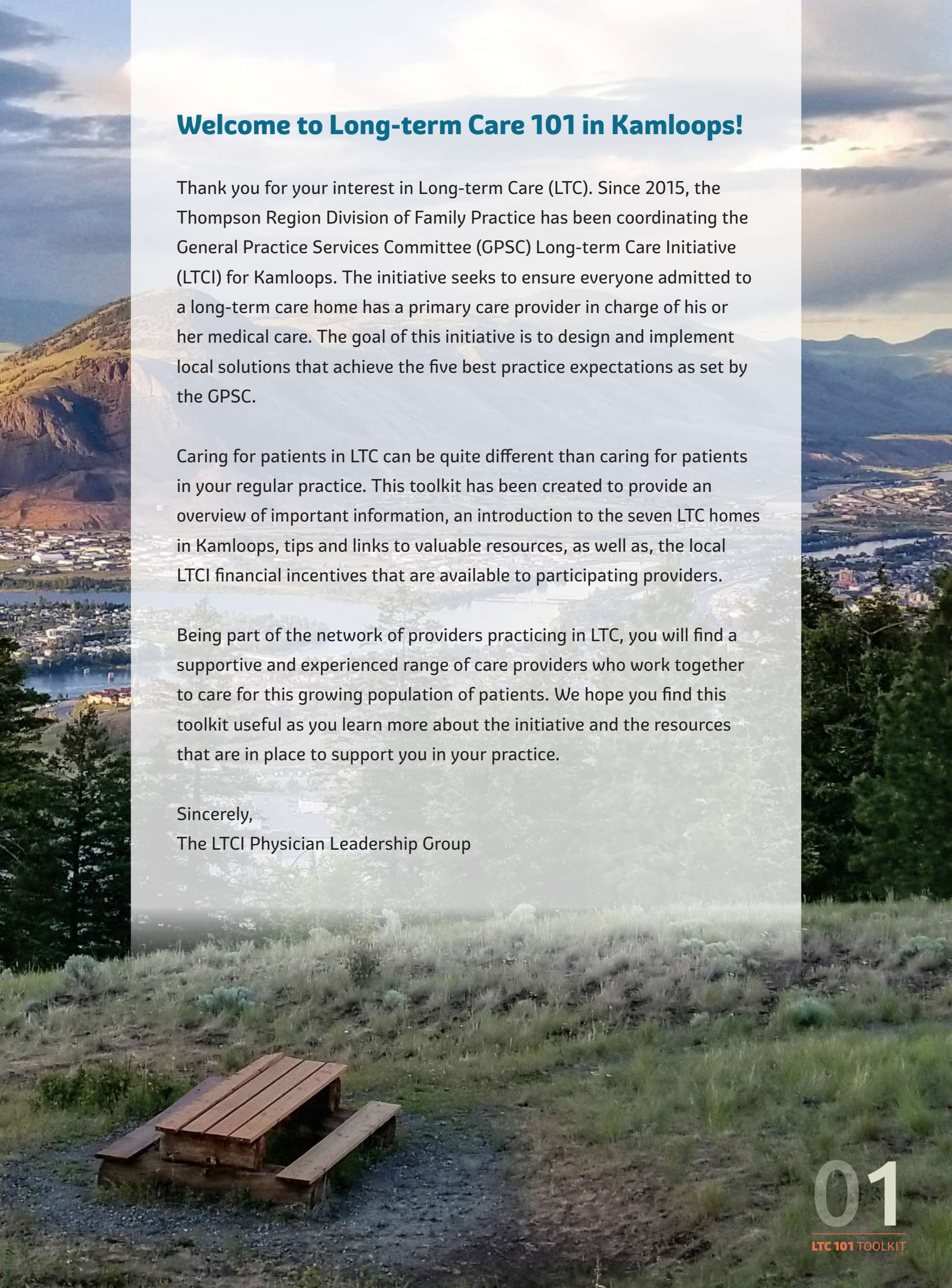
Long-term Care 101

TOOLKIT

Everything you ever wanted to know about long-term care

Thompson Region
Division of Family Practice
A GPSC initiative

GPSC
General Practice Services Committee



Welcome to Long-term Care 101 in Kamloops!

Thank you for your interest in Long-term Care (LTC). Since 2015, the Thompson Region Division of Family Practice has been coordinating the General Practice Services Committee (GPSC) Long-term Care Initiative (LTCI) for Kamloops. The initiative seeks to ensure everyone admitted to a long-term care home has a primary care provider in charge of his or her medical care. The goal of this initiative is to design and implement local solutions that achieve the five best practice expectations as set by the GPSC.

