

Team-based Care Grant
Frequently Asked Questions

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1. What is the Team-Based Care Grant?

Within the context of the Patient Medical Home (PMH) and the Primary Care Network (PCN), the FPSC is committed to supporting family physicians (FPs) transition to team-based care. [Evidence](#) suggests that team-based care is associated with:

- Improved job satisfaction and work-life balance for physicians.
- Improved access, continuity of care, and chronic disease management for patients.
- Lower costs to health care system by reducing demand for emergency medical services.

The grant is intended to provide funding to longitudinal family practices to recognize additional administrative costs of establishing an Interprofessional Team (IPT). The grant provides a payment of \$15,000 per FTE (full-time equivalent) of net new eligible IPT position filled.

The grant is a lump sum payment and is intended to recognize the additional costs of establishing an IPT. Examples of such costs are (but may not be limited to):

- EMR set up and migrations, licensing, and hardware (phone/fax/computer) upgrades to enable interprofessional care.
- Physician and/or clinic staff time to:
 - Review and implement changes to office capacity to accommodate new IPT members.
 - Recruit, interview, hire, and onboard new IPT members. If applicable, recruitment may be conducted in conjunction with health authority or other employer (e.g. Division or PCN).
 - Review medico-legal requirements relevant for particular IPT members (e.g. may include legal/consultant fees).

2. Who is eligible for the grant?

To be eligible for the grant, the physicians applying for the grant must:

- Work within a group practice consisting of two or more physicians that has added an eligible IPT member to the group practice. The physicians working together in a group practice may or may not be co-located and may have an arrangement to jointly fund an IPT position. A single physician cannot apply for the grant on their own.
- Meet the definition of a [Community Longitudinal Family Physician \(CLFP\)](#) as defined in the FPSC Preamble.
- Have completed Phase 2 of the FPSC [Phases of Panel Management](#). If Phase 3 is not yet completed, Phase 3 is expected to be completed with involvement from IPT members within the 12-month period in which the grant is paid.
- Commit to participating in quality improvement activities related to team-based care, such as services offered through the [FPSC Practice Support Program](#), including team-based Care enhanced support. Quality improvement activities should be aligned with the [National Interprofessional Competencies Framework](#).
- Agree to work collaboratively with the Ministry of Health, the PCN (if/when available), and other partners (e.g. Division of Family Practice, Health Authority) towards implementing the attributes of the Patient Medical Home and PCN.

3. What is the definition of an Interprofessional Team (IPT)?

For the purpose of the grant, an IPT consists of physicians, allied care providers (ACP), and administrative staff. As per the [FPSC Preamble](#), ACPs are defined as trained professionals with a scope of practice that allows the provision of medical and medically related services to patients. Examples include but are not limited to: Nurses; Nurse Practitioners; Mental Health Workers; Midwives; Psychologists; Clinical Counsellors; School Counsellors; Social Workers; Registered Dietitians; Physiotherapists; Occupational Therapists; and Pharmacists etc. In some cases, an IPT may include roles supporting Indigenous wellness (e.g. Healers and Navigators) funded by the PCN.

IPT members may be employed by the medical practice or an external organization, such as (but not limited to) Health Authority or Division of Family Practice.

IPT members work collaboratively to support and coordinate the longitudinal primary care of patients. Ideally, the coordination of patient care is supported by the use of a shared medical records system (accessible to IPT members) to document patient information.

4. What positions within an IPT are eligible for the grant?

To be eligible for the grant, IPT positions must be ACP positions (or Indigenous wellness support positions funded by PCN) providing or supporting longitudinal primary care to patients. An eligible IPT position may be employed by the family practice or another organization, such as a health authority, division of family practice, or Primary Care Network.

To be eligible for the grant, the IPT member must be hired to fill a **net new** IPT position and not an existing IPT position. If a new IPT is hired to fill a vacancy in an existing IPT position created from staff turnover, the practice cannot claim this grant. Eligible family practices may apply for the grant for net new eligible IPT positions filled on or after April 1, 2019.

5. What positions are **not** eligible for the grant?

Positions that do not provide longitudinal primary care of patients (e.g. cosmetic services) are not eligible for the grant.

Positions that are the primary care provider that carry their own panel of patients, for example Nurse Practitioners which are MRP for a known panel of patients, are not eligible for the grant.

Positions that provide primary care services on a referral basis or provide/support episodic primary care services are not eligible for the grant.

Team members hired to fill an existing IPT position (vacant because of personnel turnover) are not eligible for the grant.

While the roles of family physicians and/or office staff (office manager, MOA, etc.) are part of an IPT they are not eligible for the grant.

Positions filled prior to April 1, 2019 are not eligible for the grant.

