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General Practice Services Committee

Informational Webinar

Changes to GPSC Incentives

July 26, 2017

BRITISH COLUMBIA

doctors of bc

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Coming Oct 1, 2017

Simplify and Align GPSC fees to make your life easier

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GPSC Heard You

- During Visioning you told us you loved the GPSC incentives, but the billing rules were complicated and difficult to understand
- You wanted the opportunity to work in teams to provide quality care to your patients while achieving work life balance

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The Future

- **The Goal**: Access to quality primary medical care for everyone in BC using the Patient Medical Home model as the tool
- As a first step, the GPSC has simplified and aligned the billing rules for similar incentives
- Incentives have been tweaked to better support team based care

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A GP for Me Initiative (Attachment) has ended

Incentives will be renamed to reflect this:

- G14075 Frailty Complex Care
- G14076 Telephone Management
- G14077 GP-Allied Care Provider Conference

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G14070/71 remains the portal to:

- G14075
- G14076
- G14077

and to new incentives

- G140XX [more on this later!]
- future incentives to support TBC and the PMH

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Yes, but what is happening to G14074??

- The "A GP for Me" initiative ran April 1, 2013 – March 31, 2016
- G14074 the Unattached Complex/High Needs Patient Attachment incentive was introduced to support A GP for Me and funded from one time money
- It was extended beyond its funding envelope to continue for the duration of A GP for Me and its transition

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G14074 ends Sept. 30 2017

- As of Sept. 30, 2017 G14074 will end
- **Funding to the GPSC incentive budget has NOT been reduced!**
- Simply, the one-time funding used to pay for G14074 was long ago used up and there is no room in GPSC's budget to sustain it going forward

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What can I do instead?

Although there is no replacement for the G14074, remember that **many of these complex high needs patients qualify for other GPSC incentives** such as:

- Complex Care and Frailty planning
- Chronic Disease Management
- Mental Health and Palliative Planning
- Conferencing

Questions so far?

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Now the good news

GPSC has approved changes to its current incentives to simplify and align the rules and better support Team Based Care:

- CDM incentives
- Planning incentives
- Non face-face incentives

Changes will be effective Oct 1 2017

Chronic Disease Management

- Current rules require two visits with the patient in the previous 12 months, one of which may be a telephone or GMV visit. Telephone visits may be delegated, allowing for involvement of an Allied Care Provider.

- As of Oct 1, one of the two required visits may be provided by telephone (G14076), GMV **or** in-person by a College Certified Allied Care Professional

Questions so far?

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Planning Incentives

The goals of all the planning incentives are the same: to proactively create a plan of care with the patient.

Yet the rules are not the same.

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Now the rules will be the same for all planning visits

- The required 30 minute planning time does not all have to take place on the same day.
- The majority of the 30 minute planning time must be physician face-to-face with the patient.
- A same day visit service MAY be billed but is not required.

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What does this mean for G14033 and G14075?

- There is no change to the required 30 minute planning time and no change to the requirement that the majority of that 30 minutes be face to face physician : patient

- **What is changed then?** A same day visit service may be billed but is no longer required.

And G14043 and G14063?

- G14043 and G14063 will no longer require the full 30 minutes of planning work to take place face to face
- Only the majority of the required 30 minute planning time must be face to face physician : patient
- This aligns with G14033 and G14075 and allows some planning work to take place at other times - in advance of the patient visit, or after, AND to be done by a College Certified Allied Care Provider
- Start/end times for the planning visit will no longer need to be submitted or recorded in chart
- A same day visit service may be billed, but not required.

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How do I document all this??

- Chart documentation of planning must include **total planning time** (min. 30 minutes) and **total face- to- face planning time** (min. 16 minutes.)

- Submit the incentive code on the day of the face to face planning visit

- Start / end times not required to be submitted to MSP or recorded in chart

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What if I also bill a same day visit?

- A medical visit (in office or home) MAY be billed in addition for the same date of service. The time spent on this Visit does not count toward required planning time.

- Chart documentation must include total **planning** and total face- to- face **planning** time. Make sure this is clearly documented as separate from the time spent for the additional visit billed.

Planning incentive + same day visit

- **For example**: 18 minutes spent face-to-face with the patient collaboratively creating a plan for their care and 20 minutes doing a physical exam. You and/or your ACP spend 15 minutes on non-face-to-face planning work (chart and current plan review, medication reconciliation, etc) that day or another day. **Document**: total planning time = 33 min; face to face planning time = 18 min.

  Note: the EMR chart open/close time is not adequate documentation for audit purposes

Questions so far?

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Mental Health Management G14044/45/46/47/48

These GPSC counselling equivalents may now be provided by videoconference

Like MSP counselling codes, these do still require start and end time in chart and fee submitted

Remember: GPSC counselling equivalents may not be billed until all 4 MSP counseling visits are used in any calendar year (any combination of in-person or telehealth counselling)

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G14076 Telephone Advice fee

- The value will be increased to $20 – this aligns with G14023 GP with Specialty Training Telephone management fee.
- The 1500/physician/year will be maintained.

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G14023 GP with Specialty Training Telephone Management

- Maintain the current value at $20 and remove the per 15 minute component - this aligns G14076 and G14023

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By The Way: G14021

- Effective July 1, G14021 GP with Specialty Training Urgent Telephone Advice is now billable when providing advice to an Allied Care Provider.

- This aligns G14021 and G14022.

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New G140XX email/text/telephone advice relay incentive

- 14079 will be deleted
- a new G140XX telephone/email/text medical advice relay incentive, applicable to all patients and which may be delegated to ACPs and MOAs is being created
- the value has been set at $7 to align with the comparable FFS INR fee 00043 @ $6.83

Questions?

For more info: The GPSC Billing Guides are being updated to reflect these coming changes and will be available on the GPSC website in advance of Oct 1st.

Thank you