

Clinical Alternative Relationship Plans

Expression of Interest

PROGRAM NAME
TBD

AHS ZONE
TBD

CLINICAL ARP FUNDING MODEL
TBD

DATE
TBD

Submitted by:

PHYSICIAN LEAD

NAME

POSITION
Authorized Representative
ADDRESS

PHONE

E-MAIL

Background / Purpose of the Expression of Interest (EOI)

The questions below must be considered before applying for an expansion to a Clinical ARP.

1. Is service event reporting up to date?
2. Is service event reporting reflecting your current scope of practice?
3. Are FTE reports being submitted on time (by the 20th of each month)?
4. Is your quarterly and annual performance reporting being submitted on time?
5. Based on your previous reconciliation, did your annual FTE exceed the maximum amount?
6. Does AHS fully support this expansion?

Statement of Intent / Objectives

Provide a brief description of the program's request including:

Current Situation: An overview of the current services gaps or ministerial order.

Request Details: A brief outline of the request including the magnitude of the request and the objectives.

Rationale: Explain why the request is needed and the risks of not proceeding. Explain whether changes in facility, scope, patients or other.

Strategic Alignment: Describe how the request aligns with health system goals or how it fits within the AHS strategic plan or the ARP dimensions.

STATEMENT OF INTENT / OBJECTIVES

Current Situation:

Current approved FTE/hours:

Current participating physicians:

Request Details:

Requested FTE/hours:

Rationale: *(Please consider the following)*

Have your location changed or increased?

Is there an increase in capacity?

Has AHS supported the request?

Are there changes to the patient population?

Is your service delivery model changing? If so how?

Strategic Alignment:

Is the expansion request still in alignment with Alberta Health's strategies?