

**Important Update for Comprehensive Care Model
and
Family Health Group Physicians**

Office Practice Nurse Compensation Pilot – Fee-for-Service Delegation Model Round 2

The OMA and the Ministry of Health and Long-Term Care have completed the details of the new Fee-for-Service (FFS) delegation pilot project to assist with the cost of employing a full-time Registered Nurse (RN) for both Comprehensive Care Model (CCM) physicians and Family Health Groups (FHGs). Funding is also available to physician groups where a full-time RN position is staffed by more than one RN (e.g. two part-time RNs employed in a full-time equivalency) as well as those wishing to recruit new RNs to their practice. **Physicians who have already received funding from the first pilot project cannot participate in the second pilot.**

An application package to participate in the pilot as well as background material, and a Question and Answer document will be sent by the Ministry on Monday, April 23th. In an effort to ensure a fair and timely distribution of the application, the OMA will post a copy of the application on its website on the morning of **Tuesday, April 24th.** If you require additional information about the pilot, a contact number is available on the application form.

If your practice does not currently have an RN on staff but you are interested in participating, you are encouraged to submit your application and note that you will be recruiting to fill the position. The Ministry will be setting funds aside for successful applicants to allow time for recruitment. **Please note that the amount of yearly funding for these projects is limited and the Ministry will process application in the order in which they are received.**

The pilot funding provides up to \$32,820 to offset the costs of employing an RN. Funding will be provided to physicians through the delegation and billing of newly created RN specific codes. These new codes represent additional primary health care services that physicians can delegate to RNs and submit for payment with FFS claims.

Funding Examples by Model:

CCM physicians who employ a RN on a full-time bases are eligible to bill up to \$32,820 annually.
FHGs with three physicians are eligible to bill up to \$10,490 per physician based on a ratio of 1 RN: 3 FHG physicians to a maximum yearly amount of \$32,820 per full-time RN position.
In FHGs with more than one full-time RN position the total yearly funding amount available to the group will be determined by multiplying the number of physicians in the group by the \$10,940 per physician amount.

Example: A FHG with 5 physicians and two full-time RN positions would be eligible to receive $5 \times \$10,940 = \$54,700$ as a maximum yearly funding for two RN positions.

Please note that total annual funding will be prorated from the date the funding agreement is signed to the project end date.

Related Documents (These documents are appended to this Update):

- Practice Nurse Compensation Pilot Fee-For-Service Delegation Model – Year Two Application Form
- Office Practice Nurse Compensation Pilot 2– Fee-For-Service Delegation Model – Year 2 Pilot Project Funding – Cover Letter
- Office Practice Nurse Compensation Pilot Project Fee-For-Service Delegation Model - Frequently Asked Questions
- Office Practice Nurse Fee-For-Service Delegation Model Pilot Project – Fact Sheet – April 2007

Practice Nurse Compensation Pilot
Fee-For-Service Delegation Model
Year Two Application Form

Date of Application _____

All sections must be completed to process the application.

1. Name and Type of Primary Care Model:

Family Health Group _____ Comprehensive Care Model _____

2. Physicians applying for Year 2 funding (additional names may be included on separate sheet)

3. Number of full-time equivalent Registered Nurse positions for which funding is being applied for _____

(Funding up to a maximum of \$32,820.00 a year per full-time equivalent Registered Nurse position is available)

For the Registered Nurse(s) listed above please indicate how many are:

a. New to the practice _____ Anticipated start date _____

b. Currently employed with the practice _____

4. Primary Physician Contact Information: (Please identify the lead contact for the group for communication purposes)

Name _____

Address _____

Telephone (____) _____ Fax (____) _____

City/Town _____ Postal Code _____

Email _____

Return completed application form by:

Fax: (613) 536-3222

Interdisciplinary Practitioner Program -Ministry of Health and Long-Term Care

For additional information contact: (613) 650-5444

For Office Use Only	
Number of Physicians (FHG) _____	(A)
Total Amount of grant funding requested (A) x \$10,940 = _____	(B)
Number of FTE RN positions to be funded _____	(C)
Date Received: _____	Time Received: _____

April 23, 2007

Dear Family Health Group (FHG) or Comprehensive Care Model (CCM) Physician:

**Re: Office Practice Nurse Compensation Pilot – Fee-For-Service Delegation Model
Year 2 Pilot Project Funding**

The Agreement between the Ontario Medical Association and Ministry of Health and Long-Term Care ratified on March 31, 2005 created a new Fee-For-Service (FFS) delegation pilot project for physicians to assist with the costs associated with employing full-time equivalent (FTE) Registered Nurses (RN) for their office practice (see attached Fact Sheet). Funding is also available to physician groups where full-time equivalent RN positions are staffed by more than 1 RN e.g. 2 part-time RNs employed in a full-time equivalency. The project funding is available until December 31, 2008 for both Comprehensive Care Model (CCM) physicians and Family Health Groups (FHGs).

