

## SCHEDULE “H”

### Primary Maternity Care Model

1. The Parties agree that new funding and a new funding model are necessary to support Primary Maternity Care (PMC) at various regional hospitals and at the IWK Health Centre.
2. The Department of Health and Wellness shall make \$2,500,000 annually available for PMC, as follows:
  - a. \$500,000 effective the date the DNS Board of Directors approves this Agreement, and
  - b. an additional \$2,000,000 effective April 1, 2020.
3. Effective September 1, 2019, PMC services provided by the IWK Department of Family Medicine at the IWK Health Centre will be paid pursuant to the proposal submitted by the group on November 23, 2018 (funding equivalent to five Family Physician (Collaborative) Alternative Payment Plan (APP) contracts (with rates as adjusted by MSU increases since the date of the proposal), for 24/7/365 coverage).
4. The Parties agree to finalize the terms of a province-wide PMC funding model (the “PMC funding model”), including service delivery expectations, by November 30, 2019. The Parties will use proposals submitted by the PMC groups at the IWK and South Shore as a guide in developing that model. The hourly rate for daytime PMC services will be \$147.33 (plus MSU increases as applicable). The model may include the following elements, but these could change during the development of the model in November 2019:
  - a. A daily stipend in the amount of a fixed number of daytime hours multiplied by the above-noted hourly rate, for one physician providing PMC services at each site each day.
  - b. Call funding at the Category 1 On-Call rates: \$300/day for weekdays, and \$400/day for all weekends and holidays for the provision of call availability for a 24-hour period from 08:00 through to 08:00 the next day.
  - c. Fee for service payment for PMC services delivered outside of the daytime funded hours.
  - d. Physicians working a PMC shift will not be eligible to bill fee for service or to receive alternate funding for PMC services provided during the daytime funded hours.
  - e. Physicians working a PMC shift will be required to shadow bill for 100% of services provided.

- f. It is recognized that PMC services may be provided by physicians who are not covering the PMC daytime or call shift on a given day. Those services will be billed or shadow billed and paid as appropriate to those physicians outside the PMC funding model.
5. The PMC funding model will be made available to family physicians providing primary maternity care at the following regional hospitals:
  - 2.1 South Shore Regional Hospital, Bridgewater
  - 2.2 St. Martha's Regional Hospital, Antigonish
  - 2.3 Cumberland Regional Hospital, Amherst
  - 2.4 Yarmouth Regional Hospital, Yarmouth
  - 2.5 Cape Breton Regional Hospital, Sydney(each a "**PMC Hospital**"; together, the "**PMC Hospitals**").
6. Family physicians providing PMC services at the South Shore Regional Hospital will be eligible for payment pursuant to the PMC funding model effective the date the DNS Board of Directors approves this Agreement. It is anticipated that the daily funded hours for the South Shore Regional Hospital will be twelve (12), for a daily stipend of \$1768 (\$147.33 x 12 hours), subject to confirmation by the Parties as they finalize the terms of the PMC funding model.
7. Effective April 1, 2020, the PMC funding model will be made available to family physicians providing PMC services at the following regional hospitals:
  - a. St. Martha's Regional Hospital, Antigonish
  - b. Cumberland Regional Hospital, Amherst
  - c. Yarmouth Regional Hospital, Yarmouth
  - d. Cape Breton Regional Hospital, Sydney(each a "**PMC Hospital**"; together, the "**PMC Hospitals**").
8. If the Parties determine while finalizing the PMC funding model that the full \$2,500,000 annually earmarked for the PMC funding model in clause 2 is unlikely to be spent, based on the daily stipend determined for each of the PMC Hospitals in clause 7, the anticipated unspent monies will be allocated to Fee Committee and will be reserved for enhancements to primary care fee codes.
9. Should additional funding become available, the Parties agree that the PMC funding model could be extended to other regional hospitals with PMC services.