FPSC Long Term Care Initiative (LTCI)
Frequently Asked Questions

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General

When did the initiative begin?

The initiative was initially mobilized by the Ministry of Health in 2011 and became an initiative of the Family Practice Services Committee (FPSC) in April 2014. The FPSC's Long-term Care Initiative (LTCI) now covers 94% of the eligible 31,200 LTC beds.

What is the purpose of the initiative?

The initiative supports Divisions to design and implement local, scalable, and sustainable solutions that deliver dedicated FP MRP services for patients in LTC homes, with a focus on the Quality Improvement (QI) of LTC services by enhancing the five Best Practice Expectations (BPEs) and three system level outcomes.

What is a dedicated FP MRP?

For the purposes of this initiative, a dedicated Family Physician (FP) Most Responsible Physician (MRP) is a Family Physician (FP) who delivers care according to five BPEs and promotes three system level outcomes. The term MRP refers to the physician who has overall responsibility for directing and coordinating the care and management of an individual patient.

What are the Best Practice Expectations?

1. 24/7 availability and on-site attendance when required
2. Proactive visits to residents
3. Meaningful medication reviews
4. Completed documentation
5. Attendance at case conferences

What are the system level outcomes?

1. Reduced unnecessary or inappropriate hospital transfers
2. Improved patient-provider experience
3. Reduced cost/patient as a result of a higher quality of care

Can a community choose to only deliver some of the Best Practice Expectations and system level outcomes?

No. Solutions must encompass all five BPEs and promote all three system level outcomes.

Can a community use a physician replacement service to meet the 24/7 requirement?

No, since a physician replacement service is generally not able to meet all five BPEs and promote all three system level outcomes. An example of a physician replacement service is Babylon or physicians on a Health Authority contract for LTC.

Does participating in the LTCI require each member to provide 24/7 availability for every LTC home in the community?

No. Each member is not individually expected to provide 24/7 availability to all local LTC homes. However, collectively, the physicians participating in the initiative must determine how availability will be delivered so that every LTC home does have 24/7 availability.

How many Family Physician members can participate in the initiative?

There is no required number of FPs that can or must participate. The expectation is that dedicated FP MRP LTC services will be delivered for the community, that the solution is sustainable, and that all community FPs have an opportunity to participate. A local solution that involves a single FP, or a very small percentage of FPs relative to the number of LTC beds and Division members, would not be generally considered as sustainable.

Can a Family Physician who does not belong to any local Division participate in the initiative?
No. FPs are expected to be a member of their local Division if they wish to participate in a Division's LTCI solution. FPs can participate in more than one Divisions' LTCI, as long as they are a member of a local Division.

What if some Family Physicians from a community do not want to participate in the initiative?
It is not mandatory that every FP in a community participates in the local solution. Ideally, communities would consult and collaborate with all FPs to encourage participation.

What if a Family Physician wishes to withdraw participation from a local solution?
A FP may withdraw from the local LTCI solution and give the Division at least three months' notice of their withdrawal, if possible.

Can multiple physician groups cover the same LTC home?
Yes, however communities are asked to design and implement solutions that cover all homes and all beds. Additional funding is not provided if multiple physician groups cover the same LTC home.

What happens if an LTC home is geographically in one Division's catchment area and the majority of services are provided by physicians from a different Division?
In some communities the Local Health Area boundaries do not reflect the geographical service delivery. Two Divisions can mutually determine the MRP need for a LTC home and the LTCI funding will be allocated accordingly. Participating physicians will then be compensated through the Division where they are a member.

What if a Division does not want to participate in the initiative?
Divisions are encouraged but not required to participate. For Divisions not wishing to participate, please inform the FPSC at fpscltci@doctorsofbc.ca.

What if the Division does not wish to undertake the LTCI but a self-organizing group is willing?
The intention is that Divisions will lead the local implementation of the LTCI. If a Division does not wish to lead the local implementation, but a self-organizing group does, please contact the FPSC (fpscltci@doctorsofbc.ca) to discuss the local circumstances. Note that self-organizing groups cannot hold FPSC funds.

Funding

How much funding has FPSC earmarked for the LTCI?
The FPSC has committed up to $12M annually for this initiative. This provincial budget was determined by allocating $400 per bed for approximately 30,000 LTC beds in BC.

Where does the money come from?
The initiative is funded through the Physician Master Agreement (PMA), which is negotiated between the Government of BC and Doctors of BC (DoBC).

How was the incentive fee of $400 per bed determined?
It was determined in consultation with several stakeholders including the Ministry of Health, DoBC, Health Authorities, and some Divisions.

