

## FUNDING POLICY CHANGE NOTICE

Two changes have been made to the PITO funding policies which reflect the unique needs of various physician groups. These changes came into effect January 19<sup>th</sup>, 2011.

### 1. FUNDING OF ELECTRONIC INTERFACES

In November 2008, PITO established a funding program to reimburse 70% of physician costs for new regional interfaces that did not exist at the time of their original EMR contract. This reimbursement was on an interim basis until a common provincial interface could be established. Initially, this reimbursement addressed the cost of the new lab result and text report interfaces added by Interior Health Authority. Since that time, several other interfaces have been added by other health authorities and other entities.

To adapt to the expanding breadth of interfaces, PITO has made an adjustment to the interface funding policy. Rather than funding 70% of costs that may vary, PITO will fund a standard fixed amount per physician per interface that will be established based on approximately 70% of average commercial costs identified by market data. PITO will maintain and publish a list of eligible interfaces and associated funding levels. If the physician's actual invoiced cost for a particular interface is less than the standard PITO funding level for that interface, the amount reimbursed to the physician will be the invoiced cost.

### 2. FUNDING FOR GROUP CLINICS WITH PART TIME AND SHORT TERM PHYSICIANS

The standard PITO funding model has been suitable for supporting regular practices with a fairly stable and full time physician complement. However, the standard funding model does not adapt to situations where a physician may also practice part time in another group practice – particularly where the physician roster at that clinic may change more frequently. In particular, this funding model is especially focused on supporting new clinics established by Divisions of Family Practice to address specific local community health priorities including maternity care and care of unattached patients.

In these situations, the physician can be eligible for standard PITO funding at their regular primary clinic, and in addition may also be eligible for funding at another clinic where they practice part time, on the basis of a portion of a full time equivalent (FTE) that they work at their secondary clinic. For example, ten physicians each working one day every two weeks in a shared maternity clinic would equate to one FTE, and be eligible for PITO funding equivalent to one regular physician. Each remains eligible for standard PITO funding at their primary clinic.

Funding under this policy must be approved on a case-by-case basis by PITO.

**Further details on each funding program are provided overleaf.**

**For any reimbursement questions, please contact Catriona Armitage at [catriona.armitage@pito.bc.ca](mailto:catriona.armitage@pito.bc.ca). For questions regarding eligibility for funding or how to proceed, please contact your PITO Relationship Manager (listed at [www.pito.bc.ca](http://www.pito.bc.ca) under "About Us").**

## ADMINISTRATIVE NOTES

### Funding Details for Electronic Interfaces:

- Initial eligible interfaces are Interior Health Lab results, Interior Health text reports, Northern Health lab results, Northern Health text reports, St. Joseph's Hospital lab results, St. Joseph's text reports, and in some cases MediNet reports (*where MediNet was not included in the original fixed price EMR contract*).
- The funding for each of these interfaces is set at \$20/month (subject to ongoing review).
- The combined costs of EMR and interfaces shall not exceed the standard amounts eligible for reimbursement (e.g. \$340/month in the first year and \$535/month thereafter)
- Amounts already reimbursed will not be adjusted. For monthly reimbursements already established, the change will take effect at the end of the current annual funding cycle (the anniversary of the implementation date). The new policy will apply to costs being reimbursed for the first time.
- This funding is provided on an interim basis until a common provincial interface is established.
- The amount funded shall not exceed the invoiced cost of the interface.

### Funding Details for Group Clinics with Part time and Short Term Physicians:

- Funding will be established pursuant to standard policies at 70% of invoiced costs, not exceeding the amount calculated on the FTE basis to establish the number of Eligible Physician Units (EPUs).
- Funding will be established on a baseline of a minimum of one FTE in a group clinic of part time physicians.
- An FTE is considered to be a physician working 40 hours per week. Aggregate FTE between whole numbers will be rounded down if  $<0.25$  and up of  $\geq 0.25$ .
- The FTE count will be based on the clinic's reported physician roster; however, a patient visit count or billing data may be required to substantiate the FTE estimate. The clinic is responsible for notifying PITO of any change to the FTE count. The FTE count is subject to audit pursuant to Article 15 "Verification of Compliance" of the physician's PITO Registration Agreement.
- This policy defines a funding opportunity to suit certain clinic arrangements. Vendors may offer pricing according to the FTE model at their discretion, or may offer an alternate pricing model.
- A physician may be eligible for funding under this policy at more than one location provided that the total FTE count for that physician does not exceed 1FTE, and if they have regular full PITO funding at a primary clinic their FTE-based funding at other locations shall not exceed 0.5FTE.
- Clinics funded under the FTE model should have exit agreements in place between the clinic and each funded physician that addresses division of assets (particularly EMR licenses and hardware).
- The clinic should ensure that their vendor contract addresses the change in monthly fees if a physician leaves and is not replaced. PITO monthly funding will cease upon the departure of a physician and can be reinstated upon replacement by a new physician taking on that EMR license (funding may continue during a gap of up to one month between physicians).
- In certain situations, small funding adjustments may be possible where additional one-time services are required (e.g. additional training or configuration services).
- Physicians complete a PITO Registration Agreement at each clinic at which they are funded.
- All funding under this model is on a case-by-base basis, and may involve additional stipulations or due diligence to ensure appropriate use of funds.