

Physician value and compensation: Draft criteria for new models

Doctors of BC and the BC Ministry of Health are in discussions to develop new compensation models for longitudinal care.

This gives us a window of opportunity to influence outcomes. Doctors of BC has heard from members about what you want to see in the longer term for a new payment model for family practice.

During the engagement, we will be asking for your thoughts on these draft payment model criteria as well as how compensation can help support related system improvements.

Payment Model Criteria:

- **Equitable** - Payment for community longitudinal family physicians needs to address the overhead cost burden so that take-home income will be equitable in comparison to other family physician opportunities such as hospital and episodic services under existing APSA Service Contracts.
- **Value** - The model should compensate for time spent with patients and for clinical administrative time. It should respect physician value to the system more than they do now.
- **Availability** - The model needs to be voluntarily accessible to all family physicians who provide community longitudinal primary care.
- **Autonomy** - The importance of maintaining both clinical and a measure of business autonomy is recognized.
- **Simplicity** - A new payment model needs to be simple to administer, easy to transition to, and should be scalable to all interested family physicians in a very short time.