Year 1 pilot project funding has been approved for successful FHG and CCM applicants for 119 FTE Office Practice Nurse positions. Year 1 of the pilot project is now being implemented.

As of April 1, 2007, Year 2 funding will be available for an additional 39 FTE Office Practice Nurse positions in eligible Family Health Group and Comprehensive Care Model physician practices. Physicians who received Year 1 funding are not eligible for Year 2 funding.

Year 2 funding through the pilot project is available for physicians with existing RNs or those wishing to recruit new RNs to their practice. Given the limited amount of funding available for the pilot, applicants who are interested in participating in the project, but do not currently have an RN on staff, are encouraged to submit their applications and note that they will be recruiting to fill the position. The Ministry will set funding aside for successful applicants in order to enable a period of time to undertake recruitment.

The pilot funding provides yearly funding of up to \$32,820.00 to offset the costs of employing an RN. Funding will be provided to physicians through the delegation and billing of newly created RN specific codes. These RN codes represent additional primary health care services that physicians can delegate to RNs and submit for payment with FFS claims.

CCM physicians who employ RNs on an FTE basis are eligible to bill up to \$32,820.00 annually using these new codes. FHGs with three physicians are eligible to bill up to \$10,940.00 per physician based on a ratio of 1 FTE RN: 3 FHG physicians to a maximum yearly amount of \$32,820.00 per FTE RN position.

In FHGs with more than one FTE RN position the total yearly funding amount available to the group will be determined by multiplying the number of physicians in the group by the \$10,940.00 per physician amount. For example, a FHG with 5 physicians and two FTE RN positions would be eligible to receive $5 \times \$10,940.00 = \$54,700.00$ as a maximum yearly funding amount for two FTE RN positions.

Funds are only available to offset costs of employing RNs working to full scope of practice as it applies to a family practice. RNs can contribute to patient care in busy family practices by assisting physicians with a variety of office procedures resulting in increased office efficiencies and patient flow.

An information sheet and question and answer document have been included in this package for your reference. These documents outline the new codes developed specifically for physicians participating in this project and provide additional billing details for your reference.

The amount of yearly funding for these projects is limited. Applications will be processed in the order in which they are received. Total annual funding will be prorated from the date the funding agreement is signed to the project end date. CCM physicians and Family Health Groups currently employing RNs are eligible for pilot funds.

Once their application has been processed, successful applicants will receive a funding agreement and letter requesting their signed acceptance of the terms of the pilot program. An evaluation of the pilot project will be undertaken to assess the impact of the integration of the Registered Nurse on the primary care setting.

To apply for the fee for service delegation office practice nurse funding, the attached application form should be completed, signed and faxed to the Interdisciplinary Practitioner Program at (613) 536-3222. If you have additional questions on the pilot project you can contact the Primary Health Care Team staff at (613) 650-5444.

Yours truly



Marsha Barnes
Ministry of Health and Long Term Care
Co-Chair, Primary and Community Care Committee



Dr. Scott Wooder
Ontario Medical Association
Co-Chair, Primary and Community Care Committee

**Office Practice Nurse Compensation Pilot Project
Fee-For-Service Delegation Model**

Frequently Asked Questions

1. What is the Office Practice Nurse Compensation Pilot Fee-For-Service Delegation Model?

The Primary Care Office Practice Nurse Compensation Pilot Fee-for-Service Delegation Model provides an opportunity for Family Health Groups and Comprehensive Care Model physicians to apply for funding to help offset the costs of integrating a Registered Nurse(s) into their practice. The pilot will allow physicians to provide enhanced services to their patients with the support of a Registered Nurse (RN).

2. Who is eligible to apply?

Comprehensive Care Model physicians and Family Health Groups who currently employ or who will be hiring an RN in a full-time equivalent (FTE) position are eligible to apply for funding.

