

mcp newsletter

March 3, 2021

21-02

TO: ALL FEE-FOR-SERVICE PHYSICIANS

RE: PHYSICIAN WORK DISRUPTION PROGRAM 2021

In consultation with the Newfoundland and Labrador Medical Association, the Department of Health and Community Services has introduced the Physician Work Disruption Program (PWDP) 2021.

Details of PWDP 2021 are provided below and can also be found online here:
<https://www.gov.nl.ca/hcs/files/Physician-Work-Disruption-Program-2021.pdf>

The application form is available here:
<https://www.gov.nl.ca/hcs/files/Application-Physician-Work-Disruption-Program-2021-1.pdf>

Application forms must be completed by the physician and submitted directly to the respective Regional Health Authority's (RHA) Director of Medical Services. Applications are to be submitted by March 12, 2021. Retroactive payments to February 15, 2021 will not apply to applications submitted to the RHA after this date as per the Policy.

Policy

The PWDP 2021 is effective February 15, 2021, and will remain in effect until March 31, 2021, or until such time as the Department of Health and Community Services (HCS) deems the pandemic health care delivery protocol no longer necessary.

This policy applies to Fee-For-Service (FFS) Physicians adversely affected by the pandemic and/or arising from the respective integrated Regional Health Authority's (RHA) response to the pandemic¹.

¹ This policy also applies to RHA-based locums (who bill FFS) who have worked in the RHA for the last six continuous pay periods.

Physicians will be guaranteed 80% of their average Fee-For-Service (FFS) payments (inclusive of services remunerated by sessional payments) and will continue to bill FFS over this period. Physicians providing additional services as per Principle #2 will receive the greater of actual FFS earnings or 100% of their average Fee-For-Service (FFS) payments. For purposes of this program, the maximum average FFS payment is capped at \$575,000 annually or \$22,115 biweekly.

All interested FFS physicians must apply for consideration of an earnings top-up under the PWDP 2021 program. This includes those physicians who previously applied to the 2020 PWDP.

An official from the Department of Health and Community Services, the respective RHA, and the Newfoundland and Labrador Medical Association (NLMA) will comprise the PWDP Review Panel to consider issues arising from this program that may require clarification in the course of implementation and management of the program.

Principles

Compensation will be conditional on the following principles:

1. Physicians are required to be present at their normal work site, or provide virtual care services (in regular work site or alternate location), in accordance with HCS requirements, based on their regular schedules. 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 Vice President (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. A physician's failure to comply with these requirements may result in voiding the PWDP agreement. The principles of procedural fairness will be applied when deciding to void the PWDP agreement. If a physician disagrees with a decision of HCS to void the PWDP agreement, they may forward the issue to the PWDP Review Panel for resolution.
2. Physicians may be assigned to work in areas which may be outside their normal scope of practice but within the scope of the physician's license and competencies. This will be determined on a priority basis to meet the needs of the health care system during the pandemic. Based on the VP of Medical Services' discretion, these include but are not limited to the following:
 - i. Emergency Departments;
 - ii. COVID Assessment/ILI Clinic(s);
 - iii. COVID Testing Analysis Sites;
 - iv. COVID Swabbing Test Sites;
 - v. COVID Inpatient Care Unit(s);

- vi. Intensive Care Unit(s); and
 - vii. COVID Vaccination Clinic(s).
3. Physicians are required to 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.
 4. Physicians are required to provide contact information (e.g. cell phone number, home phone number, office phone number and email address) so they may be contacted easily at any time during the pandemic event.
 5. For physicians who normally provide on-call coverage, they are required to continue to do so during the pandemic event.
 6. 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.
 7. Where a physician receives remuneration from another source for insured services (other than MCP or under this Policy) during the pandemic period, HCS must be informed of the arrangement and it will be taken into consideration, accordingly.