What beds are in scope for the LTCI funding?
Publicly and privately funded LTC bed are in scope for this initiative. Short term beds including convalescent, end–of-life, respite, and flex beds physically located within a LTC home are also

included within the scope of the initiative. Assisted living beds are not included in the scope of this initiative.

How is the yearly LTCI funding calculated per community?

The LTCI funding is calculated at an annual $400 per LTC bed, distributed in monthly payments. The formula considers both publicly and privately funded LTC beds. Monthly LTCI payments are provided to Divisions through the DoBC on behalf of the FPSC.

What if the LTC home or bed counts are inaccurate or change over time?

Divisions can update the number of LTC beds to FPSC any time by emailing fpscltci@doctorsofbc.ca. At a minimum, Divisions are required to confirm their LTC bed count twice per year: once at the beginning of the MOU term (by April 1) and once half-way through the MOU term (September 1). Funds will be amended accordingly if there is a change in the number of LTC beds.

How do Divisions report the number of beds?

Divisions can send an email with the total number of eligible LTC beds to fpscltci@doctorsofbc.ca. If submitting their MOU when the bed count is due, the Division should submit the number of beds as part of the MOU in the chart on page 9 outlining the number of public, private, and short-term beds within each home.

Can funds be used to provide ad-hoc physician payments such as bonuses and top-ups that do not reflect actual services or quality improvement activities?

No. Physician top-ups are not permitted in order to provide consistency across all Division MOUs. This also aligns the LTCI FTA with other FPSC initiatives and funding streams for Divisions.

Are there any restrictions on how communities can allocate the LTCI funding?

Divisions may allocate the funding among the multiple budget items within the MOU (e.g.: QI projects, project management, on-call stipend etc.), in order to support dedicated MRP services to LTC patients while striving to meet the five BPEs and three system level outcomes through QI activities.

What is the year-end process for returning funds?

All unspent LTCI funds must be returned to the FPSC at the end of each fiscal year. This requirement makes return of funds processes consistent between LTCI and other funding streams provided by the FPSC and helps FPSC maintain fiscal responsibility to our funders.

Will there be funds that can be carried over from one fiscal year to the next?

Similar to recent years, the option to carry-over LTCI funds will be reviewed by the FPSC in the fall and communicated to Divisions in December/January for the upcoming fiscal year.

What happens to the payment if a community does not deliver the Best Practice Expectations?

The intention is that communities will not enter into an MOU unless they are striving to deliver the five BPEs. In the event that a community cannot meet all of the BPEs, there would be a discussion between the FPSC, the Health Authority, and the Division to better understand why the expectations are not being met, and support plans to move towards meeting the five BPEs.

Are there restrictions on how much funding can be allocated per provider?

The intent of the LTCI is to support a sustainable, dedicated FP MRP solution for all communities in BC. Historically, FPSC has instituted a $45,000 year physician cap to support sustainable solutions. Due to the current need for stabilization in LTC, an exemption to the physician $45,000 cap is being

provided for the FY 2022/23 and FY 2023/24, in order to support a transition period for Divisions as LFP does not currently extend to LTC.

To be considered for the exemption, complete the **Physician Cap Exemption Form** and submit it to fpscltci@doctorsofbc.ca. The form will be reviewed, and approval communicated via email to the Division.

The exemption approval applies to the information submitted in the application form. If changes to the submission occur, the Division must submit another form for review and approval (e.g.: more physicians exceeding $45,000 yearly sessional payments, physicians exceeding the estimated yearly compensation).

Is there financial support for local Divisions to administer and support the local LTCI?

Communities may allocate funds for project administration and QI support in meeting the BPEs and system level outcomes. The amount of LTCI funds that Divisions allocate for program administration and management varies across the province. An average of 10-15% of LTCI funds are allocated by Divisions towards staff time and expenses, including QI project planning and implementation, organization and implementation of meetings, education, LTCI communications, call scheduling and payment tracking, facilitating LTCI strategic planning, and evaluation.

Is there funding for Health Authorities to assist with local implementation?

No.

Does the FPSC LTCI replace Fee-for-Service or the Longitudinal Family Physician (LFP) Payment Model?

No. The FPSC LTCI funding is intended to support a community solution in providing LTC services and enhancing them through QI, and supports Fee-for-Service FPs participating in the LTCI. Options to expand LFP to include LTC are being explored.

Can some of the initiative funding be allocated for nurse practitioners or other providers?

LTCI funding is intended to support a dedicated FP MRP solution and has been payable to physicians only. To support stabilization of LTC, a temporary exemption for NPs to be funded to participate in LTCI applies to FY 23/24 only. There are ongoing provincial discussions about the role and compensation of NPs in primary care which include a number of organizations including the Ministry and NNPBC. Permanent funding changes to NP compensation cannot be made by individual FPSC initiatives, which include the LTCI.

