RESOURCING MODEL FOR THE BC PROVINCIAL RENAL AGENCY’S COMMITTEE WORK

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Introduction

The BC Provincial Renal Agency supports a network of provincial kidney care modality committees that develop and facilitate the implementation of clinical guidelines/standards, produce and disseminate knowledge, leverage interdisciplinary synergies, and work as professional development hubs. The BCPRA allocates funds and provides administrative, project management, communications, finance, statistical research and other support for committee operations and projects. The BCPRA recognized the potential value of developing a valid and reliable tool to express committee operations and projects in financial terms to better understand their value and estimate the resources necessary for their sustainable support.

Objectives

To produce a resourcing model for the BCPRA committee work and a plug-in Excel model application tool.

Methods

Assumptions:
- Despite natural variability, on average over time operations and projects require the resources estimated by the resourcing model.
- Stakeholder agreement on model assumptions and input parameters is key and achievable for model credibility and applicability.
- Unique subset of assumptions underpins each case mix group of operations, projects, resources, capacity cost rate calculations, and the final model’s flexibility and scalability.

Theoretical foundation: Elements from the Kaplan and Porter 7-step model to perform time-driven activity-based costing in health care organizations + the case mix approach + internal subject matter expert opinion and estimates.

Practical application: Break it down into smaller chunks. The methodology is applied in 5 steps:
1. Identify and describe what committees do:
   - Case mix groups of operations and projects.
2. Identify and describe what committees require:
   - Case mix groups of human resources and non-human resources.
3. Process mapping for all case mix groups of operations and projects.
4. Capacity cost rate calculations for human resources, cost estimates for non-human resources.
5. Model creation for each case mix group of operations and projects.

Results

Operations:

Projects:

Conclusions

Early indications are that the model could serve the BCPRA as an evaluation, projection and decision-support tool. Benefits include:
- A methodology to quantify required inputs (resources) for a desired set of outputs.
- Express fixed-cost resources (positions) as variable-cost functions.
- Support BCPRA’s accountability, inform evaluations of value-based care delivery.
- Better resource use awareness among all stakeholders.
- Streamlined ways to advocate for appropriate resourcing of the renal network and facilitate decisions.

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