Procedure

1. Compensation will be based on the individual physician's average FFS earnings, submitted to MCP, over 26 pay periods (i.e. pay periods 18-22 to 19-21) with claim submission deadlines in the 2019 calendar year (refer to MCP Newsletter 18-08). For purposes of this program, the annual maximum average FFS payments for the individual physician will not exceed \$575,000 annually (\$22,115 biweekly).
 - i. Applicants who previously applied under the 2020 Physician Work Disruption Program will have the same earnings average applied to the 2021 PWDP. For clarity, the \$575,000 annual cap shall apply to all physicians, if necessary, regardless of whether they are a new or returning applicant.
 - ii. Consistent with the 2020 PWDP, the following will not be included in the 2021 PWDP earnings average:
 - a. FFS payments for seeing non-MCP beneficiaries;
 - b. Any bonuses, awards or rebates (e.g. CMPA) and
 - c. Any non-FFS payments (salaried or otherwise) from RHAs, Memorial University, etc.

- iii. New applicants, who did not participate in the 2020 Physician Work Disruption Program, may identify any questions concerning their average income in the application. The matter will be reviewed by representatives from HCS and the NLMA. Valid reasons to review a physician's earnings average include: a lower than normal earnings average due to an extended illness, sabbatical, maternity/paternity leave, a State of Emergency snow-related closure; or other valid reason deemed acceptable by the Department of Health and Community Services.
 - iv. Applicants who previously identified concerns regarding earnings average in 2020 PWDP, the earnings average for the 2021 PWDP will continue to reflect the decisions rendered from review of their applications in 2020.
 2. Physicians who continue to bill FFS will be guaranteed 80% of their average FFS payments (including sessional payments) to an annual maximum average FFS payment of \$575,000 annually or \$22,115 biweekly. For example; the maximum average FFS payment, under the 2021 PWDP, of \$575,000 annually equates to a guaranteed income of \$460,000 annually or \$17,692 biweekly.
 3. If no billings have been submitted in a pay period that physician will be considered inactive for that pay period and no top-up will be awarded. Prior to the claim submission date for the pay period, the physician may, at their own discretion contact the Department of Health and Community Services, Medical Services Division to explain the circumstances why no billings were submitted. If the circumstances were not in the control of the physician, the physician was available to provide services, and the physician had no alternatives but to submit zero billings, the physician will receive a top-up payment for that pay period. The principles of procedural fairness will apply in these circumstances.
 4. Physicians who are assigned to provide "additional services", i.e. duties listed in Principles #2 above, support to another clinical area, extended clinic hours beyond normal practice hours, regional community call services, 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. Vice Presidents (VP) 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". The RHA will be responsible for providing HCS with start and end dates of the secondment during which a physician provides "additional services". The duration of a secondment covers the continuous period during which a physician provides "additional services"; not solely the days on which "additional services" occur.

5. 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.
6. 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 #4 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. Physicians who are in self isolation, but not ill, will continue to provide services virtually, as appropriate.
7. Applications are to be submitted by March 12, 2021. Retroactive payments to February 15, 2021 will not apply to applications submitted to the RHA after this date.
8. Physicians must individually complete the appropriate agreement, consistent with this Policy, and forward to their RHA’s Office of Medical Services for approval before implementation. Applications must be submitted to the Director of Medical Services associated with your RHA.

Contact List for Directors of Medical Services within the RHAs as follows:		
Eastern Health	Janelle Hiller	Janelle.Hillier@easternhealth.ca
Central Health	Sarah Randell	sarah.randell@centralhealth.nl.ca
Western Health	Gertie Mai Muise	gertiemaimuise@westernhealth.nl.ca
Labrador-Grenfell Health	Michael Jones	michael.jones@lghealth.ca

9. If a physician agrees to work in a location that requires travel, their travel and living expenses would be covered as per RHA policy.
10. If a physician begins extended leave (e.g. maternity or parental, disability, sabbatical, etc.) during their enrollment in PWDP 2021 they, and/or the applicable RHA, must inform HCS immediately to prevent the payment of ineligible top-up payments. If sufficient notification is not provided recoveries will be sought at a later date.

11. If a FFS physician switches to salaried locum status for any period during the PWPDP 2021 they will not qualify for top-ups on the days they are not eligible to bill FFS. If HCS is not informed in a timely manner prior to the issuing of top-up payments recoveries will be sought at later date.

Questions relating to the content of this newsletter should be directed to Matthew Pinsent, Manager of Fee for Service Physicians by email at matthewpinsent@gov.nl.ca