

**Isolation Allowance Fund
(IAF)
Policy**

Ministry of Health

Revised September 2013



Chapter: Isolation Allowance Fund (IAF)

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Section: 1 General

Effective: September 2013

1.1 Purpose and Principles

The purpose of the Isolation Allowance fund is to assist in the attraction and retention of local physician services for small communities. This policy is guided by principles set forth by the Joint Standing Committee on Rural Issues (JSC) and, where applicable, is intended to be consistent with but not duplicate other programs.

1.2 Funding

The 2004-2007 Working Agreement allocated a base transfer of \$600,000 from the Medical On Call Availability Program (MOCAP) budget to the Isolation Allowance Fund.

1.3 Guidelines

The amount of the stipend payable per physician is established by the JSC annually using a weighted point value based upon the number of physicians available in the community and the relative degree of isolation of the community as determined by the annual Rural Retention Program process.

Although this annual stipend is not an on-call payment, it is recognition of emergent care provided in a very isolated rural community in conjunction with the Health Authorities.



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Section: 2	Definitions	Effective:	September 2013

Term	Definition
Alternative Payments	<ul style="list-style-type: none"> • Methods of payment, other than FFS, for physician services.
APP	<ul style="list-style-type: none"> • Alternative Payments Program: A Ministry program, administered from within the Medical Services Division (MSD) that promotes, provides funding for, and offers payment options to agencies employing or contracting physician services.
BCMA	<ul style="list-style-type: none"> • British Columbia Medical Association.
Designated Specialties:	<ul style="list-style-type: none"> • Designated specialties include General Surgery, Orthopedics, Pediatrics, Internal Medicine, Obstetrics/Gynecology, Anesthesiology, Psychiatry, and Radiology.
FTE (for medical isolation points calculation)	<ul style="list-style-type: none"> • The MSP FTE income figure is based on the 40th percentile of earnings for GPs and for <u>each specialty</u> in the previous calendar year as defined by MSP.
Health Authority	<ul style="list-style-type: none"> • Governing bodies with responsibility for the planning, coordination and delivery of regional health services, including hospital, long term care and community services.
Itinerant Physician	<ul style="list-style-type: none"> • A physician who travels from his/her home community to an eligible RSA community to provide outreach/direct patient services.
Joint Standing Committee on Rural Issues (JSC)	<ul style="list-style-type: none"> • Joint Committee with equal representation from BCMA and Ministry of Health Services (inc. health authorities). Responsible for policy direction for rural programs including Rural Retention Program (RRP), Rural GP Locum Program (RGPLP), Rural Continuing Medical Education (RCME), etc.
Locum Tenens	<ul style="list-style-type: none"> • A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.
MOH	<ul style="list-style-type: none"> • Ministry of Health
Medical Services Commission	<ul style="list-style-type: none"> • The MSC is a 9 member statutory body responsible for the administration of MSP of BC.
Resident Physicians	<ul style="list-style-type: none"> • For the purposes of this program, a physician who resides at least 9 months of every year in an RRP community is a resident physician.
RRP Community	<ul style="list-style-type: none"> • An RSA community which meets all the criteria for the RRP.
Service Clarification Code	<ul style="list-style-type: none"> • Code (Appendix A) for the community in which the service has been provided which must be indicated on all billings submitted by the physician in order to receive the fee premium.
Rural Practice Subsidiary Agreement	<ul style="list-style-type: none"> • The Rural Practice Subsidiary Agreement (RSA) is administered by the JSC, as per the negotiated agreement between the BCMA and the Government.
Supplemental Physician	<ul style="list-style-type: none"> • A physician who does not have a permanent position in the community, who is providing additional support required to maintain services in the community, is not substituting for another physician and is filling a vacancy in the physician supply plan



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Section: 3 Eligibility

Effective: September 2013

3.1 Community Eligibility

Communities under the Rural Subsidiary Agreement (RSA) are eligible for the Isolation Allowance Fund benefit provided that there are less than four physicians within 35 km and there is no hospital in the community.

3.2 Physician Eligibility

To be eligible for this benefit, a physician must have resided and practiced in an eligible RSA community, with fewer than four physicians within 35 km, for at least nine months of the year. The physician must not be receiving MOCAP for the community in which s/he primarily practices and must not be receiving Call Back of Doctor of the Day payments.

Upon completion of the nine month residency requirement, physicians are eligible for the Isolation Allowance Fund retroactive to the date they commenced practice in an eligible community. It is recognized that this nine month period could straddle two fiscal years and a prorated amount may be required for a partial year.

Physicians who practice in an eligible community and reside in another eligible community will receive the Isolation Allowance Fund of the community in which they practice.

Physicians who practice in an eligible community and reside in a non-eligible community will not receive the benefit.

If a physician is granted a leave of absence of nine months or less, the physician is not required to re-serve the eligibility period on their return to the same community.

Locums are not eligible for these payments; however, an eligible physician may offer a portion or all of the payment as part of a locum arrangement.



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Section: 4 Payment

Effective: September 2013

4.1 Payment of Benefit

The Ministry of Health calculates the amounts to be paid to eligible physicians, based on data reported by the health authorities, and releases the funding to the health authorities on an annual basis. Health authorities are responsible for disbursing the applicable amounts to the eligible physicians, based on the Ministry of Health's calculations.

Health authorities must notify the Ministry of Health of any Call Back payments that have been paid to any of the physicians in eligible Isolation Allowance Fund communities. Call Back funds paid to the physicians will be deducted from the Isolation Allowance Fund entitlement.