6. What type of costs is the grant intended to cover?

The grant is a lump sum payment and is intended to recognize the additional costs of establishing an IPT. Examples of such costs are (but may not be limited to):

- EMR set up and migrations, licensing, and hardware (phone/fax/computer) upgrades to enable interprofessional care.
- Physician and/or staff time to:
 - Review and implement changes to office capacity to accommodate new IPT members.
 - Recruit, interview, hire, and onboard new IPT members. If applicable, recruitment may be conducted in conjunction with health authority or other employer (e.g. Division or PCN).
 - Review medico-legal requirements relevant for particular IPT members (e.g. may include legal/consultant fees).

7. What type of costs is the grant **not** intended to cover?

This grant is not intended to cover quality improvement activities that physicians and staff undertake to improve IPT effectiveness. For example, the FPSC Practice Support Program (PSP) may facilitate activities such as reviewing patient data/needs, optimizing EMR, assessing team readiness and progression to a ‘high performing IPT’ over time, understanding and clarifying scopes of practice and team member roles, designing and implementing new workflows, and supporting change in patient experience. Such PSP facilitated activities can be compensated for via PSP sessional payments. Please see the [FPSC website](#) for more information about PSP.

Additionally, the grant is not intended to pay for salaries of IPT members, building renovations, or community level planning. These costs/activities may be compensated for by other funding streams. Please contact your local Division of Family Practice for more information on available funding.

8. What is the payment amount per net new eligible IPT position

The payment amount is \$15,000 per FTE of net new eligible IPT position filled. A minimum of 0.2 FTE positions (\$3,000) is required to apply for the grant. One FTE is equal to 1680 hours per year and 0.2 FTE is equal to 336 hours per year.

9. Do family practices have to submit receipts for individual expenses to claim the grant?

No. The grant is paid as a lump sum payment to eligible family practices for each FTE of net new eligible IPT position filled. The grant is intended to recognize the additional costs of establishing an IPT. Examples of such costs are (but may not be limited to):

- EMR set up and migrations, licensing, and hardware (phone/fax/computer) upgrades to enable interprofessional care.
- Physician and/or staff time to:
 - Review and implement changes to office capacity to accommodate new IPT members.
 - Recruit, interview, hire, and onboard new IPT members. If applicable, recruitment may be conducted in conjunction with health authority or other employer (e.g. Division or PCN).
 - Review medico-legal requirements relevant for particular IPT members (e.g. may include legal/consultant fees).

10. How do eligible longitudinal family practices apply for the grant?

A group of physicians (two or more physicians) must submit an online application form to apply for the grant for a net new eligible IPT position. A single physician cannot apply for the grant on their own.

11. How will the grant be paid?

The grant is paid by Doctors of BC to an individual physician accepting the payment on behalf of all the physicians applying for the grant. The grant is intended to be shared with the group of physicians applying for

the grant. Physicians and clinic owners should come to an agreement on how the grant is distributed to individuals.

The grant is paid in three equal installments over a 12-month period:

- The first installment is paid after the application for the grant has been approved.
- A second installment is paid after six months if eligible IPT position is sustained.
- A third installment is paid after 12 months if eligible IPT position is sustained.

The total payment amount (total of all installments) is based on expected FTE hours of eligible net new IPT position filled.

Family practices approved for the grant must submit additional payment requests after six months and 12 months to receive their second and third payment installments. More details about the process for requesting second and third payment installments will be publicly available later in 2021.

Physicians who are subject to paying GST on services through their corporations must charge GST on their sessional time. To have GST added, a completed GST Registration Designation Form is required. To obtain form, please contact us by email to accountspayable@doctorsofbc.ca, subject line "ATTN: Sessional GST". If your GST number is already on file with Doctors of BC, GST will automatically be applied to your TBC Grant Payment. Note that as every situation is different, we encourage physicians to discuss these payments with their accountant.

12. Can an eligible family practice apply for the grant more than once?

Eligible family practices may apply for the grant for additional **net new** eligible IPT position filled. A minimum of 0.2 FTE of net new eligible IPT positions is needed to apply for the grant. Team members hired to fill an existing IPT position (vacant because of personnel turnover) are **not** eligible for grant funding.

13. Are physicians working under an Alternative Payment/Funding Model eligible?

Yes. Physicians working under an Alternative Payment/Funding Model are eligible provided they meet the eligibility requirements of the grant.

14. When will the grant be available until?

An end date has not yet been established for this grant. The FPSC will continue to evaluate the impact of the TBC Grant as it considers funding opportunities in the future.

15. What are other sources of funding available to physicians to support team-based care?

You may contact your local [Division of Family Practice](#) for more information on available funding to support team-based care in your community. Additionally, you may contact the [FPSC Practice Support Program](#) (PSP) or [Rural Coordination Centre of BC](#) (RCCbc) for more information on available funding to support quality improvement activities to improve team effectiveness.

16. I have more questions about the grant. Who do I contact?

If you have questions about the grant, please contact FPSC.billing@doctorsofbc.ca.