FAQs

General information on contracts

What are the benefits of the new contracts?

- They provide physicians with more choice regarding how they are compensated and how they choose to practice. This supports the Ministry's and Doctors of BC's commitment to a plurality of payment options to match physicians' individual practice styles and circumstances, something physicians told us they wanted.

- Both new family physicians contracts are specifically designed to support the Patient Medical Home/PCN model of practice, so they respond to a developing need among our family practice physicians and are aligned with GPSC priorities.

- The 'family physician' contracts compensate for the care provided to patients within a specific time frame, not specific services. This gives physicians greater clinical freedom to provide appropriate care to patients, especially for services not specifically covered by MSP fees . It also compensates physicians for time spent on preventative care activities, coordination of care, etc. The contract also provides an initial payment guarantee in the first year so that the physicians can redesign their business model to match the new contract.

- A particular benefit of the 'New to Practice' contract is that it provides stable funding to physicians whose practice (patient count) is in its initial stages of growth. (e.g. the physician has two years of continuous income to build the practice up to 1250 patients, which is considered a full panel)

- The 'COVID' contract is designed specifically to provide a stable income when volumes decline due to COVID impacts. For some physicians, this may be a better option than staying on FFS. The COVID contract might provide better protection for family doctors whose business capabilities limit their access to virtual care.

Were these contracts the result of a formal negotiation between the Ministry of Health and Doctors of BC? Why was there no ratification vote?

- The Ministry consulted Doctors of BC, but this was not a formal negotiation.
- Government and Health Authorities have the right to develop and offer new compensation contracts to physicians as long as they are not in conflict with the provisions of the Physician Master Agreement.
- In the 2019 PMA negotiations, the Parties agreed to a consultation process whereby government is required to consult with Doctors of BC if it intends to introduce a new physician compensation model for widespread implementation.

- In August, 2019, government invited Doctors of BC to begin consultation under the new process to develop a new Alternative Payment (AP) contract for practicing family physicians who provide full-service family practice in community based clinics.

Did physicians have direct input?

- In September 2019, the Board appointed five members to represent physician interests in the consultation with government. The group was chaired by former Doctors of BC president, Dr Trina Larsen Soles.

What is the position of Doctors of BC regarding the new contracts?

- Doctors of BC believes the contract may be a reasonable alternative to Fee-for-Service for some physicians wanting to change the way they practice, depending on their goals for the future and the nature of their current practice.
- Detailed information on the contracts is available on the Doctors of BC website (link). If you have remaining questions, e-mail us at negotiations@doctorsofbc.ca

Group Contract for In Practice Family Physicians

Who is eligible for this contract?

- It is available for groups of 3 or more family physicians who are currently in practice with established panels and who work together in a clinic providing longitudinal care.
- It is also available to individual physicians who are not in the same clinic but are located in the same primary care network and are prepared to work together to provide the services under the contract.
- It is not available to solo practitioners.

Why is the contract not open to solo practitioners?

- The contract is part of a broader strategic direction that encourages the development of primary care networks (PCNs) and physician practices that align with the principals of the patient medical home (PMH)
- In fact, the contract requires physicians to align their services with the principles of the PMH. Physicians must participate in existing Primary Care Network (PCN) or commit to actively support the development of a PCN in the community, where one is planned.

What if I start the contract, and realize it is no the right fit for me. What happens then?

- Under the NTP contract, the Physician can terminate the contract with six months notice to the Health Authority. However, if the Physician agrees to continue to provide the services on a Fee for Service basis as part of the group, the notice period is shortened to sixty days.
- An individual member of the group is able to terminate the contract with six months notice. Of note, the physicians' group governance agreement may contain provisions that address the circumstance of a member of the group terminating the contract.

Physicians can bill FFS for some services outside of the contract? What are those services?

Please read the President's Letter.

Who actually holds the contract and what are the deliverables?

- The contract is held by the physicians and the health authority.

  Deliverables include: comprehensive in-office primary care to both attached and unattached patients, a commitment to track and report on patient access measures, a requirement for physicians to engage in panel management and a choice of other Quality Improvement (QI) activities supported by the General Practice Services Committee (GPSC), and clinical administrative services including reporting activities.

The contract requires physicians to form a group governance agreement. Can Doctors of BC provide support in creating such an agreement?

- While Doctors of BC cannot provide members with legal or accounting advice, we have prepared a guidance document to support physicians in doing this work.
- The document identifies a framework of issues for consideration in a group governance agreement for members to take to their own legal and tax counsel.
- The group governance framework can be found here.

What supports will be available to me to ensure I know what I am entering into, and to address questions and issues that may come up along the way?

- Doctors of BC has a team of staff able to support physicians on questions related to the new contract. The Government has also committed to provide physicians with estimates of contract payments prior to the physicians entering into the contract.

How is payment made to physicians?

- Payments are made to the physician group. It is the responsibility of the physician group to determine how to allocate the payments among themselves.
- Physicians and their health authority will determine whether payment will be made on a biweekly or monthly basis. Payments are made on equal installments throughout the year.

