

# **APPLICATION FORM**

## **CHANGE IN FORM OF COMPENSATION**

**(Article 20.5, Physician Master Agreement)**

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### **Background**

The Physician Master Agreement (PMA) identifies three methods available for changing a physician's form of compensation from fee-for-service to either a Service Contract or a Salary Agreement. This Application Form only applies to Method Two, the Annual Selection Process (ASP).

The PMA provisions describing the ASP can be found at <http://www.health.gov.bc.ca/msp/legislation/bcmaagree.html>. The complete provisions concerning all methods for a change in form of compensation are contained in Article 20 of the PMA (see Amendment Number 4).

The following goals are identified in the PMA for changes in the form of compensation:

- (a) maintaining or providing improvements in access to, delivery of, and outcomes from physician services;
- (b) maintaining or enhancing service delivery through a team-based approach that links together the services of physicians and, where applicable, other health professionals employed by physicians or through a Health Authority linked to a program service area;
- (c) improving recruitment and retention of physicians;
- (d) establishing a fiscally sustainable basis for the provision of medical services, within the compensation framework and expenditure envelope established for physician services under this Agreement; and
- (e) effectively utilizing standard approaches to changes in form of compensation for physician services that are fair, transparent and aligned to the strategic priorities of the Government and the operational priorities of the Health Authorities.

### **General Guidelines for Applicants**

Health Authorities and physician(s) who agree to support a proposed change in form of compensation are to jointly submit a completed Application. Information provided in this Application is intended to enable the joint Evaluation Committee to assess and rank each Application received on a consistent basis using agreed Evaluation Criteria. The Evaluation Criteria can be found at <http://www.health.gov.bc.ca/msp/legislation/bcmaagree.html>. Submission of this Application provides consent to verification of all information provided including MSP billing information.

The Evaluation Committee is composed of equal numbers of members from the British Columbia Medical Association and the Ministry of Health Services. The volume of Applications may result in a demand for funds that exceeds what is available for the year. The Evaluation Committee will determine the net new cost of each application by calculating the difference between proposed costs (Part 111B(3)) and current costs (Part 111A(3)). It is in the applicants' best interest to ensure that the complete Application is as comprehensive as possible.

## Application Timelines and Processes

The following are the required timelines for the 2009 ASP Application process:

- A Health Authority or physician(s) wanting to change the form of compensation from fee-for-service to a Service Contract/Salary Agreement must notify the affected Health Authority or physician(s) no later than September 4, 2009.
- Where both the Health Authority and physician(s) agree to support the proposed change they must jointly submit an Application to the Evaluation Committee using this ASP Application form by October 8, 2009.
- By October 28, 2009, the Evaluation Committee will provide written notification to all ASP applicants with an assessment of their Applications. The notice will specify the outcome of the Committee's decision as per Article 20.5(n) of the PMA, review the option for a debriefing and the scope and process of review of the assessment decision.
- Timelines for the Application debriefing and review process can be found at <http://www.health.gov.bc.ca/msp/legislation/bcmaagree.html>.

Timelines for 2010/11 will commence on February 1, 2009 and will follow the dates noted in the PMA.

## Instructions for the Submission of Applications

1. Applications must be signed and submitted by a physician or an authorized physician representative and an authorized Health Authority representative.
2. All questions must be answered for the Application to be considered complete. Only complete Applications will be considered by the Evaluation Committee. It is the responsibility of the Evaluation Committee to determine the net new cost of an application pursuant to Article 20.5(j).
3. Additional material may be attached that will provide the Evaluation Committee a clearer understanding of the Application.
4. Please send single-sided copies of your Application(s).
6. Mail or e-mail a copy of your Application to the Evaluation Committee c/o both the Government and the BCMA:

<b>Ministry of Health Services Physician Compensation Branch Alternative Payments Program 3-2, 1515 Blanshard Street Victoria, BC V8W 3C8</b>  <b><u><a href="mailto:Laurie.Stein@gov.bc.ca">Laurie.Stein@gov.bc.ca</a></u></b>	<b>Dr. Alexandra Tcheremenska Associate CEO BC Medical Association 115 – 1665 West Broadway Vancouver, BC V6J 5A4</b>  <b><u><a href="mailto:atcheremenska@bcma.bc.ca">atcheremenska@bcma.bc.ca</a></u></b>
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7. Your Application will be acknowledged upon receipt by email. If you do not receive an acknowledgement within 15 days of submission, please call Ministry of Health, Physician Compensation at (250) 952-3588.



## PART II: DESCRIPTION OF PROPOSED SERVICES

Space available does not indicate amount of information to be provided. Applicants are responsible for ensuring that the Evaluation Committee has all the information it may require to make an informed assessment – attach additional information as necessary for any or all responses. Include as much evidence as necessary to support quantifiable assertions.

