



Background

This application form is for physicians who are compensated through fee-for-service (FFS) and seeking to move to compensation through an Alternative Payment Arrangement (APA) to deliver the same clinical services.

For the purposes of this application, APAs refer to salary agreements, service contracts and other Alternative Payment Program (APP) supported compensation models. This application initiates an assessment process to determine the suitability and viability of the proposed compensation arrangement(s) through an APA and a review of the current compensation paid to the applying physician(s) in order to deliver the existing clinical program.

The Ministry of Health (The Ministry) will only support APAs as an “all-in” compensation method within a defined clinical program. This means all clinical services, as defined in the Physician Master Agreement, falling within the scope of an APA can only be compensated by that arrangement and cannot be combined with other compensation modes.

Instructions and Information

1. Complete Sections 1 and 2 of the application.
 - Section 1B must identify all modes of compensation that physicians in the program are currently receiving in order to determine the full scope of the existing clinical program.
 - If you are applying to transition to an APA as a physician group, please provide a single consolidated application package with Section 1 information completed by each physician within the group.
 - When submitting Section 2 to your regional health authority, please refrain from including any potentially sensitive information related to your clinical practice.
2. Submit Sections 1 and 2 of the application to your regional health authority’s Medical Affairs department.
3. Section 3 of the form will be completed by health authority staff responsible for contract development.
4. If the health authority supports your application, Medical Affairs staff will submit Sections 1 and 3 to the Alternative Payments Program at the Ministry for final review. If the information in Section 2 is appropriate to share, it will also be submitted to the Ministry to include in their review.

All fields of the form are considered mandatory and must be filled in, or the application will not be reviewed.

Health authorities will receive a decision or update on the status of an application within 4 weeks of submission.

Considerations when applying for an Alternative Payment Arrangement Application

1. Approval is at the discretion of the Ministry and subject to available funds. Your business case (Section 2) will be assessed by the health authority and will inform its recommendation to the Ministry of Health.
2. Health authority staff may reach out to you for additional information to interpret your application and may submit your business case as part of the application if it is appropriate to do so.
3. Health authorities have operational discretion regarding the appropriateness of a proposed contracting arrangement. Applications will only be submitted to the Ministry for review if the health authority supports the contracting proposal.
4. Patient-level reporting through Teleplan (encounter reporting) that accounts for all clinical services delivered in exchange for contract payments is a requirement in all APAs.
5. Detailed Hours reporting is required for physicians along with facility location and start/stop time (to the nearest 15 min) for both scheduled and unscheduled hours. This information will also be used for After-Hours Premium eligible contracts.

Collection Notice

The Ministry of Health and your regional Health Authority are collecting your personal information under s. 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining your eligibility for an alternative payment arrangement. Please submit your application to your local health authority’s Medical Affairs Department (or equivalent) using the preferred contact method outlined on its website.

Your information will only be used for the purposes stated in this notice and may be shared with other health authorities’ Medical Affairs staff and/or the Health Employers Association of BC in the review process to determine the suitability and details of an alternative payment arrangement.

Should you have any questions or concerns regarding the collection, use and disclosure of your personal information, please contact your health authorities’ privacy office or the Ministry of Health Alternative Payment Program Office at HLTH.PhysicianComp@gov.bc.ca

SECTION 1A: PHYSICIAN INFORMATION			
First Name	Last Name	Phone Number	MSP Practitioner Number
Email Address		Mailing Address	
Status and Year of Licensure		RCPSC Specialty	
Current Service Type	Current Practice Location (s)		

SECTION 1B: COMPENSATION INFORMATION	
Please identify below whether you are compensated through any contracts, service or sessional agreements or other forms of non-FFS income for physician services (either clinical or administrative).	
Compensation Type	
<input type="radio"/> Yes <input type="radio"/> No	Service Contract
<input type="radio"/> Yes <input type="radio"/> No	Sessional Agreement
<input type="radio"/> Yes <input type="radio"/> No	MOCAP
<input type="radio"/> Yes <input type="radio"/> No	NITAOP
<input type="radio"/> Yes <input type="radio"/> No	CASC
<input type="radio"/> Yes <input type="radio"/> No	Academic and/or Leadership
<input type="radio"/> Yes <input type="radio"/> No	Other (please identify):

If applicable: If you are applying to transition to an APA as a physician group, please provide a single consolidated application package with Section 1 information completed by each physician within the group.