Caring for patients in LTC can be quite different than caring for patients in your regular practice. This toolkit has been created to provide an overview of important information, an introduction to the seven LTC homes in Kamloops, tips and links to valuable resources, as well as, the local LTCI financial incentives that are available to participating providers.

Being part of the network of providers practicing in LTC, you will find a supportive and experienced range of care providers who work together to care for this growing population of patients. We hope you find this toolkit useful as you learn more about the initiative and the resources that are in place to support you in your practice.

Sincerely,
The LTCI Physician Leadership Group

Long-term Care Initiative (LTCI) Overview

The GPSC Long-term Care Initiative (LTCI) supports the Thompson Region Division of Family Practice to work collaboratively to foster longitudinal, comprehensive care throughout a patient's life through a dedicated GP MRP. Through our local LTCI physician and long-term care home leadership team, our community designs and implements local solutions for patients in long-term care beds.

As defined by this project, a GP MRP is defined as one who delivers care according to the five best practice expectations and promotes three system-level outcomes.

BEST PRACTICE EXPECTATIONS

1. 24/7 availability and on-site attendance when required
2. Proactive visits to residents
3. Meaningful medication reviews
4. Completed documentation
5. Attendance at case conferences

SYSTEM-LEVEL OUTCOMES

1. Reduced unnecessary or inappropriate hospital transfers
2. Improved patient/provider experience
3. Reduced cost/patient as a result of higher quality of care

As part of this collaborative work, the Division, participating physicians, long-term care homes and health authority leadership meet regularly. These meetings allow for broader discussion around issues in caring for patients in LTC and continuing to build relationships between the many partners invested in these patients.

Local Approach to Achieving the Five Best Practice Expectations

At the outset of the Long-term Care Initiative, participating partners documented our local approach to the five best practice expectations. A high-level overview is included below.

1 24/7 AVAILABILITY AND ON-SITE ATTENDANCE WHEN REQUIRED

Any primary care provider providing long-term care will be a member of an on-call group or demonstrate that they have systems in place to ensure 24/7 coverage. Providers are responsible for providing up-to-date contact information to call group leads and to call service and care home switchboards. The Thompson Region Division of Family Practice collects the providers preferred contact information on a yearly basis and shares with the care homes.

PHYSICIAN PLANNED ABSENCE COVERAGE

Each long-term care home in Kamloops has a dedicated Medical Director who can be a first point of contact for you when planning your holidays.

a. If you have chosen to cluster your patients at a certain care home, you can reach out to the Medical Director for coverage
b. If you have patients at numerous care homes, you can contact the various Medical Directors at the care homes where your patients are to provide a more efficient option for coverage

Some providers have an existing call group which they prefer to utilize during holidays and if this suits you and your patients, this is still an option. However, when considering coverage for your patients during your holidays, involving the Medical Director at the care home can allow for coverage by a provider familiar with the care home and staff. If the Medical Director is unavailable, providers can also consider approaching another provider with patients at that care home.

Advance notice of at least one month is requested when considering coverage for extended periods of time. Once provider coverage has been confirmed, it is the responsibility of the provider to communicate coverage to the care homes as well as switch board at Royal Inland Hospital.

2 PROACTIVE VISITS TO RESIDENTS

In addition to seeing their patients when the need arises, primary care providers will strive to see them quarterly. The annual care conference and six-month medication review may constitute two of these visits.

3 MEANINGFUL MEDICATION REVIEWS

A meaningful medication review will be completed as soon as possible after admission, and thereafter, at least every six months and at any significant change in the patients' status or after any transfer back from acute care. Effort is made to ensure the primary care provider, pharmacist and nursing staff are included for the six-month medication review.

4 COMPLETED DOCUMENTATION

It is expected that each long-term care patient would have an end of life plan to guide the on-call primary care provider. The Medical Orders for Scope of Treatment (MOST) form communicates treatment decisions with healthcare professionals involved in patient care. The Thompson Region strives to utilize the MOST form across all long-term care homes. Providers are responsible for completing a MOST form for their long-term care patient.

5 ATTENDANCE AT CASE CONFERENCES

In accordance with the government licensing acts, the first case conference should occur within four to six weeks of initial admission, and annually thereafter.

- They are usually half an hour long, and the fee code 14077 is used x2.
- The first care conference is particularly important as this is when the new patient's medical and social history can be collated. Input from a patient's relatives or principal supporters regarding their premorbid personality and interests is of vital importance. Goals of care, expectations, and end-of-life planning should be solidified at this initial care conference.
- Documentation such as the MOST form and Goals of Care will be available to the nursing staff at the time of the meeting.

