

**FFS Physician Work Disruption Policy  
For Pandemic Event  
March 31, 2020**

**Policy:**

This policy is retroactive to March 18, 2020, which is the day the COVID-19 Public Health Emergency was declared. The policy will remain in effect until July 1, 2020 or such time the Department of Health and Community Services deems pandemic health care delivery no longer necessary. This policy applies to Fee-For-Service (FFS) Physicians adversely affected by the pandemic and/or the system response to the pandemic.<sup>1</sup> Compensation will be conditional on the following principles.

**Principles:**

- A. Physician must be present at their normal work site, or provide virtual care services (in regular work site or alternate location), in accordance with Department of Health and Community Services requirements, based on their regular schedules. Regional Health Authority (RHA) - based physicians will continue to carry out all the services that would be required of them during normal times, unless directed otherwise by the VP of Medical Services, or designate, due to changing priorities or operational limitations on site. RHA-based physicians should seek guidance as necessary through their medical leadership.
- B. During times when not required to carry out their normal activities the physician must be available to work in areas, which may be outside their normal scope of practice but within the scope of the physician's license, and competencies.
- C. Physicians must provide evidence satisfactory to their RHA, of their regular work practice prior to the pandemic (i.e. hours of operation of clinic, types of additional services provided – house calls, inpatient care, long-term care, personal care homes, etc.), and how such work has been affected during the pandemic.
- D. Physicians must provide their contact information (e.g. cell phone number, home phone number, office phone number and email address) so that they can be contacted easily during the pandemic event.
- E. For Physicians who normally provide on-call coverage, they must continue to do so during the pandemic event.
- F. The RHA may organize groups of physicians to provide on-call coverage, which may include or be comprised of physicians who do not normally provide on-call coverage, recognizing that the services required while on-call may be outside their normal scope of practice but within their competency.
- G. If a physician receives remuneration from another source for insured services (other than MCP or under this Policy) during the pandemic period the Department of Health and Community Services must be informed of the arrangement and it will be taken into consideration, accordingly.

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<sup>1</sup> The policy also applies to RHA-based locums (who bill FFS) who have worked in the RHA for the last 6 continuous pay periods.

H. For physicians who agree to the criteria, the application is as follows:

1. Compensation will be based on the individual physician's average FFS earnings for the previous 26 pay periods. The Department of Health and Community Services will, based upon a request from a physician, exclude any pay period(s) from this calculation that are lower than normal due to an extended illness, sabbatical, maternity/paternity leave, State of Emergency snow-related closure; or other valid reason deemed acceptable by the Department of Health and Community Services.
2. Physicians will continue to bill FFS and will be guaranteed 80% of their average FFS payments (including services remunerated by sessional payments) in instances where FFS billings are below this level.
3. Physicians who are requested and agree to provide "additional services", i.e. assessment centers, coverage in ER, support to another clinical area, extended clinic hours beyond normal practice hours, regional community call services, assessment clinics, support for quarantine units, etc. will continue to bill FFS and will be provided the greater of actual FFS earnings during the pandemic period or 100% of their historical average income as defined above, for the duration of the secondment. VPs of Medical Services will be responsible for designating which services and physicians fall within "additional services". "Additional services" can be requested within or outside regular work schedules. Physicians are expected to maintain normal responsibilities and duties to the extent possible while also providing "additional services".
4. A physician who ceases to be available to provide "additional services" must notify their VP of Medicine or designate, and they will no longer be eligible to receive benefits under this Policy.
5. If a physician becomes ill with COVID-19 (or presumed COVID-19), or requires mandatory self-isolation based on guidance from the RHA or Chief Medical Officer of Health, during the pandemic emergency, and has been providing services as agreed to under #3 above, or in the course of performing their normal duties, he/she will be entitled to compensation under this policy until cleared by the RHA or, if deemed unable to work by the RHA, until their own disability insurance becomes active up to a maximum of a 90 day period.
6. Physicians must individually complete the appropriate agreement, consistent with this Policy, and forward to the VP Medicine (or designate) for approval before implementation.
7. If a physician agrees to work in a location that requires travel, their travel and living expenses would be covered as per RHA policy.
8. This policy will be in effect from March 18, 2020 until July 1, 2020, or such time that the Department of Health and Community Services deems pandemic healthcare delivery no longer necessary. An official of each of the Department, an RHA and the NLMA will be designated to consider issues that may require clarification in the course of implementation.