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**SMA/SHA Frequently Asked Questions for Pandemic Physician Services  
Agreements (updated as of April 16, 2020)**

## **Pandemic Physician Services Agreement Eligibility**

1. Who is eligible?

Any physician who is residing in Saskatchewan and who is currently practicing primarily in Saskatchewan is eligible to request a Pandemic Physician Services Agreement. Newly licensed physicians will have to inquire with the SHA regarding privileges prior to requesting a Pandemic Physician Services Agreement.

2. I only work part time, can I request a Pandemic Physician Services Agreements?

Yes.

3. Why is the Pandemic Physician Services Agreement available for physicians who already have SHA Agreements?

There are certain scenarios where it might make sense for physicians to suspend their existing service Agreement in order to enter into a Pandemic Physician Services Agreement. Several physicians have contacted the SMA because they are near or at their days of service targets within their Agreement years and want to continue to contribute to the pandemic response in lieu of taking time off. Others have Agreements whose deliverables do not lend themselves well to flexibility. It was important for the SMA and the SHA to ensure flexibility in these and other cases as they arise.

## **Redeployment**

1. What does “redeployment” mean?

For many physicians who sign a Pandemic Physician Services Agreement, the expectation would be for those physicians to continue providing usual care to their patients at the usual volumes, to the greatest extent possible and in keeping with pandemic guidelines. Should the SHA determine that physicians with a certain skillset or competency are required in an atypical setting (e.g. assessment centres, additional inpatient units, intubation teams) or to address surges in service volumes, contracted physicians of all types will be asked to deploy to meet the needs of the system.

2. What is the process of redeployment? Do I get a say on where I'm being redeployed? (Updated April 14, 2020)

Discussions will involve the SHA physician leader/operational leader and the individual physician to try to ensure mutual agreement on areas of redeployment.

Potential redeployment will begin with notification from the SHA physician leader, based on skill set identification. The next step is a conversation that takes into consideration skills, competencies, preference for location, and area of practice.

The physician's COVID risk factors will be factored into any redeployment conversations.

3. If I am asked to redeploy, what happens to my existing patients and responsibilities? Do I close my clinic?

The SHA will make efforts to balance needs of the individual physicians and patient care needs in different locations and treatment settings. When concerns arise, discussions will involve the SHA physician leader/operational leader and the individual physician to try and ensure continuity of care for existing patients. However, if the physician is unable or unwilling to accept redeployment after mutual considerations, either parties can immediately terminate the Pandemic Physician Services Agreement and the physician can revert to fee-for-service billing.

4. How much notice will I have when I am asked to redeploy? (New April 14)

As much notice as reasonably possible will be provided.

5. What if I am asked to provide services that I am not trained for or feel safe providing?

The SHA and its physician leaders are committed to workplace safety for all physicians and staff and will endeavour to provide the facilities and equipment that are reasonably expected to provide appropriate care. If skill enhancement or training is required, the SHA will arrange for the training at no cost to the physician.

## **Pandemic Physician Services Agreement Termination**

1. Are there consequences if I choose to opt out of the Pandemic Physician Services Agreement? (New April 14)

There is a termination/opt-out provision in the template Pandemic Physician Services Agreement that allows either party to terminate the Agreement immediately if the physician elects not to accept a redeployment request. Opting out of the Pandemic Physician Services Agreement, based on redeployment concerns, is not considered breach of Agreement;

however, this may exclude you from being considered for another Pandemic Physician Services Agreement. It does not affect any privileges or appointments nor does it have any impact on you being considered for other contracted services.

2. How much notice do I have to give for terminating the Pandemic Physician Services Agreement? **(New April 14)**

The template Pandemic Physician Services Agreement has provisions for 30-day notice by either party, 14-day notice by the SHA in the event the Chief Medical Health Officer declares an end to the pandemic, or an immediate termination if a physician elects not to accept a redeployment.

3. How flexible is the Pandemic Physician Services Agreement if situations change after redeployment – say if I become ill or others in my clinic become ill and I have to provide coverage to those patients?

If a physician's clinical availability changes, the process would start with a conversation with the relevant physician leader to determine whether deployment back to a physician's clinic is the best pandemic value for that physician. If so, the Pandemic Physician Services Agreement would continue. If agreement on this point cannot be reached, either party can terminate the Pandemic Physician Services Agreement and the physician can revert to fee-for-service billing.