- Care conferences will be attended by the family physician, the nurse practitioner, the pharmacist, care home nursing staff, and, where schedules and resources permit, other members of the interdisciplinary care team. The person who leads the meeting is usually the social worker but can be a charge nurse as well.
- A patient may attend if well enough to comprehend the proceedings and/or may be joined by relatives or principal supporters.
- The team will introduce themselves to the family, and each member will give a short summary of how the resident is doing from their professional perspective, with the provider usually going last. This is a good time to go over the medication list, give explanations about medications, and consider changes and possible discontinuations with everyone present.
- The family will be encouraged to ask questions or voice concerns at this point. Families often experience guilt, this should be expected, addressed, and their decision supported. When care team members express genuine empathy and understanding this can lead to a warm and therapeutic family/team relationship.
- Care homes will be encouraged to set case conference schedules that, as much as possible, allow for providers to see their patients in back-to-back sessions. This is a more efficient use of time for providers when they must be away from their offices.
- If a provider is unable to attend in person, arrangements will be made for him/her to participate via phone or video conferencing or some other suitable technology.
- Primary care providers are invited and expected to attend for their valuable input. If they cannot attend in-person or electronically they are expected to:
  - Give constructive and structured input in writing prior to the conference.
  - Make alternate arrangements including notifying the Medical Director.
  - If the Medical Director attends, he or she will liaise with the provider after the conference.
- To increase the confidence and skill levels of care providers in participating in interdisciplinary teams, the Division project team will strive to incorporate relevant learning components into provider education and coaching.

Thompson Region Division LTCI Incentive Overview

As part of the LTCI, there are multiple financial incentives available for providers with long-term care patients and for attaching patients in long-term care homes. There is a funding cap in place per provider which cannot exceed $45,000/year. The incentives listed below are in addition to MSP billings.

Incentives to support striving to achieve best practice expectations

Quarterly Proactive Visits In addition to seeing their patients when the need arises, providers strive to visit them quarterly	**Billed Quarterly** $50/patient per quarter or $200 yearly per patient
Other Best Practices Quarterly participation in 24/7 coverage, case conferences, medication reviews and documentation	**Billed Quarterly** $250/quarter or $1000 yearly
NOTE: Can only be billed if the provider cared for a LTC patient in that quarter.	

New LTC Patient Attachment Incentive (to replace complex care code 14074)	**Billed quarterly**
This incentive includes: • New admissions to LTC • Lateral transfers to attach a patient previously cared for by another provider	$150 per new patient attachment

Long-term Care Homes in Kamloops

CARE HOME OVERVIEW

Kamloops currently has seven long-term care homes located across our city. Some long-term care homes have a combination of publicly and privately funded beds, or alternatively, one or the other. Publicly funded long-term care beds are available to all residents of BC, and most of the beds available are publicly funded. Health authorities and other contracted service providers manage the delivery of publicly funded long-term care services. Some long-term care homes also offer independent and assisted living options for their residents. These beds are excluded from the GPSC initiative.

Interior Health owns and operates Ponderosa Lodge and Overlander Long-term Care. The remaining care homes are privately owned, offering both publicly and privately funded beds.

MEDICAL DIRECTOR RESPONSIBILITIES

Each care home has a Medical Director who acts as a liaison between the care home and the care providers. If there is an issue with how a provider is managing a patient, or the care home cannot get a hold of a provider, they will contact the Medical Director. Likewise, when providers have an issue with a care home, the Medical Director will approach care home administration to find solutions.

The Medical Director can also provide education for staff, and mentorship for physicians and nurse practitioners who are new to the care home. They are also able to streamline care for patients. For example, when there is an infectious outbreak, by expediting prescriptions for all patients in a care home. Care homes are encouraged to provide information to newly attaching providers such as, but not limited to: details about each care home, door codes, Medical Director contact information, and a care home map.

Brocklehurst Gemstone Care Centre

Address: 1955 Tranquille Road, Kamloops, BC V2B 3M4
Phone: 778-470-2596
Public Beds: 125
Private Beds: 5
Key Contacts: Care Manager, Practice and Safety Manager, and General Manager. Providers interested in accepting patients can contact the Care Manager.

The Hamlets at Westsyde

Address: 3255 Overlander Drive, Kamloops, BC V2B 0A5
Phone: 250-579-9061
Public Beds: 146
Private Beds: 16
Key Contacts: Director of Care
Providers interested in accepting patients can contact the Director of Care.

