



**SPECIALIST SERVICES  
COMMITTEE**

# 2010 Initiatives

Effective September 8, 2010

## Specialist Services Committee Membership 2009-2010

### **BCMA Representatives**

Dr. Ken Seethram, Co-Chair, Surgical Representative

Dr. Erin Brown, Alternative Payments Representative

Dr. Ian Courtice, Medical Representative

Dr. Gordon Hoag, Diagnostic Representative

### **Ministry of Health Representatives**

Ms. Phyllis Chuly, Co-Chair, Medical Services Branch

Mr. Jeremy Higgs, Medical Services Economic Analysis

Dr. Richard Crow, Vancouver Island Health Authority

Mr. Brian Schmidt, Provincial Health Services Authority

### **Staff Support**

Jim Aikman, Director of Economics and Policy Analysis, BCMA

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## 1. Overview

The mandate of the Specialist Services Committee (SSC) is to facilitate collaboration between the Government, the BCMA and the Health Authorities on the delivery of services by Specialist Physicians to British Columbians and to support the improvement of the specialist care system.

The 2009 Memorandum of Agreement includes funding to enhance and expand programs that support the delivery of high quality specialty services in British Columbia. There is \$20 million in 2010/11 and an additional \$25 million in 2011/12 for a total of \$45 million in the second year.

In determining how these funds should be spent the SSC started a comprehensive consultation process with key stakeholders that included the Society of Specialist Physicians and Surgeons (SSPS) and BCMA Specialist Sections. In order to determine the ideal initiatives for the committee, the SSC viewed all ideas and discussions through the Institute for Healthcare Improvement's Triple Aim Initiative as well as its own guiding principles. Details of the Triple Aim and the SSC guiding principles can be found in Appendix A.

The following initiatives are being implemented by the SSC on April 1, 2010:

- Physician to Physician Urgent Telephone Advice Fee
- Physician to Physician Patient Management Telephone Advice Fee
- Scheduled Telephone Patient Follow-Up Fee
- Peri-Operative Billing Rule Changes
- Practice Support Program (PSP) for Specialists
- Physician Payment for Health Authority System Redesign

As well, the SSC is developing other initiatives that include a discharge planning fee for implementation in the latter part of 2010 and a labour market adjustment process with an expected implementation date of April 1, 2011. The SSC has set aside \$10 million to help recruit and retain specialists in BC where required.

The SSC initiatives for April 1, 2010 have six specific objectives:

Patients will:

- Avoid unnecessary face-to-face encounters.
- Be seen by the most appropriate physician.
- Have faster access to specialist advice.

Specialists will:

- Avoid unnecessary face-to-face encounters.
- Be compensated for expert clinical advice.
- Be encouraged to engage in service delivery improvements.

All SSC initiatives will be monitored to ensure that the overall expenditures do not exceed the funds available. In addition, these initiatives will be assessed against their objectives. Changes will be made to the fees and / or initiatives to ensure financial accountability and effectiveness.

## 2. Telephone Fees

The SSC is introducing three new telephone fees designed to increase Specialists' capacity and improve patient access to Specialist expertise.

- 1) Physician to Physician "Urgent" Advice This fee is to be used when another physician (GP or Specialist) requires immediate advice. Specialists can bill this item when they provide telephone advice to the initiating physician within two hours.
- 2) Physician to Physician Patient "Management" Advice This fee is to be used when a referring physician needs advice and guidance with the management of a patient. Specialists can bill this item when they provide telephone advice to the initiating physician within seven days.
- 3) Scheduled Telephone Patient Follow-Up This fee is for Specialists to have scheduled follow-up phone visits with their own patients in situations that do not require a face-to-face visit. The telephone follow-up must be pre-scheduled with the patient in order to bill this fee.

The specific fee descriptions and notes for these items can be found in Sections 2.1, 2.2, and 2.3 of this document.

Expected outcomes of these initiatives include:

- Better and more timely access to care for patients.
- Timely identification of patients who require urgent assessment.
- Improved efficiency and capacity of physician offices.
- Enhanced collaboration and consultation between providers.

### **Eligibility**

These incentive payments are available to all physicians who are a certificand or fellow of the Royal College of Physicians and Surgeons of Canada.

## Restrictions

The specialist physician-to-physician telephone fees are to be billed by the specialist who responds to a request from another physician. These fees cannot be billed by the physician requesting the advice. The patient-to-physician fee must be a pre-scheduled appointment. This fee is intended to take the place of a scheduled follow-up visit.

All three fees are for conversations that must be clinical in nature. They are not intended to be used to book an appointment, arrange for transfer of care that occurs within 24 hours, arrange for an expedited consultation or procedure within 24 hours, arrange for laboratory or diagnostic investigations, inform the referring physician of results of diagnostic investigations, arrange a hospital bed for the patient, expedite consultations or arrange for a transfer of care.

