

CRITERIA INFORMATION



2024–25 Collaborative Practice Incentive Program information

The Collaborative Practice Incentive Program (CPIP), which was developed under the 2008 Master Agreement, makes available a payment of \$5,000 per physician and is available to family physicians working in a collaborative practice and who meet the 2024–25 eligibility requirements and apply for the funding.

Under the 2023 Physician Agreement, this program is still slated to be terminated and the associated funding will be transitioned to fees. However, the current CPIP, including the existing eligibility requirements will continue until the new fees are implemented.

For fiscal year 2024-25, family physicians, who are part of a qualifying community-based collaborative practice, must submit one completed funding application as a practice group listing the names of all the participating family physicians. Applications from individual physicians will not be accepted.

The incentive program will not recognize shared on-call, walk-in clinics, co-located physicians with unique patient populations, locum services, hospital inpatient services, and ad hoc (irregular) collaboration with allied health care professionals as a community-based collaborative practice.

2024–25 Eligibility Criteria (All must be met)

1. Each participating physician must be a general practitioner/family physician with minimum total insured billings/payments of \$100,000, including a minimum of \$25,000 of office billings, during the period Jan. 1 to Dec. 31, 2024. An individual physician's eligibility is not dependent on the billing levels of other physicians.

The minimum billing criteria are waived for physicians who have practiced in Nova Scotia for less than the 12-month billing period used to determine program eligibility for the annual payment.

2. The physician must be participating as a member of an eligible collaborative practice at the time of application for the 2024–25 Collaborative Practice Incentive Program payment.

3. The collaborative practice must consist of a minimum of two (2) family physicians and one (1) "collaborating other licensed health care provider". This includes the following other legislated licensed health-care providers and does not include specialist physicians:

- | | | |
|-----------------------------|---|---|
| • Licensed Practical Nurses | • Pharmacists | • Respiratory Therapists |
| • Chiropractor | • Psychologists | • Paramedics |
| • Dentists | • Physiotherapists | • Social Workers (Department of Community Services Legislation) |
| • Dietician/Nutritionists | • Registered Nurses (including Nurse Practitioners) | |
| • Occupational Therapists | • Midwives | |
| • Optometrists | | |

4. For the purpose of the CPIP, one “collaborating other licensed health-care provider” is defined as working a minimum of 20 hours per week.

5. One “collaborating other licensed health-care provider” position could be filled by 1-3 people to encourage flexible collaboration and respond to patient needs.

6. The required ratio of eligible FPs to “collaborating other licensed health-care providers” is as follows (minimum of two FPs required)

Number of eligible FPs	Required number of “collaborating other licensed healthcare providers”
2-5 FPs	1
6-10 FPs	2
11-15 FPs	3
16-20 FPs	4

7. FPs must engage in Meaningful Team Collaboration with each other and the “collaborating other licensed health-care provider(s).” All required characteristics must be present.

Meaningful Team Collaboration

Characteristic (all must be present)	Accountability Measure
Team members provide care to a common group of patients	Common patient population
Team members develop common goals for patient outcomes and work towards those goals	Chart verification of interaction among team members in patient care as appropriate
Appropriate roles and functions are assigned to each member of the team	All providers practicing to full scope of practice
The team possesses a mechanism for sharing information about the patient	Common patient record and/or shared EMR
The team possesses a mechanism to oversee the carrying out of plans and to make adjustments as necessary	Set time for formal team collaboration (i.e. case conferences, team meetings)

8. Formal team collaboration must occur **at least once per week** and include the “collaborating other licensed health-care provider(s).”

9. Effective April 1, 2013, in order for an individual family physician to qualify for an annual CPIP incentive payment, **2 of the following 5** criteria must also be met:

Criteria (2 of 5 must be met)	Accountability Measure
Evening and/or weekend appointments: Physicians are required to provide regular evening and/or weekend appointments, a minimum of once per week.	Appropriate billings for the GP Enhanced Hours Incentive program (eligible office visits submitted with the modifier GPEW).
Same day/next day appointments: The collaborative practice is required to be structured see to accommodate same day/next day appointments within the daily practice schedule on a regular ongoing basis– patients are not to be just squeezed in.	This needs to be reflected through ensuring there is normally always availability for patients to one of the practice team members when patients contact the practice for an appointment
Roles and responsibilities: Specific roles and responsibilities for all members of the practice team are documented, reviewed annually and updated as required.	Documented evidence available upon request
Team attendance at educational events: Physicians and their teams are required to attend and/or participate together in educational events, relevant to their work, at least once per year. This could include team building activities internal to the practice.	Documented evidence of organized team building activity and the participants available upon request
Lead and/or participate in a quality improvement initiative: Physicians are required to lead or participate with their team in at least one quality improvement initiative per year that is directly related to either patient care and/or practice improvement.	Documentation of quality improvement initiative(s) available upon request.

The application should take about 10 minutes and be completed for the practice group.

All applications received will be subject to a verification process, facilitated by Department of Health and Wellness to ensure all the eligibility criteria have been met. The Department of Health and Wellness may request the name(s) and contact information of the “collaborating other licensed health-care provider(s)” in your practice and/or other evidence that the program criteria have been met.

