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BRITISH COLUMBIA MEDICAL ASSOCIATION

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To: All MOCAP Contracted Physicians
All Health Authorities

RE: Joint Communication on the Medical On-Call/Availability Program (MOCAP)

Background

The *2006 Agreement* established a tripartite review team to conduct a review of the MOCAP. The review team prepared a report that was accepted by the British Columbia Medical Association (BCMA) and the government in early 2007. One of the recommendations was to distribute a joint communication to all physicians and Health Authorities (HAs) to clarify the contractually specified purposes of MOCAP.

MOCAP was established by the *2001 Working Agreement* between the BCMA and the BC government, effective April 1, 2002. The *2004 Working Agreement* confirmed MOCAP's purpose and structure and combined the Doctor of the Day and MOCAP budgets. Approximately 4,700 physicians, in 848 call groups, received MOCAP payments in the 2005/06 fiscal year at a total cost of just over $126 million. The *2006 Agreement* sets the MOCAP budget at $126.4 million annually through 2012.

Purpose of MOCAP

As specified in the *2001 Working Agreement*, MOCAP payments are "to physician(s) and physician groups who provide coverage for patients, other than their own or their call groups, as required and approved by Health Authorities." Consequently, the *MOCAP Policy Framework for Health Authorities* clarified that the purpose of MOCAP is to meet the medical needs of new or unassigned patients requiring emergency care by providing continuous coverage, as determined by the health authority at acute care hospitals, diagnostic and treatment centers, and specified emergency treatment rooms.

The College of Physicians and Surgeons of British Columbia policy requires that physicians provide coverage for their own patients or patients of other physicians in their call group. This requirement is not funded through the MOCAP program.

Principles of MOCAP

The report of the MOCAP Review Team notes that the HAs are ultimately responsible for managing within their MOCAP budgets to provide the best patient care. The report supports the proactive management of MOCAP by the HA.

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The following principles were approved in the report of the MOCAP Review Team:

- MOCAP is designed to meet the medical needs of new or unassigned patients requiring emergency care. By definition, a new or unassigned patient is not a patient of any physician participating in the call group.
- MOCAP provides compensation for physician availability, which is structured by the HAs to address patient needs. MOCAP is not meant to pay for physician services to patients.
- MOCAP arrangements must be sustainable, and therefore, must not contribute to physician burnout.
- HAs require some flexibility in MOCAP administration due to variations in size and role of facilities within different HAs. However, decisions on MOCAP must be applied consistently, reflecting a similar rationale in all HAs.
- Although three of the payment levels within MOCAP are structured based on physician response times, actual response times are based on individual patient need, on a case-by-case basis.

In addition to these principles, the recently negotiated new Master Agreement, if ratified, contains provisions that further clarify the contractual purposes and priorities for MOCAP and a mechanism for physician input to MOCAP distribution decisions by HAs.

For More Information
The report of the MOCAP Review Team is available on both the Ministry of Health and the BCMA websites.

The *MOCAP Policy Framework for Health Authorities* can be viewed at http://www.health.gov.bc.ca/pcb/pdf/mocap.pdf.

The *2006 Agreement* can be viewed at http://www.health.gov.bc.ca/msp/legislation/bcmaagree.html.

Sincerely,

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Assistant Deputy Minister
Medical Services Division

Dr. Mark Schonfeld
Executive Director and CEO
British Columbia Medical Association

pc: Members of MOCAP Review Team
College of Physicians and Surgeons of British Columbia