## Documentation

Documentation is required for ethical, legal, and billing purposes.

The Royal College of Physicians and Surgeons has an expectation that both physicians will appropriately document the conversation. This record should be included in the patient's medical record. For the physician providing advice, who may not have a medical record for the patient, the documentation may be stored in a physician log and include the time, the name of the other physician, the patient name, patient history and summary of advice given.

From a liability perspective, the CMPA has indicated the following regarding telephone advice:

*Before giving telephone advice, be satisfied you have obtained enough information to be confident the advice is appropriate.*

## 2. Telephone Fees *continued*


*With the passage of time, medical information you have received or advice you have given over the telephone may be difficult or impossible to recall. Whether you have given the advice to other professional colleagues or directly to patients, appropriate documentation of the discussion will be important should your advice ever be called into question.*

*Consider having a system in place to make it easier to document your advice.*

*Source: CMPA Online, Tips to Avoid Trouble (#10), Originally Published September 2008, IL0830-2-E © CMPA 2008*

*[http://www.cmpa-acpm.ca/cmpapd04/docs/resource\\_files/infoletters/2008/com\\_il0830\\_2-e.cfm](http://www.cmpa-acpm.ca/cmpapd04/docs/resource_files/infoletters/2008/com_il0830_2-e.cfm)*

The CMPA provides free telephone record pads for physicians to use when documenting telephone advice. Additional pads can be ordered free of charge by contacting the CMPA at 1.800.267.6522.

 <p>THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION PATIENT TELEPHONE CALL RECORD</p> <p><i>Place in patient's medical record</i></p> <p><b>PHONE</b> 1 800 267-6522 613 725-2000</p> <p><b>FAX</b> 1 877 763-1300</p> <p><b>WEBSITE</b> <a href="http://www.cmpa-acpm.ca">www.cmpa-acpm.ca</a></p>	Date: ____/____/____ Time: ____ <sup>am</sup> / ____ <sup>pm</sup> Caller: _____
	<b>Patient:</b> _____ <b>Tel.:</b> _____ Reason for call: _____ _____ Advice given: _____ _____ Present meds: _____ Allergic to: _____ Prescriptions: _____ _____ Pharmacy: _____ Tel.: _____ Initials: _____

## 2.1 Physician to Physician Urgent Telephone Advice

<b>G10001</b>	<b>Specialist Telephone Advice – Initiated by a Specialist or General Practitioner, Urgent</b>	<b>\$60.00</b>
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### NOTES

- i) *Payable to Specialist Physicians for two-way telephone communication (including other forms of electronic verbal communication) regarding assessment and management of a patient but without the consulting physician seeing the patient.*
- ii) *Conversation must take place within two hours of the initiating physician's request. Not payable for written communication (i.e. fax, letter, e-mail).*
- iii) *Includes discussion of pertinent family/patient history, history of presenting complaint, and discussion of the patient's condition and management after reviewing laboratory and other data where indicated.*
- iv) *A chart entry, including advice given and to whom, is required.*
- v) *Include start and end times in time fields when submitting claim.*
- vi) *Not payable for situations where the purpose of the call is to:*
  - a) *book an appointment*
  - b) *arrange for transfer of care that occurs within 24 hours*
  - c) *arrange for an expedited consultation or procedure within 24 hours*
  - d) *arrange for laboratory or diagnostic investigations*
  - e) *inform the referring physician of results of diagnostic investigations*
  - f) *arrange a hospital bed for the patient*
- vii) *Limited to one claim per patient per physician per day.*
- viii) *Out-of-Office Hours Premiums and Rural Retention Premiums may not be claimed in addition.*

## 2.1 Physician to Physician Urgent Telephone Advice *continued*

- ix) Not payable to physician initiating call.*
- x) Not payable in addition to another service on the same day for the same patient by same practitioner.*
- xi) No claim may be made where communication is with a proxy for either physician (e.g. nurse or assistant).*
- xii) Cannot be billed simultaneously with salary, sessional, or service contract arrangements.*

## 2.2 Physician to Physician Patient Management Telephone Advice

<b>G10002</b>	<b>Specialist Telephone Patient Management – Initiated by a Specialist or General Practitioner, One Week</b>	<b>\$40.00</b>
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### NOTES

