



## Background

This application form is for Health Authorities who are seeking to establish or alter an Alternative Payment Arrangement (APA) for physicians working within a defined clinical program.

For the purposes of this application, APAs refer to salary agreements, service contracts and other Alternative Payments Program (APP) supported compensation models. This application initiates an assessment to determine the suitability of the proposed compensation arrangement(s) through an APA and a review of all current compensation arrangements of the practitioner(s) delivering the clinical program.

The Ministry of Health (the Ministry) will only support APAs as an “all-in” compensation method within a defined clinical program. This means all clinical services, as defined in the Physician Master Agreement, falling within the scope of an APA can only be compensated by that arrangement and cannot be combined with other compensations modes.

## Instructions and Information

To be completed by Medical Affairs staff at the Health Authority through this PDF form.

1. Section 1: Identify the specific type of request being submitted.
2. Section 2 to 3: Fill out all required fields and the supplemental Practitioner Details Form for all practitioner(s) involved in the contract.
  - Ensure you identify all modes of compensation that practitioner(s) in the program are currently receiving for services provided under this program. This is to determine the full scope of the existing clinical program.
3. Review Appendix A, located at the bottom of this form, for detailed information requirements for different program areas.
4. Once completed, submit the form to the Ministry’s Physician Compensation inbox for review at [HLTH.PhysicianComp@gov.bc.ca](mailto:HLTH.PhysicianComp@gov.bc.ca). For anesthesia applications, please submit to both [HLTH.PhysicianComp@gov.bc.ca](mailto:HLTH.PhysicianComp@gov.bc.ca) and [HLTH.APPAnesthesia@gov.bc.ca](mailto:HLTH.APPAnesthesia@gov.bc.ca).

All fields of the form are considered mandatory and must be filled in or the application will not be reviewed.

*Health Authorities will receive a decision or update on the status of an application within 4 weeks of submission.*

## Considerations when applying for an Alternative Payment Arrangement Application

1. Physicians working in an existing clinical program under fee-for-service cannot be required to change compensation modalities. Agencies have the right to determine the form of compensation for physician services for any new service model they introduce.
2. Approval is at the discretion of the Ministry and subject to available funds.
3. In completing the form, the health authority should reach out to the physicians for additional information. You may submit additional information to support your business case, if necessary.
4. Patient-level reporting through Teleplan (encounter reporting) that accounts for all clinical services delivered in exchange for contract payments is a requirement in all APAs.
5. Detailed Hours reporting is required for physicians along with facility location and start/stop time (to the nearest 15 min) for both scheduled and unscheduled hours. This information will also be used for After-Hours Premium eligible contracts.
6. Utilization reporting through the System for Contract Reporting Utilization and Budgeting Solutions (SCRUBS) is required for all payments made to physicians by health authorities for clinical services.
7. Additional considerations may include: whether a program has been granted funding for physician contracting from another funding source in the last 2 years, and whether there are any Settlement Agreement implications.

### Collection Notice

The Ministry of Health and the regional Health Authority have collected physicians’ personal information under s. 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining eligibility for an alternative payment arrangement.

Physicians’ information will only be used for the purposes stated in this notice and may be shared with other health authorities’ Medical Affairs staff and/or the Health Employers Association of BC in the review process to determine the suitability and details of an alternative payment arrangement.

Should physicians have any questions or concerns regarding the collection, use and disclosure of personal information, they should contact their health authorities’ privacy office or the Ministry of Health Alternative Payment Program Office at [HLTH.PhysicianComp@gov.bc.ca](mailto:HLTH.PhysicianComp@gov.bc.ca).

Name of Application Health Authority Contact	Email Address	Date Application Submitted
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**SECTION 1: REQUEST TYPE - Choosing a specific option will determine the required information in the following sections**

**Please identify the type of request this application is for and if it for a service contract or salary arrangement.**

Service Contract       Salary Agreement

**Modality Conversion:** Shifting an existing clinical program from its current mode of compensation to service contract or salary arrangement. *This typically means shifting from program compensated via Fee-For-Service (FFS) or Sessional Contracts to a Service Contract or Salary Agreement. Complete all fields in Sections 2 and 3.* Note: if there is a current CPRP ID(s) for this service, please include below.

FFS       Sessional       Other

**Additional FTE for Existing Service:** Request to add APP funding to purchase additional FTE in an existing clinical program delivering services under an APA. *Note: Requests of this type will only be considered through this process if there is a not a dedicated budget and associated process elsewhere (e.g. Workload-related requests will only be considered through the Workload Funding process as budgets are negotiated through the PMA). Complete all fields in Sections 2 and 3.*

**Net-New Clinical Program:** Request to initiate a net-new clinical program paid through an APA. *This is for programs with no history under FFS or other modes of payment. Complete Parts A and B of Section 2 and all fields in Section 3.*

Service Contract / Salary Agreement       Other Contract Agreement

Is this application for a surgical program, anesthesia, or other?