SECTION 1A: PHYSICIAN INFORMATION			
First Name	Last Name	Phone Number	MSP Practitioner Number
Email Address		Mailing Address	
Status and Year of Licensure		RCPSC Specialty	
Current Service Type	Current Practice Location (s)		

SECTION 1B: COMPENSATION INFORMATION	
Please identify below whether you are compensated through any contracts, service or sessional agreements or other forms of non-FFS income for physician services (either clinical or administrative).	
Compensation Type	
<input type="radio"/> Yes <input type="radio"/> No	Service Contract
<input type="radio"/> Yes <input type="radio"/> No	Sessional Agreement
<input type="radio"/> Yes <input type="radio"/> No	MOCAP
<input type="radio"/> Yes <input type="radio"/> No	NITAOP
<input type="radio"/> Yes <input type="radio"/> No	CASC
<input type="radio"/> Yes <input type="radio"/> No	Academic and/or Leadership
<input type="radio"/> Yes <input type="radio"/> No	Other (please identify):

SECTION 2 - PROPOSAL SUMMARY AND BUSINESS CASE

To be completed by physician applicants and submitted to their regional health authority with Section 1.

Provide a brief summary of why you are applying to move to an Alternative Payment Arrangement as compensation for your clinical services. This is an opportunity to identify a business case to your Health Authority for a transition to an APA. Topics your summary may include, but are not limited to, are:

- Improving patient outcomes and/or satisfaction
- Service stabilization, quality, access, and volume
- Evolving practice environment and/or patient population
- Physician retention and recruitment
- Value for money

SECTION 2 continued

Please describe your practice in terms of the patient population served and the services delivered without including any specific patient information. Some potential areas that can be included but not limited to are:

- Target population, disease, delivery mode, and service/patient complexity
- Any trends or changes that have impacted the practice

In your current FFS practice, what is the typical weekly work schedule? Please describe days worked and total hours delivered.

In your current FFS practice, how many hours are provided on an annualized basis?

How many hours per week are you proposing to deliver services under a contract?

What is the proposed weekly schedule?

SECTION 3: HEALTH AUTHORITY PROGRAM CONSIDERATIONS

This section is to be completed by health authority staff. Please add your organization's considerations on the feasibility and suitability of the proposed APA within your organization's strategic direction and program planning.

Does your Agency support establishing an APA with this physician or physician group to deliver their proposed clinical services?
(if no, do not submit to the Ministry and directly return to the physician applicants with rationale below)

Yes No

If yes, is this proposal to establish a service contract or salary agreement?

Service Contract Salary

Why or why not does the HA support this proposal?

How many contracted/salaried FTEs does the HA support for this clinical program?

What facility, community, or region would the contracted services be provided in?

Is there an existing program delivering care through an APA where this physician could work?

Yes No

Please provide the program's current or potential contract information below.

Program Name	Forecast Group	CPRP ID
--------------	----------------	---------

If no, please provide the Practice Category, Range Placement, and FTE Definition fields for the proposed compensation arrangement:

Practice Category	Range Placement	FTE Definition
-------------------	-----------------	----------------

Are there any additional funding considerations such as available Global Operating contributions the Ministry should be made aware of when assessing this application? Examples may include:

- Use of Rural Locum Program funding or Income Guarantees to secure locums in last 3 years. If so, provide details
- Physicians providing services under the proposed APA eligible for Settlement Agreement compensation terms
- Health authority willingness to fund over-the-range proposals

Are there any specific service or general contracting considerations that should be considered alongside this application? These include, but are not limited to, service destabilization, potential precedents, and projected changes to service model, quality, volume, and or access.

Please submit this application in the .pdf template provided to the Ministry's Physician Compensation inbox for review if sensitive information is not present (HLTH.PhysicianComp@gov.bc.ca). If Section 2 does contain sensitive information, please use the HA-APP secure file transfer protocol (SFTP) directory.

Please be aware that applications from primary care physicians will be provided to the Ministry's Primary Care Division for coordination with concurrent primary care initiatives.