A CPIP Collaborative Practice Incentive Program payment of \$5,000 will be made to each qualifying individual physician, not to the practice. Payments are expected to be made by the Department of Health and Wellness in Fall 2025.

For more information contact:

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902-403-0222

PAYMENT APPLICATION



2024–25 CPIP Collaborative Practice Incentive Program

A response to all questions is mandatory. Only complete **legible** application forms will be accepted. The signed incentive payment application must either be scanned and emailed or faxed by **May 23, 2025**.

☐ I have permission to submit this incentive payment application on behalf of my physician colleagues in my practice.

The minimum billing criteria are waived for physicians who have practiced in Nova Scotia for less than the 12-month billing period used to determine program eligibility for the annual payment.

Are there any new grads or new to NS doctors practicing on your team? ☐ Yes ☐ No

If yes, please identify (name and estimated start date):

Name	<input type="text"/>	Start date	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Primary community-based collaborative practice office location

Street address:

City/Town: Postal Code:

Primary office phone number: Email:

Nova Scotia Health Authority Zone: Eastern ☐ Northern ☐ Central ☐ Western ☐

Please answer all of the following questions regarding the eligibility of the collaborative practice physician group to receive the 2024–25 CPIP Collaborative Practice Incentive Program payment.

1. Please provide a brief description of your collaborative practice and how it functions.

2. a) Please indicate all types of “collaborating other licensed health-care providers” (not including Royal College certified physicians) who are currently working as part of the collaborative practice team:

Licensed practical nurses	<input type="checkbox"/>
Chiropractors	<input type="checkbox"/>
Dentists	<input type="checkbox"/>
Dietician/nutritionists	<input type="checkbox"/>
Nurse practitioners	<input type="checkbox"/>
Occupational therapists	<input type="checkbox"/>
Optometrists	<input type="checkbox"/>
Pharmacists	<input type="checkbox"/>
Psychologists	<input type="checkbox"/>
Physiotherapists	<input type="checkbox"/>
Registered nurses	<input type="checkbox"/>
Midwives	<input type="checkbox"/>
Respiratory therapists	<input type="checkbox"/>
Paramedics	<input type="checkbox"/>
Social workers	<input type="checkbox"/>

2. b) What is the total number of hours worked in the collaborative practice per week on average for all the eligible “collaborating other health-care providers” you have listed? (For example: A nurse practitioner works 37.5 hours, a dietician works 18 hours and a family practice nurse works 20 hours per week on average in the collaborative practice. The total hours would be $37.5 + 18 + 20 = 75.5$.)

Total hours per week:

3. Do formal team meetings including the physicians and the “Collaborating Other Licensed Health-care Provider” members of the practice occur **at least once per week**?

Yes ☐

No ☐

4. Are you engaged in “meaningful team collaboration” as evidenced by the following characteristics? (A response is required for each characteristic.)

Team members provide care to a common group of patients <i>As evidenced by a common patient population</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Team members develop common goals for patient outcomes and work towards those goals <i>As evidenced by chart verification of interaction among team members in patient care as appropriate</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Appropriate roles and functions are assigned to each member of the team <i>As evidenced by all providers practicing to full scope of practice</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The team possesses a mechanism for sharing information about the patient <i>As evidenced by a common patient record and/or shared EMR</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The team possesses a mechanism to oversee the carrying out of plans and to make adjustments as necessary <i>As evidenced by the setting of time for formal collaboration (i.e. case conferences, team meetings, etc.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NEW criteria - Two of the following five criteria must also be met:

Evening and/or weekend appointments: Physicians are required to provide regular evening and/or weekend appointments, a minimum of once per week. <i>As evidenced by appropriate billings for the GP Enhanced Hours Incentive program (eligible office visits submitted with the modifier GPEW).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Same day/next day appointments: The collaborative practice is required to be structured to accommodate same day/next day appointments within the daily practice schedule on a regular ongoing basis— patients are not to be just squeezed in. <i>As reflected through ensuring there is normally always availability for patients to see one of the practice team members when patients contact the practice for an appointment.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Roles and responsibilities: Specific roles and responsibilities for all members of the practice team are documented, reviewed annually and updated as required. <i>As evidenced by documented evidence available upon request.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Team attendance at educational events:

Yes ☐

No ☐

Physicians and their teams are required to attend and/or participate together in educational events, relevant to their work, at least once per year.

This could include team building activities internal to the practice.

As evidenced by documented evidence of organized team building activity and the participants available upon request.

Lead and/or participate in a quality improvement initiative:

Yes ☐

No ☐

Physicians are required to lead or participate with their team in at least one quality improvement initiative per year that is directly related to either patient care and/or practice improvement.

As evidenced by documentation of quality improvement initiative(s) available upon request.

5. Please list the names and MSI provider numbers of all family physicians who are applying for the 2024–25 collaborative practice incentive payment (all physicians listed must currently be part of the collaborative practice team):

Physician name (First, Last)	MSI Provider Number (required)*	Physician signature (required)	Month/Year joined practice (MM/YYYY)

*If unknown, billing clerk/service can provide this.

Completed and signed grant application must be received by 11:59 p.m. on May 23, 2025, and can be submitted to Doctors Nova Scotia by scan and email to CPIP@doctorsns.com.