

## Frequently asked questions: FPSC bridge funding for inpatient care

### 1. What is FPSC bridge funding for inpatient care?

In 2021, the FPSC approved the availability of “bridge funding” to provide temporary support to communities struggling to sustain the provision of inpatient care. The bridge funding was available for one year (2022-23 FY) and intended to help communities maintain current inpatient care services while a long term and more sustainable inpatient care model is developed. In 2022, FPSC announced the extension of this funding for an additional year (2023-24 FY). Please note that the bridge funding is intended to be temporary financial support to maintain current service levels and is not intended to fund a long term model for inpatient care.

### 2. Which hospital locations are eligible for bridge funding?

Prior to 2022, a total of 45 hospital locations were eligible to apply for bridge funding. These are hospital locations where inpatient care, including for unattached patients, is primarily provided by community-based family physicians on fee-for-service and where there are no Health Authority funded hospitalist programs.

In 2022, the FPSC approved the expansion of the bridge funding to an additional 13 hospitals struggling to maintain in-patient care provided by community MRPs in hospitals with no unassigned in-patient network program. Funding for these 13 hospitals will be available for 17 months (November 1, 2022 to March 31, 2024).

### 3. How do communities apply for bridge funding for eligible hospital locations?

#### For current bridge funding recipients:

Divisions (or self-organizing groups where no divisions exist) will receive an email from FPSC in December 2022 with instructions on how to apply for bridge funding for 2023-24 FY. To apply for bridge funding, a division (or SOG) will submit an Addendum Letter to the current Memorandum of Understanding (MOU) to FPSC. To facilitate a timely transfer of funds in Q1 of 2023-24 FY, we ask that Divisions submit the Addendum Letter by March 15, 2023. If more time is needed, please inform your Engagement Partner.

#### For expanded bridge funding recipients:

Divisions (or self-organizing groups where no divisions exist) will receive an email from FPSC in November 2022 with instructions on how to apply for bridge funding for November 1, 2022 to March 31, 2024. To apply for bridge funding, a division (or SOG) will submit a completed Memorandum of Understanding (MOU) to FPSC. To facilitate a timely transfer of funds, we ask that Divisions submit the MOU by November 30, 2022. If more time is needed, please inform your Engagement Partner.

### 4. What information will need to be provided in the MOU to apply for bridge funding?

The MOU will ask divisions (or self-organizing groups if no divisions exist) to describe their current inpatient care program, how it is funded, identify gaps within existing program, and describe how bridge funding will be used to address such gaps in 2023/24 FY. The funding is not intended for Divisions to develop a new inpatient care program. In addition, the MOU will ask divisions (or SOGs) to describe its engagement with local physicians and the Health Authority in its development of their inpatient care approach. The MOU must be signed by representatives of the division (or SOG) and the Health Authority prior to submitting to FPSC.

**5. What is bridge funding intended to pay for and what is it not intended pay for?**

The bridge funding is intended to provide temporary support to communities struggling to maintain the current provision of inpatient care. The bridge funding is intended to help community longitudinal family physicians maintain current inpatient care services while a long term and more sustainable inpatient care model is developed. Please note that communities are not expected to develop a new inpatient care program. The bridge funding is intended to be temporary financial support to maintain current service levels and is not intended to fund a long term model for inpatient care.

More specifically, it is expected that the majority of bridge funding will be used to fund inpatient care services provided by family physicians. A portion of the bridge funding may also be used to fund administrative supports for inpatient care. The bridge funding may not be used to fund medical services provided by specialists or other health care providers (e.g. nurses or nurse practitioners). The bridge funding may not be used to fund equipment purchases or infrastructure upgrades.

**6. How will MOUs be reviewed?**

Each MOU will be reviewed for completeness and to ensure that proposed payments in the MOU are reasonable and comparable to that of other communities. FPSC staff may contact applicants for more information as needed. To assist in planning, the FPSC has provided each community with a bridge funding amount available to each eligible hospital location.

**7. What are some examples of how the bridge funding can be used?**

Seven mid-sized communities have received bridge funding since 2018. In most cases, these communities have used bridge funding (in combination with other FPSC or health authority funding) to implement additional payments to supplement the fee-for-service income of family physicians providing inpatient care. These additional payments include:

- Daily stipends for Doctor of the Day/Week programs and/or call groups. Daily stipends range from \$500 to \$1500 per day (higher daily amounts for holidays and/or weekends) per physician.
- Hourly physician payments to fund an inpatient care service.
- Per patient payment in addition to fee-for-service. Examples include additional payment per inpatient, per discharge, and per new attachment to a community FP practice.

In addition, some communities use a portion of the bridge funding to support enhanced administrative support (e.g. scheduling and attachment) for their inpatient care networks.

**8. Will bridge funding be available after 2023/24 FY?**

The FPSC has approved bridge funding to be available until March 31, 2024. The bridge funding is intended to help communities maintain current inpatient care services while a long term and more sustainable inpatient care model is developed. Please note that the bridge funding is intended to be temporary financial support to maintain current service levels and is not intended to fund a long term model for inpatient care.

**9. Who is responsible for developing a long term and sustainable model for inpatient care?**

The FPSC recognizes that developing a long term and sustainable model for inpatient care requires the active involvement of partners such as Doctors of BC, Ministry of Health, and Health Authorities. We anticipate that as the new payment model for longitudinal family physicians expands to include in-hospital care, this will help to sustain this area of work. At the provincial level, The Doctors of BC has identified inpatient care as an issue requiring further detailed discussion with the provincial government. At the local level, the FPSC will continue to support divisions to engage with local partners, such as the Health Authority, to improve inpatient care in communities.

**10. Who should I contact with more questions?**

If you have further questions about the bridge funding, please contact your Engagement Partner (EP). Please see [here](#) to find the EP for each division.