

## NORTHERN GROUP FUNDING PLAN

### -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. Communities offered the NGFP in November 1998 included Atikokan, Blind River, Burk's Falls, Chapleau, Cochrane, Emo, Englehart, Espanola, Geraldton, Haileybury, Hearst, Iroquois Falls, Little Current, Manitouwadge, Marathon, Mindemoya, Nipigon-Red Rock, Mattawa, Powasson, and later Wawa and Red Lake

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## OBJECTIVES OF THE AGREEMENT

The Northern Group Funding Plan (NGFP) is intended to:

- redress the historic shortage of primary care and other related services delivery in eligible 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, and
- 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

## TERM OF THE AGREEMENT

The initial term of the Agreement is three years.

## SCOPE OF THE AGREEMENT

The NGFP physicians are responsible for providing access to the full range of services listed in the Agreement, whether the services are delivered directly by the NGFP 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

At least one-half of the designated number of physicians for the community must be available to provide non-emergency services during regular office hours, 5 days per week, for at least 40 hours per week (excluding statutory holidays).

Emergency services shall be available 24 hours per day, 7 days per week.

- 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 an arrangement for providing reasonable on-call services.

## REMUNERATION

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

1. For each NGFP physician:

- Basic remuneration of \$188,000 per year, which includes \$60,000 per year to cover overhead costs
- 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” these 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. Further payments will be offered for those participating physicians who agree to take on greater responsibility, in the form of annual payments for anesthesia obstetrical deliveries and minor surgical procedures (\$2,500 per year), plus fee-for-services billing when these specialized services are provided on weekends and specified holidays. This is not intended to provide fee-for-services payment for elective or regular services performed on nights, weekends and holiday and does not provide for fee-for-services payments during any period when the physicians is receiving payment under the Sessional Program and specified holidays.

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, a \$70 per hour sessional fee may be billed for hospital emergency department coverage at night, on weekends and specified holidays.

4. If a physician completes the full term of the Agreement, \$10,000 will be paid at the end of the three years.

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 and the Group, if the Group is a corporation or partnership, or the individuals comprising the Group, if the Group is an unincorporated association.

Prior to signing the NGFP Agreement, the Group is required to enter into agreements with hospitals, long-term care and rehabilitation facilities in the community, for the provision of services at these facilities. A copy of these agreements (where such facilities exist in the community), and any subsequent amendments are to be provided to the Minister.

## PHYSICIAN GROUP PRACTICE

Physicians who are funding through a NGFP Agreement 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 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. 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 NGFP 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
- royalties and honoraria, such as honoraria for speaking engagements
- OMA Continuing Medical Education Program

Group physicians in communities that have an eligible hospital with a 24 hour emergency department may submit claims to OHIP for emergency sessional fees.

In communities with an eligible hospital, a \$70 per hour sessional fee may be billed for hospital emergency department coverage at night, on weekend and specified holidays.

Group 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 NGFP 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. NGFP 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 "underservices", and the number of physicians needed, based on a number of factors (such as physician and population data, local demand, other local factors).