

Sponsor expectations

Check below to agree with the sponsor expectations outlined above.

- I agree to meet the expectations outlined above.

Sponsor information

Are you:

applying to be a sponsor for the first time

Which best describes the type of sponsor you are:

individual

Contact information

Sponsor name

Dr. Jane Doe

Name of organization, corporation or other entity

A to Z Internal Medicine Consultants

Address

321 Anywhere Boulevard
Anytown, Alberta T0Z 1T1
Canada

Phone

(587) 111-1111

Email

jjdoazfmcc@excite.com

Clinical oversight

Registered member name

Jane Doe

CPSA registration number

099998

About the sponsored position(s)

What is the sponsored position's practice discipline?

General Internal Medicine x 2 positions

What is the scope of practice for the sponsored position(s) beyond the community based clinic setting (i.e. Clinic Acute Care, Emergency Medicine, Long Term Care, Rehabilitation, etc.)?

Clinic and Acute Care facility coverage. The latter includes consultation in the emergency department and inpatient care.

Clinic name of practice location

Internal Medicine 'R Us

Is the clinic currently open?

Yes

CPSA clinic registry ID#

Not applicable

Clinic address of practice location

123 Main Street
Anytown, Alberta T1N 9Z9

Are you requesting more than one position for this location & practice discipline?

Yes

How many positions are you requesting for this location & practice discipline?

2

Desired start date of the requested positions

03/03/2025

Are all requested positions a full-time equivalent (FTE)?

Yes

Describe the patient population (referral base or practice panel) the position(s) will be serving.

Anytown is a regional centre in AHS North Zone with 20,000 population, serving an additional rural catchment of approximately 17,000 people within one hour commute. There are currently four general internal medicine practitioners in the community, who provide both office-based care and coverage of our local acute care hospital (inpatient admissions, and consultations for both emergency and in patients on other services). The urban population trends to a younger age group (70% of patients under the age of 65) with the rural catchment population having 45% of patients over the age of 65. Our community has a greater percentage of Treaty First Nations/Inuit patients than the Alberta average (2.9% versus 2.4%). Our clinic provides full spectrum of adult internal medicine care, both consultative and ongoing care to regular practice patients.

How will the position(s) benefit the population described above?

The two open positions required due to significant unmet needs in chronic disease care. That includes a burden of COPD which is in excess to that of any other zone in Alberta and for which patients are experiencing a higher hospitalization. That burden of COPD is in excess to that of any other zone in Alberta, and a burden (8.2 per hundred population) which is almost

3 times higher than the provincial PCN average. Local data also identifies high rates of diabetes, coronary disease and peripheral vascular disease especially amongst the rural patient attached to our clinic. Diabetes prevalence is 9.8 per hundred versus 8.2 per hundred provincial average, and hypertension 22.7 per hundred versus 20.8 per hundred provincial average. Extended time to access care to primary care physicians (or episodic care through the regional emergency department) appears to be delaying both preventive and continuous care access for these patients. It is anticipated that improved access to consultation (and ongoing specialty care where required) for these high-risk patients will reduce medium and long-term morbidity/mortality and cut the need for both acute care hospitalization.

How many days per week will the physician(s) work?

5

Anticipated percentage of booked appointments:

90

What will on-call requirements be? Describe the process for ensuring continuity of care for patients after hours.

Our current internists rotate in after hours availability for clinic patients who require urgent follow-up. The internal medicine practitioners currently attached to the clinic are on call for the local facility one in every four nights with every fourth weekend being covered as well. We anticipate a sponsored internist applying for privileging and participating in coverage of the internal medicine service inclusive of both inpatient and consultation service. This would allow a reduction on-call requirements to one in every six nights and every sixth weekend of coverage. Our internists usually coordinate on-call coverage for the acute care hospital with after hours coverage for the practice.

What is the physician compensation model?

Currently all physicians are paid fee-for-service. We do occasionally consult for WCB insured patients, and so derive payments from WCB Alberta as well.

Patient's Medical Home model

Are you applying to sponsor either a family medicine position or specialist position that include longitudinal care?

Yes

It's expected that the practice will have a process in place for identifying patient panels. Describe the practice's process for this.

Our electronic medical records panels patients to each internist as care is assumed. It also identifies patients who are not being taken on for longitudinal care (i.e. consult only with return of patient care to the primary care practitioner)

What is the anticipated panel size for this position?

2000

How will the position provide after-hours coverage for paneled patients?

All internists at our clinic rotate on a call rota, being available for lab/DI and patient inquiries. One member of the clinic is on call for the acute care facility and can attend patients after hours if the situation mandates same.

Does your clinic work/consult with other non-physician healthcare providers within a PCN (e.g., pharmacists, chronic disease nurses, dieticians)?

No

What type(s) of screening do you provide to patients?

All screening as per age/condition recommendations by Canadian and US Task Force on Preventive Services.

How does your electronic medical records (EMR) process or office charting system support notification of required screening?

Built in reminders in EMR. We are also ConnectCare linked.

Does the practice location participate in the Community Information Integration and Central Patient Attachment Registry (CII/CPAR)?

Yes

Is there anything else you would like to share with us about the sponsored position(s) or your clinic?

We have previously requested sponsorship through Alberta Health Services. AHS identified one sponsored position in December 2023 (advertised on doctorjobsalberta.albertahealthservices.ca). There has been no suitable candidate identified. We are a teaching clinic with regular rotation of internal medicine and family medicine residents from each of Alberta's medical schools (averaging four residents per year). We employ, on a part-time basis, a pharmacist for medication counseling. Our clinic provides care five days a week where each internist works between four days per week with the fifth day being the designated "on-call" day at the acute care hospital. Our internal medicine clinic free books 90% of patients (whether consult it or "regular" patients being seen in follow-up; we try to leave 10% of bookings available for urgent requests from community-based primary care practitioners.

Signature

Sponsor's Name

Jane Doe

Date (dates should be typed in the format mm/dd/yyyy, as in 03/15/2023)

11/05/2024

Checking this box will act as your signature:

I have reviewed the information in this form and I confirm it is accurate.