## **Pandemic Physician Services Agreement Logistics**

1. If I sign the Pandemic Physician Services Agreement how long until I get paid? **(New April 14)**

Currently, the Pandemic Physician Services Agreement stipulates submitting an invoice at the end of the month and payment should be received no later than 30 days thereafter.

2. Why am I so rushed to sign the Pandemic Physician Services Agreement? Is there the option to extend the April 17<sup>th</sup> deadline? **(New April 14)**

There is no deadline to sign the Pandemic Physician Services Agreement. April 17<sup>th</sup> is the cutoff date to submit your interest in the Agreement through the online web form, to be considered for the April 6<sup>th</sup> Agreement start date. If you signal your interest later, the Agreement start date will be the date you submitted the online form.

3. I've signaled my interest through the online web form but after reviewing the Pandemic Physician Services Agreement, I've decided it's not for me – am I committed to signing this Agreement? What happens if I don't sign this Agreement? (New April 14)

The Pandemic Physician Services Agreement is completely optional. If after reviewing the content you determine that it is not beneficial for your situation, there are no obligations to sign. The SMA continues to advance ideas for expanding virtual care fee codes so that is another option if you choose not to sign the Agreement.

4. How do I request a Pandemic Physician Services Agreement? (updated April 16, 2020)

Please complete the form in the link provided to indicate your interest in the [Pandemic Physicians Services Agreement](#). Once you submit, a confirmation screen will appear, you will not receive an email confirmation. If you haven't done so, please then proceed to complete the Skills Inventory Submission.

Interested physicians may commence on the agreements as early as April 6, 2020 as long as you submit the form below prior to Friday April 17, 2020. If you signal your interest later, the Agreement start date will be the date you submitted the online form.

Please click the following link and provide the required information in the form.

<https://www.saskdocs.ca/pandemic-physician-agreement-submission/>

If you haven't already done so, please submit a skills inventory to

<https://www.saskdocs.ca/additional-pandemic-skills-submission/>

5. How long will it take for me to receive a Pandemic Physician Services Agreement? (updated April 16, 2020)

SHA staff will make best efforts to provide you with the Agreement for signature in no more than 5 business days. The Agreement and invoice template be will be emailed to you for completion and signature along with an outline of invoice periods, as below.

6. How will payments be made? (updated April 16, 2020)

For physicians who express interest in the Agreement by Friday April 17, 2020 for services between April 6-30, 2020, and on the template sent with the Agreement, please submit day/half day services provided to the contact listed on your invoice template over the initial invoice periods below;

1. Submit the first invoice for the period April 6-17, 2020.
2. Submit the second invoice for the period, April 18-30, 2020.

Ongoing, invoices are to be submitted to the contacted listed on the provided template on a monthly basis e.g., for May 1-31. SHA will process payments as quickly as possible.

For physicians that express interest April 18, 2020, onward, they would fall into the invoice period in #2, and then monthly onward. For physicians that express interest on May 1, 2020 onward, they would submit invoices monthly.

## **Pandemic Physician Services Agreement Details**

1. How many hours is a standard work week, according to the Pandemic Physician Services Agreement?

The standard work week typically occurs over 5 days a week for a total of approximately 40-50 hours per week plus on call for that week. Services provided after hours (evening), on weekends and statutory holidays, are considered included in the weekly fee.

There may be scenarios where arrangements may run on a 24/7 on site basis or may involve incremental work due to critical areas of shortage:

a) Where there are critical shortages of Physician services, variable work weeks will be considered as well as incremental work. Best efforts will be made to obtain mutual agreement on these assignments with the SHA leads and the physicians impacted.

b) For incremental pandemic on site services that are required 24/7, the hourly rate would apply for 24 hours. Best efforts will be made to schedule physicians to a maximum of approximately 50 hours a week.

2. How do the rates work if I am redeployed into a pre-existing 24/7 service with a previously set compensation rate?

Physicians assigned to these services will be paid at these previously set rates if the physician is equally qualified to perform this service. Should a physician be redeployed from elsewhere into an existing service with a previously set rate the physician will be paid the set rate.