Kamloops Seniors Village

Address: 1220 Hugh Allan Drive, Kamloops, BC V1S 2B3
Phone: 250-571-1800
Public Beds: 100
Private Beds: 14
Key Contacts: General Manager, Director of Care, Assistant Director of Care, and Clinical Lead – Admission Coordinator. Providers interested in accepting patients can contact the Director of Care.

Overlander Long-term Care

Address: 953 Southill Street, Kamloops, BC V2B 7Z9

Phone: 250-554-2323

Public Beds: 183 (179 LTC beds, 4 community palliative beds)

Private Beds: 0

Key Contacts: Manager, Assistant Manager, and Long-term Care Coordinators. Providers interested in accepting patients can contact Overlander Management or the Medical Director.

Pine Grove Care Centre

Address: 313 McGowan Avenue, Kamloops, BC V2B 2N8

Phone: 250-376-5701

Public Beds: 75

Private Beds: 0

Key Contacts: Site Lead and Director of Care. Providers interested in accepting patients can contact the Site Lead or Director of Care.

Ponderosa Lodge

Address: 425 Columbia Street, Kamloops, BC V2C 2T4

Phone: 250-374-5671

Public Beds: 135

Private Beds: 0

Key Contacts: Manager, and Resident Care Coordinator. Providers interested in accepting patients can contact the Medical Director.

Ridgeview Lodge

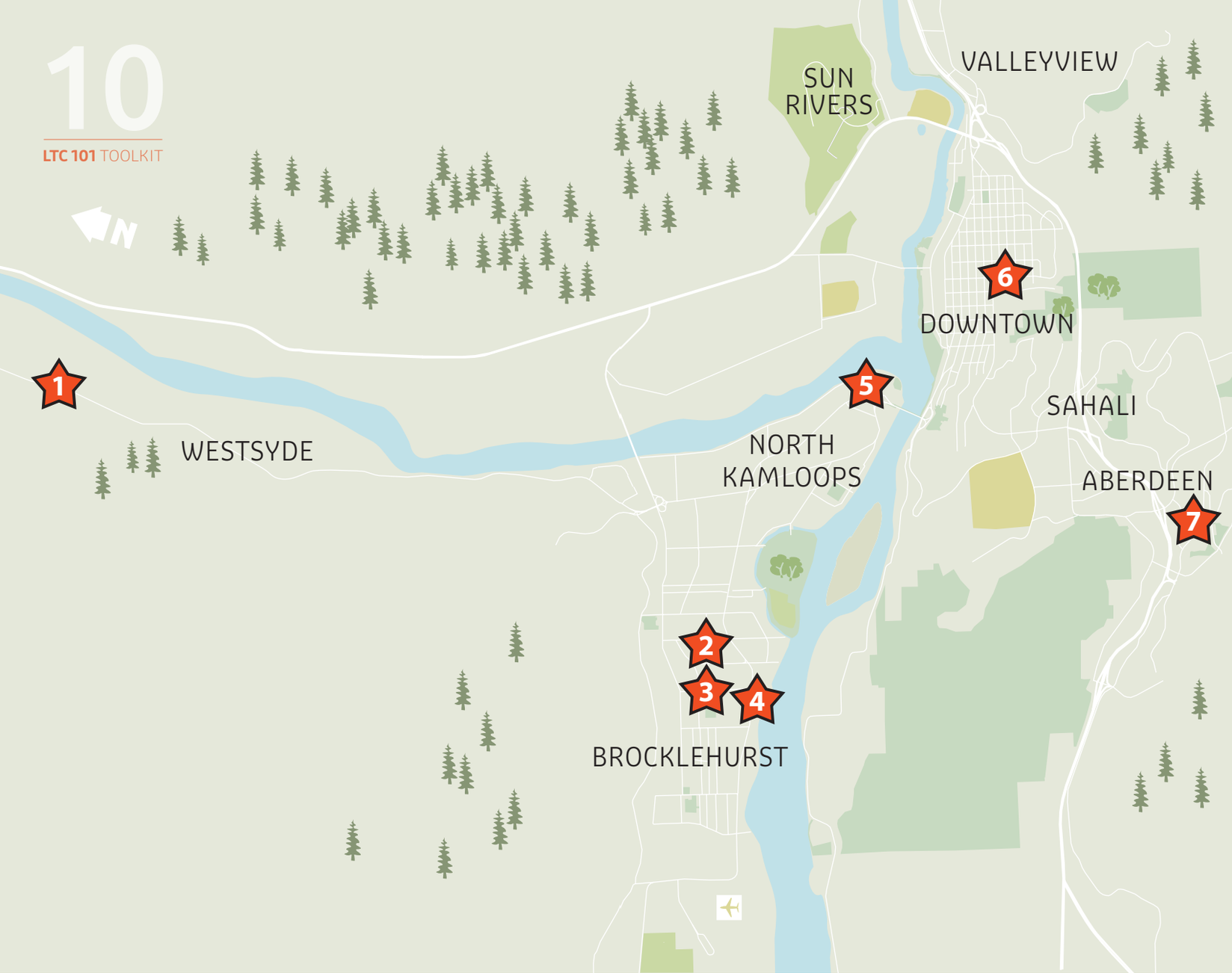
Address: 920 Desmond Street, Kamloops BC V3B 5K6

