

Blended Capitation Funding Model Pilot Expression of Interest Form

As part of the 2019 Master Agreement, the Department of Health and Wellness (DHW) and Doctors Nova Scotia (DNS) co-developed a Blended Capitation Funding Model pilot project as the first step in the process toward creating a provincial model.

Four to eight family medicine practices are needed to participate in the program. Physicians who are currently in a collaborative practice, or those who are willing to transition from a solo practice to a collaborative practice model, and who already do or are willing to provide enhanced patient access would be ideal candidates for this pilot project. Chosen practices will test the newly developed model to help inform a future province-wide model. We anticipate the pilot project will run until at least March 31, 2023, which is the end of the current Master Agreement.

Full details on the pilot project can be found online at Doctorsns.com

Please complete the following EOI form, save it and submit it to [Jessica Moore](mailto:jessica.moore@doctorsns.com) by email at bcipilot@doctorsns.com by 11:59 p.m., April 22, 2022.

Section 1: Contact information

1. Practice information:

Practice/clinic name:	
Civic address:	
Mailing address (if different than above):	
City/town/community:	
Postal code:	
Email:	
Phone #:	

2. Primary physician information:

Name:	
Email:	
Phone #:	

Section 2: Current practice plan

1. Please state the hours between which patient appointments are currently booked.

	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

2. Does the practice currently offer same-day/next-day appointments?

- Yes, we offer ____ same-day/next-day appointments per day
- No

3. Current non-physician practice profile:

Practice/team overview: please identify all non-physician members of the group/practice interested in working in a team approach:				
Full name	Occupation (NP, FPN, etc.)	Role/discipline/area of interest/specialty (e.g., chronic disease support)	Average hours per week in this practice	Employed by Practice or NSHA
<i>e.g., Jim Smith</i>	<i>Nurse Practitioner</i>	<i>Chronic disease support</i>	<i>20</i>	

4. Current physician-specific profile (all physicians must participate):

Full name	Average hours per week in this practice	Current payment modality (APP, FFS)	Current patient panel size	MSI provider #	Area of interest/speciality (e.g., well-baby, addictions medicine)	Clinical obligations (including work outside of this family practice)
<i>e.g., Jane Doe</i>	<i>40</i>	<i>FFS</i>	<i>1600</i>	<i>12345</i>	<i>Palliative care</i>	<i>Nursing homes, emergency medicine, NSPRAP assessor, preceptor</i>

5. Current practice characteristics:

Describe the current practice, including any special or unique characteristics of the patients and the community that it serves.

A large empty rectangular box with a black border, intended for the user to describe the current practice, including any special or unique characteristics of the patients and the community that it serves.

6. Will the practice plan change to ensure the practice meets all practice commitments?

- Yes (Please fill out Section C)
- No (Please skip to Section D)

Section C: Proposed practice plan for pilot period

1. Please state the hours between which patient appointments will be booked during the pilot project.

	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

2. Non-physician practice profiles for pilot:

Please identify all non-physician members of the group/practice, including identifying new positions that may be hired:			
Full name	Occupation (NP, FPN, etc.)	Role/discipline/area of interest/specialty (e.g., chronic disease support)	Average hours per week in this practice

3. Physician-specific profiles for pilot (all physicians must participate):

First and last name	Average hours per week in this practice during the pilot	Area of interest/speciality (e.g., well-baby, addictions medicine)	Clinical obligations (including work outside of this family practice) during the pilot

4. Practice characteristics expected during pilot:

Describe other changes, if any, to the current practice that may be made to meet practice obligations during the pilot.

5. Is there or will there be capacity to roster unattached patients to the practice during the pilot?

- Yes, there is or will be capacity to roster approximately _____ unattached patients
- No

Section D: Attestation

1. All physicians and allied health professionals in the group practice were consulted in the development of this EOI.
 - Yes
 - No

2. All physicians have read the blended capitation funding model pilot project guidelines carefully and agree the clinic and its physicians will meet the following requirements.
 - Yes
 - No

3. The physicians in our practice agree to:
 - Use a shared EMR
 - Provide same-day/next-day, evening and weekend patient appointments
 - Formally roster our patients to our practice, per the pilot guidelines and the MSI roster confirmation process
 - Group funding for the access bonus and to determine how that bonus will be shared
 - Bill/shadow bill for all insured health-care services, following the MSI billing rules, Preamble requirements and *Physician's Bulletins*, whether the service is in- or out-of-scope of the pilot project guidelines
 - Participate in evaluation activities (to be determined)
 - Notify DHW, DNS and NSHA as soon as possible if unable to meet a pilot program guideline or criteria for more than two weeks

4. The physicians in our practice understand and agree that:
 - Evaluation of the pilot may result in changes to practice requirements, funding methodology, etc., in a province-wide blended capitation funding model
 - Proposed practice plan is representative of joint plans to structure the practice to meet pilot requirements and guidelines
 - Information submitted is correct at the time of submission