Rural Emergency Enhancement Fund (REEF) Policy

Ministry of Health
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1.1 Description

The Rural Enhancement Emergency Fund (REEF) is intended to improve access to emergency services in health authority (HA) designated emergency departments (EDs), serviced by physicians on Fee-for-Service (FFS) or Alternative Payment Program (APP) contracts where 'Full scope community Family Practitioners (FP) that provide services which include ED coverage'.

1.2 Program Objectives

1. To strengthen stability of access to hospital and HA designated EDs in rural communities by effectively and efficiently integrating ED services with the HAs health care service delivery plans for the community and the region.
2. To increase ED capacity by increasing the number of FPs who support the hospital or HA designated ED, if and where possible.
3. To encourage FP groups to enhance ED access and ensure a comprehensive range of health care services while not destabilizing other important services or surrounding communities.
4. To ensure clear accountability for the annual provision of continuous access to the ED, as per the regularly scheduled, posted hours.
5. To appropriately tailor models of reliable ED service delivery to individual community circumstances.
6. To help retain and encourage the recruitment of FPs to reside and practice in rural communities.

1.3 Scope

This policy applies to physicians, health authorities and other key partners participating in the REEF program.

1.4 Oversight

REEF 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 health authorities (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 physician representative provide the day-to-day administration of REEF in accordance with the policies and procedures established by the JSC.

Term	***Definition***
Alternative Payments Program (APP) Contracts	An alternative physician compensation model to Medical Services Plan (MSP) FFS.
Fee-for-Service (FFS)	Method of payment whereby physicians bill for services provided on a FFS basis
Health Authority (HA)	Governing bodies, as per *Health Authority Act*, with responsibility for the planning, coordination, and delivery of regional health services, including hospital, long term care and community services.
Locum Physician	A physician with appropriate medical staff privileges who substitutes on a temporary basis for another physician (host physician) and who works as independent contractors with the program.
Plan	An ED coverage plan contained within the REEF Application Form that has been and remains approved by the JSC.
REEF Application Form	An application for REEF funding in the format approved by the JSC.
Rural Retention Program (RRP) Fee Premium	Physicians providing services in eligible RSA communities will receive a premium on their MSP FFS billings.
Rural Practice Subsidiary Agreement (RSA) Community	A rural community that meets all the criteria for the RRP, included in Appendix A of the RSA.

3.1 Guidelines

An annual ED coverage "Plan" is developed by the group of community physicians who are prepared to commit to provide reliable, access to emergency services in the hospital or HA designated ED facility, as per the service hours established by the HA.

The Plan is to be developed in collaboration and partnership between the community physicians and the HA. The community physicians who provide both primary care and ED services to their community will decide on the appropriate physician collaborative group for their community (e.g., Local Medical Advisory Committee (LMAC), Division of Family Practice, or a representative ad hoc physician group). The HA, through the VP of Medicine (or designate), will commit to the provision of the appropriate human and technical resources required to fulfill the Plan; and will confirm that commitment, by signing the REEF Application, along with the ED physicians.

Examples of the ways in which funding could be distributed include, but are not limited to:

- Hiring additional full or part-time ED physicians.
- Incenting weekends, holidays, and/or nightshifts.
- Hiring locum physicians (Note: The daily rate must not exceed the guaranteed daily rate payable under the Rural FP Locum Program for your community, i.e., "A" communities = $1,275-$1,658, for "B" communities = $1,275-$1,440/day, "C" and "D" communities = $1,275/day, and/or
- Purchasing equipment where this fits with the HA standards and plans.

The Plan must:

- Commit to reliable ED access and may increase capacity by increasing the number of FPs engaged in providing services within the community and/or in conjunction with other communities.
- Consider the likely impact on the full range of health care services required in the community and must integrate well with other services required in the community.
- Outline any potential positive and negative impacts on other communities in collaboration with the HA. Any REEF application that destabilizes other communities or health care programs will not be approved.
- Include a contingency plan that will address unexpected closures.
- Provide a sustainable community solution and contribute to recruitment and retention of health care professionals to meet the full range of services needed in the community.

Any policy document(s) developed and/or applied by physicians, the LMAC, or hospital leadership at the local level must be compatible with the community's REEF Plan and with the REEF policy.

4.1 Community Eligibility

- The community must be designated as an RSA community and be identified by the HA as having a hospital or HA designated ED facility that provides emergency services on a regular, scheduled basis.
- Hours of access to ED are to be established by the HA.
- EDs with eligible, continuous coverage may be eligible for up to $200,000 per year. Where the ED coverage is less than continuous, the funding will be prorated.
- All HA designated ED facilities (e.g. D&T Centres, Community Health Centers etc.,) will be reviewed annually to confirm they serve as ED equivalents in terms of the range and availability of emergency services.

