identifying the vision and objectives of your team. You should have sufficient information about the Indigenous community that you are planning to serve to allow you to identify the services and programs that could be offered to respond to the needs of Indigenous peoples, in a respectful manner.

Your Indigenous IPC Team's vision and objectives should provide direction and a solid basis for planning each of the other elements that will be necessary (*e.g.* human resources, infrastructure requirements) for establishing and operating your team.

Your Business Plan must begin with a summary of the status of your team's governance structure and "strategic planning process" and then build a case for the services and other elements that will enable your Indigenous IPC Team to achieve its objectives.

4.1.1. Governance and Accountability Structure

Briefly describe the governance and accountability mechanisms that your Indigenous IPC Team has established, including:

- Type of Indigenous governance structure/body (Primary Health Care Organization, Band or Tribal Council, Community Partnership) and composition;
- Legal arrangement and copy of articles of incorporation, if applicable;
- Indigenous IPC Team name, and primary contact name, title and contact information;
- Name of entity that will receive and be accountable for funding;
- Authorized signing officer(s); and
- Bank Account details for funds: name of bank, bank account number, branch address, account holder name and, a void cheque should also be provided.

4.1.2. Traditional and Interprofessional Primary Care Services

Strategic Plans

Describe your Indigenous IPC Team's strategic plan, including:

- The population that the Indigenous IPC Team will be serving and its characteristics (population size, geographic boundaries, demographics, health conditions, social determinants of health etc.), or if not available, how your Team will work with communities to identify and close population health information gaps;
- Plans to ensure and monitor culturally safe provision of care that will contribute to addressing inequity and Indigenous health disparities;
- Your Team's strategic objectives, and how they address Indigenous population needs and service gaps;
- Information on current numbers of clients and anticipated numbers, the percentage of these new clients who currently do not have a primary care provider or physician or access to culturally safe services and programs, and how this will be addressed; and
- Plans to track services in a respectful manner that can be meaningfully reported.

Services and Specialized Programs

Identify the services and programs your Indigenous IPC Team proposed to provide.

For each of the proposed services/specialized programs requiring an Indigenous IPC Team, include the following:

- The name of the proposed service or program;
- A brief description of the service/program, including objectives, and how it will address population health requirements and social determinants of health;
- Needs and service gaps that the program/service will address, and the proposed location of the program/service (*e.g.* Indigenous IPC Team practice site, partner organization/agency, community);

- Identification of the traditional Indigenous healers and provider(s) who will deliver the culturally safe services and programs to clients within the proposed Indigenous IPC Team (type and full-time equivalency); if more than one type of provider is involved, provide a brief description of their respective roles;
- A brief description of any linkages/partnerships (e.g. service coordination and collaboration initiatives) with other service delivery organizations, and the role/services to be delivered by the other service delivery organization;
- Identify key milestones and timelines for the “roll-out” of the services/programs, including establishing linkages with other service delivery organizations; and
- A description of plans to measure success of each service/program including plans for ongoing improvement.

4.1.3. Human Resources

Provide a brief description of Indigenous IPC Team staffing plans, including:

- A list of existing and proposed staff showing full-time equivalency (based on 40-hours per week), including Indigenous traditional healers, physicians, IHPs and administrative staff, as well as:
 - Job descriptions; and
 - Required qualifications.
- Key milestones and timelines for implementing the staffing/recruitment plans. For those providers already committed, indicate approximate commencement date and attach a letter of commitment.

4.1.4 Collaborative Team Practice

- Identify how the traditional interprofessional team will contribute to achieving the Indigenous IPC Team objectives (if already discussed, please refer to the relevant section); and
- Identify and justify any training requirements to support collaborative care.

4.1.5 Physical Location(s)

- Specify location(s) where services will be provided;
- Indicate whether any leasehold improvements/renovations are required to enable the provision of services and programs;
- Indicate where outreach and/or fly-in services or programs will be provided (if applicable); and
- Identify key milestones and timelines for addressing the main components of Indigenous IPC Team premises preparation.
- A ministry contact will help you through the process and stages of planning for all leasehold improvement or capital projects, including the following:
 - Defining the range of programs and services to be delivered from a physical location within operational funding constraints;
 - Defining the organizational model, i.e., whether one or more organizations will be delivering programs and services from that physical location;
 - Defining staffing models, staffing numbers and service volumes, to inform the numbers of dedicated and shared spaces required to deliver specific services efficiently;
 - Defining the types of spaces and number of spaces required to support service delivery, administrative functions and building support functions;
 - Determining an estimate of the total facility space requirement; and
 - Establishing an estimated hard construction cost of a capital project.
- You will be required to follow accessibility legislation and ensure accessibility requirements are met. Information can be found at:

<https://www.ontario.ca/page/accessibility-laws>

4.1.6 Information Technology

- Indigenous IPC Teams are required to use Information Technology (IT) in the delivery of primary care services and must secure and implement IT systems.
- Indicate whether IT systems, including Clinical Management System (CMS)/Electronic Medical Records (EMR) and/or Telehomecare Programs managed by Ontario Telemedicine Network (OTN), have been implemented;
- If IT systems have not yet been implemented, indicate key milestones and anticipated timelines for implementing main components; and
- For any IT resources that you will be requesting from the ministry, identify which team members these IT resources will support. Funding is proportional to ministry-approved full-time equivalent (FTE) positions.
- The ministry will fund reasonable costs for IT for your approved positions. Requests may be made for:
 - CMS/EMR products certified by OntarioMD (i.e., Application Service Provider and Local Solution products);
 - CMS/EMR and other IT training;
 - CMS/EMR software licences and/or subscription fees (one-time and annual);
 - Hardware purchase or lease;*
 - Equipment service contracts;*
 - Installation and set-up costs; and
 - Office productivity software.

