Saanich Peninsula eBulletin Update – August 2019

Current State:

- As of August 14th, 2019, the Board of the South Island Division of Family Practice has signed the Ministry of Health's Letter of Intent - Primary Care Networks (PCN) with and addendum outlining further considerations and member concerns to the success of implementation. This decision supports members who wish to move forward with participation in the PCN, and, respects those members who choose not to participate. Signing the letter of Intent signifies a willingness to partner with the Ministry of Health, Island Health, and local First Nations on a PCN for the Saanich Peninsula region. When the Letter of Intent has been signed by all partners (anticipated by August 30th), this will enable us to proceed to the next step in the process which is the Funds Transfer Agreement.

History:

- **Pre 2018 –** the South Island Division of Family Practice supported the formation and launch of the Shoreline Medical Society that operates clinics in Sidney and Brentwood. Shoreline is a distinct society with its own board of directors.
- ***January - April 2018:*** Development and submission of Expression of Interest for the South Island Division to be a Wave 1 Primary Care Network Community. Physician interest, community readiness, and existing physician engagement levels were key factors in the decision to move forward.
- ***April - October 2018:*** Development and submission of the Saanich Peninsula PCN Service Plan to the Ministry of Health based on agreement to an attachment gap of 15,000 people for the Saanich Peninsula. Initial funding request: 13.6M

    - Consultation with physicians and community members (members meeting April 2018, email communication and survey July 2018, team-based care planning consultation meetings July/Aug 2018) ensured a vision was put forward that would meet the needs of the Saanich Peninsula.
    - Partnerships with Island Health and First Nations ensured a well-rounded, feasible proposal was presented.
    - Physicians on the Saanich Peninsula are working at full capacity.
    - It is estimated that 9 of the 59 GPs practicing in community on the Saanich Peninsula will retire within the next three years, affecting approximately 12,000 currently attached patients. The 12,000 new potentially unattached patients will not be addressed by the current PCN resources proposed by the MoH for the Saanich PCN.
    - These unmet needs cannot be addressed without the recruitment of net-new physicians and the retention of existing physicians.
    - There is a lack of commercial real estate on the Saanich Peninsula suitable for larger multi-physician and allied care provider clinics in terms of appropriate location and lease costs.
    - Of the physicians engaged with the PCN work on the Saanich Peninsula, 50% provide in-patient and/or emergency services at Saanich Peninsula Hospital. Nearly a fifth provide maternity care, reducing the amount of time they can physically see patients in practice, due to call requirements. There are also several residential care facilities on the Saanich Peninsula, with many Saanich Peninsula PCN physicians as MRP and/or on call for these patients.
    - 41.9% of the 65+ population on the Saanich Peninsula is categorized as Medium Chronic (PS06) or High Chronic without Frailty (PS10). These patients have conditions that require regular, ongoing, and sometimes frequent monitoring by their primary care provider, but they are not necessarily able to access Community Health Services support.
    - 6.0% of the 65+ population of the Saanich Peninsulas is categorized as Frail in Community (PS09), High Chronic with Frailty (PS11) and End of Life (PS14). These patients are frequent users of all levels of the health care system, including Community Health Services.
    - By 2036, the number of residents aged 75 and older will increase by 50% over today's population of this age group.

- ***October 2018 - Present:*** Ongoing discussions with the Ministry of Health on service and funding allocations.

- December 2018 MoH response: 5.7M

- The Western Communities Physician Compensation Working Group developed a menu of compensation options which were included in the Saanich Peninsula response to the MoH in April 2019.

- Several Saanich Peninsula member physicians representing clinics in the North, Central and South Neigbourhoods have been significantly involved in the work. Participating physicians sit on committees such as the Physician Leadership Working Group, the Team Based Care Working Group, the Patient Registry Working group, and the PCN Steering Committee, each of which has met regularly and from which updates have been provided.

- The South Island Division of Family Practice anticipates signing the Letter of Intent (a non-binding, non-legal document) that signifies a willingness to progress to the Fund Transfer Agreement stage of PCN collaboration with our partners, by the end of July 2019.

- Through the Division's bi-weekly eBulletin, PCN webpage, and in-person updates, members are updated date on progress.