Phone: 250-376-3131

Public Beds: 106

Private Beds: 23

Key Contacts: Director of Care, and Executive Director. Providers interested in accepting patients can contact the Director of Care or Executive Director.



Thompson Region
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Kamloops Long-term Care Homes

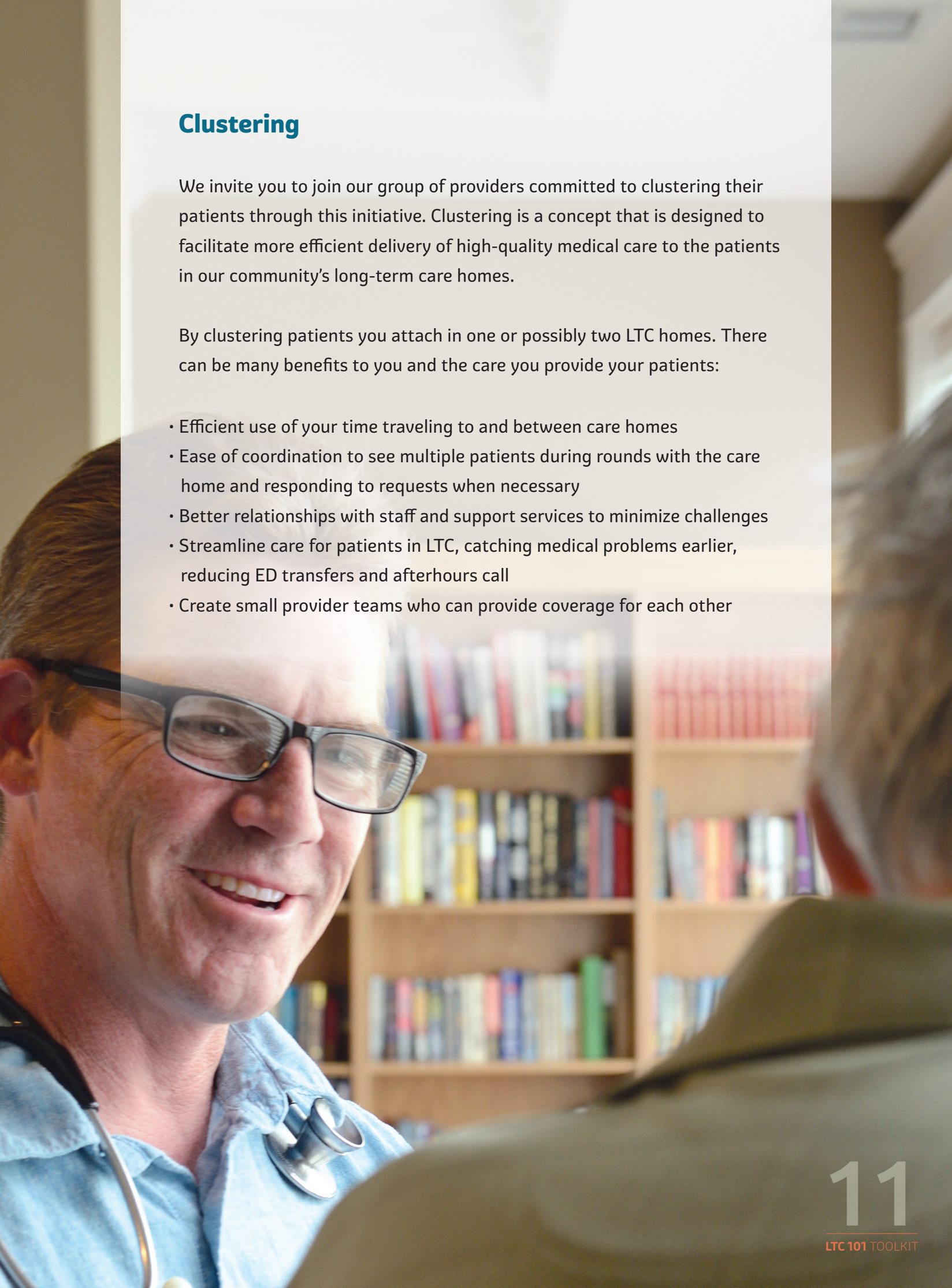
1. **The Hamlets at Westsyde**, 3255 Overlander Drive
2. **Ridgeview Lodge**, 920 Desmond Street
3. **Overlander Long-term Care**, 953 Southill Street
4. **Brocklehurst Gemstone Care Centre**, 1955 Tranquille Road
5. **Pine Grove Care Centre**, 313 McGowan Avenue
6. **Ponderosa Lodge**, 425 Columbia Street
7. **Kamloops Seniors Village**, 1220 Hugh Allan Drive