Should the group be considered a partnership?

- It was not intended that physicians under the contract must create a partnership. We advise physicians to seek accounting advice regarding how payments are distributed and costs are covered.

Why isn't a Population Based Funding (PBF) Contract available?

- The Ministry and Doctors of BC focused these consultations on the new family practice contract options, as the Ministry is able to apply the new compensation model more broadly and quickly than PBF.
- Government is expected to re-engage its consultations on the PBF contract in the near future.
- Ultimately, the goal is to have a suite of contract options for physicians to choose from – the new options recently announced is just the start of this work.

How will I know if this is a good option for me? Where can I get more clarity on the financial impacts for me and my practice?

- Check out the information on the Doctors of BC dedicated web page. It includes some considerations to help you decide if this contract may be a good fit for you.
- Once you have reviewed all the material and determined that there is an interest in pursuing this, Ministry will work with you to share an analysis of both the first year guarantee income for the clinic, as well as an estimate of the payments under the contract in the second year of the contract.

How is the First Year Guarantee Income determined?

- The Ministry will provide a First Year Guarantee Income to the practice based on the greater of the historical FFS billings of physicians in the practice to a maximum of $329,664 per physician, or $289,664 per FTE working under the contract.
- The Ministry will assess the value of historical MSP billings for each physician in the practice over the 2019 calendar year, or the most recent calendar year, whichever is greater, inflated by applicable PMA increases.
- At the end of the first year of the contract, the Ministry will conduct a reconciliation process and will apply the second year payment calculation approach to the first year of the contract. This may result in a retroactive increase to the contract on the basis of the practice's panel size and composition.
- The reconciliation will also account for the hours of service reported by physicians over the first year of the contract and achievement of Quality improvement requirements. If physicians fail to provide the minimum hours of service per FTE, the first year payment rate will be retroactively reduced and physicians will be required to make a reconciliation payment to the Health Authority. Repayment of $20,000 will also be required for each physician not completing QI requirements.

I work part time, will the contract be an option for me?

- Yes, the contract will accommodate physicians working on a part time basis. However, in order to support continuity of care for attached patients, the least amount of part time work under the contract is 0.5 FTE.

How is patient complexity measured in the contract?

- Complexity is measured by the in-community GP FFS costs for patients in an Adjusted Clinical Group (ACG).
- ACG's are a series of mutually exclusive health status categories defined by morbidity, and age, and gender as defined by the Johns Hopkins University ACG classification system in place as of the date of signing of the Contract.
- Each patient is placed into one ACG category using a rolling 12-month diagnosis history as measured by ICD-9 codes submitted as part of Encounter Reporting or FFS billing.

How does the contract account for services delivered to patients who are not attached to a physician in the practice, such as walk-ins or referred patients (i.e. unattached patients)?

- This may vary under the contract depending on the circumstance.
- Physicians are able to bill FFS for unattached patients who are not residents of BC and for BC patients who are referred to the clinic for 'specialized' services, such as maternity care.
- Services provided to unattached patients who are BC residents who have not been referred for specialized services fall within the scope of the contract.
- The physicians and health authority are able to locally negotiate a reduction in the clinic's panel size expectation to account for the workload associated with such services.

How does the contract account for Quality Improvement activities?

- The contract describes several QI initiatives in which physicians are expected to participate. They are expected to provide no more than 1 hour of QI services per week.
- Participation in QI activities will result in an additional $20,000 per year per full time equivalent payment to the practice.
- Payments are not related to QI outcomes.

How many hours is a full time physician expected to work under the contract?

- A full time equivalent physician is expected to work a minimum of 1680 hours to a maximum of 2100 hours per year in order to receive full payment under the contract.
- At the end of each year of the contract, a reconciliation process will take place to ensure that the minimum hours of service have been provided by the physicians working under the contract.

Is their negation or are there outflows under the contract?

- No. Patients are free to see other family physicians without penalty to the physicians under the contract. Physicians are required to have attachment conversations with each attached patient outlining the following items:

  As your primary care provider I, along with my practice team, agree to:

  - Provide you with safe and appropriate care
  - Coordinate any specialty care you may need
  - Offer you timely access to care, to the best of my ability and as reasonably possible in the circumstances
  - Maintain an ongoing record of your health
  - Keep you updated on any changes to services offered at my clinic
  - Communicate with you honestly and openly so we can best address your health care needs

  As my patient I ask that you:

  - Seek your health care from me and my team whenever possible and, in my absence, through my colleague(s)
  - Name me as your primary care provider if you have to visit an emergency facility or another provider
  - Communicate with me honestly and openly so we can best address your health care needs

What are the expectations regarding after hours service delivery?

- At the outset, physicians and the health authority will locally negotiate the clinic's operating hours as well as daily physician staffing levels.
- Physicians also agree to coordinate with the Health Authority and other practitioners in a PCN in order to provide flexible scheduling as required for extended hours of service, when and if physicians agree to provide such extended hours of service.