What the Ministry of Health approved for the Saanich Peninsula PCN:

PCN Level

- 1 Clinical Pharmacist shared across all 3 PCN neighbourhoods
- 1.0 FTE GP shared across the 4 W'SANEC communities
- 4 GP APP (new to practice)
- 1 NP contracts committed to identified practices
- PCN Administration funding - $142k total for 1 PCN Manager and 1 PCN Administrative Support position
- Approximately $357K in change management funding, based on the provision of a detailed rationale. Supported change management activities include:
  - Payment for physician time to implement **practice-level changes** (participation in team development, business changes, workflow changes)
  - Payment for physician time to participate in **PCN-level changes** (working groups, MoH meetings, steering committees)
  - Payment for physician time to participate in **neighbourhood-level changes** (practice networking, cross-coverage, integrated with Allied Care Providers)

Neighbourhood Level

- A total of 6 Allied Care Providers. Allocation of these 6 providers is based on physician and community input to have 1 Social Worker and 1 MHSU Clinician in each of the 3 PCN Neighbourhoods. Approximately $15K per ACP would be available annually to compensate for overhead expenses.
  - Benefits: Physicians will have the support of ACPs who specialize in caring for those patients whose needs require more time and/or navigational expertise than an FP may be able to provide.
  - Challenges: With the ACPs based at SPHU, there would be an increase in administrative processes for community clinics, as well as only 'arms length' team-based care opportunities. With ACPs based in community clinics, low overhead compensation may be a deterrent for physicians. Increased billing opportunities would mitigate this challenge.

- See **Appendix A** for Team Based Care Billing codes

Clinic Level

- 12 Health Authority RNs to work in community practices that have space capacity.
  Benefits: Approximately $15K per RN in Practice would be available annually to compensate for overhead expenses.

Challenges: Additional clarity is needed regarding eligibility for physician billing, recruitment qualifications for Nurse in Practice, physician role in recruitment and reporting.

- IT Supports – Ongoing discussion. MoH will be initiating a process to determine needs

Key Considerations for Involvement:
To aid in your decision about whether to participate in the Saanich Peninsula PCN, the following information may be helpful:

Risks:
- If a physician clinic takes on a GP APP (new to practice), and that new GP leaves, the MoH has indicated the host clinic will not be responsible for those orphaned patients.
- If a physician clinic takes on an NP contract and the NP leaves, the MoH has indicated the host clinic will not be responsible for those orphaned patients.
- Financial risks associated with taking on Primary Care Providers through the PCN will be similar to risks traditionally experienced when hiring providers into your practice.
- The Ministry has indicated its intent to adopt a flexible, Quality Improvement approach (plan, do, study, act) to patient attachment and associated risks. Patient attachment will be measured at the practice level. If it does not occur at the expected rate, this can be discussed and potentially re-negotiated with the Ministry of Health.

Participation Requirements:
- Completing a Patient Medical Home Assessment - Please contact the Regional Support Team to the online assessment.
- Participation in Panel Cleanup and Management - PSP and its new Panel Assistants will support you and your MOA through this process.
- Attaching patients to your practice, primarily through the clinical support by Allied Care Providers listed above.

Benefit Opportunities for Participating PCN Practices:
- Health Authority RN in practice - If you would like a Health Authority employed Registered Nurse to be a part of your practice, please contact Valerie Nicol.
- Capital Plans and Projects – The PCN Physician Leadership team agreed to focus its initial capital project efforts in the South Saanich PCN neighbourhood, due to its current lack of infrastructure to support the deployment of additional allied care providers. Capital plans for the Central and North Saanich neighbourhoods will follow in subsequent years.
- If your participation in the PCN necessitates an expansion/renovation to your practice to accommodate allied health care providers, please contact Valerie Nicol, who can work with you and a capital planner to define a space plan and budget requirements.

Where to find additional and ongoing PCN Information:
- Bi-weekly e-Bulletin updates
- SIDFP website
- Divisions Dispatch Newsletter (access via e-Bulletin)
- Questions are welcome any time to your Saanich Peninsula PCN Contacts
    - Valerie Nicol - SIDFP Saanich Peninsula PCN Project Director
    - Erica Kjekstad - SIDFP Practice Support Lead

Joining the Saanich Peninsula PCN:

- Please let Valerie Nicol know of your intention to participate in the Saanich Peninsula PCN by August 30th, 2019.

