

LOCUM TENENS GUIDELINES AND EXPECTATIONS

Thank you for requesting locum coverage through the Winnipeg Regional Health Authority. This set of guidelines serves as a basic agreement for the services being provided and may be changed from time to time as this service grows and evolves. In this document the "Locum Physician" refers to the physician who is providing services and the "Attending Physician" refers to the participating physician who has made the request for locum coverage.

During the provision of locum services by the Locum Physician for the Attending Physician it is understood by both parties that:

GENERAL

- The WRHA will coordinate and schedule all requests for locum coverage.
- The Locum Physician has completed the credentialing process through Primary Care and the Winnipeg Regional Health Authority, and has active CMPA coverage.
- The Locum Service will be scheduled and will be billed so that the service is as cost neutral as possible to WRHA.

PROCESS

- Locum Physician will contact Attending Physician at least 2 business days prior to locum.
- The Attending Physician will identify to the WRHA the administrative/clerical person who is responsible for assisting the Locum Physician while they are in the clinic.
- The Attending Physician or designate will provide brief orientation to Locum Physician prior to coverage taking place:
 - Office policies and procedures
 - Potential patient concerns
 - Clinic expectations
 - o Introductions to clinic staff
 - Orientation to the clinic
 - o Any fee for service opportunities (e.g. call group, hospital, PCH) outside of basic locum coverage.
- Provide the Locum Physician access to patient charts for information relevant to any medical legal or quality assurance requirements.
- Scheduling guidelines shall not exceed:
 - Routine office visits –15 minutes
 - Complete physicals 30 minutes (no more than 4 complete physicals per day)
 - Same-day appointments 10 minutes. Clinics are expected to reserve ONE HOUR each day for same-day appointments that are semi-urgent in nature. During this hour, the appointments will be scheduled in 10-minute increments (as opposed to the usual 15 minutes for routine visits). At the time of booking, patients should understand that this is a short appointment to deal with their semi-urgent issue.
 - "Squeezing in" extra patients should be done only in consultation with the Locum Physician.
 - o If a student (Medical or other) is working with the Locum, then schedule should be reduced by 25% to allow for teaching. Routine appointments should be 20 minutes in duration (instead of 15min), physicals should be 40 minutes in duration (instead of 30), and maximum 2 physicals per day.
- The Locum Physician will be using a fee-for-service model to cost recover the fees paid by WHRA to the
 locum and provide overhead payment to the clinic. Scheduling of the Locum Physicians should be
 maximized according to the guidelines, so that Locum Services can be as close to cost neutral as possible to
 the WRHA and provide coverage for the Attending Physician's overhead.
- Both the attending and Locum Physician may be asked to participate in the evaluation process of this service
 after locum service is received.

BILLING

- The Attending Physician's clinic will be responsible for submitting all billing data related to services under the Locum Physician's FFS billing number.
- The clinic will need the Locum Physician to sign a Manitoba Health Letter of Agreement form and an Electronic Funds Transfer form. These two forms and a void clinic cheque can be faxed to Manitoba Health. Manitoba Health will register the locum under the electronic user number of the clinic and billings will then be paid directly to the Locum Physician. Clinics not familiar with this process can contact Linda Ladobruk-Lahn at Manitoba Health 786-7394.
- The Locum Physicians will use their own billing number and bill under the clinic using its specific electronic
 user number. In addition, the Locum Physician will retain copies of the Day Sheets for reconciliation
 purposes. Day Sheets should be faxed to the WRHA on a daily basis.
- All revenue from provincially insured services that are performed during office hours will be split 70/30 with the WRHA (30% overhead to clinic, 70% to WRHA). After billing payment is received, the clinic will submit 70% of billing revenue via a cheque payable to the WRHA.
- Supporting documentation (e.g. copies of the remittance reports and third-party receipts) must accompany the 70% payment made by the Attending Physician to the WRHA.
- Third party billings, fees for forms (e.g. medicals, sick notes), etc. that are completed during office hours will be split 80/20 between the Locum Physician and the WRHA (20% to the WRHA). The Locum physician is responsible for ensuring that all third party fees are collected and the appropriate amount is remitted to the WRHA.
- Clinic is responsible for forwarding all third party billing receipts that come to the clinic after the locum has finished to the Locum Physician.
- Locum Physician will track all diagnostic requisitions and third party billings on Day Sheets.

LOCUM RESPONSIBILITIES

- The Locum Physician will not be responsible for performing short-list labs, phlebotomy or equipment cleaning.
- The Locum Physician WILL NOT renew any prescriptions that arrive by fax or phone request. The patient must be seen by the Locum Physicians in order for a prescription to be renewed. The reserved block of same-day appointments may be used to see patients who need their refills urgently. The Locum will continue to screen all incoming requests.
- Triplicate prescriptions will be ordered by the Locum Physician for the duration of the Attending Physician's absence only.
- All patients that are scheduled to see the Locum Physician must be informed of such beforehand.
- The Locum Physician will order labs using the Attending Physicians information/forms so that results are
 returned to the clinic for most appropriate follow-up. All lab requisition activity related to locum services will
 appear under the Attending Physician's profile.
- All returned results must be signed off by the Attending Physician prior to filing in the patient chart. Locum
 Physician will follow clinic policy regarding follow-up of investigative results (lab, imaging and consultative
 reports). The Attending Physicians will maintain responsibility of proper follow-up for diagnostic tests after
 the locum service is completed.
- The Locum Physician will use prescription pads of the Attending Physician and counter stamp with his/her own name and college registration number.
- Locum Physician will not provide house call coverage.
- Locum Physician will not provide doctor of the day coverage.
- Locum Physician will not cover residual patients from Attending Physician's doctor of the day responsibilities (in-hospital patients).
- Support staff must be provided at all times while the Locum Physician is on site.
- Visits to PCH's may be provided during regular office hours if mutually agreed to by Locum Physician. PCH phone calls should be directed to on-call physician for the PCH, not the Locum Physician.
- If the Attending Physician is mentoring a student at the time of the locum, the Attending needs to make alternate arrangements with the University for accommodating the student during the locum period. Some Locum physicians may be willing to mentor students, however these arrangements need to be discussed directly between the Locum and the Attending prior to approval of the locum request. If students are accommodated, clinics must adhere to the scheduling guidelines listed in the Process section above. All

funds related to mentoring the student during the period of the locum shall be payable to the WRHA, who will pay the Locum in full.

• The Attending and Locum Physicians must mutually agree to special requests. Please discuss with Locum Physician.

SCHEDULING OF REQUESTS FOR LOCUM COVERAGE

Deadlines for locum requests will depend on availability of locum physicians. If several requests are received for the same week/time requests will be granted as follows:

- First come first served basis for one-week or less blocks.
- If two or more weeks of locum coverage are requested within a 6-week calendar period and other requests are received for the same period the physician requesting multiple weeks may be limited to one week. This allows the locum resource to be accessed more equally.
- Requests that are Tentatively Approved can be considered Approved four weeks prior to the date of the locum service.
- WRHA will consult with the Attending Physicians as needed to resolve scheduling conflicts.
- Availability of Locum Physicians may change without notice. The WRHA is not responsible for providing
 locum services and does not guarantee services if Locum Physician resources are unavailable. The WRHA
 will not be held accountable if for any reason locum services are cancelled or need to be changed without
 advance notice.