

## Background

The GPSC is introducing the Community Longitudinal Family Physician (CLFP) Payment: a new annual, ongoing payment for fee-for-service family physicians in BC. The payment recognizes the long-term, relationship-based care family physicians provide to their patients. The first payment (for 2019) will be remitted in January 2020 by MSP Teleplan, for those physicians who meet the eligibility requirements.

The following messaging is intended for GPSC members and staff for their use in communicating and/or responding to physicians and other partners.

## Messaging

### Overarching

- With the introduction of the new Community Longitudinal Family Physician (CLFP) Payment, the GPSC is taking an important step that acknowledges the foundational importance of longitudinal care.
- The CLFP Payment is for community-based family physicians who work under fee-for-service and who care for a panel of patients.
- It begins to recognize the additional, non-clinical responsibilities required to provide ongoing, coordinated care for which fee-for-service physicians are not compensated.
- The first payment will be made in January 2020. Family physicians who are eligible for the payment, as shown through billing data, will receive a CLFP Payment ranging from \$3,000 to \$12,000. The majority will receive between \$4,000 and \$8,000.
- GPSC provides a range of other supports for longitudinal care, including Panel Development Incentive and fees for care planning and management, chronic disease management, personal health risk assessment, and patient telephone management.

### Family physicians providing comprehensive primary care outside the community office setting

- The GPSC acknowledges the importance of comprehensive primary care provided by family physicians outside the community practice office setting, including maternity, in-hospital and long-term care.
- In the past decade, the GPSC has continued to fund enhanced supports to maternity, in-hospital and long-term care. The GPSC has been providing annual funding of \$7 million for maternity care, \$12 million for long-term care and \$25 million for in-hospital care. This amounts to an additional \$6,000 to \$11,000 on average per physician per year for physicians practicing in those areas.
- To further support in-hospital and maternity care in 2019 and beyond, the GPSC approved [an additional 30% lift to select in-hospital and obstetrical fee items](#) this year. Eligible physicians will receive those fee increases along with retroactive payments in early 2020.
- Going forward, the GPSC will continue to consider ways to further support physicians working to provide this comprehensive scope of primary care.

More detailed information can be found in the [FAQ document](#).

*See appendices on next page for detailed messaging.*

#### **Appendix A: Eligibility Requirement 1 ([GPSC Portal Code \(G14070\)](#))**

- Family physicians bill G14070 annually to signify that they are providing full service family practice services to patients and confirming doctor-patient relationship with existing patients through a standardized conversation for the duration of the calendar year. Family physicians have to bill G14070 to access a set of GPSC fee items intended for full service family physicians.
- Exact eligibility requirements for 2020 CLFP Payment has not yet been finalized. If eligible, physicians should continue to submit GPSC Portal Code (G14070) on an annual basis to signify they are continuing to provide full service family practice services to patients and confirming doctor-patient relationship with existing patients through a standardized conversation.

#### **Appendix B: Eligibility Requirement 2 (Majority Source of Care patients)**

- Payment for each eligible physicians varies according to the number and complexity of MSOC patients assigned to him/her.
- For the 2019 CLFP Payment, eligible physicians will be required to have 50 or more MSOC patients in the previous calendar year (2018) based on family physician visits provided under MSP fee-for-service.
  - o A patient can be MSOC for only one family physician.
  - o One or more family physician services provided by a single family physician to a single patient on a single day is considered as one patient visit to a family physician.
  - o For the CLFP Payment, only family physician services provided under fee-for-service are considered.
  - o For the CLFP Payment, family physician services not intended for longitudinal care (e.g. consultation, hospitalist, surgical assistance fees) are also excluded.

#### **Appendix C: Alternative Payment Physicians**

- The CLFP Payment is intended to recognize the additional, non-clinical responsibilities required to provide ongoing, coordinated care for which fee-for-service physicians are not compensated. As such, the CLFP Payment is intended to be for family physicians working under fee-for-service.
- Discussions between the Ministry of Health and Doctors of BC are underway to develop alternative payment/funding models, including Alternative Payment and Population-Based Funding contracts.