Rural Emergency Enhancement Fund (REEF) Policy

Ministry of Health

Revised September 2013

1.1 Description

The Rural Enhancement Emergency Fund (REEF) is intended to encourage the provision of reliable, continuous coverage of the Emergency Department (ED), as per the service hours established by the HA. The purpose of REEF is to improve public access to emergency services in HA designated emergency departments, served by Fee-for-Service (FFS) physicians, in rural British Columbia.

The program is intended to recognize and support the breadth and comprehensive nature of general practice in rural British Columbia communities where FFS physicians typically provide hospital services in conjunction with full scope, family practice services in their community office practices.

1.2 Program Objectives

1. To strengthen stability of public access to hospital and HA designated EDs in rural communities by effectively and efficiently integrating ED services with the HAs' health care service delivery plans for the community and the region.
2. To increase ED capacity by increasing the number of health care service providers who support the hospital or HA designated ED, if and where possible.
3. To encourage physician groups to enhance ED access and ensure a comprehensive range of health care services while not destabilizing other important services or surrounding communities.
4. To ensure clear accountability for the annual provision of continuous access to the ED, as per the regularly scheduled, posted hours.
5. To appropriately tailor models of reliable ED service delivery to individual community circumstances.
6. To help retain and encourage the recruitment of physicians to live and work in rural communities.

1.3 Funding

The current budget for REEF is $9.5 million per year.

1.4 Guidelines

An annual ED coverage "Plan" is developed, in partnership with the HA and other health care providers in the community (including physicians who will not participate in the Plan), by the group of community physicians who are prepared to commit to provide reliable, public access (as outlined in section 1.1) to emergency services in the hospital or HA designated ED, The community physicians who provide both primary care and ED services to their community will decide on the appropriate collaborative group for their community (e.g., Local Medical Advisory Committee, Division, or a representative ad hoc physician group).

The Plan is to be developed collaboratively with the HA. The HA, through the VP of Medicine (or designate), will commit to the provision of the appropriate human and technical resources required to fulfill the Plan and will confirm that commitment by signing the REEF Application, along with the ED physicians. This acknowledgement of collaboration and partnership between the physicians and the HA is necessary before the JSC will provide review and approval of any plan.

Examples of the ways in which funding could be distributed include, but are not limited to:

- Hiring additional full or part time ED physicians;
- Enabling ED physicians to engage additional health care professionals to assist them
- Incenting weekends, holidays, and/or nightshifts;
- Hiring locum tenens (Note: Daily rate guaranteed must not exceed the guaranteed daily rate payable under the Rural GP Locum Program, i.e., A communities = $950/day, for B communities = $900/day, C communities = $850/day. D communities = $800/day); and/or
- Purchasing equipment where this fits with the HA standards and plans.

The Plan must commit to reliable public access (as outlined in section 1.1) and may increase capacity by increasing the number of health care professionals engaged in providing services within the community and/or in conjunction with other communities.

The Plan must consider the likely impact on the full range of health care services required in the community and must integrate well with other services required in the community.

Potential positive and negative impacts on other communities must be considered in collaboration with the HA. The JSC will not approve any REEF application that destabilizes other communities or health care programs.

Any policy document(s) developed and/or applied by physicians, the LMAC, or hospital leadership at the local level must be compatible with the community's REEF Plan and with the REEF policy.

The Plan must include a contingency plan that will address unexpected closures.

The Plan must provide a sustainable community solution and contribute to recruitment and retention of health care professionals to meet the full range of services needed in the community.

Any failure to maintain public access to hospital ED services, as committed in the approved Plan, will be reported to the JSC. The JSC will consider the circumstances and determine what if any corrective actions are necessary.

Term	Definition
Alternative Payments	• Methods of payment, other than FFS, for physician services.
Alternative Payments Program (APP)	• A MoH 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	• British Columbia Medical Association.
ED	• Emergency Department
Fee-for-Service (FFS)	• Method of payment whereby physicians bill for services provided on a fee-for-service basis
Health Authority (HA)	• Governing bodies with responsibility for the planning, coordination and delivery of regional health services, including hospital, long term care and community services.
Joint Standing Committee on Rural Issues (JSC)	• Joint Committee with equal representation from BCMA and MoH (which includes HA reps) that is responsible for policy direction for rural programs.
Locum Tenens	• A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.
MoH	• Ministry of Health
Medical Services Commission (MSC)	• The MSC is a 9 member statutory body responsible for the administration of the Medical Services Plan of BC.
Resident Physicians	• 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.
Plan	• For the purposes of this program, an ED coverage plan contained within a REEF Application Form that has been and remains approved by the JSC.
REEF Application Form	• An application for REEF funding in the form approved by the JSC from time to time.
RRP Community	• An RSA Community which meets all the criteria for the RRP.
RSA Community	• A community listed in Appendix A of the RSA.
Rural Practice Subsidiary Agreement (RSA)	• An agreement between the BCMA and the Government that is intended to enhance the availability and stability of services provided by physicians in smaller urban, rural and remote areas of British Columbia by addressing some of the uniquely demanding and difficult circumstances attendant upon the provision of those services by physicians.
Supplemental Physician	• 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

3.1 Community Eligibility

The community must be a RSA community that has been identified by the HA as having a hospital or D & T Centre that provides ED services on a regular, scheduled basis. EDs and hours of public access must be formally recognized and supported by the HA. EDs with eligible, continuous coverage may be eligible for up to $200,000 per year. Where the ED coverage is less than continuous, as outlined in the Plan, the funding will be prorated.