Clustering

We invite you to join our group of providers committed to clustering their patients through this initiative. Clustering is a concept that is designed to facilitate more efficient delivery of high-quality medical care to the patients in our community's long-term care homes.

By clustering patients you attach in one or possibly two LTC homes. There can be many benefits to you and the care you provide your patients:

- Efficient use of your time traveling to and between care homes
- Ease of coordination to see multiple patients during rounds with the care home and responding to requests when necessary
- Better relationships with staff and support services to minimize challenges
- Streamline care for patients in LTC, catching medical problems earlier, reducing ED transfers and afterhours call
- Create small provider teams who can provide coverage for each other



Long-term Care Billing Tips and Guides

Physicians may have some questions about commonly used fee codes and billing information for their patients living in long-term care. A list of online billing resources, billing tips and guides can be found in this section.

ONLINE BILLING RESOURCE LINKS

General Practice Services Committee – Billing Guides:

- http://www.gpscbc.ca/what-we-do/longitudinal-care/billing-guides

Ministry of Health BC – Medical Services Commission Payment Schedules:

- https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/payment-schedules/msc-payment-schedule

Society of General Practitioners – Simplified Guide to Billing:

- https://sgp.bc.ca/simplified-guide-to-fees/

Doctors of BC Fee Guide Advisor by email: Economics@doctorsofbc.ca
The Fee Guide Advisor can also assist with refused claims.

CLAIM PROCESSING PROGRAMS

There are several flexible claim processing programs in BC that may suit your needs. Rates, fees and services vary. No endorsement or recommendation is implied.

- www.claimmanager.ca
- www.clinicaid.ca
- www.dr-bill.ca

LONG-TERM CARE BILLING GUIDES AND TIPS

The Victoria and South Island Divisions of Family Practice have shared their long-term care billing resources as follows with permission.
A local physician who has a part-time practice in long-term care has also submitted a billing scenario as an example.

Billing Examples

Typical scheduled day during start-up in new facility

You are scheduled to see 5 of your own patients for routine care and then have a care conference for a 6th patient with RN/Pharmacist. Later in the day you discuss a patient with the pharmacist.

Billing for the day:
00114 + P13334 - for first patient of the day (36.13+34.06 = 70.19)
00114 - for second patient of the day (36.13)
00114 - for third patient of the day (36.13)
00114 - for fourth patient of the day (36.13)
00114 - for fifth patient of the day (36.13)
14077 - for care conference which lasted 25 min, document times 0930-0955 (This conference USES 2 out of allowable 18 fifteen minute sessions per patient per year) (80.00)
14077 - for call pertaining to patient lasting 10 minutes (40.00)
Time Commitment: ~3h total
Total Billing Amount: 334.71 (MSP)/3h = 111.57/hr

*If you take a call pertaining to a patient and it is very brief, the code 13005 is most appropriate. Time spent on the call should not be the only element of choice. If a previous service to that patient on that same day has taken place then 14077 is billable but 13005 is not.

Second example for typical day

You are scheduled to see 6 of your own patients for routine care and then have a care conference for a 7th patient with the Pharmacist. You are also asked to see a patient of another MRP with a suspected UTI. Later in the day you are asked to take on a new patient being transferred from hospital with a hip fracture.

