

# Recognizing the value of longitudinal care: The Community Longitudinal Family Physician Payment

**M**ultiple studies have shown that long-term, relationship-based care from a family physician results in better health outcomes for patients.<sup>1-3</sup> In BC, this care is largely provided by community-based family physicians who work under the fee-for-service structure and who care for a panel of patients—a role that often requires additional, nonclinical responsibilities that are not compensated through the fee-for-service billing system. In recognition of their important role in providing longitudinal care, many fee-for-service family physicians are now eligible to receive the GPSC Community Longitudinal Family Physician (CLFP) Payment.

In January 2020, eligible family physicians (as determined through billing data), received a CLFP Payment ranging from \$3000 to \$12000 (with the majority receiving between \$4000 and \$8000). The GPSC has allocated \$19.5 million annually for these payments.

## Determining eligibility

Fee-for-service community-based family physicians are eligible to receive the CLFP Payment if they:

- Have billed the GPSC Portal Code (G14070) in 2018 and 2019, prior to 19 June 2019.
- Are shown to be providing longitudinal care to a group of patients through MSP billing data.

Payment amounts for each eligible physician will vary according to the number and the complexity of Majority Source of Care (MSOC) patients assigned to them. The MSOC methodology is commonly used by the BC Ministry of Health to measure patient attachment to health care practitioners, including family physicians.

The CLFP Payment uses the Adjusted Clinical Group (ACG) methodology to estimate the complexity of each MSOC patient associated with each eligible physician. The ACG methodology enables payment amounts to reflect a wide range of diagnoses and health conditions that can be expected to influence health care utilization. (For detailed information on ACG methodology, download the FAQ document from the webpage linked at the end of this article.)

## Payment remittance

The CLFP Payment is remitted automatically by MSP Teleplan to eligible physicians. This means physicians do not have to navigate complicated billing rules or meet additional documentation requirements to receive the payment.

The 2019 CLFP Payment was paid to the payee number where a GPSC Portal Code (G14070) was first submitted in 2019 and may be subject to business arrangements pertaining to how MSP payments paid to particular payee numbers are split between physicians and clinic owners. In these cases, physicians and clinic owners are encouraged to come to a mutual agreement on how existing business arrangements apply to the CLFP Payment.

## Comprehensive care outside the community practice office setting

The GPSC acknowledges the importance of the comprehensive primary care provided by family physicians outside the community practice office setting, including maternity, in-hospital, and long-term care. In the past decade, the GPSC has continued to fund enhanced supports in these areas, providing annual funding of \$7 million for maternity care, \$12 million for long-term care, and \$25 million for

in-hospital care. This amounts to an additional \$6000 to \$11 000 on average per physician per year for physicians practising in those areas.

To further support in-hospital and maternity care in 2019 and beyond, the GPSC approved an additional 30% lift to select in-hospital and obstetrical fee items this year.<sup>4</sup>

Eligible physicians will receive those fee increases along with retroactive payments in early 2020. The GPSC will continue to consider ways to further support physicians working to provide this comprehensive scope of primary care.

## Preparing for next year's payment

The exact eligibility criteria for future CLFP Payments are currently being finalized. If eligible, physicians should continue to submit the GPSC Portal Code (G14070) on an annual basis to signify they are continuing to provide full-service family practice services to patients and confirming the doctor-patient relationship with existing patients through a standardized conversation.

*This article is the opinion of the GPSC and has not been peer reviewed by the BCMJ Editorial Board.*

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## PREMISE

established and agreed-upon referral patterns. The SCF reports large reductions in referrals outside their Nuka System of Care. The specialties closest to the SCF are shown on Figure 1B: podiatry, traditional healing, surgery, ENT, audiology, optometry, complementary services (acupuncture, chiropractic, oncology, and massage), dental, and cardiology. Cardiology provides its own referral resource of consultations for patients they have not seen. The SCF asserts that emergency room

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visits and hospital stays do not contribute to long-term health and are preferably avoided by continuous primary care.

### **Lessons learned**

The following are my main takeaways from learning about the SCF's gradual development of the Nuka approach (SCF's gradual approach to integrating specialty services with primary care):

1. The SCF innovated slowly, with careful measurement. Rushing to incorporate expensive innovations for theoretical reasons is not the Nuka way.
2. Choosing which services to integrate was guided primarily by asking customer-owners what worked best for them and keeping track of outcomes (e.g., reductions in specialist visits and ER or hospital stays).
3. Migrating what were formerly specialist roles into primary care has paid for itself by saving costs associated with emergency room visits, specialist office visits, hospital stays, and an overall healthier population. ■

## COHP

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were referred directly to First Link by health care professionals (direct referrals) received services 11 months sooner than clients who accessed the services themselves (through self-directed referrals). Early intervention helps individuals with dementia plan their own care while they can do so. The referral form is a fillable PDF document (except in the Firefox web browser).

Further information on First Link, referral documents, and helpline information is available on the First Link website [see box on page 24]. ■

—**Hetesh Ranchod, MD**

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## GPSC

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If you have questions or would like more information, contact [gpsc.billing@doctorsofbc.ca](mailto:gpsc.billing@doctorsofbc.ca) or download the physician FAQ document posted at <http://gpscbc.ca/what-we-do/longitudinal-care/incentive-program/community-longitudinal-family-physician-payment>. ■

—**Shelley Ross, MD**

**Co-chair, General Practice Services Committee**

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