* For equipment lease and service contracts, please submit a separate detailed listing in support of the total annual cost. Identify the equipment being leased (*e.g.* photocopier, computers) and the cost for each.

Requests for IT infrastructure funding (*e.g.* servers or other) will be considered.

Complete the ministry-provided budget schedules with your full request, noting individual line items.

A lump-sum IT request is not acceptable; approved funding is based on justification provided in a business case. For all requests exceeding \$10,000, Indigenous IPC Teams shall secure and submit three (3) quotes.

If your Indigenous IPC Team has not yet selected a CMS/EMR product, do not estimate the costs as they can vary significantly from vendor to vendor. Indicate that you will make a request for these costs once your group has made a choice and include a timeline for decision-making and implementation. Costs should be based on actuals and supported by a quote from the vendor.

- Information on Telehomecare Programs managed by OTN can be found at:
<http://telehomecare.otn.ca/>

Indigenous IPC Team funding does not extend to websites, videoconference equipment, records management staff, data conversion, interface development, CMS/EMR product enhancements, application development or data integration activity.

4.1.7 Other Programs

- Identify key milestones and estimated timelines for implementing plans for any research, teaching or other programs not already discussed.

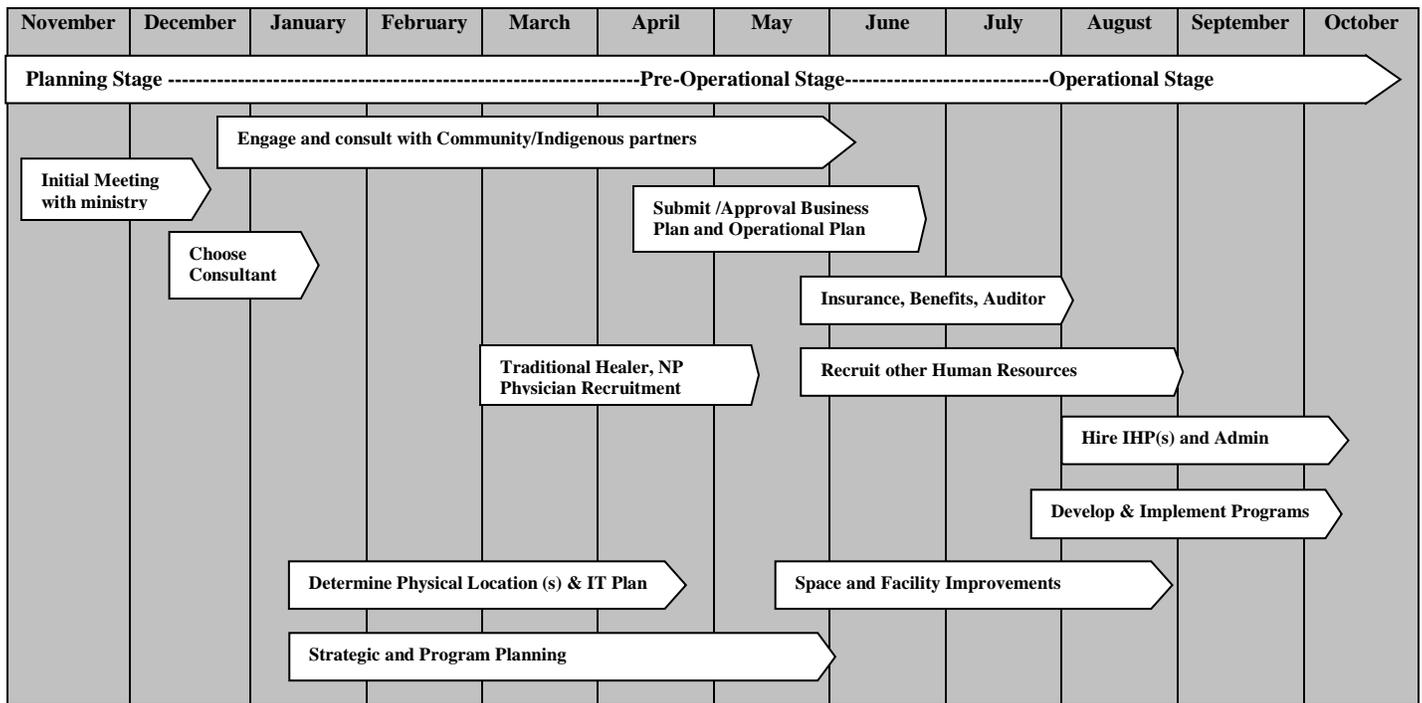
4.1.8 Evaluation

- The ministry will work with Indigenous and health system partners to evaluate Ontario First Nations Health Action Plan initiatives in enhancing access to culturally safe care and quality of care for Indigenous communities, with a focus on better outcomes.
- If not addressed above, describe your plans for evaluating Indigenous IPC Team effectiveness, or how well the Indigenous IPC Team is achieving its intended goals and objectives according to the strategic plan. In the early stages of your Indigenous IPC Team, the evaluation could focus on short-term changes that are experienced by providers, clients or the broader community (*e.g.* enhanced access to culturally safe care and services, client and/or provider satisfaction, increased level of collaborative care, better management of health conditions) for Indigenous populations.

4.2 Business Plan: Summary of Timelines

Provide a consolidated timeline incorporating the key elements identified in your *Business Plan*. The chart below is provided **only as an example** and is not the required format.

Timeline Summary Example



5. Operational Plan (Budget/Service Plan) Template

5.1 Instructions

The *Operational Plan* (inclusive of the budget and Service Plan) template is to be used to confirm your annualized budget based on your *Business Plan*. Please review the instructions carefully before completing the Schedules.

5.2 Service Plan

- Schedule 1 – Service Plan

This schedule identifies the types of programs and services provided and the allocation of IHPs to each of these programs and services. All programs and services identified in the *Business Plan* must be included in the Service Plan.

5.3 Operational Budget

- Schedule 2 – Summary
- Schedule 3 – Human Resources
- Schedule 4a – Operating Overhead Costs
- Schedule 4b – Premises Costs
- Schedule 5 – Start-Up/One-Time Costs

Your budget should reflect principles of sound financial planning and management. It should be adhered to as closely as possible, as you move forward with implementation.