3. What is the minimum enrolled roster size required to participate in the Office Practice Nurse Fee for Service Delegation Model pilot project?

Comprehensive Care Model physicians

To be eligible to apply Comprehensive Care Model physicians must have a minimum 1,200 patients enrolled to them.

Family Health Group physicians

The project funding for Family Health Group (FHG) physicians is based on a ratio of 1 RN position to 3 FHG physicians. The minimum number of enrolled patients for each FHG physician is 1,200. However it is not required that each FHG physician has 1200 patients rostered to them individually, but that the total number of enrolled patients average out to 1,200 per physician. (e.g. 3 FHG physicians must have a minimum of 3,600 patients enrolled between them).

4. What if I don't currently have an RN on staff, can I still apply for funding?

Funding for the pilot project is available for both new and existing RN positions. There are limited funds available for this pilot project, therefore physicians interested in integrating an RN into their practice are encouraged to submit applications. Successful applicants will be notified by the Ministry and program funding will be set aside to provide these physicians with an opportunity to recruit an RN.

5. Is the pilot funding available to us if we have 2 part-time RNs filling an FTE position?

Yes, pilot funding is available to physicians who currently employ one or more part-time RNs in their practice provided these part-time RNs equal one FTE position. Physicians will be asked to identify on their application form whether they currently employ RNs. Pilot funding for RNs currently employed in FTE positions will be available upon receipt of the signed agreement.

6. What hours should RNs work in an FTE position?

The hours of work associated with an FTE RN position should be equivalent to those of other employees working in FTE positions within the primary care group.

7. Do I need to hire an RN before I can receive the pilot funding?

Yes. Funds will not be available to primary care groups prior to the date of hire of an RN.

8. Will I need to provide proof that an RN(s) has been hired for my practice?

Yes. Once a request for funding has been processed a funding agreement letter will be sent to qualifying physicians and physician groups outlining terms of funding and confirmation that an RN has been hired.

9. Our practice currently employs a Registered Practical Nurse. Is any or all of the funding applicable in this case?

The pilot funds are available only for the employment of Registered Nurses.

10. How much is the pilot funding?

Each Comprehensive Care Model physician is able to receive up to \$32,820.00 annually. Family Health Groups are eligible to receive \$10,940.00 per physician annually to a maximum amount of \$32,820.00 (based on a ratio of 1 RN: 3 physicians) per FTE Registered Nurse position. Additional employment costs associated with employing RNs above the funding amount provided are the responsibility of the physician(s).

11. How do I access funding if I am participating in the pilot?

Participating physicians in CCMs and FHGs will be able to delegate and bill for five new RN codes up to a maximum funding amount of \$32,820.00. Further details about the new RN codes are available in the enclosed Fact Sheet.

12. What happens to my application if I apply and the pilot funding is no longer available?

Year 2 pilot project funding is available for 39 FTE Office Practice Nurse positions. Physicians will be notified if their application is not approved for Year 2 funding.

13. What is the pilot application deadline?

Applicants should apply as soon as possible. As there is a yearly limit on the amount of available funds, applications will be processed in the order in which they are received. It is anticipated that the year 2 pilot project funding will be fully allocated soon after the application process is available.

14. How will pilot funding payments be made? Who will receive the payment?

Participating physicians will be permitted to delegate and bill to a maximum funding amount for five new RN service codes. The maximum funding amount will be group specific and will vary depending on the number of participating physicians and FTE Office Practice Nurse positions funded.

15. When will payments begin?

Payments will begin following receipt of the signed Agreement.

16. Are these funds subject to Ministry audits?

As with all government expenditures the Ministry must maintain/reserve its right to audit to ensure funds were used as agreed.

17. How will the pilot be evaluated?

Successful applicants will be required to participate in the evaluation process as set out in Appendix “E”, Section 7.3 of the Memorandum of Agreement between the Ontario Medical Association and the Ministry of Health and Long Term Care. An evaluation of the impact of the practice nurse on the primary care setting will be conducted by external evaluators with minimal disruption to grant participants.

**Office Practice Nurse
Fee for Service Delegation Model Pilot Project
FACT SHEET
April 2007**

Participating physicians in CCMs and FHGs will be able to delegate and bill for new RN services up to an annual maximum contribution of \$32,820.00 per RN position to assist with costs associated with employing RNs as Office Practice Nurses (OPN).

It is the physicians' responsibility to ensure the RN is qualified to perform tasks assigned. RNs must also feel competent that they have the knowledge, skills and judgment to perform any or all of these activities.