Appendix A

Summary Guide: GPSC fees supporting team-based care

The GPSC offers family doctors in BC incentives that support them to work in a team-based care environment. Physicians may choose to delegate tasks to a team member employed within or working within a GP practice.

The listed GPSC fees cannot be correctly interpreted without reference to the General Preamble, which includes information on billing rules, restrictions, and eligibility criteria.

Click on the fee title to access further details in the respective GPSC billing guide.

GP PATIENT TELEPHONE MANAGEMENT FEE G14076 ($20)

TASK for DELEGATION

Phone visit may be provided entirely by College-certified allied care provider **employed within** the eligible FP practice.

KEY DETAILS

G14076 is billable for medical management by telephone and requires a clinical telephone discussion between the patient or the patient's medical representative and the GP or a College-certified allied care provider (e.g. nurse, nurse practitioner) **employed within** the eligible FP practice.

G14076 is only billable by the family physician who has submitted code G14070/ G14071 and who is most responsible for the majority of the patient's longitudinal general practice care. It may be helpful to consider G14076 as a clinical telephone visit rather than a relay of advice.

GP EMAIL/TEXT/TELEPHONE MEDICAL ADVICE RELAY FEE G14078 ($7)

TASK for DELEGATION

Relay of medical advice from the GP may be delegated to any staff **working within** the eligible FP practice.

KEY DETAILS

G14078 is billable for the relay of medical advice from the GP to the patient or patient's medical representative and may be delegated to any medical office staff **working within** the GP practice. This includes any allied care provider or medical office assistants.

G14078 is only billable by the family physician who has submitted code G14070/G14071 and who is most responsible for the majority of the patient's longitudinal general practice care. An example of relaying medical advice: Asking your MOA to tell your patient that her urine culture results show resistance to the prescribed antibiotic and a new prescription is necessary.

GP COMPLEX CARE PLANNING & MANAGEMENT FEE G14033 ($315)

GP FRAILTY COMPLEX CARE PLANNING & MANAGEMENT FEE G14075 ($315)

GP MENTAL HEALTH PLANNING FEE G14043 ($100)

TASK for DELEGATION

Non-face-to-face portion of planning may be delegated to a College-certified allied care provider **working within** the eligible FP practice.

KEY DETAILS

The goals of all the planning incentives are the same: to pro-actively create a plan of care with the patient. Planning includes face-to-face components (i.e. the face-to-face planning visit provided by the FP) and non-face-to-face components. These components can take place on different days but must amount to a total planning time of 30 minutes, where the majority of the 30 min (i.e. 16 min or more) is spent on face-to-face planning between the GP and patient.

Non face-to-face planning activities can be done before or after the face-to-face planning visit with the GP. College-certified allied care providers **working within** the FP practice may be delegated non-face-to-face planning tasks, which can include review of: chart/existing plan(s), relevant consultation notes, liaising with other providers involved in the patient's care, blood work, medication reconciliation, etc.

ALLIED CARE PROVIDER PRACTICE CODE G14029 ($0)

TASK for DELEGATION

One of the two required visits for annual CDM billings may be an in-person visit with a College-certified allied care provider who is
working within the eligible FP practice.

KEY DETAILS

To support team based care, College-certified allied care providers **working within** the FP practice may provide one of two visits required under GPSC chronic disease management fees (G14050, G14051, G14052, G14053 for FPs billing fee-for- service and G14250, G14251, G14252, G14253 for FPs working under APP).

This visit provided by the College-certified allied care provider must be in-person, and may take place outside of the physician's office. The College-certified allied care provider may be employed by the FP or by the health authority, but **work within** the FP practice. For example: You may have a nurse seconded by the health authority who can do home visits with patients who have chronic conditions and who are home bound.

Submission of G14029 by the FP indicates an in-person visit was provided by a College-certified allied care provider working within the family physician's practice, where the family physician has accepted responsibility for the provision of the patient's longitudinal care.
G14029 is only billable by the family physician who has submitted Code G14070/G14071 and who is most responsible for the majority of the patient's longitudinal general practice care.

Definitions found within the GPSC Preamble

ALLIED CARE PROVIDERS

Allied care provider: For the purposes of its incentives, when referring to allied care providers, the GPSC includes trained professionals with a scope of practice that allows the provision of medical and medically related services to patients. Examples include but are not limited

to: physicians; nurses; nurse practitioners; mental health workers; midwives, psychologists; clinical counsellors; school counsellors; social workers; registered dieticians; physiotherapists; occupational therapists; and pharmacists etc.

