

Moving to GP Group Contracts

- Dr. Erin Hasinoff &
- Dr. Lisa Gaede





Our story

- We are 4 doctors who share an EMR, who work within a clinic of 10 doctors at North Shore Medical Group
- Practice sizes vary among the four of us
- Why we were interested
 - financial benefit & stability, moving away from FFS
 - hopefully making family practice sustainable
 - working with PCN
 - early adopters (aka. guinea pigs)

We have to do What??

- EOI in November 2020
- Contract start Aug 1, 2021



Things to do before signing



Pull together group of at least 3 physicians that work together



Submit an EOI, the Ministry does an assessment and tells you what contract they would offer your group (for us 3.0 FTE contract for 4 physicians)



Create a GGA – this required both accounting and legal consultations



Have Doctors of BC Negotiation team review the contract

A GUIDE TO GROUP GOVERNANCE AGREEMENTS



More things to do before signing



YOU NEED A NEW GROUP PAYEE
NUMBER ASSIGNED TO THE
GROUP



YOU NEED TO OPEN A BANK
ACCOUNT FOR THE PAYMENTS
TO BE DEPOSITED TO



Don't forget your EMR

Talk to your vendor to ensure they are set up with all the new codes, incl. Encounter & Shift Codes for contract billing.

There are process changes as you will need to still bill some FFS for WCB and ICBC; Also to be able to bill for locums working FFS.

The reality of Family Medicine



"Ok, hit me with the paperwork."

What changes in our Day to Day?

We track the hours we work and general categories for type of work on a Spreadsheet from VCH (Direct, Indirect, Admin, QI)

Instead of billing FFS codes, we “bill” encounter codes and shift codes in our EMR

We submit information on hours worked to the HA quarterly

We have to Attach all our patients to our practices
– pts attached to both doc and group

Hours Reporting Spreadsheet for VCH

Date	Activity (Drop Down)	Start Time	End Time	Program Hours (Time)	Program Hours	Participating Physician Name	Locum Physician Name
11/25/2021	Management and Co-ordination of Patient Care ▾	9:00:00 AM	10:00:00 AM	1:00:00	1.00 A		
11/25/2021	Visits / Procedures ▾	10:00:00 AM	11:30:00 AM	1:30:00	1.50 A		
11/25/2021	Management and Co-ordination of Patient Care ▾	11:30:00 AM	12:45:00 PM	1:15:00	1.25 A		
11/25/2021	Quality Improvement Services (More than 4H Pe ▾	1:00:00 PM	4:30:00 PM	3:30:00	3.50 A		
11/25/2021	Multidisciplinary Team Coordination and Plannin ▾	4:30:00 PM	6:00:00 PM	1:30:00	1.50 A		Dr. Ben
1/11/2022	Visits / Procedures ▾	1:00:00 PM	2:30:00 PM	1:30:00	1.50 A		Dr. Ben
	▾			0:00:00	0.00 A		Dr. Awesome
	▾			0:00:00	0.00 A		



New Language

- Shift Codes (for start and end time for clinical work, incl. Direct & Indirect work)
- Encounter codes (there are about 20 and we mostly use only 3-4 so much simpler than FFS)
- You still use ICD-9 codes, just like FFS billing, best to use more than one
- Attachment codes –Required to attach all active pts in your practice

APPENDIX A

Table 1 illustrates how the Medical Services Plan (MSP) Service Codes associated with the primary care core services outlined in the PCN GP contract map to the simplified encounter code groupings. Services provided under the PCN GP contract will be reported using the following 18 Encounter Codes.

Table 1. Service Code to Encounter Code Grouping		
Fee Code	Encounter Code Grouping	Service Code Description
	<None>	Tray Service Items
97501	Complete Examinations	Complete Examinations (0101)
97502	Complex Care Activities	GPSC - GP Services Committee
		GPSC II
97504	Counselling	Counselling (0120)
97505	Emergency Visits	Emergency Visits
97506	Immunization	General Services (Non-Invasive Tests, Proc.)
97507	Institutional Visits	Institutional Visits
97508	Mental Health Care	General Services (Non-Invasive Tests, Proc.)
97509	Minor Surgery/Therapeutic Procedures	Minor Surgery, Minor Ther. Procedures
		Other (Needle Biopsies, 0x99, Etc.)
97510	Non-Invasive Tests/Procedures	General Services (Non-Invasive Tests, Proc.)
97511	Pathology/Diagnostic Activities	Pathology (Category 1)
		Pulmonary Function
		Electrodiagnosis
97512	Visits	Regional Examinations (0100,0107)
		Home Visits
		Miscellaneous and Other Visits (GP)
		Visit Premiums
97513	GP Obstetrics	Obstetrics
97514	GP Anesthesia	Anesthesia
97515	GP Consultation	Consultation (0110)
97516	Telehealth GP Consultation	Consultation (0110)
97517	Telehealth GP Visit	Regional Examinations (0100,0107)
97518	Telehealth GP Counselling	Counselling (0120)
		GPSC - GP Services Committee
97519	GP telephone fees	GPSC II

APPENDIX B

Table 2 maps the individual MSC Payment Schedule fee items to their respective Service Code Descriptions and Encounter Code Groupings.

Where we are now... 1 year later





Benefits

Indirect patient care & Admin time count as part of your hours - more fairly values actual work

Separating patient care from remuneration; - Complex Patients less heartsink

You can still bill Uninsured services, LTC, Maternity, etc

PCN Admin can be covered

Locums can still bill FFS or on Contract

Stable income - overhead



Challenges

No direct contact at MoH – difficult to get responses to questions. VCH contact changes but is first link/ responds

EMR Challenges

Reporting requirements are onerous (hours reporting & shift codes is duplication)

QI requirements and Attachment

Challenges

Underestimated hours required for a 1.0 FTE practice.

Finances - Uncertainty about future payments, band changes, etc

Panel changes or group changes

Can be subject to HA mandates (ie Covid vaccination)



Consider the Landscape

- ? New Funding Model coming in 2023?

Thank you!



