

FREQUENTLY ASKED QUESTIONS

Updated December 13, 2024.

	Questions	Answers / Link
	General	
G1	Is there a cost to the Division/Membership in joining the After Hours Care program?	<p>There is no cost for Divisions or Members to participate in the After Hours Care program.</p> <p>There is no cost to family physicians (FPs) or nurse practitioners (NPs) to use the program with their patients.</p> <p>**Will divisions receive funding to complete the EOI and support ongoing After Hours Care program work? No, Divisions will not receive additional AHC funding. Please refer to section D2 for details.</p>
G2	Where can I find information about the program?	fpscbc.ca/after-hours-care
G3	What are the AHC hours of service?	<p>Monday to Friday from 5:00 p.m. – 9:00 a.m.</p> <p>24-hours on weekends and statutory holidays (also includes Easter Sunday, Easter Monday and Boxing Day).</p>
G4	Where can I find more information on the evaluation of the service?	fpscbc.ca/after-hours-care
G5	When will the After Hours Care program expand to my community?	The EOI process is open from November 25, 2024 to January 31, 2025. The EOIs will inform planning for a provincial expansion. We anticipate that the EOIs submitted during this time frame will be scheduled for expansion in a phased approach subject to available funding in 2025/26. Consideration for expansion order includes division interest, division capacity and ability to support program onboarding, communities in crisis and population of attached patients.
G6	When will the After Hours Care program expand provincially?	Provincial expansion is targeted to begin in fiscal year 2025/26. The expansion timeline is dependent on budget funding. It is anticipated funding will be determined by March 2025.
	Physicians	
P1	I'm interested in staffing and/or using the After Hours Care service to replace	https://fpscbc.ca/after-hours-care/about , staffing and using

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	my/our after hours call needs. Where can I find more information about this?	https://fpscbc.ca/sites/default/files/after_hours_care_program_-_things_to_think_about.pdf
P2	What requirements must be met in order to use the After Hours Care service to replace my/our after hours call needs?	<p>Family physicians signing up to use the service for their attached patients must sign a user agreement, within which the family physician commits to:</p> <ul style="list-style-type: none"> • Ensure a reasonable number of rapid access appointments are available for your patients that call the service and are recommended to require semi-urgent follow-up • Continue to be accessible to attached patients during the daytime on weekdays (the After Hours Care program is not a locum replacement service) • Adjust their phone messaging to align with After Hours Care redirection during after hours and utilize resources (eg: posters, pamphlets) from the service to educate patients on use of the service • Participate in your local PCN <p>https://fpscbc.ca/sites/default/files/after_hours_care_program_-_things_to_think_about.pdf</p>
P3	How are AHC staffing physicians compensated?	Family physicians staffing FPSC's After Hours Care program will be paid through an hourly physician group contract with the Ministry of Health.
P4	Do staffing Physicians answer AHC calls from anywhere in the province or do they only take calls from the division that they support?	Staffing Physicians answer AHC calls from anywhere in the province.
	Nurse Practitioners	
N1	I'm interested in using the AHC service to replace my/our after hours call needs. Where can I find more information about this?	https://fpscbc.ca/after-hours-care/about , staffing and using https://fpscbc.ca/sites/default/files/after_hours_care_program_-_things_to_think_about.pdf
N2	What requirements must be met in order to use the AHC service to replace my/our after hours call needs?	NPs signing up to use the service for their attached patients must sign a user agreement, within which the FP commits to: https://fpscbc.ca/sites/default/files/after_hours_care_program_-_things_to_think_about.pdf
N3	Can nurse practitioners staff the service?	At this time, nurse practitioners cannot staff the service.

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	Divisions - Expression of Interest (EOI)	
EOI1	Who is responsible for completing the EOI?	The division is responsible for completing the EOI (Expression of Interest). This can be completed by the Executive Director, a Project Manager and/or Physician Lead on behalf of the division
EOI2	Will divisions receive funding to complete the EOI and support ongoing After Hours Care program work?	<p>The division will complete the EOI, including surveying members about their interest in joining the program, support family physicians when onboarding to use the program and participate in evaluation activities. Administrative activities include completing the EOI, sending communication packages to division members about the program, sharing with the FPSC Provincial Initiatives team about barriers and successes to onboard and any community concerns about using the service, and support distribution of communications packages including clinic posters and voicemail instructions.</p> <p>There is no additional funding available from FPSC to support onboarding to the program.</p> <p>The division can allocate infrastructure funding for staff administrative support. Physician Engagement in PMH (patient medical home) and PCN Funding can be utilized to support physician engagement in the program.</p>
EOI3	How much time will be given to divisions to complete the EOI?	Divisions have from November 25, 2024 until January 31, 2025, to complete/submit the EOI to be considered for the first phase of division onboarding.
EOI4	What are the next steps once the divisions have submitted their EOI?	EOIs submitted by January 31st, 2025, will inform planning for the provincial expansion. Submissions will be reviewed and an initial onboarding schedule will be communicated once the timeline of funding is confirmed.
	Divisions – Onboarding	
DO1	What are the steps to onboarding my division?	<p>Divisions interested in joining the After Hours Care program in the initial expansion phases should complete and submit their EOI by January 31, 2025.</p> <p>The division EOIs will be reviewed and assessed against onboarding criteria and program capacity.</p> <p>Updates will be provided as new divisions are onboarded.</p> <p>Divisions will be notified if they are included in the proceeding expansion phase.</p> <p>When onboarding begins, divisions will support the onboarding administrative process (see “What does onboarding administration include?” for details).</p>
DO2	What does onboarding administration include?	<p>When a division joins the After Hours Care program, the division will support the following administrative steps:</p> <ul style="list-style-type: none"> • Share sign up information with membership

