

Contract Positions – Physicians

WHAT CAN THE PHYSICIAN EXPECT?

- A Primary Care Service Contract with the Health Authority:
 - ✓ The contract term is 3 years. At the end of the contract term, practitioners may choose to continue on the Service Contract or transition to an alternative compensation option.
 - ✓ The ability for either party to terminate the contract without cause upon six months written notice to the other party. A physician can use this clause to terminate the contract and become FFS at any point in the contract.
 - ✓ Practitioners engaged through these contracts will be independent contractors. They will not be health authority employees.
 - ✓ Full time contracted hours are a minimum of 1,680 hours annually over a minimum of 220 days. Contracts may be factored up to half-time (.5 FTE).
 - ✓ Regular payments (semi-monthly, monthly) based on invoices.
 - ✓ Requirement to build a patient panel of at least 800 in year one and 1,250 in years 2 and 3.
 - ✓ The ability to retain the Service Contract and move to a different group practice so long as a new Practice Agreement is established, primary care access is maintained for the contracted practitioner's attached patients, and College guidelines are followed.
 - ✓ Services under the contract include both the full scope of primary care services as well as clinical administrative services, including medical co-ordination, participation in multidisciplinary team planning, and participation in the planning of long-term health care delivery goals and health prevention and promotion activities as part of the PCN.
 - ✓ Within the scope of this contract (the contracted time), the physician may not bill FFS, including GPSC incentive fees.
 - ✓ Outside of the scope of this contract, the physician has the ability to bill FFS for services delivered.
 - ✓ There is an expectation to work with the PCN in the area.
- A Practice Agreement with the Clinic:
 - ✓ Negotiated schedule, responsibilities, and expectations in accordance with the Service Contract with the Health Authority.
 - ✓ Payment for overhead negotiated between the physician and the clinic. The contract rates are inclusive of a contribution for overhead, but the details of the clinic-level contributions are up to the practitioner and the clinic to determine.

WHAT CAN THE CLINIC EXPECT?

- A Practice Agreement with the Physician:
 - ✓ The ability to negotiate overhead contribution on a fixed contract amount (rather than a % on a panel that is being developed over time).
 - ✓ Clinics may choose to use their existing Practice agreement contracts (similar to those already being used for FFS physicians) within the parameters of the APP Service Contract.

- ✓ If the relationship does not work, the ability for the Physician to move to a different group practice so long as a new Practice Agreement is established, primary care access is maintained for the contracted practitioner's attached patients, and College guidelines are followed.
- ✓ In the event the Service Contract is terminated and the practitioner does not intend to maintain the attachment relationship with their patients, the practitioner is obligated to work with the clinic, the health authority and other health system partners to facilitate continued access to primary care for their patients. The practitioners must abide by the College's standards and guidelines for leaving a practice.