- i) Payable to Specialist Physicians for two-way telephone communication (including other forms of electronic verbal communication) regarding assessment and management of a patient but without the consulting physician seeing the patient.
- ii) Conversation must take place within 7 days of initiating physician's request. Initiation may be by phone or referral letter.
- iii) Includes discussion of pertinent family/patient history, history of presenting complaint, and discussion of the patient's condition and management after reviewing laboratory and other data where indicated.
- iv) A chart entry, including advice given and to whom, is required.
- v) Include start and end times in time fields when submitting claim.
- vi) Not payable for situations where the purpose of the call is to:
  - a) book an appointment
  - b) arrange for transfer of care that occurs within 24 hours
  - c) arrange for an expedited consultation or procedure within 24 hours
  - d) arrange for laboratory or diagnostic investigations
  - e) inform the referring physician of results of diagnostic investigations
  - f) arrange a hospital bed for the patient
- vii) Limited to one claim per patient per physician per week.
- viii) Out-of-Office Hours Premiums and Rural Retention Premiums may not be claimed in addition.

## 2.2 Physician to Physician Patient Management Telephone *Advice continued*

- ix) Not payable to physician initiating call.*
- x) No claim may be made where communication is with a proxy for either physician (e.g. nurse or assistant).*
- xi) Not payable in addition to another service on the same day for the same patient by same practitioner.*
- xii) Cannot be billed simultaneously with salary, sessional, or service contract arrangements.*

## 2.3 Scheduled Telephone Patient Follow-Up

<b>G10003</b>	<b>Specialist Telephone Patient Management / Follow-Up</b>	<b>\$20</b>
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### NOTES

- i) *This fee applies to two-way direct telephone communication (including other forms of electronic verbal communication) between the specialist physician and patient, or a patient's representative. Not payable for written communication (i.e. fax, letter, e-mail).*
- ii) *This fee is only payable for scheduled telephone appointments with the patient.*
- iii) *Access to this fee is restricted to patients having received a consultation, diagnostic procedure or surgical procedure from the same certified specialist physician, within the 6 months preceding this service.*
- iv) *Each physician may bill this service four (4) times per calendar year for each patient.*
- v) *Not payable in addition to another service on the same day, by the same practitioner.*
- vi) *Telephone management requires two-way communication between the patient and physician on a clinical level; the fee is not billable for administrative tasks such as appointment notification.*
- vii) *This fee requires chart entry as well as ensuring the patient understands and acknowledges the information provided.*
- viii) *No claim may be made where communication is with a proxy for the physician (e.g. nurse or assistant).*
- ix) *Include start and end times in time fields when submitting claim.*
- x) *Cannot be billed simultaneously with salary, sessional, or service contract arrangements.*
- xi) *Out-of-Office Hours Premiums and Rural Retention Premiums may not be claimed in addition.*

## 3. Peri-Operative Billing Rule Changes

The SSC is allocating new funding to change the general preamble regarding pre-operative and post-operative visits. Effective April 1, 2010, physicians will be able to bill the pre- and post-operative visits in addition to the surgical fees as follows:

- pre-operative visits in the office or in the hospital,
- post-operative visits in the office,
- post-operative visits in the hospital after 14 days.

Recognizing the practice of surgery and hospitalization has changed substantially, these modifications are being implemented to support the provision of medically necessary peri-operative care outside of the two weeks in hospital immediately following surgery. This modernization of the billing rules is also in keeping with practices across Canada.

## 4. Practice Support Program (PSP) for Specialists

The Practice Support Program (PSP) was launched for General Practitioners in 2007 with two objectives: to improve care for patients throughout the province and to increase job satisfaction among BC's general practitioners. The PSP offers focused training sessions for physicians and their medical office assistants (MOAs) to help them improve practice efficiency and to support enhanced delivery of patient care. The PSP is expanding to include Specialists and their MOAs.

The initial Specialist training session combines three management modules into one condensed version. The modules being included are Group Visits, Office Efficiency, and Advanced Access (patient scheduling). Combined, these modules help enable physicians and MOAs to maximize the physician's time with patients. The expected outcomes include reduced waiting lists for patients, reduced stress for staff, and increased job satisfaction and income for Specialists.

Specialists and their MOAs who attend PSP sessions will be compensated. Physicians are compensated at the sessional rate and reimbursed for their MOAs time at a rate of \$20 per hour.

Depending on the success of these management modules, clinical modules may be introduced in the future. Further details can be found at [www.pspbc.ca](http://www.pspbc.ca). To contact the PSP Support Team in your Health Authority, see Appendix B.

## **Specialist Group Medical Visits**

The Group Medical Visit Fees can be billable for specialists who have completed, or who are currently enrolled in, the Practice Support Program (PSP) module for specialists on Advanced Access and Group Medical Visits.