Billing for the day:
00114 + P13334 - for first patient of the day (36.13+34.06 = 70.19)
00114 - for second patient of the day (36.13)
00114 - for third patient of the day (36.13)
00114 - for fourth patient of the day (36.13)
00114 - for fifth patient of the day (36.13)
00114 - for sixth patient of the day (36.13)
00114 - for seventh patient of the day (36.13) – although not MRP, this is the most appropriate code unless performing a consult out of office or needing a complete exam. Be sure to include a note as well
14077 - for care conference which lasted 35 min, document times 0930-1005 This conference USES 2 out of allowable 18 per patient per year (80.00)
Time Commitment: ~3h total
Total Billing Amount: 366.97 (MSP= 122.32/hr)

What is missing from these examples-
Out of office examinations – perhaps done annually on patients or as needed for a new concern
Counselling fees – may be done based on patient need

Adapted from the Victoria and South Island Division of Family Practice, Residential Care Billing Guide June 2019, with permission.
These fee amounts were effective April 1, 2019, please consult current fee guide for current fees.

Detailed Billing Explanations

Billing Code	Description	Amount	Details
Typical Resident Care Billing			
00114	Long term care facility visit	36.13	One or multiple patients. Can be billed once every two weeks. Medically necessary visits can be billed before two weeks if a note is made when submitting to MSP.
P13334	First visit of day bonus	34.06	Billable for the first patient seen at the facility. One per provider per day. Must accompany a 00114 billing code.
Advice/Conferences			
13005	Advice about patient in community care - fax/call	15.72	This can be billed for providing advice/orders via fax or call. One per patient per physician per day. Advice provided should be documented in patient chart. Does not apply to advice for families. May not be claimed in addition to patient visit that day.
14076	Telephone Management Fee	20.00	Clinical discussion between patient or patient's medical representative or physician. Time must be documented.
14077	Facility patient conference fee – for attached physicians (have billed 14070 or 14071)	40.00	This is applicable to physicians participating in the attachment initiative. Time must be documented (billable after 7.5 min). Can take place on phone specific to a patient conference with at least one or more allied health professionals. Payable up to 18 times per patient per year (4.5h). Not to exceed more than 30 min in any visit. Payable in addition to a patient visit (00114).
14019	Consult with NP	40.00	Providing advice to NP, not billable if signed as a sessional provider or an attached GP, 5pts/day, 6 total per pt/year, NP must be MRP for pt seen. Not billable in addition to visit. NP billing number required. Not billable for advice while on routine rounds (hallway talk).
Attachment Fees			
14070	Attachment Participation Code	0.00	Annual code billed to participate in GP for Me program, allows billing of 14077 and 14074 (as well as other in office codes 14076 etc.). This is submitted annually as a mock bill to MSP with a mock PHN and patient name available on the GPSC website.

Adapted from the Victoria and South Island Division of Family Practice, Residential Care Billing Guide June 2019, with permission.
These fee amounts were effective April 1, 2019, please consult current fee guide for current fees.

Billing Code	Description	Amount	Details
Special Call Visits			
00115	Special call long-term care 0800-2300h	115.15	This is a special call to the facility at the request of the team there (nursing staff etc.). It is billable once per day – subsequent patients seen fall under 00114. Bonus is not applicable for this call or additional patient visits. Patient must be seen within 24h of call. If you are called to 2 different nursing homes – make note re: same and it will show in times as well.
00127	Terminal care visit	53.60	Applicable to a patient with end-stage disease. Can be billed daily for visits up to 180 days. Supporting documentation would include palliative orders on file.
01200	Call out charge - evening	61.42	bill in addition to out of office consult or visit, call out b/w 1800-2300, visit b/w 1800-0800, document time, other patient visits for the same call would be 00114, bonus is not applicable.
01201	Call out charge - night	86.26	bill in addition to out of office consult or visit, call out and visit b/w 2300-0800, document time
01202	Call out STAT/weekend	61.42	bill in addition to out of office consult, call b/w 0800-2300 – same as above applies
Out of Office Visits (Only appropriate when it is after hours and a call out charge applies - refer to GP fee guide preamble)			
13200 - 18200	Out of office visit	37.76-56.63	For visit that does not fall under parameters of 00114, routine long-term care visit. For example - seeing a patient with a new diagnosis or visit that falls outside routine. Should accompany a call-out charge.
13201 (2-49), 15201 (50+), 16201 (60+), 17201 (70+),18201 (80+)	Complete exam out of office	83.82-125.74	For any condition seen requiring a complete physical examination and detailed history. A complete physical examination shall include a complete detailed history and detailed physical examination of all parts and systems with special attention to local examination where clinically indicated, adequate recording of findings and if necessary, discussion with patient. The above should include complaints, history of present and past illness, family history, personal history, functional inquiry, physical examination, differential diagnosis, and provisional diagnosis. Must be medically necessary for MSP claim. If 3rd party requests or is not medically necessary, bill privately.
13210, 15210, 16210, 17210,	Consult out of office	92.13-138.21	GP Consultations apply when a medical practitioner, or a health care practitioner (midwife, for obstetrical or neonatal related consultations; nurse practitioner; oral/dental surgeon, for diseases of mastication), requests the opinion of a general