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		<ul style="list-style-type: none"> • Send communications about go-live dates with FPs/NPs • Distribute patient and office staff communications to longitudinal clinics signed up to use the service • Follow up with clinics about changing their voicemail to AHC line • Attend meetings/distribute communications as needed from FPSC & HealthLink BC re: updates on the After Hours Care program • Support evaluation activities by FPSC and/or UBC DigEM <p>All materials shared with the membership will be provided to the division by the FPSC Provincial Initiatives team.</p> <p>Divisions are expected to utilize existing FPSC funding streams, such as Infrastructure Funding or Physician Engagement in PMH and PCN Funding, as per the funding guidelines to support engagement in the AHC program.</p>
	Divisions - General	
D1	What is the process for a division that has lack of or decrease in engagement and is no longer able to contribute to the program?	The situation will be managed individually. Please note the EOI process will help us gauge interest and collect valuable data for planning purposes as it will give us insights into the community's potential demand and the program's ability to support the potential patient demand.
D2	When a community decides to utilize the program, is there an expectation for the users to join the staffing pool?	There is an expectation that the community involved will be contributing in staffing the program. However, we understand that each community may have different needs and capacities, and we will continue to monitor the program needs to meet the demand.
D3	What percentage (or quantity) of calls were handled by the navigator or by the RNs?	47% of the calls were managed by the navigators that are administrative in nature or need redirection to other services (i.e. Pharmacists at Health Link or Poison Control Services). Out of the clinical encounters, the nurses were able to resolve 18% of issues and 82% were passed onto the physicians. *Note: the data is based on the survey collected from approximately 5,600 patients between April 30 to September 1, 2024.
D4	Do you have longitudinal data on the patient journey after the patient used the service?	We are currently in the process of collecting the data using the patient survey and MSP billing data. The results will be shared when ready.
D5	Are there any tools for secure messaging between the AHC on-call physician	Unfortunately, we are limited by current technology and are using faxes and telephones at this time.

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	and the MRP and/or a way to integrate clinic EMRs?	
D6	Where can I find detail about the AHC evaluation?	<p>Please refer to our website: https://fpscbc.ca/after-hours-care and evaluation summary https://fpscbc.ca/sites/default/files/uploads/ahc-pilot-evaluation-infographic-revised-v3a.pdf for resources that can be shared.</p> <p>Further details are to be shared at a later date. Please contact us directly at ahcp@doctorsofbc.ca if you require more information or have questions.</p>
D7	In pilot communities, have you experienced any clinics decline the service initially or joined and decide to unenroll? If so, what are the barriers?	<p>About 70% of FPs and NPs signed up to use this service from the pilot communities.</p> <p>There were a few practices that already have a mechanism for their patients to provide after hours care and they did not have need for this service. Also, one of the clinics had a more focused practice and the program was not felt to be a good fit. In particular with the launch of the pilot, some FPs noted the risk or fear of the program ending. With the expansion of the program, we look forward to incorporating more longitudinal practices.</p>
D8	Are clinics notified when their patients access the service?	Yes, if there is a clinical encounter with a nurse or a physician, a report will be faxed to the MRP's office. If there is a need for a semi-urgent or expedited appointment request, the clinic will be notified.
D9	What are the benefits for rural family physicians to join this service when they are already staffing an ER in many communities?	We understand every community has different capacities and needs. There may be communities where family physicians and nurse practitioners are already staffing the ER or the practice itself may have adequate after hours coverage for their patients. The objective of the program is to provide timely after hours care access to patients, reduce FP burden and to provide provincial systemic support.
D10	How many practitioners are currently using this program?	<p>We currently have 591 FPs and NPs enrolled using the program for their attached patients, with 606,827 attached patients accessing the program. 42 FPs are staffing the program.</p> <p>**Data as of Dec 13, 2024</p>
D11	Are there plans to extend this service to Long Term Care?	Not at this time, but we will re-evaluate as we grow our service.
D12	When signing up, does a staffing physician enter a group contract with their current community physicians?	No, when you are a staffing physician, you will be joining the existing contract for the Provincial AHC physician group.

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D13	When a clinic signs up for the service, do all FPs in the clinic need to sign up?	It is strongly recommended that all of FPs sign up to ensure smooth patient communication and avoid any potential confusion (eg: the same clinic message would need to direct patients who have access to AHC and others to call their FP after hours). As we are implementing the provincial program, we aim to streamline patient communication.
D14	Are locum physicians, who do not have a longitudinal family practice, eligible to staff the service?	The program has been designed to provide support to the longitudinal family practice by longitudinal family physicians. Currently, preference will be given to longitudinal family physicians, but locums may be considered. With the expansion of the program, we would like to build the flexibility on the staffing capacity and availability.



If you have any questions that have not been answered in this FAQ or on the [website](#), please write us at AHCP@doctorsofbc.ca.