Mark “N/A” if the topic is not applicable but **do not leave any questions blank.**

<p>1. Please identify the practice category or categories ( <a href="http://www.health.gov.bc.ca/msp/legislation/bcmaagree.html">http://www.health.gov.bc.ca/msp/legislation/bcmaagree.html</a> ) of physician services for which funding is being requested:</p>
<p>2. Please identify the locations where these physician services are to be provided and indicate if any change in the existing location of service is contemplated by this Application:</p>
<p>3. Current services: list the services that are currently provided on a fee-for-service basis that would be included in the proposed Service Contract/Salary Agreement:</p>
<p>4. New services (if any): list the new services that will be included in the proposed Service Contract/Salary Agreement:</p>
<p>5. Who is the target population for this Application? (Please describe patient group, catchment area/communities and estimated number of patients for the program.) What need(s) of the target population is the physician service(s) expected to meet? Please provide data to demonstrate the need for the physician services (e.g., needs analysis, wait lists, comparable standards of service in other areas of the Province, quality indicators, etc.):</p>
<p>6. Describe how the proposed Service Contract/Salary Agreement will maintain or improve <u>access</u> to medical services by patients:</p>
<p>7. Describe how the proposed Service Contract/Salary Agreement will maintain or improve the <u>quality</u> of medical services to patients:</p>
<p>8. Describe how the proposed Service Contract/Salary Agreement will maintain or increase the <u>quantity</u> of medical services to patients:</p>
<p>9. Describe how, if at all, the proposed Service Contract/Salary Agreement will maintain or enhance service delivery through a team-based approach (e.g. involvement of other health professionals) which contributes to better use of the physicians' time and expertise:</p>
<p>10. Describe how the proposed Service Contract/Salary Agreement will improve the capacity to recruit and/or retain physicians for the proposed services.</p>

## PART II: DESCRIPTION OF PROPOSED SERVICES

<p>11. Describe how the proposed Service Contract/Salary Agreement better facilitates the provision of the physician services:</p>
<p>12. Describe how the proposed Service Contract/Salary Agreement aligns with the Government's Strategic Priorities (see Appendix C):</p>
<p>13. Describe how the proposed Service Contract/Salary Agreement aligns with the applicant Health Authority's Operational Priorities (see <a href="http://www.health.gov.bc.ca/msp/legislation/bcmaagree.html">http://www.health.gov.bc.ca/msp/legislation/bcmaagree.html</a>):</p>
<p>14. Describe the physician(s) capacity (experience, expertise, availability) to provide the services identified for the proposed Service Contract/Salary Agreement:</p>
<p>15. Describe the Health Authority's <b>current</b> ability/capacity (e.g. financial, capital, operational) to support the other services identified as required for the proposed Service Contract/Salary Agreement.</p>
<p>16. Describe what, if any, <b>additional</b> human resources, facilities or capital equipment (e.g., operating funding, beds, facilities, other health care professionals and support staff, IT systems, etc.) will be necessary for the Health Authority to fully implement the proposed Service Contract/Salary Agreement. Are the additional resources in place? If not, can they be secured? How and when will they be secured?</p>
<p>17. If the success of this Application is <b>dependent upon additional resources</b>, support and collaboration of organizations external to the Health Authority (e.g. other health authorities or agencies) or will impact upon their plans and operations, please identify those other organizations and the authorized individuals in those organizations who have formally confirmed their organization's commitment to provide the necessary resources from their organization. Note: The Application will not be considered complete without such confirmation.</p>
<p>18. Describe how the change in form of compensation contributes to improvements in the management of physician services.</p>
<p>19. Please provide any other information that you believe will enable the Evaluation Committee to assess this Application on a fully informed basis:</p>

**PART III: A. CURRENT SERVICES AND COSTS**

**1. Current Patient Coverage** – Describe the current level of coverage (e.g. hours; time of day; days of week; weeks per year) of the physician services that would fall within the scope of the proposed Service Contract/Salary Agreement:

**2. Other Services** – What services, other than direct patient care are currently provided by the physician(s) (outline specifically what these activities are and the time spent on these activities)?

**3. Current Cost of Physician Services**– Current costs include the total amount paid by the MSP during the Fiscal Year immediately preceding the date of the application (or such greater period that most accurately reflects the costs of the services) and all additional public costs associated with the current form of compensation. Public costs include all payments beyond MSP payments in cash or in kind made to the physician(s) by the MOHS or a Health Authority under the current form of compensation.

MSP payments:

Additional public costs: (please specify nature and amount of each cost):

**Total current costs:**

## PART III: B. PROPOSED SERVICES AND COSTS

**1. Proposed Coverage** – Describe the type and level of coverage (e.g. types of patients; volume of patients; location(s) of service; hours; time of day; days of week; weeks per year; volume of patients; type of patients; etc.) of the physician services that will be provided under the proposed Service Contract/Salary Agreement. How will this differ from current coverage?

**2. Other Services** – What services, other than direct patient care, will be provided by the physician(s) under the proposed Service Contract/Salary Agreement? How will this differ from current services? (Outline specifically what these activities are and the time to be spent on these activities)?

**3. Proposed Costs** – Proposed costs include the product of the number of full-time equivalents as proposed in the application and the placement on the appropriate Service Contract Range or Salary Agreement Range (see <http://www.health.gov.bc.ca/msp/legislation/bcmaagree.html> for the Service Contract and Salary Agreement Ranges), and all additional public costs. Public costs include all payments beyond MSP payments in cash or in kind made to the physician(s) by the MOHS or a Health Authority under the proposed form of compensation.

Hours of service per FTE (Service Contract only): [REDACTED]

Number of FTEs: [REDACTED]

Payment per FTE (range placement): [REDACTED]

Additional public costs: (please specify nature and amount of each cost):

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Total Proposed Cost of Service Contract/Salary Agreement: [REDACTED]

**4. Additional Costs** – Provide an estimate of the annual cost (other than payments to physicians) of providing the services under the proposed Service Contract/Salary Agreement (provide details).

**5. Physician Information** – Please provide name(s) and MSP practitioner number of participating physicians:

Practitioner Name Prac #, Practitioner Name Prac #, Practitioner Name Prac #, Practitioner Name Prac #, Practitioner Name Prac #,

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