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Billing Code	Description	Amount	Details
18210 (same ages as above)			practitioner competent to give advice in this field. A consultation must not be claimed unless it was specifically requested by the attending practitioner. The service consists of the initial services of GP consultant, including a history and physical examination, review of x-rays and laboratory findings, necessary to enable him/her to prepare and render a written report, including his/her findings, opinions and recommendations, to the referring practitioner. Consultations will not apply if referred patient has been attended by same GP or group of GPs within a six-month time frame.
Out of Office Counselling			
13220, 15220, 16220, 17220, 18220	Counselling out of office.	65.69-98.55	Applicable when extended counselling is necessary for the patient. Billable 4x/patient per annum. Should not be billed in addition to a regular visit 00114. Start and end time must be entered in both the billing claim and patient's chart.
Mental Health Act Billings			
00065	Investigation with completion of BC Mental Health Act Forms 3, 4 or 6 (fee per doctor)	102.99	
00066	Completion of BC Mental Health Act Forms 3, 4, or 6, on previously assessed or treated cases	46.29	
00067	Investigation with cancellation of BC Mental Health Act Forms 4 or 6 and subsequent voluntary treatment status	46.17	
00083	Crisis Intervention	105.27	Personal or family crisis intervention. Applies to situations where the attending physician is called upon to provide continuous medical assistance at the exclusion of all other services in periods of personal or family crisis caused by rape, sudden bereavement, suicidal behaviour or acute psychosis – per ½ hour or major portion thereof.

Adapted from the Vancouver Division of Family Practice "RC Billing Tips June 2019" with permission.
These fee amounts were effective April 1, 2019, please consult current fee guide for current fees.

Long-term Care Billing Example (submitted by Dr. Bates)

This is an example of billing for a physician with approximately 25 patients between 2 long-term care homes. There are 8 patients at one care home, and 17 at another.

A typical month's work requires 2 half-days in long-term care homes for routine visits.

First Thursday			
	Description	Fee Code	2019 Billing amount
Care Home #1	1st patient of the day	13334	34.06
	10 patient routine visits	00114	36.13 (10 x $36.13) =$361.30
	1 patient contacted specifically to visit	00115	115.15
		Facility #1 Subtotal:	$510.51
Care Home #2	1 Care Conference	14077	(2 x $40.00) = $80.00
	5 patient routine visits	00114	36.13 (5 x $36.13) =$180.65
	1 patient contacted specifically to visit	00115	115.15
		Facility #2 Subtotal:	$375.80
		Daily Billing total:	$886.31
Second Thursday			
	Description	Fee Code	2019 Billing amount
Care Home #1	1st patient of the day	13334	34.06
	8 patient routine visits	00114	36.13 (8 x $36.13) =$289.04
	1 patient new admission (age over 80) with documentation for reason for complete physician exam such as the diagnosis of patient)	18201	124.74
		Facility #1 Subtotal:	$447.84

These fee amounts were effective April 1, 2019, please consult current fee guide for current fees.

Care Home #2	1 Care Conference (30 mins)	14077	(2 x $40.00) = $80.00
	3 patient routine visits	00114	36.13 (3 x $36.13) =$108.39
		Facility #2 Subtotal:	$228.39
		Daily Billing total:	$676.23

Other Income			
Additional Calls/month	Average number of phone calls or emails (15/month)	13005	15.72 15 x $15.72 =$235.80
	Average number of more complex calls/month (2/month)	14077	$40.00 2 x $40 = $80
RCI Initiative Incentives			
	$1000 / year for participation in RCI		$1000 Or $83/month
	$65/patient per quarter proactive visits		$65 x 25 =$1625 Or $542/month
Estimated monthly time commitment is approx. 2-half days per month + 1 or 2 extra visits to the care home. Monthly total = $2503.34			

These fee amounts were effective April 1, 2019, please consult current fee guide for current fees.

The billing information provided in the toolkit is provided as a guide to physicians. We recognize the billing information may change with time and the Division will strive to update when necessary. It is the responsibility of the individual physician to ensure billings are correct. The Division is not responsible for inaccurate billings.

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