

**Medical Assistance in Dying
Travel and Training Assistance Program
(MAiDTTAP)**

Policy

Ministry of Health

Effective: November 2017

Updated: April 1st, 2024



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1.1 Description:

The Medical Assistance in Dying Travel and Training Assistance Program (MAiDTTAP) provides funding to assist Health Authorities (HAs) in the provision of MAiD services to residents in Rural Subsidiary Agreement (RSA) communities. MAiDTTAP funds compensate visiting physicians for travel time and travel related costs, including lodging, incurred in conducting an eligibility assessment for MAiD, providing a consultation when required by federal MAiD safeguards, or providing MAiD when no local practitioner (i.e. physician or nurse practitioner) is available, willing and trained to provide the service. MAiDTTAP also compensates local physicians, via a mentorship training payment, for training with a visiting physician in eligibility assessment or the provision of MAiD, and compensates the visiting physician for travel time/costs and mentorship when attending a local physician's (or nurse practitioner's) provision of MAiD.

1.2 Guidelines:

HAs are expected to integrate MAiD services into regional health service delivery, with the objective of increasing capacity to provide service and improving access to MAiD for residents in RSA communities. HAs are expected to follow sound financial practices in their requests for MAiDTTAP funding and, where possible, to combine physician travel with mentorship training opportunities for local physicians willing to learn about eligibility assessment or the provision of MAiD.

Each HA has a MAiD Care Coordination Service (MCCS) in place to connect residents with available practitioners who are willing and trained in assessments and/or provisions of MAiD. If no local practitioner is available in the resident's community, the MCCS will contact the nearest available physician who is able to travel to assess, consult on, or provide MAiD. The MCCS will determine whether travel requirements meet the criteria for MAiDTTAP funding, including whether a mentored training opportunity exists for a local physician, and will submit the *MAiDTTAP Funding Request* form with supporting information for consideration and approval by Rural Programs, Physician Compensation Branch, Ministry of Health. Rural Programs will provide the MCCS with an indication of approval within 48 hours of receipt of the funding request, in consideration of MAiD timelines. The visiting physician will submit travel time and travel related cost receipts to Rural Programs using the *MAiDTTAP Application for Expenses* form. A local physician participating in mentored training will submit the *Application for Mentorship Training Payment* form to Rural Programs, and a visiting physician attending and mentoring a local physician's (or nurse practitioner's) of MAiD, will submit the *Application for Mentorship Training Payment* form to Rural Programs.



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1.3 Program Funding:

Funding allocation will be reviewed yearly from the effective date of this policy. As self-sufficiency in RSA communities is attained, the need for physician travel and training assistance is expected to diminish.

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| Section: 2 | Eligibility and Application | Effective: | November 2017 |

2.1 Visiting Physician Eligibility:

All RSA communities are eligible for MAiDTTAP funding if there is no local practitioner who is available, willing and trained to assess eligibility for MAiD, provide a consultation when required by federal MAiD safeguards, or provide MAiD in the resident's community, and if the one-way distance the nearest available MAiD practitioner must travel is at least 35 km. There is no maximum number of MAiD visits per RSA community per year; however, each *MAiDTTAP Funding Request* must include supporting information to indicate that the conditions for funding (see a-f below) have been met or adequately addressed. If approved, MAiDTTAP funding includes compensation for the visiting physician's travel time and travel related costs incurred in the pick-up and return of MAiD medications from/to the dispensing pharmacy.

For each *MAiDTTAP Funding Request*, the MCCS will ensure that the following conditions have been met or adequately addressed, with supporting information:

- a) Telemedicine will be used, if possible, for one of the two eligibility assessments to determine a resident's eligibility for MAiD. Telemedicine will also be used, where possible, for any consultation required by federal MAiD safeguards.
- b) There is no local practitioner who is available, willing and trained to conduct an eligibility assessment or provide MAiD in the resident's community, or there is no local practitioner with the required expertise available and willing to provide a consultation when this is required by federal MAiD safeguards.
- c) Every effort is being made to recruit and support local practitioners, to enable self-sufficiency for MAiD in RSA communities.
- d) Every effort has been made to identify whether a training opportunity exists that can be combined with the physician's travel, including communicating to local physicians the availability of a mentorship training payment for attending an eligibility assessment or provision of MAiD.
- e) Allowable compensation is only up to the distance of the nearest MAiD provider or consultant with the required expertise who is able to travel.
- f) Health care providers participating in the MAiD event, including local providers who attended as a mentored training opportunity, will be offered the opportunity to participate in any planned debrief following the MAiD event.



