A Guide to Family Medicine New Brunswick

family medicine NB médecine familiale

New Brunswick Medical Society | Société Médicale du Nouveau-Brunswick

A new support system

Family Medicine New Brunswick is a new Program funded by the Department of Health. To operationalise the Program and to support doctors who participate, the Medical Society will house a small number of staff to assist with three objectives:

Improving the recruitment and workforce planning associated with participating family doctors in New Brunswick;

Delivering assistance to doctors to help manage their practices and improve their efficiency; and

Informing doctors on their clinical performance through the use of advanced analytics.

The NBMS has proposed a new model of family medicine to be implemented and fully developed with the Department of Health. It will encourage extended-hours patient access, doctors and others working in teams, and easier physician recruitment. It will also create a structure to support family doctors in their work.

This Program will be delivered by the NBMS through a negotiated agreement with the Department. Changes will need to be made to the Program on an ongoing basis, upon mutual agreement, through the Program Management Committee. There will be multiple opportunities for feedback over the course of the first years of the implementation of the Program.

A new way to practice

Physician eligibility

Any family doctor in New Brunswick who is licensed by the College of Physicians and Surgeons of New Brunswick and privileged by either Horizon or Vitalité Health Network is eligible to participate in the Program as a member of a FMNB Group.

Physicians who participate in FMNB Groups will not work in after-hours or walk-in clinics.

Groups

A Group has no defined number, but is likely to include a small number of family doctors, nursing professionals, and medical office assistants. A team does not necessarily need to be co-located, but must share patients' records using the Provincial Electronic Medical Record.

Rostering

Doctors who participate in Groups will formally roster patients, which is an official process for affiliating patients to a specific doctor. Patients will have an individual family doctor – they are not a "patient of a Group".

Timely access to care

Patients will be able to access a family doctor during extended weekday hours and over the weekend. Doctors will decide as a Group how to best to structure the team to provide services for their patients.

It is expected, pending evaluation of a two year Living Lab, that FMNB Groups in urban areas (within 25 km of Fredericton, Saint John and Moncton) will share 2.5-hour periods of access, to be offered to patients Monday through Thursday outside the hours of 8am-5pm, and one 3-hour period offered over the weekend.

In rural areas, physicians will share 2.5-hour periods of access, to be offered two days during the Monday to Thursday period outside the hours of 8am-5pm, and one 3-hour period offered over the weekend, usually a morning or afternoon.

For both rural and urban locations and pending an arrangement being reached, an after-hours "telephone booking service" will be required for any night there is no direct accessibility to a physician in the Group. As the size of a group increases, the hours of availability may increase to ensure the Program objectives regarding access continue to be met. This will be managed by the PSG and be part of the Living Lab evaluation of the program.

Physicians are expected to provide timely access to care with the objective of ensuring same or next day access for patients who require quick attention.

Provincial Electronic Medical Record (EMR)

The Provincial EMR is foundational to efficient Group practice. Family physicians will use the Provincial EMR to share their patient's health information with other family doctors in their FMNB Group. This will support doctors being able to share evening, early morning and weekend practice hours which in turn improves patients' access to care from a doctor who has access to their health record. It will also allow coverage of patient care when a physician is sick or on vacation.

Other care duties

Doctors in the Group will arrive at an arrangement, satisfactory to themselves and the PSG, after consultation with the RHA in question, on how to structure their inpatient care duties as a Group. Care not provided in the family office setting, such as nursing home, minor surgery or inpatient care, is external to FMNB.

A new method of compensation

The FMNB compensation model consists of four components:

1. Approximately 60% of remuneration will be delivered through capitation;
2. Approximately 40% will be delivered through fee-for-service;
3. Changes to fee-for-service billing rules to accommodate nursing care provided by the FMNB Group, and telephone and email advice codes; and
4. Overhead and EMR supports.

Approximately 40% will be delivered through fee-for-service

Approximately 60% of remuneration will be delivered through capitation

Capitation means the doctor receives a weighted, annual fee for the care of each patient that is rostered to them. It assumes that each patient needs a certain amount of care based on their age and gender. It is paid to physicians as a form of fixed income to incent quality of care, while fee-for-service is paid to physicians to encourage volume. With the blend of capitation and fee-for-service, the goal is to find a balance between quality and quantity of care.

Rostering and compensation

Rostering is essential to this form of blended payment. Rostering is an official process for affiliating patients to a specific physician by signing a formal agreement between the patient and the physician. The agreement details what is expected of each other under the FMNB Program.

Access Adjustments

Capitation is divided into two sections; a static payment which will be made to the physician each billing cycle as per their patient roster, and an access adjustment, which the physician has the opportunity to earn by providing timely patient access.

Patients are encouraged to contact their family doctor or doctors within the FMNB Group before seeking care from another family doctor. If a patient receives care from a walk-in or after-hours clinic or from another family doctor, their doctor's access adjustment will be reduced by the value of that service. If another doctor of the FMNB Group provides care, no reduction to the access adjustment is applied. Services rendered in an emergency room are excluded from access adjustments. The intention of access adjustments is to encourage access to the FMNB Group and to encourage communication between doctors and their patients.

Fee-for-Service (FFS)

The doctor bills all services provided in the office at the reduced FFS rate. The reduced rate applied to fee-for-service codes is 50% of its normal value.

This applies to every code except specialized family medicine in-office surgery procedural codes which are performed for patients in and out of their roster by an individual family doctor.

Out-of-office service provision, such as work in hospital, nursing homes, emergency room shifts, home visits, etc., are paid at full value.

Altered billing rules

Billing for office-based visits performed by nurses

Doctors are encouraged to hire Registered Nurses or Licensed Practical Nurses who are duly licensed by their College. The doctor will hire the nurse privately, as they do currently in their office. The practice will bill for services rendered by both the nurse and doctor, regardless of whether or not the patient physically sees the doctor. The physician is in charge of ensuring that work performed and billed is done according to the standards prescribed in the Physician's Manual.

Electronic or telephone communication with patients

With the Provincial EMR, doctors are able to securely communicate with patients electronically and chart that communication. Remunerating doctors for electronic communications and phone-based communication supports the capitation model by ensuring that only patients who need to physically see the physician do so. Office visits can be billed on same day for the same patient when an electronic or phone code is billed.

Overhead support

Recognizing there are inherent costs with a team approach and using the Provincial EMR, and recognizing that both are requirements of the FMNB Program, the DH will support physicians with overhead in two ways. The one-time installation fee and on-going operational costs for the Provincial EMR are covered for FMNB family physicians. There is also an annual , Overhead Provision payment for each family physician to encourage them to renovate their offices, purchase additional information technology, or otherwise equip their offices to encourage the hiring of family practice nurses.

Program indicators

Various indicators have been identified to evaluate that success of the FMNB Program. An important indicator of the success of the Program will be the satisfaction of both the physicians and the patients. Patients will have the opportunity, in the form of a survey, to provide feedback regarding their experience and satisfaction with the Program. Physicians will have a similar opportunity to evaluate the Program from their perspective.

Program evaluation and the Living Lab

The Program will be rolled out with a Living Lab period of two years. This period will allow the government and doctors to review all aspects of the Program to ensure success through specific, planned feedback intervals and a dynamic governance structure.

The Program Management Committee will monitor a number of performance indicators, such as financial measures, patient access measures, and program measures to determine if modifications are required.

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