

Family Physician Comprehensive Care Program

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 are 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.
- Rural physicians who practice in communities with a Collaborative Emergency Centre (CEC) are deemed to have met the on-call requirement.
- To recognize the differences in practices and service level demands, the program thresholds will vary for physicians practising in the four 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, Prince Albert, Swift Current and Yorkton;
 - **Northern Medical Services (NMS)** – includes Stony Rapids, La Loche, Ile-a-la-Crosse and La Ronge; 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:

		Target Service levels/100 Patients			
Service Group	Fee Code(s)	Metro	Region	Rural	NMS
1-Hospital/Supportive Care	25B-28B, 52B-53B	3	20	20	20
2-Nursing Home Care/House Calls	615A, 627A-629A, 915A, visit services with ‘Home’ location	n/a	1	10	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/864B or 5B with CDM Diagnosis	5	5	9	9
6-Phone calls from Allied personnel	761A, 790A, 791A, 793A, 796A, 797A, 42B, 43B	1	1	1	1
Max. Number of Service Groups		5	5	6	6
On-Call	Various Fee Codes	Mandatory			

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- 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:

Program Premiums on Base Earnings				
	Meets 4 of 5	Meets 5 of 5	Meets 5 of 6	Meets 6 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, on-call requirements, relative isolation, and reduced level of supports associated with rural practice.
- Physicians enrolled in the Transitional Payment Model (TPM) will no longer receive payments for FPCCP and Metro On-Call. However, a prorated FPCCP/Metro payment will be provided to eligible physicians to account for any comprehensive care and on-call services billed prior to registering for TPM. Payment will reflect the time leading up to the start of the quarter in which the physician joined TPM.

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; and
 2. Physicians must have admitting privileges with the Saskatchewan Health Authority for Regina and/or Saskatoon; and
 3. Physicians must submit their actual on-call schedule to the Ministry of health at the end of each quarter (i.e., March 31st, June 30th, September 30th, and December 30th of each calendar year), by fax at 306-787-3761 or to the address below:

Saskatchewan Ministry of Health
Metro On-Call Program, Medical Services Branch
3475 Albert Street REGINA SK S4S 6X6
MSBMetroCallSubmissi@health.gov.sk.ca

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- The threshold of Medical Services Plan (MSP) payments required to qualify for full entitlement 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.
- The Metro On-Call Submission form must reflect the fact that the 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 the call for the clinic's patients. The schedule must be legible and detail the dates that each physician was on call; and
 - clinic name and Medical Services Branch (MSB) clinic number under the call rotation; and
 - list of all physicians on the call roster, including their MSB billing number; and
 - name/phone number/email address of a person to contact in the event there are questions arising from the schedule.
- The Metro On-Call Submission can be found here: [Metro On Call Quarterly Submission Form](#)
- 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 on-call requirements but do not qualify under FPCCP, will receive an annual payment of \$3,500.
- 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.