

FPSC 2024 Bridge Funding for Inpatient Care
Frequently Asked Questions

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What is the 2024 FPSC Bridge Funding for Inpatient Care?

The FPSC Bridge Funding for Inpatient Care is available from April 1, 2024 to September 30, 2024. 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 bridge 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.

How do communities apply for funding for eligible hospital locations?

Divisions will receive an email from FPSC’s Primary Care Transformation team in February 2024 with instructions on how to apply for funding for the funding. 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 April 30, 2024. If more time is needed, please contact fp.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. **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 is 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 to pay for?

The funding must be used to increase compensation for inpatient care services provided by family physicians under fee-for-service. 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 support 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 from April 1, 2024 to September 30, 2024 and is intended to help communities maintain inpatient care services while a long term payment model is implemented for inpatient care.

Can funding be used to provide additional compensation to physicians who are providing inpatient care services under AP contract or LFP Payment Model for inpatient care?

The funding may not be used to compensate physicians for inpatient care services that are already compensated for by AP contract or LFP Payment Model. The funding may be used to provide on-call compensation to physicians, provided that on-call availability is not already compensated for by AP contract, LFP Payment Model, or MOCAP.

How much funding is available for each hospital?

Communities applying for funding should estimate the costs of their proposed inpatient care program based on what is needed to maintain current inpatient care service from April 1, 2024 to September 30, 2024. To assist in planning, FPSC has provided each community with a maximum funding amount available for each eligible hospital location. The available maximum funding amount for each hospital is the same amount that was made available via FPSC Inpatient Care Bridge Funding and Stabilization Funding in 2023/24FY.

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 September 2024?

FPSC has approved funding to be available for 6 months (April 1, 2024 - September 30, 2024). The funding is intended to help communities maintain inpatient care services until a long term payment model is implemented for inpatient care. The 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. It is expected that this new payment model for inpatient care services (provided by longitudinal family physicians) will be operational in 2024. More details about the new payment model will be made available as soon as possible. At the local level, FPSC will continue to support divisions to transition their local inpatient care programs from existing funding to new payment model.

Who should I contact with more questions?

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