

RURAL & NORTHERN PHYSICIAN GROUP AGREEMENT

-HIGHLIGHTS-

This document is for information purposes only and in no way replaces or supercedes the contract. Members can obtain the full contract details from the ON-SRP. Former NGFP and CSC communities offered the RNPGEA in November 2004 included Bonfield, Verner, Capreol, Levack, Rainy River, Terrace Bay, Wawa, Latchford/Coleman, Atikokan, Schrieber, Haileybury, Cobalt, Gore Bay, Temagami, Englehart, Vermilion Bay, Burks Falls, Richards Landing, Thessalon, Sundridge, Little Current, Mindemoya, Manitowning, Bruce Mines, Nipigon, Whitney, Spanish, Massey, South River, Pickle Lake, White River, Manitowadge, Hornepayne, Red Lake, Marathon, Geraldton, Ear Falls, and Emo

OBJECTIVES OF THE AGREEMENT

The Rural and Northern Physician Group Agreement (RNPGEA) is intended to:

- redress the historic shortage of primary care and other related services delivery in eligible rural and northern communities
- provide the community with reasonable access to a complete range of primary care services within the geographic scope of the community, 24 hours per day, 7 days per week
- promote and support a change from the traditional sole practitioner medical practice to a group practice, with its administrative, health care and other advantages
- enable physicians to work in cooperation with, and to utilize the services of, other allied professionals (such as social services, health care and education providers) in a multidisciplinary approach
- provide predictable financial support for physicians for the delivery of a complete range of primary care services, including a mixture of consultative and direct services and
- to harmonize preexisting contracts with primary care reform goals

TERM OF THE AGREEMENT

The initial term of the Agreement is three years, although smaller communities (one to two MD's) have an option to sign for one year.

SCOPE OF THE AGREEMENT

The RNPGEA physicians are responsible for providing access to the full range of services listed in the Agreement, whether the services are delivered directly by the RNPGEA physicians or by other physicians engaged by the Group for a temporary period of time.

The services required by the Agreement include:

- illness prevention and health promotion
- on-call and emergency services, including, where the community has a hospital, hospital emergency services coverage and hospital emergency services
- health assessment and consultation
- reproductive and newborn care
- palliative care
- primary mental health care, including counseling
- referrals, services coordination and facilitating access to specialists
- diagnostic and therapeutic procedures for episodic illnesses and injuries, and ongoing treatment of chronic illnesses
- Where the Community has a hospital, hospitals and medical staff administrative services

The Agreement may also include obstetrical delivery services, minor surgical services assistance in surgery and anesthesia services, where the physicians and the Minister agree that these Specialized Services will be included in the Agreement.

GEOGRAPHIC SCOPE

The Agreement applies to the community and surrounding area, according to the documentation provided by the community in the Underserved Area Program (UAP) designation process. This includes all Reserve Clinic work.

AVAILABILITY OF SERVICES

The group physicians contract to provide non-emergency clinical services during regular office hours, for at least 40 hours per week (excluding statutory holidays).

Emergency services shall be available 24 hours per day, 7 days per week supported by the Telephone Health Advisory Service.

- In a community that has a hospital with a 24 hour emergency department, the Group will enter into an agreement with the hospital for emergency services coverage.
- In a community that does not have a hospital with a 24 hour emergency department, the Group shall make an arrangement for providing reasonable on-call services.

REMUNERATION

The RNPGA provides a global payment to the Group that will be determined as follows:

1. For each RNPGA physician daytime work will be paid as follows: (initial amounts updated by an 7.124% increase to 2008)

Group	Community Designation	Remuneration	Additional Notes
Group Two	one physician	\$197,000	For these communities additional funding for overhead is paid An additional \$10,000 income applies for hospital or nursing home services
	two physicians	\$186,000	
Group One	three physicians	\$211,500	For these communities overhead comes out of this remuneration. An additional \$5,000 income applies for minor surgical services (eg Sigmoidoscopy) \$5,000 for anaesthesia and \$2,500 for surgical assisting
	four physicians	\$211,500	
	five to seven physicians	\$201,000	

- Locum coverage for up to 37 days/year, or which up to 5 days may be banked per year- to a maximum of 25 banked days. The minister of Health & Long-Term Care will “match” banked days when used for OMA-approved continuing medical education.
- Maternity leave benefits for 17 weeks, which include entitlement for locum coverage, subject to availability

2. Obstetrics is worth an additional \$10,000 for service provision plus full FFS billings for either group.
3. In communities that do not have a hospital that is eligible for sessional fees for hospital emergency coverage, physicians will receive \$30,000 annually for providing 24 hour emergency coverage. In communities with an eligible hospital, the group is paid for hospital emergency department coverage at night, on weekends and specified holidays.
4. Rurality funding between \$0 and \$10,000 is paid in addition based on isolation.
5. Optional PCR prevention funding applies for volume of prevention notices and prevention targets achieved for the rostered population for childhood immunizations, pap smears, mammograms, and influenza immunization.
6. PCR bonus funding applies based on volume for CME hours, palliative care, obstetrics, inpatients, housecalls, serious mental illness, after hours care, seniors physicals, shadow billing as well as THAS
7. Comprehensive Care Capitation payments of \$25.80 per patient per anum (age sex adjusted) as of 2008

Initial funding will be determined based on the number of physicians who are members of the Group and will be providing services under the Agreement when the Agreement is signed. The Agreement will provide for funding to be increased if new members join the Group and commence providing services, until the full physician complement that has been designated for the community is reached.

