

FPSC Stabilization Funding for Inpatient Care (2023/24 FY)
Frequently Asked Questions

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What is the FPSC Stabilization Funding for Inpatient Care?

The FPSC Service Stabilization Funding for Inpatient Care is available for one year (2023-24 FY). It is intended to help communities maintain inpatient care services until a long-term payment model (e.g., LFP Payment Model) is implemented for inpatient care. The stabilization funding is intended to be temporary financial support to maintain current service levels. It is not intended to fund a long-term model for inpatient care.

Which hospital locations are eligible for funding?

Hospital locations where groups of community-based family physicians on fee-for-service provide and coordinate inpatient care for their attached patients are eligible for funding. These hospital locations may also have hospitalist programs funded by the health authority or “hospitalist-like” programs funded by local divisions of family practice to manage inpatient care for unattached or unassigned patients. In most cases, hospital locations eligible for funding are also currently receiving FPSC Inpatient Care Bridge Funding.

How do communities apply for funding for eligible hospital locations?

Divisions will receive an email from FPSC’s Primary Care Transformation team in early June 2023 with instructions on how to apply for funding for 2023-24 FY. To apply for funding, a division will submit a completed funding request form to FPSC. To facilitate a timely transfer of funds, we ask that divisions submit the completed funding request form by July 31, 2023. If more time is needed, please contact fpsc.billing@doctorsofbc.ca.

What information is needed for the funding request form?

The funding request form will ask divisions to specify how they will use funding to increase physician compensation for inpatient care. The funding programs proposed by divisions must adhere to all funding parameters (see next question) to ensure inpatient care payments are aligned with provincial payment standards for inpatient care. The funding request form must be signed by representatives of the division and health authority before submitting it to FPSC.

What are the funding parameters?

The funding parameters listed below are intended to ensure that payment programs align with provincial payment standards for inpatient care while providing communities with autonomy to develop payment programs to meet local needs.

Funding programs for inpatient care proposed by divisions must adhere to all of the following requirements:

- Funding must be used to increase compensation for inpatient care services provided by family physicians. **Proposed compensation per physician (including MSP billings and existing FPSC and/or health authority funding) must not exceed:**
 - \$250 per service hour for family physicians (FPs) where inpatient care income is subject to overhead cost sharing agreements of their community-based practices.
 - \$190 per service hour for FPs where inpatient care income is not subject to overhead cost sharing agreements.
 - Comparable Medical On-call Availability Program (MOCAP) rates for hospitalist availability for on-call. MOCAP for hospitalists are generally paid at Level 2 rate (annual rate for 24 hours/7 days/52 weeks is \$181,500 per call group).
- Divisions may allocate up to 10% of funding to administration expenses while 90% of the funding must be paid to family physicians.

- The funding must not be used to fund medical services provided by specialists or other health care providers.
- The funding must not be used to fund equipment purchases or infrastructure upgrades.

What is funding intended to pay for and what is it not intended pay for?

The funding must be used to increase compensation for inpatient care services provided by family physicians. Proposed compensation per physician (including MSP billings and existing FPSC and/or health authority funding) must not exceed the parameters above.

A portion of the funding (up to 10%) may also be used to fund administrative supports for inpatient care. The funding must not be used to fund medical services provided by specialists or other health care providers (e.g., nurses or nurse practitioners). The funding must not be used to fund equipment purchases or infrastructure upgrades.

The purpose of funding is to provide temporary support to communities to maintain the current provision of inpatient care. The funding is available for one year (2023-24 FY) and is intended to help communities maintain inpatient care services while a long-term payment model is implemented for inpatient care.

How much funding is available for each hospital?

Communities applying for funding should estimate costs of their proposed inpatient care program based on what is needed to maintain current inpatient care service in 2023/24 FY. To assist in planning, FPSC has provided each community with a maximum funding amount available to each eligible hospital location. Based on available FPSC funding, the available maximum funding amount for each hospital is calculated to be approximately 56% of current annual FPSC inpatient care funding for each hospital location.

How will funding request forms be reviewed?

Each form will be reviewed for completeness and to ensure that proposed payments are aligned with the funding parameters outlined previously. FPSC staff may contact applicants for more information as needed.

Will funding be available after 2023/24 FY?

FPSC has approved funding to be available for one year (2023-24 FY). The funding is available for one year (2023-24 FY) and is intended to help communities maintain inpatient care services until a long-term payment model is implemented for inpatient care. The stabilization funding is intended to be temporary financial support to maintain current service levels. It is not intended to fund a long-term model for inpatient care.

Who is responsible for developing a long-term physician payment model for inpatient care?

BC Family Doctors, Doctors of BC, and the Ministry of Health are working together to expand the Longitudinal Family Physician (LFP) Payment Model to include inpatient care services provided by longitudinal family physicians. The LFP Payment Model is expected to include longitudinal family physician inpatient care services by fall 2023. At the local level, FPSC will continue to support divisions to engage with local partners, such as health authorities, to improve inpatient care in communities.

Last updated on May 26, 2023



Who should I contact with more questions?

If you have further questions about the funding, please contact us at fpsc.billing@doctorsofbc.ca.