



On March 19<sup>th</sup>, 2018 the Premier of Nova Scotia announced an enhanced fee for both office and geriatric visits for family physicians who are responsible for the comprehensive and continuous care of their patients. The enhanced fees are meant to differentiate this level of care from episodic care provided to walk-in patients. The enhanced fees are only available to family physicians who attest that they are providing comprehensive and continuous care. The letter below is a confirmation letter that all family physicians who intend to use, or have been using, the enhanced fees, are required to submit in order to continue to be eligible to bill these enhanced fees.

**Please return this letter directly to MSI via email. Please send to:**

[primary\\_care\\_investments@medavie.bluecross.ca](mailto:primary_care_investments@medavie.bluecross.ca)

**Physician Confirmation Letter:**

I am a Family Physician, licensed to practice in Nova Scotia. I provide full scope Family Medicine to my patients. By “full scope”, I mean that I have an ongoing relationship as a primary care provider to my patients and ensure continuity in their medical care. My patients would describe me as their “family doctor” and my patients schedule appointments to see me.

The primary health care record (chart) for each of my patients is in my possession and where appropriate it is also accessible to colleagues in my practice who may share the responsibility for providing care to my patients in my absence. On occasion, other Family Physicians in my community and/or in my practice may see my patients when I am absent from my office. Whenever possible and appropriate, I assist or direct my patients to care when my office is closed or when I am unavailable. While I may accept walk-in patients from time to time, my primary practice is not providing episodic care to walk-in patients.

I understand and acknowledge that the enhanced office and geriatric visit fees do not apply to episodic care provided to walk-in patients for whom neither I nor my practice are the patient’s primary care provider.

☐ By checking this box, I certify that the statements above apply to me and my practice.

Name: \_\_\_\_\_

Billing #: \_\_\_\_\_

Date: \_\_\_\_\_

**Additional Information:**

Both the Department of Health and Wellness (DHW) and Doctors Nova Scotia (DNS) are committed to achieving the shared goals related to the \$39.6 million-dollar investment in Primary Care, announced on March 19, 2018.

**Should you choose to provide the information requested below, it would be of great benefit to enable successful implementation of this initiative:**

- ☐ My practice is full, and I don't plan to accept new patients.
- ☐ I still have capacity to accept new patients
  
- ☐ I plan to retire in the next 5 years.
- ☐ I have a plan in place to hand over my family practice to another physician

**Check any of the following which applies and fill in the relevant information:**

- ☐ The following physicians work in my shared clinic space and provide intermittent care for my patients based on arrangements structured to ensure access in my absence.

Dr. \_\_\_\_\_  
Dr. \_\_\_\_\_  
Dr. \_\_\_\_\_  
Dr. \_\_\_\_\_  
Dr. \_\_\_\_\_  
Dr. \_\_\_\_\_  
Dr. \_\_\_\_\_  
Dr. \_\_\_\_\_  
Dr. \_\_\_\_\_

- ☐ I also have other allied professionals working with my practice on an ongoing basis; they include:

- ☐ A nurse practitioner
- ☐ A family practice nurse
- ☐ A pharmacist
- ☐ Other: \_\_\_\_\_

- ☐ My practice is funded exclusively through FFS billings
- ☐ My practice is funded through an APP (Alternative Payment Plan) arrangement
- ☐ My practice is funded through an AFP (Clinical/Academic Funding Plan) arrangement
- ☐ I work in other areas part time in addition to providing comprehensive care for my patients who consider me their family doctor. My other activities include:

- ☐ ED shifts
- ☐ Hospitalist shifts
- ☐ Mental health
- ☐ Oncology
- ☐ Palliative care
- ☐ Other: \_\_\_\_\_