The group may choose to expand its numbers, at its discretion, but the Minister will not provide funding for additional physicians once the designated complement has been reached.

PAYMENT

Payments are made monthly to the Group, on or before the last business day of the month.

PARTIES TO THE AGREEMENT

The parties to the Agreement will be the Minister of Health & Long-Term Care, the Ontario Medical Association and the Group, if the Group is a corporation or partnership, or the individuals comprising the Group, if the Group is an unincorporated association. For group two physicians a community sponsor is also party to the agreement.

PHYSICIAN GROUP PRACTICE

For groups greater than one, physicians are encouraged to practice as a group. Prior to signing the Agreement, the Group must establish a written governance agreement that includes arrangements for remuneration of the Group Physicians, other physicians contracted by the Group and anyone employed or engaged by the Group.

PARTICIPATION REQUIREMENTS

- Each Group Physician and any other physician engaged by the Group must be a member of the College of Physicians and Surgeons of Ontario, who holds a certificate or registration, issued by the College under the Medicine Act, 1991 and must hold valid malpractice insurance, or its equivalent coverage.
- Each physician who provides services under the Agreement, must sign a form declaring that he or she will shadow bill OHIP for services provided within the scope of the Agreement.

- If a Group physician leaves the practice, the Group must advise the minister within 30 days. For group one physicians the basic remuneration relating to the physician – including overhead – (i.e. \$188,000 per annum) will continue to be paid to the Group for a period of 6 months. The parties will meet to discuss whether any of the funding will continue beyond the end of the 6th month.
- When a Group member leaves the practice, the Group may recruit a replacement at its discretion, provided that the replacement physician meets the requirements for participation, as outlined above.

OUTSIDE BILLING AND OTHER PAYMENTS

The RNPGE Agreement does not prevent Group physicians and locums from accepting payment for the following:

- services provided to individuals who are not insured persons
- uninsured services
- services billed to OHIP and recovered from an Ontario Government ministry other than health (K018, K021, K051, K053, K061)
- hospital stipends including HOCC funding
- royalties and honoraria, such as honoraria for speaking engagements
- OMA Continuing Medical Education Program
- NPRI

Group one physicians who have agreed to provide Specialized Services (anesthesia, obstetrical deliveries, minor surgical procedures, surgical assists) may submit fee-for-service claims to OHIP when these services are provided at night, on weekends and specified holidays, in accordance with program requirements.

DEDUCTION AND SET-OFF

Billings by Group members for services within the scope of the Agreement, or any overpayments to the Group will be deducted from the monthly payment to the Group.

If an individual physician owes a debt to the Minister or the Crown, the debt may be recovered through the RNPGE payment to the Group but the amount deducted will not be greater than the amount the Group pays to the physician each month.

RECORDS AND REPORTING

1) Service Reporting

The Group will submit monthly client-based encounter reports using system referred to as shadow billing.

Shadow billing uses the machine-readable OHIP billing forms and processing system to record services information for non fee-for-services funding arrangements.

The Group will submit shadow billing “claims” with a unique OHIP registration number that identifies the submission as an alternate payment report and instructs the OHIP system to record the services without triggering fee-for-services payment.

Where it has been agreed that Specialized Services will be provided by the Group, records must be maintained of the date, time and nature of the Specialized Services that re provided.

2) Financial Records and Reports

The Group must establish and maintain separate accounting and financial records for money provided for services under this Agreement (from any sources).

3) Other

Other reports (financial statement, report of indirect services, specialized services, patient/customer services assessment reports) may be required upon reasonable notice.

The Ministry wishes to encourage the Group to maintain a regular and on-going process for assessing the quality and satisfaction of its services in the community. An assessment report, involving representatives of the community, may be requested by the Minister. The Ministry will consult with the Group about format before requesting such a report

TERMINATION

Either the group or the Minister can terminate the Agreement without cause by giving three months notice

UNDERSERVICED AREA PROGRAM

The Ministry of Health & Long-Term Care Underserviced Area Program offers financial incentives for physicians relocating to designated communities. RNPGA physicians may be eligible for additional incentives through this program.

DESIGNATED NUMBER OF PHYSICIANS

The Ministry of Health & Long-Term Care Underserviced Area Program (UAP) determines that a community should be designated as "underserviced", and the number of physicians needed, based on a number of factors (such as physician and population data, local demand, other local factors).