

President's Letter

April 17, 2014

Improvements to On-Call Program

Allocation to recognize intensity

Dear Colleagues:

On March 25th, 2014, the NLMA Board of Directors and the Department of Health and Community Services (DHCS) agreed to a new methodology for distributing the unallocated funding that remained at fiscal year-end under the provincial On-Call Payment Program to physicians. This new methodology recognizes interaction intensity within approved call rotas providing 24/7/365 coverage. This is an improvement over the way these funds were allocated for the last three years. It will continue to be refined in the next year to strengthen the linkage between intensity of call and the level of compensation.

The 2009-13 MOA included an increase of \$4 million to the existing \$11.5 million call budget. As you are aware, the current daily payment for on-call availability is \$174. Previously, at the end of each fiscal year, unallocated funds were redistributed to on-call physicians based on their relative weighting with respect to the amount of call coverage they performed in that year.

This year, the NLMA Board and DHCS agreed to distribute the unallocated funds based on a four-tiered scale that classifies each rota according to their level of call interaction intensity. Data used to determine a rota's intensity level was based on the *On-Call Data Collection Survey* that all call rotas in the province were asked to complete. Groups that did not submit an adequate amount of data for the On-Call Survey were allocated to the lowest intensity group. Payment to physicians will occur on April 23, 2014 using this new methodology. There will also be \$100,000 assigned from the unallocated funds to support the ongoing work of the On-Call Review Committee.

All call rota groups were asked to take an active role in the data gathering process. The methodology for allocation according to intensity is based on the best data available to the joint On-Call Review Committee.

Lack of recognition of call intensity is an issue that has been raised repeatedly by NLMA members during the President's Tour and sector-specific consultations. We believe this new methodology is the first step in addressing those concerns. I would like to thank all members who submitted data to the On-Call Review Committee. The information you provided helped guide this very important step forward.

The work of the joint On-Call Review Committee is ongoing and it will continue to consult with members to make improvements to the on-call program. We encourage all rotas to participate in future data collection efforts to ensure that each rota is appropriately recognized. The following backgrounder presents additional background information and rationale for this recommendation.

Regards,



Yordan Karaivanov, MD
President

Encl.



Yordan Karaivanov, MD
President



**Newfoundland &
Labrador Medical
Association**
164 MacDonald Dr.
St. John's, NL
A1A 4B3
(709) 726-7424
or 1-800-563-2003
Fax: (709) 726-7525
or 726-7456
www.nlma.nl.ca
president@nlma.nl.ca



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

Backgrounder

The 2009-13 MOA dictates that prior to distributing new funding for the on-call budget, the NLMA and DHCS would strike a joint committee to review the provincial On-Call Payment Program. Ken Fowler, PhD was contracted to undertake an initial study of on-call issues and provide recommendations to the NLMA and DHCS.

Dr. Fowler surveyed and conducted site visits with more than half of the call rotas around the province. The predominant issues raised among members were those related to the basic principle of fairness. A major factor contributing to perceived inequities within the program was the fact that intensity was not recognized. The common element that was missing for all rotas was a payment mechanism to adjust for intensity, which can vary considerably between groups based on the number and duration of interactions and the volume of procedures. The current compensation model had historically been focused on remuneration for “availability”, with all call rotas in the province receiving the same per diem rate regardless of the intensity. Dr. Fowler’s report included a recommendation that a tiered system be implemented in order to align call remuneration with rota intensity and patient volume.

A joint NLMA/DHCS On-Call Review Committee was established in 2013 to review Dr. Fowler’s work and develop specific proposals for allocating the new \$4 million and any unallocated amounts in the pre-existing \$11.5 million on-call budget, plus other issues related to service coverage rules. One of the components of the committee’s work was an improved compensation model that included the development of a methodology for recognizing interaction intensity. (Note: an effort was made to obtain data on the intensity of visits/procedures performed while on call as well, but a good source of consistent data does not currently exist.)

Intensity of on-call interaction in the province had never been measured. To collect this data, the On-Call Review Committee enlisted the assistance of the Newfoundland and Labrador Centre for Health Information (NLCHI) to conduct a “real-time” data collection survey to measure call interaction intensity for all rotas. Data was collected over a two-week period from February 26 – March 12, 2014.

To facilitate this, members were asked to record specific interactions during each 24-hour call period and tally the information in an *On-Call Interaction Data Form*. Members were advised that the allocation of the remaining on-call budget would be distributed based on the information from the survey; therefore, their involvement in this exercise would be critical. Given that the allocation had to be completed before the expiry of the fiscal year ending March 31, 2014, repeated efforts were made to obtain survey data results from all call rotas.

Data was collected on “interactions” between on-call physicians and other physicians, nurse practitioners and, in specific sites, from nurses in remote areas. Intensity was captured by measuring self-reported telephone, email, text, and face-to-face interactions. A secondary review was also undertaken to ensure that phone calls to physicians came from other physicians, NPs or rural/remote nurses and not from other health care providers.

One of the most common complaints from physicians was that the survey did not include the many calls that came from nurses about in-hospital patients. The reason these calls were excluded is that the current on-call program only compensates for call regarding new patients, primarily coming through the emergency department. Other kinds of call may occur simultaneously, but technically they are not part of the compensation program.

(over)

The On-Call Review Committee met on March 22 to analyze the data and make recommendations to the NLMA Board of Directors. The NLMA Board voted to allocate the funds based on a four-tiered approach, with each rota receiving a maximum payment according to their level of intensity. A number of rotas in the province provided either minimal reporting or did not submit any data at all to the On-Call Review Committee. As a result, these groups were assigned to the lowest intensity tier. In addition, it was decided that \$100,000 will be allocated to support the continued work of the On-Call Review Committee, particularly with respect to improving data collection.

The resulting allocation for 2013-14 (including the \$174 p/d base payment for availability) is as follows:

Rota Intensity Level	Average Number of Interactions Per Day	Daily Rate Realized
Level 1	>4	\$357.60
Level 2	2-3.99	\$321.91
Level 3	1-1.99	\$290.57
Level 4	0 - 0.99 <u>or</u> less than a third of reports received	\$248.45

{Please Note: The daily rates listed above are what resulted for the 2013/14 on-call year. These rates may vary somewhat for this upcoming year depending on how much of the budget is expended/amount left over to be re-distributed to on-call physicians (the entire budget must be spent each year) and depending on what decisions we make next year with regard to tiering for intensity or the number of groups that move from the lower tiers to higher tiers based on better reporting in the next survey.}