Northern and Isolation Travel Assistance Outreach Program (NITAOP) Policy

Ministry of Health
Revised June 2025

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Section: 1	General	**Effective:**	June 2025

1.1 Description

The Northern and Isolation Travel Assistance Outreach Program (NITAOP) provides funding to assist health authorities (HA's) in the provision of approved outreach medical services to residents in rural and isolated communities.

NITAOP compensates visiting family practitioners (FPs) and specialists (SPs) for travel time and travel related expenses, including accommodation, that are incurred in the delivery of outreach services.

1.2 Objectives

The objectives of this policy are to outline the criteria and eligibility of the NITAOP of British Columbia (BC).

1.3 Scope

This policy applies to physicians, HAs, and other key partners participating in NITAOP.

1.4 Oversight

NITAOP is a rural physician program under the Rural Practice Subsidiary Agreement (RSA), which is a subsidiary agreement of the Physician Master Agreement between the BC Government, Doctors of BC (DoBC) and the Medical Services Commission (MSC).

The Joint Standing Committee on Rural Issues (JSC), established under the RSA, is comprised of representatives from DoBC, the Ministry of Health (the Ministry) and the HA's. The JSC advises the BC Government and DoBC on matters pertaining to rural medical practice and is responsible for the overall governance of these rural programs for physicians.

The goal of the JSC is to enhance the availability and stability of physician services in rural and remote areas of BC by addressing some of the unique and difficult circumstances faced by physicians in these areas.

1.5 Administration

The Ministry, in collaboration with the HA's and Health Insurance BC (HIBC), provides the day-to-day administration of the NITAOP in accordance with the policies and procedures established by the JSC.

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Section: 2	Definitions	**Effective:**	June 2025

Term	Definitions
Fee-for-Service (FFS)	Method of payment whereby physicians bill for services provided on a FFS basis
Health Authority (HA)	Governing bodies, as per the *Health Authorities Act,* with responsibility for the planning, coordination, and delivery of regional health services, including hospital, long term care and community services.
Host Physician	A physician who permanently practices in an eligible RSA community and meets the eligibility criteria.
Northern and Isolation Travel Assistance (NITA)	Budget component that funds SP travel expenses.
Physician Outreach Program (POP)	Budget component that funds FP travel expenses and FP and SP travel time honorarium.
Rural Practice Subsidiary Agreement (RSA) Community	A rural community that meets all the criteria of the RRP, included in Appendix A of the RSA.
Rural Retention Program (RRP) Fee Premium	Physicians providing services in eligible RSA communities will receive a premium on their Medical Services Plan (MSP) FFS billings.
Service Clarification Code (SCC)	Code 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 RRP Fee Premium.

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Section: 3	Guidelines and Application	**Effective:**	June 2025

3.1 Guidelines

- HA's are expected to integrate physician outreach services into their regional Health Service Delivery Plans, with the objective of improving access to medical services for residents in rural and isolated communities.
- HA's are responsible for providing visiting physicians with appropriate clinic/hospital space at no charge, access to technology, and ancillary staff to schedule patients.
- When possible, SP outreach visits should be coordinated with local Continuing Medical Education sessions, to maximize the value of SP outreach visits.
- The intent of NITAOP is to bring physician services into RSA communities where services are not readily available.
- The program should not be used to provide locum support/coverage in communities where services are already available.
- Additionally, communities who are eligible for the Rural Locum Programs should be accessing support through those services, and are not eligible for the NITAOP program.

3.2 Application

- HA's, in collaboration with local physicians and/or local Medical Advisory Committees, must determine their priorities for physician outreach and submit their requests for the upcoming fiscal year, including physician names, to the Ministry on an annual basis.
- Upon receipt of JSC approval, HA's are responsible for:
    - communicating all program approvals (including number of allowable visits), policy changes, etc. within their annual letter to approved NITAOP physicians.
    - scheduling the local outreach visits including a location and any associated privileging required.
- Rheumatology requests for all communities are submitted through and coordinated by the Mary Pack Arthritis Program. HA's work directly with the Mary Pack Arthritis Program to ensure that an appropriate number of rheumatology visits for each community is delivered.

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Section: 4	Eligibility	**Effective:**	June 2025

4.1 Visiting Family Physician Eligibility:

- RSA communities may be eligible for NITAOP funding if:
  - An FP is not available within 50km for A designated communities to a maximum of 52 visits per year; or
  - An FP is not available within 105km for B, C or D designated communities to a maximum of 48 visits per year.
  - if the community is not supported by other outreach programs.

4.2 Visiting Specialist Eligibility:

- RSA communities may be eligible for NITAOP funding if the specialty service is:
  - Designated as eligible (see 4.3 below);
  - Not supported by other outreach programs; and
  - Not available within 50km for A designated communities
    - to a maximum of 36 visits per year for rural generalist services including Obstetrics & Gynecology, General Internal Medicine, General Surgery, Psychiatry and Paediatrics; or
    - to a maximum of 24 visits per year for all other designated specialties.
  - Not available within 105km for B, C, or D designated communities
    - To a maximum of 24 visits per year for each eligible designated specialty.