How are locums treated under the contract?

- Physicians working under the contract have the option of deploying locums in two ways:
  - a locum can be compensated under the contract by the physicians if the locum reports hours of service under the contract.
  - a locum can be compensated on a FFS basis if the locum does not report hours of service under the contract.

How is Physician Accountability managed under the contract?

- As physicians are able to bill for time under the contract and FFS for eligible services on the same day, there are enhanced reporting requirements (see below) to prevent double billing. Double billing occurs when a physician claims time under the contract for services that are also billed on a FFS basis. Physicians have multiple reporting responsibilities under the contract, including:

  - quarterly reporting on hours of service provided by individual physicians for each day of work

- reporting on each patient encounter utilizing a simplified set of encounter codes rather than MSP fees
- reporting on daily start and stop times while estimating hours of service per day through Teleplan
- Including start and stop times of patient encounters on eligible FFS claims when providing FFS services on the days that the physician is also providing services under the contract.

- Time spent on reporting responsibilities are Clinical Administrative Services and are thus compensated within the scope of the contract.

Will rural physicians working under the contract receive Rural Retention Program premiums?

- Yes, rural physicians will receive additional payments equivalent to the Rural Retention Program Fee Premium and Flat Premium for the applicable community.

Are physicians paid for their administrative activities under the contract?

- Time spent on administrative activities related to patient care, Quality Improvement, and reporting responsibilities are compensated under the contract.
- Time spent on managing the group practice (e.g. group governance discussions) or clinic operational activities (e.g. negotiating an office lease or hiring clinic staff) is not compensated under the contract.

How does the contract account for maternity services?

- Time spent providing prenatal and postnatal services in the clinic to attached patients of physicians within the group is a compensable Service under the Contract. The provision of prenatal and postnatal services in the clinic to referred patients is not a compensable service under the contract and are billable on a FFS basis.
- Time spent providing delivery services outside of the office for attached or referred patients is not a compensable service under the contract and is billable on a FFS basis.
- Physicians working under the contract are eligible to bill the GPSC's Maternity Network Fee.

New to Practice (NTP) Physician Contract

Please review the information in the section for established family physicians. The questions and answers in this section apply specifically to NTP physicians, those who intend to establish a patient panel with the intent of joining or creating a group practice.

How does this contract for NTP physicians differ from the previous one?

- The revised NTP contract better conforms with the new group contract for established family physicians. The changes include:

  - a new (higher) annual payment rate
  - payment for Quality Improvement activities
  - the ability to transition to the new group contract for in practice family physicians when the panel size and composition warrants
  - limiting the services to primary care services provided in the community
  - removing the number of days of work requirement from the contract deliverables

Why does the NTP Contract require the physician to join or create a group practice?

- The NTP contract, like the one for established family physicians, supports government's strategic direction encouraging the development of team-based care through primary care networks, and alignment of practices with the principals of the patient medical home.
- It also offers NTP physicians mentorship at the start of their practice.

Why does the contract require the physician to enter into a practice agreement?

- The Practice Agreement is part of the NTP contract in order to:
  - Ensure alignment between the physician and other practitioners in group
  - Include a commitment to cross coverage arrangements of patients served by the practice
  - Identify the NTP physician's expected schedule
  - Outline the NTP physician's overhead contribution
  - Describe the nature of the services to be provided by the NTP Physician

How will I know if this is a good option for me?

- Check out our dedicated web page for things to consider in determining if this contract is a good fit.
- Generally, it is a good option for family physicians who want to build a new patient panel and are seeking a stable source of income and mentorship of other physicians as they do so.

What are the attachment requirements under the contract?

- The attachment targets for the physician are 800 patients by the end of the first year of the contract and 1,250 patients by the end of the second year of the contract.

- The physician is expected to establish a panel of patients of a similar nature to other practitioners in the practice, unless otherwise agreed to by the physician, health authority, and other practitioners in the practice.
- The physician and health authority are able to locally negotiate a reduction in the physician's target panel size to account for the workload associated with patient complexity, clinical teaching and services to unattached patients.

Can the NTP physician take over a panel from a retiring physician?

- Yes. However, the NTP physician will also be required to accept some patients from waitlists maintained by the applicable Division of Family Practice or Health Authority.

How does the contract account for patient complexity?

- The panel size targets described in the contract are for patients of average complexity. If the physician's panel size is expected to be of higher complexity, the physician and health authority are able to reach agreement to lower the panel size.

How does the contract account for Quality Improvement activities?

- The contract describes several QI initiatives in which the physicians are expected to participate. Physicians are expected to provide no more than 1 hour of QI services per week. At the end of the first year, a full-time physician who participates in all designated QI activities for that year and meets the attachment target is entitled to a one-time payment on $10,000.
- In the second year, a physician who participates in all designated QI activities is eligible for ongoing payments which total $20,000 in addition to the hourly pay for the contracted services.