

Group Contract for Practicing Full Service Family Physicians

What is it?

A new hours based contract for a group of at least three family physicians. The contract template is available for Doctors of BC members only.

Who is it for?

The contract is for full service family physicians with established patient panels who work together to provide community 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 (PCN) and are prepared to work together as a group to provide the services and patient access required under the contract.

The contract is not available to physicians in solo practices.

Length of contract

The duration of the contract is three years. It provides either party the option of terminating without cause with six months' notice.

Payment and expectations

Expectations

Primary Care Network and Patient Medical Home. Physicians must participate in an existing PCN or commit to actively support the development of a PCN in the community, and they must agree to provide community longitudinal primary care services aligned with the principles of a [Patient Medical Home](#).

Quality Improvement. All physicians under the contract must participate in the [GPSC's Quality Improvement \(QI\)](#) initiatives, which include panel management and use of the

Patient Experience Tool. Physicians who complete the QI activities required by the contract over the course of a year qualify for a payment of \$20,000 per full-time physician, prorated for part-time.

Hours Requirement. A full-time physician is expected to work 1,680 hours per year. Each physician under the contract must commit to working a minimum of half time or 840 hours per year.

Payment

Payment is based on the services provided by all of the physicians. However, payments are made to the clinic to encourage funding of common expenses, encourage team-based practices and provide flexibility in allocating funds among the physicians.

Physicians within a clinic must enter into a separate group governance agreement that sets out how they will work together and allocate the funding among them. For a guideline on what should be included in such an agreement, please see the Guide to Group Governance Agreements included in the package.

Physicians are required to cover overhead costs from the payments they receive under the contract.

In the first year, the clinic is guaranteed minimum funding of at least \$289,664 for the year per full time physician, up to a maximum of \$329,664 (assuming successful completion of Quality Improvement requirements) based on the physician's FFS billings from the 2019 calendar year, adjusted for PMA increases. At the end of the first year the Ministry calculates the value of the contract as per the formula, and if it exceeds the first year guarantee the clinic is paid the difference. The first year value of the contract will also determine the initial value of the contract for the second year.

In subsequent years, payments to the clinic per full-time physician will range from \$269,664 to \$329,664 subject to annual increases. The amount is based on three criteria which are related to the services that all of the physicians provide:

1. **The number of hours worked.** A full-time physician is required to work at least 1,680 hours per year. The minimum payment to the clinic for a full time equivalent physician who works 1,680 hours is \$269,664 per year.

2. **The number and complexity of attached patients served by the clinic.** A full-time equivalent physician is expected to manage a panel of 1,250 attached patients of average complexity. The clinic's actual expected panel size is adjusted to account for the complexity of patients on the clinic's panel. Payment rates increase within the payment range by exceeding expected panel size/complexity. The maximum additional annual payment to the clinic for a full-time equivalent physician who exceeds the expected patient panel size by 13.9% or more is \$40,000 per year.
- For instance, if a clinic's attached patient panel is 10% more complex than the BC average for attached patients (as measured by [Adjusted Clinical Group](#) ratings), the clinic's expected patient panel is reduced by 10%. If the clinic's actual attached patient panel for the year is 14% higher than the expected panel the minimum payment is increased by \$40,000.
 - Payments for exceeding the expected patient panel size are tiered as follows:
 - \$10,000 per FTE for exceeding the expected patient panel by at least 3.5%
 - \$20,000 per FTE for exceeding the expected patient panel by at least 6.9%
 - \$30,000 per FTE for exceeding the expected patient panel by at least 10.4%
 - \$40,000 per FTE for exceeding the expected patient panel by at least 13.9%
 - The Clinic's expected patient panel may also be reduced as a result of a high volume of services provided to unattached patients and for clinical teaching based on a local agreement with the regional health authority as guided by the Ministry.
3. **Participation in Quality Improvement activities.** All physicians under the contract are required to participate in quality improvement (QI) activities that have been approved by the GPSC. Physicians who complete these QI activities over the course of a year qualify for an additional payment of \$20,000 (prorated for partial FTE's). For more information on QI programs, click [here](#).

Physicians are also entitled to bill separately for services that are outside the scope of the contract, including:

- Services provided in the clinic to third parties (such as WSBC, ICBC and the Armed Forces).
- Services provided outside of the community primary care setting (e.g. services provided in a hospital setting).
- Specialized services provided to referred patients who are not attached to the practice, and
- GPSC networking fees and fees for the Long Term Care Initiative (previously known as the Residential Care initiative).

Time spent for services that are outside the scope of the contract and billed under FFS cannot contribute to the contract's hours requirement.

The clinic is paid for the services in equal bi-weekly or monthly installments on the basis of the expected payment to the clinic for the year. At the end of each year, the Ministry will review the compensation elements and reconcile the payments to the clinic on the basis of the actual contract activity for the year. This may require the Health Authority to provide additional funding to the clinic, or require the clinic to reimburse the Health Authority based on the year end analysis.

Administration

The contract is administered by the Health Authority.

Where a clinic indicates interest in participating in the new contract, the Ministry will analyze the practice and provide the physicians in the clinic with a determination of the first year payment guarantee.

The contract is available to all group clinics who meet the criteria, but priority consideration will be given to clinics who provide services in an announced Primary Care Network.

How to know if the contract is right for you

This could be a good fit if you are working in a group clinic providing longitudinal family service and have already aligned or are interested in aligning with the principles of

the [Patient Medical Home](#). You have also either started or are interested in being part of a [Primary Care Network](#) and have already been working or are interested in working to define your patient panel.

The contract may be less attractive to physicians who do substantial work outside of the office or who provide a significant amount of services to patients for whom they are not the full-service family practice MRP (e.g. in-patient, ER coverage, MAID provision, GP-Oncology, etc.) or to high volume FFS physicians.

How to prepare the practice for the transition

You can prepare for possible transition by connecting with a [Practice Support Program](#) coach, and getting started on [panel management](#).