

## **Nova Scotia Facility On-Call Program Guidelines**

### **Revised July 2012**

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#### **Background**

The 2008-2015 Master Agreement provides funding for a re-structured and enhanced on-call funding program in Nova Scotia. The new program approved by the Master Agreement Steering Group (MASG) was implemented effective May 1, 2009. The MASG is responsible for the continued oversight of the program, based on recommendations from the Facility On-Call Program Working Group.

The current maximum funding available for the Nova Scotia Facility On-Call Program, provided through Schedule 'G' of the contract, is \$11,879,076 per year.

#### **Guiding Principles:**

The current Facility On-Call Program is based upon the following principles:

1. The needs of the patients;
2. A quality of life for physicians;
3. The program is an on-call program, not a physician remuneration subsidy program;
4. Physicians who must see patients in the hospital will be remunerated at a higher rate;
5. Categories will be established for different levels of service; and
6. The program will be evaluated on an annual basis and changes made if necessary.

Although the facility on-call program is for 24 hours, the funding being provided is intended to recognize "after hours" coverage. It is meant to provide remuneration/compensation for the physician where personal time is disrupted by having to provide on-call services.

"After hours" coverage is defined as weekday evenings/nights (5 p.m. to 8 a.m.), weekends (24 hours) and holidays (24 hours).

Recognizing that there are significant discrepancies regarding the impact of providing on-call on physicians' personal time and that the limited financial resources available should be applied in areas that best meet the needs of the public, the highest remuneration for on-call is provided to physician on-call services that provide 24/7/365 (100%) coverage and are called into the facility most frequently after hours. Physicians who provide less than 100% on-call coverage and/or are called into the hospital less frequently are compensated at a lower level.



## Program Guidelines and Eligibility Requirements

### General Guidelines

The Nova Scotia Facility On-Call Program applies to physicians working and providing on-call services in regional and tertiary hospitals only.

The Facility On-Call Program is intended for after-hours emergency calls/services, not routine consultations or the routine care of inpatients.

This program is not intended to compensate physicians for providing group on-call for their shared patients.

Physicians cannot be paid for more than one on-call rota or other program which includes funding for on-call on the same day.

If there is more than one on-call rota per specialty in a DHA, each rota must meet all the requirements for its category.

This program applies to physicians working under all payment modalities who do not already have contractual arrangements to reimburse them for providing on-call/coverage for districts. Physicians included in an Academic Funding Plan (AFP) will be remunerated for their on-call services through the AFP.

Physicians who are called in to the facility can bill for their services in addition to receiving on-call funding.

### On-Call Categories and Eligibility Criteria

#### Category 1:

Category 1 physician groups consist of a minimum of three active staff physicians and are required to provide 24/7 on-call coverage 365 days per year (100% coverage). A written on-call schedule must be provided. The on-call physician must respond by telephone within 10 minutes and be able to be on site within 20 minutes. The physicians are frequently called into the facility after hours, at least 25% of the days covered.

The payment rate for this service is \$300 per week day, and \$400 per weekend day and holiday.

#### Category 2:

Category 2 physician groups provide value to the system by being on-call, but are unable to provide 24/7 coverage 365 days per year. Since the service is not always available and does not provide consistent access to care, the remuneration rate is less than for category 1. These physicians must provide a written on-call schedule that, at a minimum, provides the DHA with 1 in 4 coverage on average per year, and at a maximum provides 1 in 3 coverage on average by any one physician per quarter. The on-call physician must respond by phone within 10 minutes



and be able to be on site within 20 minutes. The physicians must be called into the facility a minimum of 25% of the days covered.

The payment rate for this service is **\$250** per week day, and **\$300** per weekend day and holiday.

**Category 3:**

A category 3 physician group is required to provide 24/7 coverage, 365 days per year (100% coverage) and must respond within 10 minutes by phone and be able to be on site within 20 minutes if called in. This category includes physicians who are providing a vital service but are infrequently required to return to the hospital. They are not required to be on site, however if they are asked to occasionally come in to the hospital, they will receive a one-time call-back payment for after hours (evening/night, weekend or holiday) callbacks. A call-back payment can only be claimed once per 24 hours.

The payment rate for this service is **\$150** per week day, and **\$200** per weekend day and holiday. The call-back payment is an additional **\$100**.

**Category 4:**

Category 4 applies to any physician who is not on call but receives an urgent request to come to the hospital after hours (evenings/nights, weekends or holidays) and goes in. The physician will receive a call-back payment of **\$300**. Documentation of the reason for the call-back is required. All documentation must be completed and submitted before the call-back will be paid. This funding is for emergency care and is not intended to provide for covering a physician's on-going care of his/her patients. This call-back payment is only payable to physicians whose specialty or subspecialty does not have a designated on-call rota. A call-back payment can only be claimed once per 24 hours.

**Administrative Guidelines**

Determining whether physicians have met the eligibility requirements for their approved on-call category will be monitored by the Department of Health and Wellness through an evaluation of on-call schedules, physician billings, relevant information provided by the DHAs/IWK and any identified issues about coverage.

On-call coverage level will be evaluated through on-call coverage data submitted to DHW by the DHAs/IWK along with the current on-call group physician contact for each rota.

**For Category 1 Rotas,**

- Level of coverage will be evaluated quarterly. If the days covered are less than 100%, notification will be provided to the DHA and the physician on-call group lead, and the rota will be immediately re-classified as category 2.





For Category 2 Rotas:

- The level of coverage for the DHA will be evaluated annually and the level of coverage by any one physician will be evaluated quarterly. If the required criteria are not met, notification will be provided to the DHA and the physician on-call group lead, and the rota will be immediately reclassified as category 4.

For Category 3 Rotas:

- Level of coverage will be evaluated quarterly. If the days covered are less than 100%, notification will be provided to the DHA and the physician on-call group lead, and the rota will be immediately re-classified as category 4.

Physician groups that are re-classified must re-apply, with the support of the DHA/IWK, to be considered for a category change.

Approved by:



Eleanor Hubbard

Co-Chair, MASG

Date:

19/07/12



Dr. Bruce Wright

Co-Chair, MASG

Date:

19/JULY/2012