Is a family care clinic right for you?

ALBERTA MEDICAL ASSOCIATION

Questions you need to consider before pursuing a family care clinic

The Alberta government has announced family care clinics (FCCs) as a new method to deliver primary care in the province. In the next few weeks Alberta Health is expected to invite physician clinics, primary care networks (PCNs) and others to develop an Expression of Interest (EOI). As you decide how to respond to this invitation, it is important to think about what the criteria may mean to you, your clinic, your PCN and your patients.

Before you invest energy in pursuing an FCC, you need to ask yourself some key questions. The Alberta Medical Association (AMA) is able and willing to help physicians make well-informed business decisions.

This document identifies those areas that are important to consider as you contemplate moving to or creating an FCC. It is not an exhaustive set of questions; it is not a comprehensive checklist. But it is a catalyst for your decision-making. Once the criteria have been released, AMA staff will work with physician groups who want to proceed further.

One foundational question:

How do I put **Patients First®**?

Three fundamental questions:

1. What type of a medical practice is ideal for my patients and for me?
2. What value do I put on clinical autonomy?
3. How can I best exercise leadership and advocacy?

The government is expected to announce an FCC Board of Directors that will have the responsibility and authority for the operations of the FCC, according to Alberta Health guidelines and regulations. Other health care professionals and the public are expected to comprise the majority of board members. Physicians will also be on the board; however, they may be in the minority. If you move into an FCC, will you continue to have control over your clinic, or will it be controlled completely by the FCC board?

1. What are you willing to give up?

- Are you comfortable giving control of your clinic to the other providers that comprise the new FCC board?
- What level of clinical autonomy will you have in an FCC? (In your own private practice, you are ultimately accountable for all clinical decisions.)
- In an FCC, will the board policies or a non-physician manager have the ability to over-rule your clinical decisions?
- What if the non-physician manager makes poor decisions that put patients at risk? What recourse will you have?
- Will government or Alberta Health Services (AHS) purchase your existing office, equipment and facilities? If so, how will the value be determined?
- Will the FCC hire your staff? Or will your staff be terminated or be put at risk by having to reapply for their jobs?
- Will FCC staff be unionized?

2. How will the FCC Board of Directors function?

- Who determines the composition of the board? Will the minister appoint board members or will they be elected? If elected, who votes?
- What qualifications (if any) must a board member have?
- What happens if you have an ineffective board?
- How are disputes settled? Does the minister simply impose solutions?
- Who is the board accountable to?
- Given that FCCs will link to social services, home care, mental health, etc., we are assuming that AHS must be a member of the board. If they are not, how will these services be connected to the FCC?

3. How will you be paid?

FCCs may have varying and blended payment models. Making good business decisions requires an assessment on the costs vs. benefits.

- Will FCC physician remuneration be negotiated on a one-off basis, i.e., with each physician individually or a group of physicians, or will there be a province-wide framework?

- Will payment models be flexible and allow for choice and preference? Or will the FCC decide for you?
- How will the FCC's funding model and compensation policies impact patient care and your physician autonomy in clinical decisions?
- What rules or restrictions could an FCC non-physician manager impose on you?
- Will you be paid for charting?
- If there are still patients requiring care and you have finished your shift, will you be remunerated for seeing them?
- Will you be required to shadow bill the fee schedule?
- Will you be remunerated for attending FCC meetings?

4. How will FCCs and PCNs co-exist?

To date we've been told that an FCC can be part of a PCN. However, can having an FCC within a PCN really work given the governance model as we currently understand it, and what are the implications?

- What is the operational relationship between a not-for-profit FCC and a not-for-profit PCN?
- What is the governance model between a not-for-profit FCC and a not-for-profit PCN?
- Can FCCs really be part of a PCN or, by their very nature, are they destined to be completely separate?
- Will FCCs and PCNs compete for funding?
- Will FCCs and PCNs compete for AHS resources?
- What type of infrastructure will be required for your FCC?
- Will an FCC open next to or nearby an existing physician office? (This is especially concerning in rural Alberta.)
- Will the existence of FCCs and PCNs improve continuity of care or result in more fragmentation?

5. Will FCC funding be sufficient to meet expectations?

Funding for PCNs has never been adequate to develop the robust health care teams needed to meet the stated objectives. The initial three FCC "pilots" each had an annual budget of $5 million. A careful financial analysis will be critical and the importance of this step cannot be overstated. Experience with PCNs waves a huge red flag: criteria and expectations are too often low-balled, resulting in budgets that are insufficient to meet the needs of patients. In real life, what is needed for front-line care can be far more complicated and far more expensive than what is printed in a contract.

- Will there be sufficient funding to meet the expectations and detailed requirements of an FCC?
- Will funding be equivalent to that for the three pilot FCCs?
- If there is a shortfall in FCC funding, who is on the hook?

6. What's in the fine print?

Developing an FCC will ultimately result in a contract with numerous clauses and fine print. To ensure your interests are protected, it is important to ask many questions before signing and knowing what you are getting yourself into. For example:

- What are the parameters for both the entry into and exit from an FCC?
  - » Can you leave the FCC with less than 30/60/90 days' notice?
  - » If you are terminated without cause, what type of compensation will you be provided?
- How will issues of physician liability be dealt with? If another health professional sees a patient in your FCC, what liability and obligations do you have?
- If there are disputes about anything (e.g., clinical decisions, administration, hours worked, remuneration, etc.) how will these be handled? Is there a dispute resolution mechanism in place? Does it follow the Alberta Arbitration Act or is it expensive and/or bureaucratically difficult, which could discourage you from pursuing this course of action?
- How will the contracts be negotiated? Will you be able to seek representation or will it be a take-it-or-leave-it type contract?
- Who sets your shifts? Is it the non-physician leader or is this negotiated jointly?

7. Will your taxation status change?

Because they practice as independent contractors, many physicians have professional corporations. This could change with an FCC. Will the Canada Revenue Agency (CRA) treat, for income tax purposes, physicians as employees of an FCC or will FCC physicians be regarded as independent contractors? The tax implications for being treated as an employee vs. an independent can be financially significant.

- If CRA and the courts deem you to be an employee, will the FCC cover all costs and penalties applied to you, or are you at personal risk for this?
- Will the provincial government/FCC provide you with benefits retroactively (e.g., pension, health benefits, dental, payment of EI and CPP premiums, etc.)?