

**Northern and Isolation
Travel Assistance Outreach Program
(NITAOP)**

Policy

Ministry of Health

Revised March 2013



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Section: 1	General	Effective:	March 2013

1.1 Description:

The Northern and Isolation Travel Assistance Outreach Program (NITAOP) provides funding to assist Health Authorities (HAs) in the provision of outreach medical services to residents in rural and isolated communities. NITAOP funds compensate visiting specialists and family medicine physicians for travel time and travel related costs, including lodging, that are incurred in the delivery of outreach services.

1.2 Guidelines:

HAs 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. HAs are expected to follow sound financial practices in their requests, and ensure that outreach services are well publicized and subscribed to by local physicians and residents. HAs 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, specialist outreach visits should be coordinated with local Continuing Medical Education sessions, to maximize the value of specialist outreach visits.

HAs, in collaboration with local physicians and/or regional 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 of Health on an annual basis. Upon receipt of Joint Standing Committee on Rural Issues (JSC) approval, HAs are responsible for the confirmation of visiting physicians and specialists and the scheduling of local outreach visits.

Mary Pack Arthritis Program will submit on a provincial basis for Rheumatology visits.

1.3 Program Funding:

The NITA component (specialist travel expenses) of NITAOP is funded from the Available Amount. The Physician Outreach Program (POP) component of NITAOP (GP travel expenses and GP and specialist travel time honorariums) is budgeted at \$3.196 million annually for the term of the Rural Subsidiary Agreement (RSA).

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2.1 Visiting Specialty Eligibility:

Communities covered under the RSA may be eligible for funding under NITAOP, depending on the availability of local services and the specialty. Communities may request funding if the specialty service is designated as eligible (see below), is not available within 105 kilometers, and is not supported by other outreach programs.

2.2 Designated NITAOP Specialties:

Cardiology	Internal Medicine (including sub-specialties)*	Ophthalmology	Physiatry
Dermatology	Neurology	Orthopaedic Surgery	Psychiatry (including sub-specialties)
ENT	Obstetrics & Gynaecology	Paediatrics	Radiology (including sub-specialties)
General Surgery	Oncology	Plastic Surgery	Urology
			Methadone Program

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

The maximum number of visits for each eligible specialty per community is 24 per year.

2.3 Exceptional Circumstances:

The JSC may recommend funding for specialties and/or communities that do not meet the eligibility criteria.

2.4 Visiting Family Physician Eligibility (POP):

Communities covered by the RSA are eligible for NITAOP if a family medicine physician is not available in the community. Communities may request funding if the service is not available within 105 kilometers and is not supported by other outreach programs. The maximum number of family medicine visits per community is 48 per year. In exceptional circumstances, the JSC may recommend funding for family medicine physicians/communities that do not meet the eligibility criteria.

2.5 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



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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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Section: 3	Reimbursement	Effective:	March 2013

3.1 Travel Expenses: Specialists (NITA) and Family Medicine Physicians (POP)

Reimbursement will be made directly to the visiting specialists or family medicine physicians upon receipt of their travel expense form and applicable original receipts for each visit. Acceptable expenses relate to direct costs of physician travel and lodging only.

Submission of all travel expense forms for the previous fiscal year MUST be received before June 30 in order to be paid.

3.2 Travel Time: Specialists and Family Medicine Physicians (POP)

Specialists and family medicine physicians are also entitled to a travel time honorarium. Travel time is calculated based on the time the physician leaves his/her residence/office and arrives in the community and the time the physician leaves the community to the time he/she returns to their residence/office, to a maximum of \$1,500 per return trip.

3.3 Travel Expenses and Travel Time: Rheumatology

Rheumatology requests for all communities in the province are submitted through and coordinated by the Mary Pack Arthritis Program. Health authorities work directly with the Mary Pack Arthritis Program to ensure that an appropriate number of rheumatology visits for each community is delivered. The Mary Pack Arthritis Program pays travel expenses and honorariums directly to physicians, based on NITAOP guidelines, and then submits the expense forms to the Ministry of Health for reimbursement.

3.4 Travel Time Honorariums:

Effective April 1, 2013:

Less than 2.5 hours	\$ 250
2.5 to 4 hours	\$ 500
4 to 10 hours	\$1,000
Over 10 hours	\$1,500



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Section: 4	Accountability, Advisory Committee, Reporting, Monitoring	Effective:	March 2013

4.1 Joint Standing Committee on Rural Issues (JSC)

The 2002 *Memorandum of Agreement* between the Government and the British Columbia Medical Association (BCMA) re-established the JSC as the governing body for the NITAOP. The JSC reports to the Medical Services Commission on the funding and administration of NITAOP and will provide policy direction, evaluate exceptional circumstance requests, and resolve appeals in relation to NITAOP.

4.2 Appeal Process

If the JSC has deemed a community, specialty service, or family medicine physician ineligible, a HA may submit an appeal or register exceptional circumstances, in writing, to the JSC for consideration.

4.3 Reporting, Monitoring, and Evaluation

4.3.1 Health Authority Responsibility

HAs will confirm services and visits for each community based on program utilization information supplied by the Ministry of Health on a quarterly basis.

4.3.2 Ministry Responsibility

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

The Ministry will compile utilization data for confirmation by the HAs. Utilization/Expenditure information will be provided to the JSC on a quarterly basis.