

Interprofessional Team Demonstration Initiative – FAQs

A number of excellent questions have arisen from the early adoption sites implementing the Interprofessional Team Demonstration Initiative (ITDI). We have taken all questions and have collated them into this FAQ document. As additional questions and situations arise, we will update the FAQ document and circulate it.

Q1. What is the expected timeline to attach 500 new patients into the practice?

There is an expectation that the 500 new patients are attached in the duration of the agreement. Once the Interprofessional Team Member has begun working at the clinic, there will be a period of time for learning and adjustment of tasks and functions. Following this adjustment period, it is expected that the attachment process will begin on a gradual basis. The variable payment under the ITDI Agreement (“the Agreement”) becomes payable at the end of each agreement year in which the net increase in attachment equals or exceeds 500 patients. If a clinic is struggling with attachment progress, the Region and Manitoba Health can help ascertain contributing issues and assist in improvement. Please refer to the ITDI Data and Measurement FAQs for how attachment and change in attachment are measured, and to Appendix 1 of the Agreement for more details on how attachment affects payment.

Q2. Who are the patients that we can attach? Can we choose our own patients, or will they be chosen for us?

Newly attached patients are determined by the clinic. Many family physicians have patients with family members who do not have a Primary Care Physician. Some clinics may wish to attach family members of existing patients. New patients can also be referred to the practice by Family Doctor Finder Program which will match a patient seeking care to a practice best suited for their needs.

For more information, call 204-786-7111 or visit <http://www.gov.mb.ca/health/familydoctorfinder/>

Q3. How and when are payments to the clinic made?

There are two types of payments to clinics.

1. A Stipend is paid at the beginning of each agreement year. (The first contract year starts on the Effective Date of the agreement.) The Stipend for the first year is \$30,000 and the Stipend for subsequent agreement years is \$20,000.
2. A Variable Payment is made, if applicable, at the end of each agreement year. The amount of the Variable Payment is based on the net increase in attachment at the end of each Agreement Year, compared to the initial Baseline measurement of attached patients.

Please refer to the ITDI Data and Measurement FAQs, and Appendix 3 of the Agreement, for a detailed explanation of how attachment and change in attachment are measured, and to Appendix 1 of the Agreement for more details on how attachment affects payment.

Q4. How do I receive my Annual Stipends and Variable Payments?

Manitoba Health and Seniors Care (MHSC) require you to submit an invoice to receive the Annual Stipends and Variable Payments. The Annual Stipends are a fixed amount that you will invoice MHSC for at the beginning of each year of the Agreement. To determine the Variable Payments you will work with MHSC to calculate the net change in attachment. When that number is agreed upon, you will invoice MHSC for the corresponding amount payable. For details see the Agreement, Appendix 1, “Funding Contribution to Clinic”.

The invoices should be labeled “Invoice” and include the following information: name of corporation (which should match the corporation name on the agreement); name of clinic; address and contact information; the date, description and amount of the payment. An example of an invoice is provided in Appendix 5 of the Agreement. MHSAL will accept the invoice by email, fax or mail at:

Attention: Planning and Knowledge Management Branch
Manitoba Health and Seniors Care
2090 – 300 Carlton Street
Winnipeg, Manitoba R3B 3M9
ATTN: Administration Assistant
Fax: 204-943-5305
Email: PHC@gov.mb.ca

Q5. What happens if we have a new physician join our clinic who would like to be involved in this initiative and sign the agreement?

The circumstances under which a new physician joins a clinic and the implications for attachment, can vary significantly from case to case. If a new physician is joining your clinic and you would like to have him or her involved in this arrangement, please contact your RHA contact person for the ITDI initiative to discuss the circumstances. If all parties agree, an amendment will be made to the Agreement to include the new physician under terms that respect the intent of the Agreement. Net new attachments count for the new physician will start after the threshold of 950 patients per 1.0 FTE is reached. The threshold will be adjusted for the physicians practicing part-time.

Q6. How will the Interprofessional Team Demonstration Initiative be evaluated?

Because this is a Demonstration Initiative, it is important to evaluate and learn from the process and results. This information will help participating clinics, the region and Manitoba Health to identify what worked well and what should be changed in the future. The following summarizes key evaluation goals and data sources.

Evaluation Key Goal	Data Source
Implementation	ITDI Agreements Participant Surveys ITDI Expressions of Interest
Attachment	EMR Medical Claims
Continuity and Service Utilization	EMR Medical Claims
Accessible Care	Third Next Available Appointment (to be determined) EMR
Appropriate Care	EMR (existing primary care indicators)
Efficiency	EMR Medical Claims Payments made by Manitoba Health Clinic Change Log (supervision time where applicable)
Provider Experience (Physician and Interprofessional Team Member)	Provider interview/focus group or survey EMR data
Integration	Patient Survey
Patient Centricity	Patient Survey

Q7. What are the Interprofessional Team Member's contracted hours of work?

The maximum hours of work are informed by Manitoba Labour Agreements and/or union contracts. The assignment of working hours is negotiated and agreed upon between the Interprofessional Team member and the site. The RHA will ensure that the site is aware of the expected hours of work based on the team member's affiliated collective agreement.