Group Medical Visits are an effective way of leveraging existing resources; simultaneously improving quality of care and health outcomes, increasing patient access to care and reducing costs. Group Medical Visits can offer patients an additional health care choice, provide them support from other patients, and improve the patient-physician interaction. Physicians can also benefit by reducing the need to repeat the same information many times and free up time for other patients. Appropriate patient privacy is always maintained and typically these benefits result in improved satisfaction for both patients and physicians.

### ***Fee per patient, per 1/2 hour:***

<b>G78763</b>	Three patients	\$30.66
<b>G78764</b>	Four patients	\$24.78
<b>G78765</b>	Five patient	\$21.28
<b>G78766</b>	Six patients	\$18.94
<b>G78767</b>	Seven patients	\$17.27
<b>G78768</b>	Eight patients	\$16.03
<b>G78769</b>	Nine patients	\$15.04
<b>G78770</b>	Ten patients	\$14.24
<b>G78771</b>	Eleven patients	\$12.47
<b>G78772</b>	Twelve patients	\$11.73
<b>G78773</b>	Thirteen patients	\$10.87
<b>G78774</b>	Fourteen patients	\$10.67

<b>G78775</b>	Fifteen patients	\$10.24
<b>G78776</b>	Sixteen patients	\$9.93
<b>G78777</b>	Seventeen patients	\$9.51
<b>G78778</b>	Eighteen patients	\$9.30
<b>G78779</b>	Nineteen patients	\$8.98
<b>G78780</b>	Twenty patients	\$8.76
<b>G78781</b>	Greater than 20 patients (per patient)	\$8.45

**NOTES**

- i) *A separate claim must be submitted for each patient.*
- ii) *An active referral is required by a medical practitioner or a health care practitioner for each patient.*
- iii) *Payable only to Specialist Physicians who have completed, or are currently enrolled in, the Specialist Services Committee Practice Support Program on Advanced Access and Group Medical Visits or a recognized equivalent.*
- iv) *Claim must state start and end times for the service.*
- v) *Service is not payable with other services, for the same patient, on the same day.*
- vi) *The SSC reserves the right to reduce, suspend or cancel these fee items.*
- vii) *Not payable to physicians who are employed by, or who are under contract to a facility, who would otherwise have provided the service as a requirement of their employment or contract with the facility; or physicians working under salary, service contract or sessional arrangement.*

## 5. Physician Payment for Health Authority System Redesign

Funding is allocated to compensate specialists for participating in health system redesign initiatives led by the Health Authorities. Specialists will be paid by the Health Authority at sessional rates.

The objective is to support and encourage participation in system redesign initiatives to improve the delivery of Specialist services. This is beyond hospital administrative duties specialists may already be responsible and compensated for. Health authorities will be submitting funding requests to the SSC for consideration and approval. Physicians will be contacted directly by the Health Authorities if their involvement is required for the initiative.

## 6. Contacts

### **General Inquiries**

**Peter McClung**  
*Health Economist, BCMA*  
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604 638 2819

**Nadeen Johansen**  
*Senior Policy Analyst, MSB*  
Nadeen.Johansen@gov.bc.ca  
250 952 2979

### **Billing Rules and Fee Codes**

*General Inquiries*  
**Health Insurance BC (HIBC)**  
1 866 456 6950  
604 456 6950

### **Practice Support Program**

Please see page Appendix B

### **Health Authority System Redesign**

Health Authorities will be contacting physicians directly for their participation.

For general inquiries, contact:

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250 952 2979

## Appendix A

### **Triple Aim Initiative**

The Triple Aim, developed by the Institute for Healthcare Improvement, articulates the system-wide goals that will lead to more coordinated, integrated and comprehensive patient care, namely:

1. The model or approach impacts positively the experience of the patient and provider.
2. The model or approach impacts positively the health (physical and mental) of a defined population.
3. The per capita cost of the model or approach has a positive effect on health care expenditures.

### **Specialist Services Committee Guiding Principles**

The SSC developed the following list of guiding principles to prioritize proposals:

- Address a care gap
- Benefit patient experience by improving and supporting patient engagement
- Benefit provider experience by:
  - o Improving knowledge, skills and judgements of individual physicians that will positively affect patient management and outcomes, and
  - o Improving collaborative practice
- Encourage efficient capacity
- Encourage appropriate access to care
- Demonstrate a positive cost benefit
- Demonstrate an achievable, measurable outcome

## Appendix B



Practice Support Program...an initiative of the General Practice Services Committee

### Practice Support Team Contacts

#### Fraser Health Authority

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#### Vancouver Coastal Health Authority

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Practice Support Program...an initiative of the General Practice Services Committee

### **Provincial Coordinating Office**

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[www.bcma.org](http://www.bcma.org)

[www.pspbc.ca](http://www.pspbc.ca)



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