Note: Not all allied care providers are College-certified. Allied care providers who are College-certified are governed by a provincial regulatory College or body. Specific GPSC incentives may require ACPs to be College-certified for the delegation of tasks, whereas other GPSC incentives may not require ACPs to be College-certified to undertake delegated tasks. Fee notes will clearly indicate whether the ACP must be College-certified to be delegated tasks.

Allied care provider "Employed Within" a physician practice: For the purposes of its incentives, the GPSC defines Allied Care Providers (ACPs) "employed within" a physician practice as ACPs who are employed by and work directly within a FP practice team, with no cost recovery either directly or indirectly from a third party (e.g.: health authority, division of family practice, Ministry of Health, etc.).

Allied care provider "Working Within" a physician practice: For the purpose of its incentives, the GPSC defines allied care providers (ACPs) "working within" a physician practice as ACPs who work directly within an FP practice team with ACP costs paid by the physician practice or a third party (directly or indirectly). For example, ACPs employed by a health authority, and assigned to work with a FP practice to support ongoing care of its patients are considered working within the practice team. ACPs not assigned to work with an FP practice, but who provide services to patients on a referral basis in stand-alone health authority specialized services programs such as chronic disease clinics, mental health teams, home and community care teams, and palliative care teams are not considered to be "working within" the physician practice team.

College-certified allied care providers: Not all allied care providers are College-certified. Allied care providers who are College-certified are governed by a provincial regulatory College or body. Fee notes will clearly indicate whether the ACP must be College-certified. Therefore, MOAs, mental health workers, peer support workers, and patient navigators are not College-certified allied care providers.

APPENDIX B

Doctors of BC Review of New GP APP Contracts

Contracts for 200 new doctors – Opportunities and Challenges

Opportunities	Challenges
Provides new-to-practice physicians with an income guarantee they may not otherwise have in a Fee-for-Service environment.	No additional compensation for overhead. Physicians covered by the new contract will be required to negotiate with clinics to determine appropriate overhead payments to the clinic and will be required to fund it, thus reducing their take-home pay. Physicians often provide 30 to 40% of their compensation to cover overhead costs.
Includes payment for services that are not presently covered by Fee for Service payments but are expected under a Patient Medical Home model including time for coordination of patient care.	After overhead costs are covered, the rate is below what other GP's are paid, including those under existing Service Contracts who do not pay for overhead, or what FFS physicians working the same hours take home after paying for overhead costs.
Hourly payments allow physicians greater flexibility in how they provide care within a team based care model.	Contract may require physicians to provide services in a way which does not align with those provided by other physicians in a clinic.
Contract sets clear expectations of number of days per year that a physician is expected to work within the clinical practice.	Contract may require physicians to provide more days of service than those provided by other physicians in a clinic.
By targeting physicians that are not already in practice, contract is intended to help address attachment issues within a community.	A requirement that physicians add patients referred to them by health authorities to their panels.

Frequently Asked Questions from Physicians – Contracts for new-to-practice physicians

Why are these contracts being offered to a small group of physicians?

The Ministry advises that its initial plans are to offer the new contract to 200 new-to-practice physicians to attract these physicians to community family practices in a way that supports a transition to the new team based model and attaches new patients. If it is successful, we understand that the Ministry may extend a similar contract to existing GP's with existing practices.

Is this a program of the General Practice Services Committee (GPSC)?

This is not a GPSC program. The contract offer was initiated by the Ministry as is permitted under the Physician Master Agreement (PMA).

What role has Doctors of BC played in this?

Doctors of BC agreed to provide its views to the Ministry on the details of the contract to ensure that it appropriately reflects the interest both of the physicians accepting the contract and the Fee-for-Service clinics who agree to accept new physicians under such a contract.
We would normally provide such advice to individual physicians who seek to accept such a contract. The Ministry accepted many of our suggestions, but did not take our advice on the contract rate and overhead payments.

Is this opportunity limited to specific communities only?

The ministry has indicated that communities that are currently developing or have expressed an interest in moving forward with a Primary Care Network (PCN) is being given preference for placement of these physicians.

Do I have to take part? What if I have no interest?

No physician or clinic is required to accept such a contract.