4.2 Physician Eligibility

- Physicians must be FFS or on APP contracts where 'Full scope community FPs that provide services which include ED coverage'.
- Physicians must maintain active or provisional staff privileges in their RSA community hospital or HA designated ED facility and must sign the annual REEF Application outlining the terms of their planned commitment.
- All community and incoming physicians have full and equitable access to REEF, commensurate with the groups assessment of their relative commitment to the Plan, provided they meet the terms above.
- The maximum any one physician may receive from REEF is $65,000 per year.

5.1 Funding

- In communities serviced by FFS and APP physicians (Full scope community contracted FP physicians provide services that include coverage of the ED), funding of up to $200,000 per facility will be available for each fiscal year.
- For scheduled, ED access that is not continuous, as agreed to by the HA, the annual available funding amount will be pro-rated to correspond with HA approved scheduled hours of access to the ED.
- The annual funding will be paid quarterly upon submission of an invoice.
- For communities with pro-rated REEF funds, the maximum quarterly payment is one quarter of the total approved annual funding.
- Funding is contingent upon the maintenance of access to ED services in accordance with the schedule identified in the Plan during the prior fiscal quarter.
- In the event of closures related to physician unavailability, the Appointee Physician is responsible for reporting the dates, times, and duration on the quarterly invoice using the template provided in the application package. REEF funding will be reduced by an hourly proration for any/all closures related to physician unavailability.
- If a closure related to physician unavailability is not reported on the applicable quarterly invoice, a penalty of up to $2,500 will be applied. The penalty will apply to every invoice where closures related to physician unavailability have not been reported during the quarter.
- After consultation with the ED physicians and HA, the JSC reserves the right to change, modify, or discontinue the Plan in which case eligibility for REEF funding under the Plan will immediately cease.

5.2 Funding for HA Administration

- HAs are eligible to receive $2,500 per approved facility within their HA to assist with administration/implementation costs of the REEF program.
- The Administration Fee will be paid once the Plan is approved. If a facility becomes ineligible for REEF at a point during the fiscal year, the HA is required to repay the prorated administration fee.

5.3 Application and Approval Process

- Physicians and the HA collaborate in the development of a plan to maintain access to ED services in accordance with an agreed upon schedule (e.g., 24 hours per day or other posted scheduled hours every day) and complete a REEF Application Form that reflects that plan.
- Each of the physicians in the group will sign the REEF Application form confirming their personal commitment to maintain the planned access to ED services.

- Each physician group must identify an "Appointee" to submit invoices and receive payments on their behalf, authorizing the HA to make payments on their behalf to the Appointee.
- In providing the HA with this authorization, the physicians acknowledge that the HA has no further responsibility for the distribution of funds beyond releasing payments to the Appointee.
- Each complete REEF Application Form that is submitted is considered for approval.
- Upon approval of the JSC, the REEF Application Form becomes the Plan.
- Any changes sought to be made to an approved Plan during the course of the year to which the Plan applies may be submitted for consideration, but no such change will take effect unless and until it has been approved.

5.4 Payment

- Approved Plans will be implemented by the physician group, and at the end of each quarter, the Appointee will submit an invoice to the HA on behalf of the physicians in the group.
- If the HA agrees that sustainable, consistent access to the ED was provided during the relevant quarter and that the payments claimed are in accordance with the Plan, the HA will sign the invoice and submit it to the Ministry for payment.
- Upon receipt of the quarterly invoice and confirmation of REEF policy and Plan compliance, the Ministry will release the appropriate funding to the HA, and the HA in turn will release the appropriate funding to the Appointee.
- Any invoices that do not comply with the terms set out in the Plan will be reviewed.
- The HA, in collaboration with the community, will be required to report any application of "flex funds" to the Ministry, by the end of the fiscal year on the Q4 invoice.
- Invoices are to be submitted by the HA to the Ministry no later than 4 weeks past quarter end (Q1: July 31; Q2: October 31; Q3: January 31; Q4: April 30).

6.1 Exceptions

- Exceptions to program requirements may be considered by the JSC on a case-by-case basis.

6.2 Disputes

- If a dispute arises among the physicians with respect to REEF, they will first attempt to resolve the dispute with the assistance of the VP of Medicine or designate.
- In the event the dispute cannot be resolved, the JSC has ultimate jurisdiction over this policy.

7.1 Reporting, Monitoring and Evaluation

- HA's will ensure invoices submitted are in accordance with the Plan and all ED closures have been reported on the invoice.
- HA's will communicate all REEF approvals, policy changes, and release funds to the physician groups.
- The Ministry will monitor REEF invoices, ED closures, perform program evaluation and forward unresolved program issues to the JSC, as needed.
- The Ministry will monitor program utilization and expenditures and report to JSC on a quarterly basis.
- The JSC will evaluate the REEF program as required.