4.3 Designated NITAOP Specialties:

The following Designated Specialties are considered eligible for the NITAOP program:

Cardiology	Orthopaedic Surgery
Dermatology	Paediatrics
ENT	Plastic Surgery
General Surgery	Physiatry
Internal Medicine (including sub-specialties)*	Psychiatry (including sub-specialties)
Neurology	Radiology (including sub-specialties)
Obstetrics and Gynaecology	Urology
Oncology	Opioid Agonist Treatment (FP)
Ophthalmology	

Note: *HA applications for Rheumatology visits will be submitted through the Mary Pack Arthritis Program.

4.4 Visits to First Nation Communities

- All A designated First Nations communities are eligible for 12 NITAOP supported visits per year without a distance requirement, for both FPs and SPs. A minimum of 1 hour travel round trip is required.

4.5 Exceptional Circumstances

- The JSC may recommend funding for physicians and/or communities that do not meet the eligibility criteria outlined above, if the community meets the criteria to be designated as an RSA community.

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Section: 5	Payment	**Effective:**	June 2025

5.1 Travel Expenses: Specialists (NITA) and Family Physicians (POP)

- Reimbursement will be made directly to the visiting FP or SP upon receipt of their NITAOP Application for Expense form and applicable receipts for each visit.
- Acceptable expenses relate to direct costs of physicians travel and accommodation only.
- For accommodation related questions, please see: NITAOP Accommodation Guide

5.2 Travel Time Honorarium: Specialists and Family Physicians (POP)

- Visiting FP and SPs are entitled to a Travel Time Honorarium, calculated based on the time the physician leaves their residence/office and arrives in the community; and the time that the physicians leaves the community to the time they return to their residence/office. Travel time will be paid as follows:
    - $250 for less than or equal to 2.5 hours return trip
    - $500 for greater than 2.5 to 4 hours return trip
    - $1,000 for greater than 4 to 10 hours return trip
    - $1,500 for greater than 10 hours return trip
- The Travel Time Honorarium is payable for travel within BC.
- *Note: The Mary Pack Arthritis Program reimburses travel expenses and the travel time honorarium to physicians, based on NITAOP guidelines, and submits the expense forms to the Ministry for reimbursement.*

5.3 Application for Expense Submission

- The NITAOP Application for Expense form, and applicable receipts, should be submitted to the Ministry via the Secure Upload Tool.

5.4 Submission Deadlines

- Effective April 1, 2024, NITAOP Application for Expense forms must be received by the Ministry within 90 days from the date the travelling physician arrives home to receive reimbursement. Physicians who fail to submit within 90 days will forfeit eligibility for the reimbursement of travel time honorarium. Physicians who submit after 90 days are still eligible for reimbursement up until March 31st of the next fiscal year. For example, a physician who submit claims after the 90 days for Fiscal 2023/24 will have up until March 31, 2025 to receive reimbursement for travel expenses only.

5.5 Rural Retention Program (RRP)

- When a visiting physician provides services in an RSA community that is eligible for the RRP Fee Premium, the visiting physician is entitled to bill the RRP Fee Premium when physically providing services in the community.
- Visiting physicians must ensure the Service Clarification Code (SCC) is inputted on all MSP FFS or LFP billings to receive the RRP Fee Premium.
- This also applies to physicians who are working on an APP or sessional contract and is applied as the Fee Premium Equivalent (FPE) on eligible contract hours.
- Physicians who provide virtual care follow-up services to rural patients upon returning home are eligible for the RRP Fee Premium of their home location, if applicable; no RRP Fee Premium is applicable if the physician resides in a non-RSA community. This applies to all payment modalities including MSP FFS, LFP, APP, sessions, etc.
- Visiting physicians are not entitled to the RRP Flat Fee, which is only available to eligible resident physicians.

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Section: 6	Reporting, Monitoring and Evaluation	**Effective:**	June 2025

6.1 Reporting, Monitoring and Evaluation

- The Ministry will:
  - in consultation with HIBC, monitor program expenditures on a regular basis and perform an annual reconciliation of program expenditures.
  - provide a report on the NITAOP utilization to the JSC quarterly. The Ministry will report on financial information, identify unresolved program issues, and make recommendations on policy or program changes, as needed.
- The HA will:
  - monitor program utilization to ensure that the physician services requested under the NITAOP program are in alignment with the HA Physician Supply Plan for each community.
  - review the plan annually prior to submission to the Ministry and make changes to the plan in accordance with their service plan's.
  - confirm services and visits for each community based on program utilization information supplied by the Ministry on a quarterly basis.
- The JSC will evaluate the NITAOP as required.