Surgical Program       Anesthesia       Other

**SECTION 2A: PROPOSAL SUMMARY AND BUSINESS CASE - SUMMARY - To be completed with Practitioner Details form**

Provide a brief summary of why you are applying to move to an APA as compensation for the clinical services. This is an opportunity to identify a business case for a transition to an APA. Applicants must include their program type and provide details following the criteria outlined in **Appendix A**. Attach a separate document as .docx/pdf if necessary. Your summary may include but is not limited to:

- Improving patient outcomes and/or satisfaction
- Service stabilization, quality, access, and volume
- Evolving practice environment and/or patient population
- Physician retention and recruitment
- Value for money

**SECTION 2B: PROPOSAL SUMMARY AND BUSINESS CASE**

Please describe the patient populations served and the services delivered in the existing clinical program. Some potential areas that can be included but not limited to are:

- Previous year(s) schedule of the practitioner(s) who were scheduled to work
- Target population, disease, delivery mode, and service/patient complexity
- Any trends or changes that have impacted the practice

Facility, Community, or Region Name		Planned FTE for this clinical program
Practice Category	Forecast Group	
Program Area	Range Placement	FTE Definition

Are the physicians credentialed to received payments under the proposed Practice Category

Yes  No

What is the proposed weekly schedule, days and hours per week, as well as number of practitioners per shift, shift per week, and if evenings, nights, or weekends are planned for this program? In describing the program's schedule, please distinguish between scheduled in-person care and schedules for availability.

**SECTION 2C: PROPOSAL SUMMARY AND BUSINESS CASE**

In the current facility(s), what is the typical weekly work schedule? Please describe days worked and total hours delivered.

In the current facility(s), how many FTE or hours are provided on an annualized basis?

State the existing annual budget for the clinical program.

### SECTION 3: PROPOSED BUDGET

Are there any funding considerations the Ministry should be made aware of when assessing this application? Examples may include:

- Use of Rural Locum Program funding or Income Guarantees to secure locums in last 3 years. If so, provide details
- Physicians providing services under the proposed APA eligible for Settlement Agreement compensation terms
- Health authority willingness to fund over-the-range proposals

Are there any specific service or general contracting considerations that should be considered alongside this application? These include, but are not limited to, service destabilization, potential precedents, and projected changes to service model, quality, volume, and or access.

**Please be aware that applications from primary care physicians may be shared with the Ministry's Primary Care Division for coordination with concurrent primary care initiatives.**

## Appendix A – Practice Category Requirements

### Anesthesia

- Is the site private? If yes, please provide justification for how regional Health Authority sites are not affected by this request
- Is this an existing anesthesia provincial contract? If yes, please refer to additional required supporting information below
  - Anesthesia continues to be a Priority Physician Contract and engagement from the Health Authority with the HEABC anesthesia negotiation team is necessary prior to submission of an APA expansion request to the Ministry
  - Include data and supporting information on:
    - Infrastructure to support expansion (e.g. anesthesiologists, OR capacity, nursing capacity, etc.)
    - Patient wait lists (current wait list and why it has grown, is this a temporary request to reduce the wait list or is it ongoing and why)
    - Type of service (OR, OOR, etc.) and specific description of anesthetic service requested (e.g. regional blocks, pre-surgical screening, epidurals etc.)
    - Proposed change to the scheduled shift(s), number of physicians and costing
    - Up to date utilization to support the request and operational reasoning for variances in utilization from budget
    - Other supporting information or data, as applicable

If this information is contained in an existing approved request through your Surgical Network, that document can be submitted to APP in satisfaction of the information requested above.

### Emergency Medicine

- CTAS detail data for 4 years. (i.e. date of arrival, time of arrival, CTAS level, # of patients)
- Current schedule of services and future state schedule (if expansion)
- Details of other services provided i.e. code blue, lead physician for triage, EMR, teaching, etc.
- EMEMGP or EMEMSP? If EMEMSP, Specialist credential or GP with CAC in emergency medicine

### Internal Medicine

- Are these GIM or ICU services?
- Internal Medicine versus Subspecialty Internal Medicine (SUBINA)
- If SUBINA, what are the exact credentials for the physicians in question?

Note, not all subspecialties can be granted SUBINA rate

### Obstetrics/Gynecology

- How many IP Maternity Beds
- Who is MRP for complex patients
- What is the expected length of stay
- How many deliveries per year including complexity of mother/baby dyad (data supporting when births happen for analysis of trends)
- Tier level of maternity, NICU of hospital
- OR Times
- Referral patterns from other communities
- Current waitlist for services
- ER Volumes
- Clinic Hours
- What surgical assist services are required
- Amount of current maternity FPs or midwives in the area

### Orthopedic Surgery

- Is this for ORTHSG or SORTSG? If it is SORTSG, there are additional requirements per the Settlement Agreement

### Pathology (Laboratory Medicine)

- Are the physicians encounter reporting or willing to encounter report

## **Appendix A continued– Practice Category Requirements**

### **Plastic Surgery**

- Is the request for the regular Plastic Surgery Rate or the PLACVS rate
- If the request is for the PLACVS rate, does the contract meet ALL the requirements for this rate (e.g. location of services)?
- If PLACVS, is this at all related to Transcare

### **Psychiatry**

- Blended billing implications need to be addressed prior to approval

### **Pediatric Radiology**

- OR Times
- Referral patterns from other communities
- Current waitlist for services
- ER Volumes
- Clinic Hours
- What surgical assist services are required

### **Thoracic Surgery**

- Hyper Legacy contract models in place should not create new contract models without consulting the MoH APP office first