Frequently Asked Questions

Medical On-Call Availability Program February Data Collection

General Questions re: MOCAP Update

1. **What is the MOCAP Update?**

   The Ministry of Health and Doctors of BC are updating the Medical On-Call Availability Program (MOCAP) to ensure physician call groups are compensated appropriately and consistently among health regions based on the burden of availability.

   Currently, compensation levels are based solely on the expected urgency of response to calls, but interpretation of this criterion has proved contentious over the years. The update aims to develop an objective and consistent method for determining compensation levels for call groups based on a variety of factors contributing to burden, including urgency, call frequency, impact of on-call duty on non-emergency work, and location.

2. **Why is it necessary to gather this information?**

   The MOCAP Redesign Panel heard a number of concerns about the program. Among other issues their report identifies a need for a more objective process for allocation of MOCAP and for assessing disputes. You can see the report here: https://www.doctorsofbc.ca/presidents-letter/mocap-update-0

3. **What is the duration for the data collection? Will this be a permanent requirement? Why is the data being collected in February?**

   Data collection will take place for 4 weeks in February 2016. While this will not be a permanent requirement, data collection may be used periodically moving forward. After some earlier delays, February was selected to avoid further delay in implementation of the MOCAP update. This was a decision by the MOCAP Redesign Committee, with equal representation from the Doctors of BC and the Ministry of Health (including health authorities). The committee recognizes that there may be seasonal variations in call volumes. If your call group feels that the data collection and subsequent analysis from February does not reflect the typical call volume of your group, see FAQ 12 for your appeal options.

4. **Do all MOCAP programs have to collect data?**

   MOCAP groups that are currently designated as “On-Site On-Call” will not have to collect data (see FAQ 28 for more information). All other MOCAP groups will participate in the data collection activity (Levels 1, 2, and 3).

5. **Will I receive payment for collecting the data?**

   There will not be a special payment for the collection and submission of the information.

Questions about Analysis and Program Impact

6. **How will the data be used?**

   Once the data are collected, they will be weighted and analyzed to assess MOCAP level for call groups based on their level of call burden.

7. **How will this impact my MOCAP program?**

   The Committee will review and analyse the data in the months following the data collection period. The data that are collected and the provincial tool generated may influence or contribute to a change in the status or level of your MOCAP program. Once the assessment tool is finalized, it will be implemented provincially.

8. **How will the data collection activity impact rural programs?**

   While the rural call groups are expected to participate in data collection in the same manner as the other groups, there is recognition that the burden on rural groups may be somewhat different. There is a rural factor identified in the assessment tool to take account of burden in low volume rural locations.

9. **What happens if my MOCAP group does not participate?**

   If your group declines to provide data for this data collection period, this may result in reclassification or removal from the program.

10. **What happens if my data are incomplete or inaccurate?**

    It is important that all mandatory data points are entered accurately for every code. Inaccurate or incomplete data will not be included in the analysis and may impact MOCAP level.

11. **What if my call group does not receive any calls?**

    Please inform your health authority contact if you do not receive any MOCAP calls during the data collection period.

12. **What do I do if I do not agree with my new call group level?**

    The Provincial MOCAP Review Committee 2013 report (https://www.doctorsofbc.ca/presidents-letter/mocap-update-0) outlines the situations in which an appeal may be raised to the committee (the dispute resolution process). Essentially, if a physician or call group disagrees with the assessment of MOCAP level they would need to demonstrate that the MOCAP level allocation was not established by a correct interpretation of the available data that was supplied

by the group through the data collection exercise. This would include the situation where the data were collected faithfully but did not show the usual pattern of calls for the group.

A Health Authority may also provide the provincial review committee with an argument for an exception where the data assessment reduced the level of MOCAP and the HA believed it was necessary to maintain the group on the previous level. Such exceptions would not be considered if the call group had opted to proceed via the dispute resolution process (outlined above).

In the situation where a physician or call group does not agree with the result of the assessment they do not have an option to refuse to participate in equitable on-call provision within their specialty / department. A condition of hospital privileges is that a physician must abide by the Medical Staff Bylaws and Medical Staff Rules of the HA. All HAs have a requirement in the Medical Staff Rules for the members of each department to provide 24/7 coverage of new patients. If a physician does not abide by the Medical Staff Bylaws or Rules, the usual disciplinary processes and appeal processes would apply. These are outside the MOCAP policy.

As the PMA is currently written the HA determines what on-call services it needs to provide for new patients and therefore which physician groups it needs to be on-call. Where a physician group is required to be on call a MOCAP contract must be provided. The level of payment is set by the provincial process.

Specific Data Collection Questions

13. How should I respond to calls? Should my response time align with my current group level?

MOCAP response times should be based on patient need as outlined in the current MOCAP policy. This is one of the reasons the timeframes outlined for each call group level in the current policy are confusing. They are expected average response times and were never intended to determine clinical response.

14. What service information will I be required to capture/record?

You are required to collect data for services provided to MOCAP patients while on call. MOCAP patients are those who are not the physician’s own patient (or the patient of a colleague for whom you are covering).