Criteria for temporary NP funding exemption:

- All physicians participating in the Divisions' LTCI must agree to fund NPs
- NPs do not need to be Division members to receive funding
- Funding NPs cannot conflict with their existing contract (e.g.: if an NP is on a HA contract that compensates them for working in LTC, they cannot also be funded through the LTCI. This aligns with funding requirements for physicians on APP contracts.)
- Divisions will list the anticipated activities NPs will participate in and their expected compensation on the application form

To request an exemption, submit the **NP Funding Exemption Request Form** to fpscltci@doctorsofbc.ca. The form will be reviewed and approval communicated via email to the Division. The exemption approval applies to the information submitted in the application form. If changes to the submission occur, the Division must submit another form for review and approval.

Will rural retention premiums be applied to the LTCI?
No. Rural retention premiums do not apply to LTCI funding.

Does the LTCI contribute towards the dollars used to calculate FPs benefits?
No. The LTCI funding does not contribute towards the calculation of FP benefits.

Are physicians working under an Alternative Payment/Funding Model eligible for initiative funding?
If services supported and paid through FPSC incentives are already included in an Alternative Payment/Funding Model contract, FPSC incentives (including LTCI funding) are not payable in addition. The FPSC defines an Alternative Payment/Funding Model as an Alternative Payment Arrangement or Alternative Funding contract between an entity (e.g., Ministry of Health, Health Authority or other organization) and an individual physician or physician clinic. An Alternative Payment Arrangement or Alternative Funding contract may or may not be governed by the Physician Master Agreement. Private agreements between physicians to pool FFS billings and pay out physicians in a mutually acceptable way (e.g., per day, per shift, per hour, etc.) are not considered as an Alternative Payment/Funding Model.

Processes

Is a Division free to plan the local solution on their own?
It is intended that Divisions will have the lead role in designing and implementing the local solution and will collaborate with their regional Health Authority on the local solution. The MOU, which is between the Division and Health Authority, documents the stakeholders' shared principles for the initiative, their co-dependencies, and the commitments of each partner in contributing to the local solution.

What if some Family Physicians do not agree with the solution proposed locally?
Funding is provided to Divisions for dedicated FP MRP services for all publicly and privately funded LTC homes and beds. Communities are encouraged to engage broadly with all family physicians to implement models which are agreeable to the *majority* of local family physicians. If local groups cannot reach a majority agreement on the model and/or funding allocations, contact the FPSC (fpscltci@doctorsofbc.ca).

What is the process for establishing a local solution?
Once the Division has identified and agreed upon a local solution for dedicated FP MRP LTC services supporting the five BPEs and three system level outcomes in collaboration with the Health Authority, the solution is articulated in an MOU between the Division and the regional Health Authority. This MOU is submitted to the FPSC (fpscltci@doctorsofbc.ca) and will be used to develop a Funds Transfer Agreement (FTA) between the local Division and DoBC, on behalf of the FPSC.

How often will the MOU be reviewed/updated?
A new MOU is required for FY 23/24 by each Division. Once approved, this MOU can continue through the mutual agreement of the MOU partners. However, the MOU can be updated at any time by mutual agreement of the MOU partners and must be updated if key aspects of the local solution change (e.g., a new LTC home introduced into the community). The MOU must be reviewed by the Division annually at fiscal year-end. Instructions to follow for MOU renewal.

For local Divisions with multiple communities in their mandate, can each community implement their own LTCI program?

Yes. Each Division can implement the LTCI with solutions suitable to each individual community. One MOU should be submitted, with one LTC solution documented per Appendix (e.g.: In the case of a Division with three communities, where two communities share one LTCI solution and the third community has a separate LTCI solution, the Division would submit one MOU with two Appendices).

What data is available to Divisions for planning and evaluation purposes?

Quarterly QI reports have previously been sent to the Divisions, with a focus on measuring the five BPEs. The reports are undergoing revision to improve their utility for quality improvement and reporting and will be shared with Divisions upon completion.

What annual fiscal reporting will be required by Divisions?

Divisions must submit a year end report by April 30 of each year to support annual fiscal reporting for LTCI.

Funds must be returned to the DoBC at the end of each fiscal year. The FPSC will review on a yearly basis if there may be a carry-over of funds to the following year, with the decision communicated to Divisions each fiscal year.

Will there be any coordinated provincial efforts to support physician education?

The FPSC has initiated LTCI Provincial Learning Sessions. The Learning Sessions are open to Division EDs, LTCI staff leaders, LTCI physician leads, Health Authority LTC directors and other individuals the invitees believe would benefit.