3. How do I account for the hours in the Pandemic Physician Services Agreement with other contracts I might have? **(New April 14)**

If the other Agreement is for a couple of days a week or periodic attendance (in house obstetrics, anesthesiology) then the days on which you provide these services you will not invoice on the Pandemic Services Agreement.

4. What happens if I get redeployed to provide inpatient coverage of a COVID-19 unit or a medical unit with complexity that the SHA has determined

requires 7 day/week in-house coverage? **(New April 14)**

Some inpatient services will require hospitalist-like coverage during the pandemic. In these cases, the 7 day/week nature of the dedicated coverage is more appropriately compensated through existing hospitalist payment models. As there is currently some variation in these payment models, the SMA and SHA will continue to work through these details in the coming days.

5. How does intubation team compensation work as part of the Pandemic Physician Services Agreement? **(New April 14)**

As with hospitalist-like services, intubation teams will be contracted as a distinct service outside of the Pandemic Physician Services Agreement given its continuous 24/7 structure.

6. What if have a part time or less than full contract but am interested in a Pandemic Physician Services Agreement? **(New April 14)**

When you are offered a Pandemic Physician Services Agreement, you must share the details of any other contractual arrangements you have, and a partial Pandemic Physician Services Agreement may be considered.

7. As a family physician, do I get to bill FFS for obstetric activities or is that considered part of the Pandemic Physician Services Agreement?

No FFS billing will be allowed for services provided under a Pandemic Physician Services Agreement.

8. Do I have to shadow bill? **(New April 14)**

Physicians who are typically FFS and have moved onto a Pandemic Physician Services Agreement are asked to not shadow bill for the days of service during the period of the Agreement.

9. What about my office overhead? Will I also have to pay for staffing and supplies if I am redeployed?

The payment rates for Pandemic Physician Services Agreements are considered gross revenue and should be used to pay for office overhead expenses during the pandemic period. Where the physician is redeployed to a setting outside of their usual practice location, the SHA will provide all space and associated overhead for the new setting at no cost to the physician.



10. Are there any scenarios where I can still bill FFS while on the Pandemic Physician Services Agreements? What about ERCP? (Updated April 14)

Physicians cannot bill Medical Services Branch (with the exception of ERCP stipends for rural family physicians) while receiving payment from SHA on the Pandemic Physician Services Agreement. FFS physicians on a Pandemic Physician Services Agreements are required to not bill or shadow bill any services from the date of the Agreement (e.g. do not bill services that occurred on or after April 6 if the start date of the Agreement is April 6). Services that are billed after the start date of the Agreement will be reclaimed by Medical Services Branch.

SECP stipends will continue to be paid through the Specialist Emergency Coverage Program; however services while on-call cannot be billed. Physicians cannot bill MSB (with the exception of ERCP) while receiving payment from SHA on the Pandemic Physician Services Agreement. Third party billing services (e.g. WCB) may continue to be provided so long as they are outside of this agreement. Third party payments will continue to be retained by the physician for these services provided they are outside of this agreement.

11. I was providing on-call coverage under SECP, ERCP, or Metro On-call, do I continue to do so?

Physicians who provide on-call coverage under one of the existing on-call rotas will continue to cover these services during the pandemic period regardless of what payment modality you are on.

## Other

1. What happens if I have to self-isolate for COVID-19?

Please fill out the form at the following link and contact the SMA to determine eligibility for the 14-day COVID Illness and Mandatory Self-Isolation Benefit.

<https://www.saskdocs.ca/pandemic-status-submission/>

2. Why is the SHA involved with an Agreement for FFS physicians?

As you are aware, the Ministry of Health administers the Medical Care Insurance Plan, which provides direct payment to physicians for insured services provided through the Saskatchewan Physician Payment Schedule. Any compensation for insured services that is not paid via the payment schedule requires a Health Authority (e.g. SHA, Saskatchewan Cancer Agency) to arrange for alternate payment. As a matter of practicality, the SHA is the largest Health Authority in the Province and has been tasked with leading the delivery of health services in this pandemic period.

3. I've been involved in pandemic activities prior to April 6<sup>th</sup>, will my time be compensated? (New April 14)

SHA teams are working to issue payments for work done prior to April 6th as soon as possible. Future payments will be monthly.