

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 and transition their inpatient care programs from current funding to a new payment model (e.g. LFP Payment Model).

### Which hospital locations are eligible for bridge 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 bridge 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 bridge 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 bridge funding. To apply for bridge 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](mailto: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 bridge 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:**
  - \$230 per service hour
  - Comparable MOCAP rates for hospitalist availability for on-call. MOCAP for hospitalists is paid at Level 2 rate of \$181,500 (annual rate for 24 hours/7 days/52 weeks) per hospital.
- The funding must not be used to fund medical services that are already compensated for by AP contract or LFP Payment Model for inpatient care.
- 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 bridge funding intended to pay for, and what is it not intended to pay for?**

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

The bridge funding is available from April 1, 2024 to September 30, 2024 and is intended to help communities maintain inpatient care services and transition their inpatient care programs from current funding to a new payment model (e.g. LFP Payment Model).

### **Can bridge 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 bridge funding may **not** be used to compensate physicians for inpatient care services that are already compensated for by AP contract or LFP Payment Model for inpatient care.

### **Can bridge funding be used to fund on-call availability?**

The bridge funding may be used to provide on-call compensation to physicians, provided that on-call availability is not already compensated for by AP contract or another on-call payment mechanism (e.g. MOCAP).

In July 2024, the FPSC will introduce a new on-call availability funding program for inpatient care. This new funding program will provide divisions with an amount of \$182,000 per hospital for 24/7/365 on-call availability. More details about the new on-call availability funding program, including application details and payment parameters, will be shared in the coming months.

Once the new on-call availability funding program is operational, the bridge funding should no longer be used to provide on-call compensation to physicians.

### **How much bridge funding is available for each hospital?**

Communities applying for bridge 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 and transition their inpatient care programs from current funding to a new payment model (e.g. LFP Payment Model). 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.

### **When will the LFP Payment Model for inpatient care be available?**

The LFP Payment Model for inpatient care services is expected to be available for physicians to begin billing in June 2024. Please see [Doctors of BC website](#) (member log-in required) for information about the LFP Payment Model for inpatient care. Additional details about the LFP Payment Model for inpatient care 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 the 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](mailto:fp.billing@doctorsofbc.ca).