3.2 Physician Eligibility

Physicians must be Fee-for-Service (FFS) physicians, must maintain active or provisional staff privileges in their rural community hospital or HA designated facility, and must sign the annual REEF Application outlining the terms of their planned commitment. All community and incoming physician recruits have full and equitable access to REEF, commensurate with the group's assessment of their relative commitment to the approved Plan, provided they meet the terms above. The maximum any one physician may receive under the Plan is $65,000 per year.

4.1 Funding

Where a REEF Application is approved by the JSC, funding of up to $200,000 per site will be available for each fiscal year. For scheduled, public ED access that is not continuous, as agreed to by the HA, the annual available funding amount will be reduced pro rata to correspond with HA approved scheduled hours of public access.

The annual funding will be paid quarterly (up to $50,000 per site, per quarter). However, all payments are contingent upon the maintenance of public access to the ED in accordance with the schedule identified in the Plan during the prior fiscal quarter. In the event this requirement has not been met, eligibility for REEF payments is forfeit and the HA will refer the situation to the JSC for consideration and determination of whether payment should be made and/or continued.

The maximum any one physician may receive under the Plan is $65,000 per annum.

If the Plan requires any advance funding (e.g., for the purchase of locum time), the request and the estimated timing will be identified in the Plan.

The physicians as a group must identify an “Appointee” to submit invoices and receive the payments on their behalf.

4.2 Application, Approval, and Payment Process

1. Physicians and the HA collaborate in the development of a plan to maintain public access to hospital or designated D & T Centre ED services in accordance with an agreed upon schedule (e.g. 24 hrs per day or other posted scheduled hours every day), complete a REEF Application Form that reflects that plan, and submit the completed REEF Application Form to the JSC for approval on an annual basis. Any policy document(s) developed and/or applied by physicians, the LMAC, or hospital leadership at the local level must be compatible with the community’s REEF Plan and with the REEF policy. Any changes sought to be made to an approved Plan during the course of the year to which the Plan applies may be submitted to the JSC for consideration, but no such change will take effect unless and until it has been approved by the JSC.

2. Each of the physicians in the group will sign the REEF Application form confirming their personal commitment to maintain the planned public access to Hospital ED services, identifying an “Appointee” to submit invoices and receive payments on their behalf, and authorizing the HA to make payments on their behalf to the Appointee. In providing the HA with this authorization, the physicians acknowledge that the HA has no further responsibility for the distribution of funds beyond releasing payments to the Appointee.

3. The JSC will consider each complete REEF Application Form that is submitted to the JSC and may approve any such Form in its discretion. Upon approval of the JSC, the REEF Application Form becomes the Plan.

4. If the Plan has been approved, the physicians and the HA will implement that Plan and at the end of each quarter, the Appointee will submit an invoice, in the form required by the JSC, to the HA on behalf of the physicians in the group.

5. If the HA agrees that sustainable, consistent public access to the ED was provided during the relevant quarter in accordance with the Plan and that the payments claimed are in accordance with the Plan, the HA will sign the invoice and submit it to the MoH for payment.

6. Upon receipt of the quarterly invoice and confirmation of REEF program/policy compliance by the MoH, the MoH will release the appropriate funding to the HA (up to $50,000 per site per quarter), and the HA in turn will release the appropriate funding to the Appointee. Any invoices that do not comply with the terms set out in the community Plan will be reviewed by the JSC.

7. The HA, in collaboration with the community, will be required to report any application of “flex funds” to the Ministry of Health, by the end of the second quarter of the following fiscal year.

8. After consultation with the ED physicians and health authority, the JSC reserves the right to change, modify, or discontinue the Plan in which case eligibility for REEF funding under the Plan will immediately cease.

4.3 HA Funding for Administration

The HA administration fee is subject to JSC approval. For the 2013/14 fiscal year, the JSC agreed to provide the HAs with $2,500 per eligible site within their HA to assist with administration/implementation costs.

5.1 Exceptions

Exceptions to program requirements may be considered by the JSC on a case-by-case basis.

5.2 Disputes

In the event that a dispute arises among the physicians with respect to the REEF, they will first attempt to resolve the dispute with the assistance of the VP of Medicine or designate. JSC has ultimate jurisdiction over this policy.