15. What does it mean to be a “new” or “unattached” patient? What if I have seen the patient before?

A patient is considered new or unattached if they are not currently under care of the physician on call, or any other physician within the same call group.

In the case of specialists or subspecialists who may have seen the patient in the past, a patient is considered “unattached” if they have been discharged to their GP or other specialist who referred them after the previous visit. If a physician has referred the patient back to a specialist of family physician, then receives another call from the patient or hospital staff (at any point), this new referral will be considered a MOCAP call.

In the case of a GP providing hospital services, a patient is considered “new” if they are not under the care of that GP or they are not in the hospital under care of another GP on the same call rota.

While a patient is technically attached after the physician accepts responsibility for the patient, please record all calls and visits for these patients during the MOCAP call period since this will better reflect the burden of availability.

16. **What do I log if I complete diagnostic or other activities remotely (from home or my office), but am not required to attend a patient? What if my call group does not get to see the patient when called, but may have to retrieve and review test information? Does this constitute "attending" a patient? How should this be coded?**

    If physician receives a call that does not require them to travel to site, they are to record a 96601 for the call received. Only use the 96602 code when you are required to travel to a health authority site to review results or attend a patient.

17. **My billing software does not include a field for patient gender. How do I enter this information?**

    There is not a specific Teleplan field for gender in the regular claim record. If it is not available in your billing software, do not enter the information.

18. **What do I enter into the NOTES field?**

    Please ensure that you only enter your call group number into the notes field. Any additional text may prevent your call information from being included in the analysis.

19. **How do I find the MSP diagnosis if it is unavailable as many calls do not have any diagnosis?**

    If the MSP diagnosis is unavailable, leave the field blank

20. **How do we log calls for general question/consultation that is not about a specific patient?**

    Use the following dummy patient information (also provided in the instructions):

    > **Dummy PHN#:** 9742361288
    > **Patient first name**: Call
    > **Last name**: Mocap
    > **Date of birth**: 12/02/1990
    > **Sex**: female

21. **How to obtain the Referring Practitioner # if it is unknown?**

    If it is unavailable from the individual calling, use the dummy code 99993.

22. What do I do if residents/trainees are first call?

When a resident/trainee or other equivalent individual is first on-call, only calls received by the physician who is being paid under the MOCAP contract should be recorded. If the resident/trainee receives the call, and visits the patient without contacting the supervising staff member, then no calls would be recorded. However, if the hospital calls the trainee, and the trainee then calls the supervising staff member (who is paid under MOCAP), the physician is expected to record this as a 96601 code. If the physician paid under the MOCAP contract attends the patient within the call period a 96602 code is completed (i.e. 96602 is not completed if the attendance is during a routine round after the call period).

23. What should I record if I receive one call for multiple patients (e.g., in the case of an outbreak)? How should Medical Health Officers track their non-patient interactions (e.g. environmental health issues; Avian flu or other emerging pathogens; or emergency management)?

Record the initial call using patient information, if available. If not, use the dummy patient information (see FAQ 19). When you arrive on site, record each visit with each individual patient with a 96602 code using their patient information. Alternatively, if no patients are visited, record 96602 once using the dummy patient information.

24. Are call backs considered in the collection process?

No. If you are not on the call schedule and receive a call back, this should not be included in the data collection. Only calls you receive when you are on the call schedule fulfilling the obligations of your MOCAP contract should be recorded.

25. The spreadsheet asks for ICD 9 coding but ICD 10 has superseded ICD 9 and is quite different (alpha numeric as compared to purely numeric). What do billing physicians actually use in Canada, ICD 9 or ICD 10?

Use ICD 9. This is the only option Teleplan will accept.

26. If a physician will be away during the data collection and will be covered by a locum, how should they enter data?

If a locum is covering for a MOCAP physician and is on the MOCAP call schedule, then the locum should collect and submit the MOCAP data.

27. My group has concerns about privacy regarding patient data.

This process has been vetted by privacy officers. The intent for the manual data collection is that you will submit the data entry sheets to your health authority using an agreed-upon delivery method (e.g., via confidential inter-office mail, secure email, or in person- this will vary by health authority). The health authority will then scan the information and send it to the Ministry via the Secure File Transfer Protocol (SFTP). The SFTP is the standard way the Ministry collects patient information from health authorities. Once at the Ministry, these files will be kept on a secure

LAN, and any printed copies stored in a locked filing cabinet. There are a limited number of program employees who have access to the LAN and cabinet. The original copies at the Health Authority will be destroyed once the Ministry has confirmed receipt.

Patient level data is required as part of the review process. MOCAP is for new and unattached patients only, and there may be a requirement to assess the accuracy or validity of the data.

28. What is an On Site group?

On-site call groups are those designated as "On-Site On-Call" (Not Level 1, 2, or 3, or Doctor of the Day). These are predominantly obstetrics, anesthesia, neonatology, and pediatrics at larger sites.

Further Questions? Please connect with your health authority's MOCAP contact for assistance.