Services and Related Billing Information

Part A: Billing Codes

The following five new **RN Q codes** will be implemented for the purpose of the Project:

- Q180 – Well Baby Care (\$20 fee code)
- Q181 – Medication Review and Blood Pressure Check (\$20 fee code)
- Q182 – Diabetic Check (\$20 fee code)
- Q183 – Cholesterol Check (\$20 fee code)
- Q184 – Counselling (\$35 fee code per unit)

Billing Notes for all RN Q codes:

1. Group Physicians participating in the Project may continue to claim for Delegated Procedures as specified in the General Preamble, Schedule of Benefits for Physician Services. For example, the Group Physician may claim for the delegated procedures performed by the RN, such as immunization.
2. The Group Physician may claim for Services either an assessment code (Q180, Q181, Q182, Q183) or a counselling code (Q184), but not both, for the same patient on the same day.
3. In the event both the Group Physician and the RN see the same patient on the same day, the Group Physician may claim either the physician assessment/counselling code or one of the RN Q codes (Q180, Q181, Q182, Q183, Q184), but not both.

Part B: Services

Assessment Services

At all times the Group shall ensure one group physician is onsite and is available to attend to patients and collaborate with the RN, as necessary

Q180 - Well Baby Care

An assessment of a patient under 2 years of age conducted by an RN which includes:

- assessment of the growth and development of the newborn/infant;
- a complete physical examination; and
- answers to questions about and basic advice provided to the caregiver regarding issues such as feeding, sleeping, and safety.

Q181 - Medication Review and Blood Pressure Check

An assessment provided by an RN for a patient that includes a review of all of the patient's current medication to reinforce the reasons that the medicines were prescribed and the necessity for compliance with the directions. It may include monitoring of the patient's blood pressure against the Group Physician's protocol.

Q182 - Diabetic Check

An assessment provided by an RN for a stable diabetic patient in which the RN completes a standard diabetic flow sheet including relevant physical examination and reviews with the patients, their medication, dietary requirements and blood and urine monitoring tests.

Q183 - Cholesterol Check

An assessment provided by an RN for a patient that includes a review of cholesterol blood test results against the Group Physician's protocols, review of cholesterol guidelines, dietary needs and all of the patient's current medication to reinforce the reasons that the medicines were prescribed and the necessity for compliance with the directions.

Billing Notes: Q181, Q182, Q183

If the visit extends beyond 20 minutes and meets the criteria for counselling (Q184), the visit may be billed instead as a RN counselling service (Q184).

Counselling Services

At all times the Group shall ensure one group physician is available to consult with the RN as necessary.

Q184 - Counselling

Counselling is a patient visit dedicated solely to an educational dialogue with a Registered Nurse.

This service is rendered for the purpose of developing awareness of the patient's problems or situation and of modalities for prevention and to provide advice and information in respect of the physicians' diagnosis and treatment recommendations and, health maintenance and prevention

For the purpose of the Project, the conditions eligible for counselling are:

1. Diabetes
2. Sexually Transmitted Diseases
3. Birth Control
4. Obesity and Dietary Counselling
5. Dyslipidemia
6. Smoking Cessation
7. Respiratory diseases: Asthma and COPD
8. Medication reviews for patients on 5 or more prescription medicines
9. Symptomatic large vessel atherosclerotic disease (cerebral, coronary or peripheral)
10. Lifestyle counselling - Substance Abuse
11. Lifestyle counselling - Geriatric

Billing Notes: Q184

1. There is no requirement for the RN counselling session (Q184) to be pre-booked.
2. RN counselling services (Q184) may be billed consistent with the following time unit payment rules currently in effect in the Schedule of Benefits for Physician services.

These services are calculated and payable in time units of 30 minutes. In calculating the time unit(s), the minimum time the Registered Nurse is required to be in direct contact with the patient (and may include the presence of the patient's relative or patient's representative as the case may be) is as follows:

# Units	Minimum time with patient
1 unit:	20 minutes
2 units:	46 minutes
3 units:	76 minutes [1h 16m]
4 units:	106 minutes [1h 46m]
5 units:	136 minutes [2h 16m]
6 units:	166 minutes [2h 46m]
7 units:	196 minutes [3h 16m]
8 units:	226 minutes [3h 46m]

If more than one patient is present for a counselling session, only one counselling unit can be billed per time period.