Specify relevant components being contributed by community partners in the relevant column of the Indigenous IPC Team Operational Plan Template:

- Specify the name of the community organization and key contact person;
- Identify the status of the contribution (e.g. secured or anticipated date of securing); and
- Attach a letter of support.

6. *Business Plan and Operational Plan Review and Approval*

Once the *Business Plan* and *Operational Plan* are completed, reviewed and approved by your Indigenous IPC Team governance body, they should be submitted, along with all supporting documentation (e.g. letters of commitment from providers), to your ministry contact. The ministry will review and discuss your plans with you. Adjustments or further clarification may be needed before completion of the Indigenous IPC Team Funding Agreement is possible. Your *Business Plan* and *Operational Plan* should be submitted to the ministry for review by the date identified at your initial meeting with your ministry contact.

7. Appendices

Appendix A: Contact Information Template

Please include in your *Business Plan*:

Name of Indigenous IPC Team	Mailing Address	Contact Information
		Contact Name:
		Telephone:
		Fax:
		Email:

Appendix B: Quick Reference Form – Critical Details

Please ensure your *Business Plan* includes:

- Total Indigenous population served;
- Catchment area;
- Indigenous governance structure established;
- Current number of clients, total number of anticipated clients when fully operational, total number of clients who previously did not have a primary care provider;;
- Plans for location(s), staff and services provided at each site;
- Services / Indigenous Traditional Services and Specialized Programs;
- Community service partnerships and planned collaborative integrated service delivery;
- Type of funding partnerships and total contribution;
- Number and type(s) of providers; and
- Timeline to become fully operational.

Please ensure your *Operational Plan* includes:

- Service Plan with new client targets;
- Operational Budget for your Indigenous IPC Team at full operation; and
- One-time start-up costs (leasehold improvements, information technology, furnishings and equipment).

Appendix C: List of Indigenous IPC Team Services and Specialized Programs

Services

Traditional Healing

Health Assessments

Community Healing Services

Diagnosis and Treatment

Primary Reproductive Care

Primary Mental Health Care

Primary Palliative Care

Support for hospital, home, public health, community mental health and addiction agencies and long-term care homes

Service Coordination and Referral, including Home and Community Care

Telehomecare/Telemedicine Services

Client Education

Access to pre-post-natal care, and obstetrical care

Specialized Programs

Examples of Chronic Disease Management Programs

Diabetes

Asthma

Fetal Alcohol Spectrum Disorders (FASD)

Chronic Obstructive Pulmonary Disease (COPD)

Congestive Heart Failure

Hypertension

Mental Health and Addiction (Suicide Prevention, Harm Reduction)

Examples of Health Promotion and Disease Prevention Programs

Cancer Screening (mammography, colorectal, pap smear, etc.)

Immunization (childhood/adult)

Smoking Cessation

Nutritional Counselling

Family/Individual Therapy

Appendix D: Where to Get More Information

For Further Assistance

All potential Indigenous IPC Teams who have received conditional approval to proceed to the Formative Stage will be assigned a ministry contact. This ministry contact will be your guide to assist you to work through the details and options of establishing an Indigenous IPC Team.

Questions can also be directed to IIPCT@ontario.ca

