

## Updating how physicians are paid to manage the care of Residents at Special Care Homes

### Context

The (SMA) Saskatchewan Medical Association and physicians of Saskatchewan value the medical care provided to residents in the province, and have made changes to how physicians are paid to manage their care in Special Care Homes. We believe the new service, *Special Care Home Management*, ensures residents receive the medical care they need, when they need it.

The SMA, Family Practice Physicians and the Ministry of Health have been working on this update for over a year, and the changes are effective April 1, 2020 for fee-for-service family physicians who provide non-urgent continuous care of residents.

Collaborative and ongoing communication between SCH facilities and physicians will be required to provide continuous management of resident care, but overall, if there is a medical concern for a resident, the physician will be able to address it. There will be no change for residents who need medically urgent/emergent care.

### What the Special Care Home Management service means:

Physicians identify as the Most Responsible Physician for each resident, and will provide ongoing continuous management of their care in the following ways:

- For ongoing management (Indirect Care), the resident, their family, or the Special Care Home staff will be able to contact the physician by phone, email, or fax during regular business hours. The physician will manage ordering medications and refills, ordering and reviewing test results, discussions with the facility staff, advice to the resident/family members/caregivers, and telephone calls related to routine care.
- If the Special Care Home staff, resident/family, or the physician think a physician visit is needed for non-urgent medically necessary reasons (Direct Care), visits can occur as often as every 2 weeks, and they will be documented.
- If the resident is feeling well and does not have a medical reason to see a physician, he/she will not receive routine visits but will receive any ongoing routine management for their care (Indirect care) and an annual visit for assessment that is documented (Direct care).
- For urgent matters, the previous practices apply:
  - If the resident needs to be seen by a physician more often, visits can occur as needed, and documented.
  - Telephone calls to physicians can occur after-hours, weekends, and statutory holidays.

### Urgent/Emergent Care

Nothing will change for residents who require urgent and emergent care. These changes are only for routine management of residents.

### COVID-19 Pandemic

Due to the COVID-19 pandemic, two virtual care codes can be used by physicians for resident care in Special Care Homes instead of a visit. The codes are as follows:

- Pandemic Telephone Assessment for direct care of resident provided by telephone in real time (not text)
- Pandemic Video Assessment (not Facetime/WhatsApp)

These codes are for providing direct care to residents and are not restricted to diagnosis specific to COVID-19. The codes may be initiated by the physician or the resident, and documentation is required. More information is available on [SMA's website](#).

### Operational Considerations

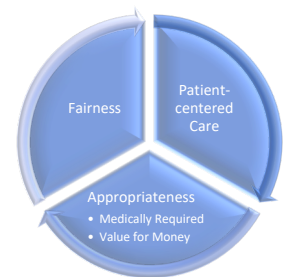
To manage the ongoing continuous care of residents, facilities and physicians are encouraged to discuss the following:

- Physician vacation/time off coverage.
- Ongoing communications and paperwork - Establishing a system of communication for non-urgent matters during regular business hours so it operates smoothly for resident care (i.e. a consistent time to communicate each day, batching emails/faxes with highest priority first, etc.);
- Frequency of visits - Plan for when non-urgent medically necessary visits can be arranged. Although the maximum paid frequency of medically necessary visits is every 14 day per resident, visits can be arranged if more is medically required.

## Background Information

### Why modernize the Routine Nursing Home Visits code?

This was not a cost savings initiative. There was ambiguity in how the previous fee code was written, and variation in how it was applied in the province. The Ministry of Health, the Saskatchewan Medical Association (SMA), and the Section of Family Practice worked to update the fee code to bring the services in line with current medical practices, to keep the changes cost neutral, and to align the work with three principles, Patient-Centered Care, Appropriateness, and Fairness.



There were many stakeholders identified in this fee code change including, residents and their families, Saskatchewan Health Authority (SHA), Facilities' Directors of Care, Provincial Affiliates Resource Group (PARG), physicians, and the Ministry of Health.

### What is Payment Schedule Modernization (PSM)?

Medicine has changed significantly, and fee-code descriptions have not kept pace with the evolution of modern practice. The SMA and the Ministry of Health are in the process of modernizing Saskatchewan's Payment Schedule for physicians, to bring the fee schedule in line with current medical practices. This is the first-ever comprehensive review of the Payment Schedule.