
Family Physician Comprehensive Care Program Program Details

Purpose:

The Family Physician Comprehensive Care Program (FPCCP) is intended to recognize family physicians for the value and continuity of care they provide to patients when they provide a full range of services. The Program is also intended to incent more physicians in providing comprehensive care.

Requirements:

- All physicians will be required to provide on-call coverage for patients. Rural physicians must be designated to an emergency room within close proximity, and all physicians will be on-call for a minimum of their own patients.
- To recognize the differences in practices and service level demands, the program thresholds will vary for physicians practising in the three major community locations:
 - **Metro** – includes Regina, Saskatoon and bedroom communities (e.g. Balgonie, Clavet, Corman Park, Dalmeny, Delisle, Emerald Park, Langham, Lumsden, Martensville, Pense, Pilot Butte, Warman and White City);
 - **Regional** – includes Lloydminster, Moose Jaw, North Battleford, Battleford, Prince Albert, Swift Current and Yorkton; and,
 - **Rural** – includes all other communities.
- Practice activity is evaluated on a “per clinic” basis, under the notion that patients should be able to receive the full suite of medical services from their clinics and to recognize varying practice arrangements of individual physicians. It is recognized that within a clinic, individual physicians may not always provide all services, but may collectively organize themselves to provide patients with the full spectrum of care. Thresholds are based upon services per 100 discrete patients seen by the clinic and will consist of:

Service Group	Fee Code(s)	Target Service Levels/100 Patients			
		Metro	Region	Rural	NMS*
1-Hospital/Supportive Care	25B-28B, 52B-53B	3	20	20	20
2-Nursing Home Care/House Calls	615A, 626A, 915A	n/a	1	20	n/a
3-Pre/Postnatal, Deliveries, Well Baby Care	4B, 8B, 41P, 42P	3	2	1	1
4-Complete Assessments and Pap Tests	3B, 131A	8	7	6	6
5-Chronic Disease Management	64B or 5B with CDM Diag	5	7	12	12
6-Phone Calls from Allied Health Personnel	791A	1	1	1	1
Max. Number of Service Groups		5	6	6	5
On-call	Various Fee Codes	Mandatory			

* Northern Medical Services

- Service per 100 patients is defined as providing one service in the identified service group for every 100 discrete patients seen. This means that to meet the service level requirement for Hospital/Supportive Care, a metro family physician must provide three of the identified services (fee codes 25B-28B, 52B-53B) for every 100 patients in their clinic.

- Where more than one service is listed in a service group, the threshold is applied on all the component services added together. As an example, the “pre/postnatal care, deliveries and well baby” threshold can be met through any combination of fee codes 4B, 8B, 41P, 42P.

Program Premiums:

- Base earning levels will exclude Emergency Room Coverage Program (ERCP) payments, any fee code premiums, as well as on-call surcharges/premiums.
- In calculation of the premium, the maximum individual base earnings will be \$400,000 annually.
- The program will have two tiers of payment based on the number of service groups and location of practice. The eligibility tiers and program premiums are as follows:

	Meets 4 out of 5	Meets 5 out of 5	Meets 5 out of 6	Meets 6 out of 6
Metro	4.5%	5.5%		
Regional			4.5%	5.5%
Rural			4.5%	5.5%
Northern Medical Services (NMS)	4.5%	5.5%		

- All rural practices that qualify under the program will receive an additional 5% rural index premium on their base earnings to recognize the differences in service levels, and unique workload challenges associated with rural practice.

Metro On-Call:

- Metro On-call is intended to compensate comprehensive care physicians who provide after hours coverage for their own patients. To qualify and receive payment, metro family physicians must meet the following three criteria:
 1. Physicians must participate in a group that is expected to provide continuous coverage (24 hours / 365 days per year) and must respond by telephone within a reasonable time frame and in person when the family physician deems it necessary;
 2. Physicians must have admitting privileges with the Saskatoon Regional Health Authority or the Regina Qu’Appelle Regional Health Authority; and,
 3. Physicians must submit the Metro On-Call Submission form within 30 days of the end of each quarter 1, 2, and 3 (i.e. April 30th, July 31st, October 31st), and by December 15th for quarter 4. These can be submitted electronically to MSBMetroOnCallSubmissi@health.gov.sk.ca , or by fax to

Saskatchewan Ministry of Health
 Attention: Lorna Billan
 Medical Services Branch
 3475 Albert Street
 REGINA, SK S4S 6X6
 fax: (306) 787-3761

-
- The Metro On-Call Submission form must reflect the fact that actual call was provided by each physician participating in the call rotation. By signing the form, the physician is declaring that he or she provided call in the quarter indicated on the form, and the form must include the following information:
 - information, by individual physician, on who provided call for the clinic's patients. The name(s) listed must be legible;
 - clinic name and Medical Services Branch (MSB) clinic number under the call rotation;
 - list of all physicians on the call roster, including their MSB billing number; and,
 - name and phone number of a person to contact in the event there are questions arising from the schedule.
 - Metro family physicians who qualify under FPCCP and meet the criteria identified above, will receive an annual payment of \$7,000. Physicians, who meet the Metro On-call requirements but do not qualify under FPCCP, will receive an annual payment of \$3,500.
 - The threshold of Medical Services Plan (MSP) payments required to qualify for full entitlements is \$60,000 per year. The minimum threshold of MSP payments to qualify for a part-time, pro-rated entitlement is \$30,000 per year.
 - Physicians will be ineligible to receive the Metro On-call payment if they do not participate in a call rotation that provides coverage to their patients 24 hours, 365 days per year. Solo physicians are encouraged to partner with other clinics to ensure call is provided to all patients.
 - For additional information, call the Ministry of Health at 306-798-0013, option #3.

Updated: November 2016