Q8. Who approves the Interprofessional Team members vacation/sick days?

The Interprofessional Team member's vacation/sick time is informed by the provider's associated collective agreement. For questions on this, please contact the RHA contact for ITDI.

Q9. Who should we contact if we would like to discuss any issues relating to our Interprofessional Team member?

If you would like to discuss matters that are clinical in nature, you should contact Holly MacLean, the Regional Manager of Primary Care Renewal, at 204-250-6804 or hmaclean@wrha.mb.ca to discuss the circumstances.

Q10. How will the billing work? Who can and can't the physicians bill for? What if the Interprofessional Team Member sees the patient but wants to consult with their supervising physician? Is that then a billable patient/service?

Two key objectives of the introduction of interprofessional teams are to improve access to continuous care (attachment) and to enhance work-life balance for physicians. It would run counter to both these objectives for both the physician and the Interprofessional Team Member to see each patient at every visit.

Manitoba Health understands that in some cases there will be a clinical need for the physician to see a patient who has also been seen by the Interprofessional Team Member during the same visit to the clinic. When this is the case, it is expected that the physician will bill for seeing the patient. However, part of the evaluation of the initiative will include reviewing how often this occurs across all physicians and clinics, as it may impact the efficiency of the initiative.

According to Manitoba Health's Fee-for-Service/Insured Benefits experts on this topic, the following guidance has been provided:

- Physicians may only submit claims for services they personally rendered and cannot submit claims for services rendered by an Interprofessional Team Member.
- Physicians may only submit claims for services rendered in accordance with the terms and conditions of the Physician's Manual.
- The terms and conditions of the Physician's Manual must be relied upon by physicians in determining the appropriate tariff to bill.
- Physicians must maintain documentation of patient care sufficient to substantiate any claims submitted in relation to services provided to the patient.
- There are no tariffs in the Physician's Manual for supervision/training of a PA or nurse, phone consultations with a PA/nurse, or review of patient charts in relation to the patient care provided by a PA/nurse.

With regard to the last bullet, the only funding contributions available to address these activities are the Stipend and Variable Payment provided for in the Interprofessional Team Demonstration Initiative Agreement.

Q11. How will Interprofessional Teams be supported?

Relevant team development resources (such as interprofessional collaborative practice sessions/facilitation) may be accessible to the practice at no cost. Please contact your RHA contact for ITDI, to connect with the appropriate resource.

Q12. How do we share one interprofessional team member among all of our physicians in our group?

The implementation of an Interprofessional Team Member will be a unique process in each clinic and will be addressed on a case-by-case basis. Relevant regional resources may be available (such as interprofessional collaborative practice sessions/facilitation) and may be accessible to the practice at no cost. Please contact your RHA contact for ITDI to connect with the appropriate resource.

The number of physicians that can be supported by one Interprofessional team member is dependent on various factors such as the team member's profession, scope of practice, their intended role and function within the clinic team and the physicians' practice style. An interprofessional provider will support no more than 5.0 FTE of physicians. This applies to larger clinics where there is more than a four to one (4:1) ratio of physicians practicing (or equivalent full time) per interprofessional provider.

Please contact your RHA representative to discuss your clinic's questions and concerns in this regard.

Q13. Who covers the cost of the team building/orientation sessions that are necessary in order to change the practice dynamics?

There are no additional payments or reimbursements available beyond the stipend and variable payment described in the Agreement. The stipend for the first year is higher than for subsequent years, reflecting the extra time that will be required from the practice in initial orientation and team-building. Relevant regional resources (such as Collaborative Practice facilitation) may be accessible to the practice at no cost to assist with team building and orientation.

Q14. What happens if the new provider doesn't work out well in my practice? Is there a "friendly uncontested separation clause" in the Agreement?

Yes; Section 12.1 of the Agreement states that "any party may terminate this Agreement prior to the end of its normal term, provided that it sends the other parties written notice ninety (90) days in advance of the termination date." As the Interprofessional Team member is an employee

of the RHA, the region assumes responsibility for the employee as stated in section 4.0 of the Agreement for Funding and Participation Contract.

Q15. What happens to the newly attached patients if the Interprofessional Team member leaves my practice?

As indicated in section 4.0 of the Agreement, if the Interprofessional Team Member leaves the practice, the region will work collaboratively with the practice to recruit as quickly as possible to find a suitable replacement. If this occurs, the clinic is still eligible to receive the variable payment for maintaining the net increase in attachment while waiting for the Interprofessional Team Member to be replaced. The clinic also has the option of terminating the Agreement, as per the answer to the previous question.

Q16. What happens after the end of the 3-year (36 month) agreement period?

This initiative is part of the broader goal of renewing Primary Care in Manitoba. Manitoba Health and the Region intend to continue to support interprofessional practice. However, before the expiry of these agreements, an evaluation of this particular approach to staffing and funding of interprofessional practice will be undertaken to determine whether it should be continued, or a different approach explored. Therefore, it is possible that clinics will have the option to sign a new agreement, associated with a new arrangement; but it is also possible that a decision will be made to continue the current arrangement and to offer extension of the existing agreement.