



CLINICAL STABILIZATION INITIATIVE (CSI) PROGRAM DESCRIPTION

While some program details remain to be finalized, the following provides a brief overview of programs to be implemented within the Clinical Stabilization Initiative. Further details will be provided as they become available.

Please note: Eligible physicians may receive payments from both the Business Costs Program and the Rural, Remote, Northern Program. As implementation will take some time, retroactive payments to the effective date are likely to be required.

Business Costs Program (BCP)

- **Effective date** – September 1, 2007.
- **Purpose** – Provide physicians with additional financial support in recognition of the escalating costs of practice, particularly in community-based practices.
- **Eligibility** – All physicians in the province who provide visit services in an office-based setting are eligible to receive payments through the BCP.
- **Payments** – Payments will be made through a modifier on office-based visit services.
 - The modifier will be applied to a select range of visit services provided in an office location.
 - The list of services will include all standard office visits and consultations as well as other visit services.
 - The modifier will also apply to the complex visit modifier.
 - The modifier will be applied automatically to the fee-for-service claim for the service when payment is made.
 - The modifier will be in the range of \$2.75 per eligible service.
 - Payment details for physicians paid through alternate relationship plans (ARPs) have not been finalized. Details will follow.
- **Practice Cost Review** – Consistent data on the variability of practice costs across practices and location is not readily available. As such, the parties have agreed to engage a consultant to study the factors that impact on the costs of medical practice. This study will inform the parties with regard to further refinements of the BCP.

Rural, Remote, Northern Program (RRNP)

- **Effective date** – September 1, 2007.
- **Purpose** – Provide physicians with financial incentives to practise in rural, remote and northern communities.
- **Eligibility** – Physicians practising in all communities identified as rural, remote and northern will be eligible to receive financial incentives.
 - The RRNP is modeled on the successful British Columbia Rural Incentive Program.
 - The list of eligible communities will be consistent with the list of communities eligible to receive program assistance through the Alberta Rural Physician Action Plan (RPAP).
 - This generally excludes Edmonton, Calgary, regional centres and some communities immediately surrounding the metro centres.
 - The level of incentives will vary by community, depending on criteria related to relative community isolation in terms of medical practice.
 - The criteria include:
 - Number of designated specialties within 70 km
 - Number of general practitioners within 35 km
 - Community size (if there is a larger community within 35 km, then the larger population is considered)
 - Distance from a major medical community (Calgary, Edmonton, Fort McMurray, Grande Prairie, Lethbridge, Medicine Hat, Red Deer)
 - Degree of latitude (above 54 degrees, above 55 degrees)
 - Location arc (air distance from Edmonton or Calgary)
- **Payments** – Physicians will receive incentive payments under the RRNP through two components – a modifier on fee-for-service payments for services provided within an eligible community, and a flat fee payment for each physician who resides and practises in an eligible community.
 - Approximately 70% of total RRNP payments will be made through the fee-for-service modifier and 30% through the flat fee payment.
 - Levels of both the fee-for-service modifier and the flat fee payment vary by community, based on a point rating system determined using the criteria above.
 - The modifier will be applied automatically to the fee-for-service claim for the service when payment is made.
 - The flat fee payment will only be made to physicians meeting the program's residency requirement (to be finalized), whereas the fee-for-service modifier will be added to the services provided in an eligible community by any physician, regardless of residency status in the community (e.g., locum physicians and visiting physicians will be eligible to receive the modifier).
 - Details for payments to ARP physicians are being finalized.
 - Payments through the RRNP are capped at \$60,000 per physician per year.

Communities in Crisis

In the course of developing the BCP and RRNP, several communities were identified that warranted additional support for their particular situations. These are:

- **Calgary/Airdrie** – where, relative to other locations, rapidly increasing costs of maintaining a medical practice have made community-based practice a particular challenge.
- **Fort McMurray and Grande Prairie** – where high economic growth and rapidly increasing costs have made medical practice in these regional communities less attractive.

As a consequence, modifications to the programs described above have been made to deal with these two pressing situations.

- **Business Costs Program** – A differential modifier will be provided for office-based services provided by physicians in the communities of Calgary and Airdrie. Available information suggests that community-based physicians in these communities have been particularly impacted by rising costs of practice.
 - The differential BCP modifier will be in the range of an additional \$0.50 per eligible visit service, resulting in a \$3.25 modifier.
- **Rural, Remote, Northern Program** – Physicians providing services in the communities of Fort McMurray and Grande Prairie will be eligible for incentive payments through the RRNP.
 - While regional centres are not generally eligible for payments under the RRNP, these communities are included as a result of their identification as high growth communities. This factor, coupled with rising practice costs and northern locations, makes it more difficult to recruit and retain physicians to these communities.

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