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2.2 Training Physician Eligibility:

All RSA communities are eligible for MAiDTTAP funding, in the form of a mentorship training payment, for a local physician who participates in a mentored training session with a visiting physician in eligibility assessment or the provision of MAiD.

2.3 Rural Retention Premiums:

When a visiting physician provides services in a community that is eligible for Rural Retention Premiums, the visiting physician is entitled to the FFS retention premium in that community but is not entitled for the flat sum retention amount, which is only for resident physicians. Visiting physicians must ensure the Rural Retention Program Service Clarification Code is on all FFS billings to receive the FFS premium.

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3.1 Travel Expenses: Visiting Physician

Reimbursement will be made directly to the visiting physician upon receipt and approval of their *MAiD TTAP Application for Expenses* form and applicable original receipts for eligibility assessment expert consultation or provision of MAiD, or for attending and mentoring a local physician's (or nurse practitioner's) provision of MAiD. Acceptable expenses relate to direct costs of physician travel and lodging only, including travel expenses for the pick-up and return of prescribed MAiD medications from/to the dispensing pharmacy.

3.2 Travel Time: Visiting Physician

Physicians are also entitled to a travel time honorarium for eligibility assessment, expert consultation, or provision of MAiD, or for attending and mentoring a local physician's (or nurse practitioner's) provision of MAiD. Travel time is calculated based on the time the physician leaves his/her residence/office and arrives in the community (including, if applicable, travel time to pick-up MAiD medications from the dispensing pharmacist) and the time the physician leaves the community to the time s/he returns to his/her residence/office (including, if applicable, travel time to return unused medications to the dispensing pharmacy), to a maximum of \$1,560 per return trip

3.3 Travel Time Honorariums: Visiting Physician

Effective April 1, 2024, the Travel Time Honorarium 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.



3.4 Mentorship Training Payment: Local Physician

Reimbursement will be made directly to the visiting physician upon receipt and approval of their MAiDTTAP Application for Mentorship Training Payment form. The visiting physician can claim up to two mentorship training payments for attending up to two provisions of MAiD by each mentored local physician (or nurse practitioner) (i.e. a maximum of \$265.14 for attending the MAiD provisions of each local provider).

Mentorship Training Payment \$ 132.57

3.5 Retroactive Payment

MAiDTTAP **does not** compensate for travel/training prior to effective date of policy.



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| Section: 4 | Advisory Committee, Reporting, and Monitoring | Effective: | November 2017 |

4.1 Joint Standing Committee on Rural Issues (JSC)

The Joint Standing Committee on Rural Issues (JSC) is the governing body for MAiDTTAP. The JSC reports to the Medical Services Commission on the funding and administration of MAiDTTAP and will provide policy direction, evaluate exceptional circumstance requests, and resolve appeals in relation to MAiDTTAP.

4.2 Appeal Process

If the JSC has deemed a community or physician ineligible, the MCCS may submit an appeal or register exceptional circumstances, in writing, to the JSC for consideration. The JSC will attempt to respond to an appeal promptly, in consideration of MAiD timelines.

4.3 Reporting, Monitoring, and Evaluation

4.3.1 Health Authority Responsibility

The MCCS will collect and retain information on MAiDTTAP funding requests, physician visits for eligibility assessment, expert consultation, provision of MAiD, and mentored training sessions, and will provide this information to Rural Programs or the JSC as requested for program review or audit.

4.3.2 Ministry Responsibility

The Ministry will monitor MAiDTTAP service delivery and expenses, perform program evaluation, and forward unresolved program issues to the JSC, as needed.