Revised complex care management fee launched

In response to feedback from general practitioners on the "two options" formula of the Complex Care Fee introduced last spring, the General Practice Services Committee (GPSC) has revised the fee. Effective 1 January 2008, the new Complex Care Fee will include only one billing option for the planning and provision of care to more complex patients.

"GPs made it clear to us that the billing process as it stood was too complicated, and would not capture all aspects of care provided," says GPSC co-chair Dr Bill Cavers. "We designed the revised fee to combine the best elements of the original Complex Care Fee options, and to offer a more streamlined approach while fairly compensating GPs for managing their complex patients."

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At $315 per patient, payable once per calendar year, the revised fee compensates GPs for developing and monitoring complex care plans for patients with two qualifying comorbidities. As an additional consideration, GPs may access a new Complex Care Follow-up Management Fee for subsequent telephone or e-mail communication with patients they are monitoring on complex care plans. This $15 fee can be billed up to four times per calendar year for each patient.

Regular face-to-face visits for complex care patients will return to a standard fee-for-service basis.

The Complex Care Fee was developed in recognition of the extra time required by GPs to address the needs of patients with more than one chronic condition. The fee applies to patients living at home or in assisted living with two or more of the following conditions:

- Diabetes mellitus (type 1 or 2).
- Chronic renal failure (GFR values less than 60).
- Congestive heart failure.
- Asthma.
- Chronic obstructive pulmonary disease (emphysema and chronic bronchitis).
- Cerebrovascular disease.
- Ischemic heart disease (excluding the acute phase of myocardial infarct).

Setting the stage: The complex care plan

To bill the fee for a complex care patient, GPs must develop a personalized care plan. The plan must reflect the patient's values and expected health outcomes as well as outline linkages with other health care professionals involved in his or her care. The physician must also specify a timeframe for re-evaluation of the plan, record the plan in the patient's chart, and communicate the plan to the patient (or his or her representative) and to other health professionals involved in the care.

In view of the time required for creating complex care plans, the GPSC has determined that under normal circumstances GPs cannot bill more than five complex care management fees per day.

"GPs have long said they wanted to spend more time with their patients with complex conditions," says Dr Cavers. "This revised Complex Care Fee addresses the issue that existed under the old fee-for-service model, and by compensating physicians for their extra time, provides an incentive for improved care for patients with complex conditions."

The revised Complex Care Fee is just one of a variety of incentives being introduced by the GPSC as part of its Full Service Family Practice Incentive Program. Altogether these incentives are designed to support improvement of care in four priority areas: chronic disease management, maternity care, mental health care, and improved care for frail, elderly patients needing end-of-life care.

These incentives are only one piece of the GPSC's overall strategy for supporting practice change by GPs and achieving comprehensive renewal of primary care in the province. A further piece is the Practice Support Program. The program's four modules

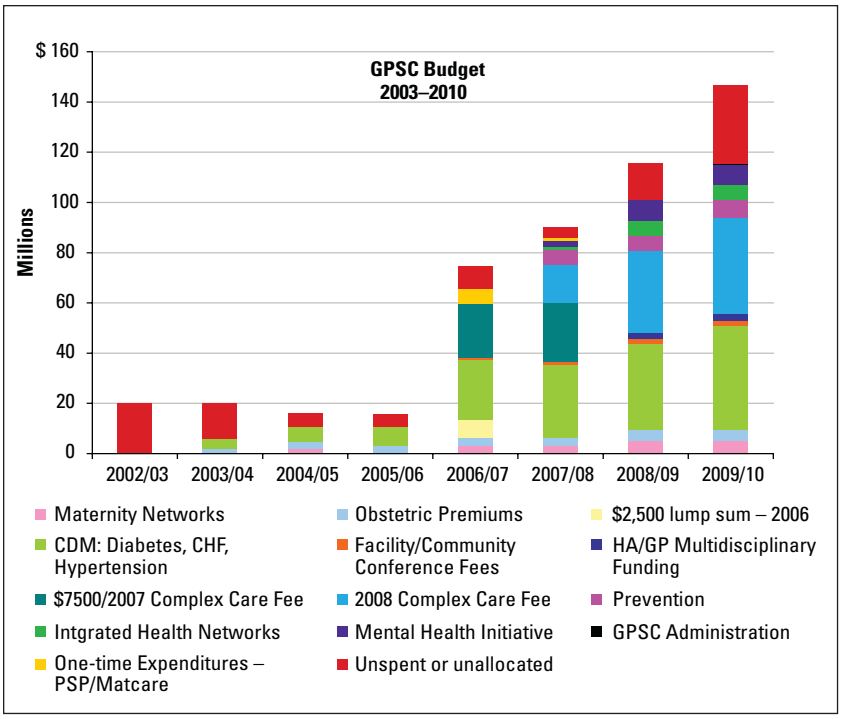

Figure. Under the 2006 Agreement, the GPSC is responsible for developing strategies designed to support improvements in primary care for patients and physicians. Total cumulative funding between 2006 and 2010 is $382 million. This figure shows a breakdown of the funding allocations.

(advanced access, chronic disease management, patient self-management, and group visits) are structured to help full-service family physicians gain better control over their workload, better manage their time for patients with complex chronic illnesses, improve their work-life balance and job satisfaction, and increase their practice revenue.

"Experience in other jurisdictions shows that incentives alone don't work, so we designed practice supports to enable evidence-based care," says Dr Cavers. "This way, both government and physicians are accountable for making it work."

For more information on the Complex Care Fee, Full Service Family Practice Incentive Program or Practice Support Program, visit www.bcma.org.

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