

BROADCAST MESSAGES

EFFEC. DATE (CCYYMMDD): 2019-01-01

CANCEL DATE (CCYYMMDD): 2019-01-15 TARGET TYPE: A1

TARGET KEY: MD BC MEDICAL ASSOCIATION COPY MESSAGE FROM

BROADCAST TITLE: Amendments to the Specialist Services Committee Preamble

BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Effective January 1, 2019, the Preamble to the Specialist Services Committee Initiated Listings is amended to the following:

1. Preamble

The following Specialist Services Committee (SSC) fee items are billable only by Specialists certified by the Royal College of Physicians and Surgeons of Canada.

The objectives of SSC fees are to reduce unnecessary face-to-face encounters, to reduce care gaps, and to provide more timely care from the most appropriate physician, thereby improving patient care.

1. For the purposes of this section, face-to-face services include consultation; office, home or hospital visit; and any diagnostic, therapeutic, anesthetic or surgical procedure with both physician and patient in the same room.
2. SSC fees are not payable for situations where the sole purpose of the communication is to:
 - a) book an appointment
 - b) arrange for transfer of care that occurs within 24 hours
 - c) arrange for an expedited consultation or procedure within 24 hours
 - d) arrange for laboratory or diagnostic investigations
 - e) inform the referring physician of results of diagnostic investigations
 - f) arrange a hospital bed for the patient
 - g) renew prescriptions with a pharmacist.
3. For Fee items G10001, G10002, G10003, G10004, refer to section D.1. Telehealth Services of the General Preamble.
4. G10002, G10004, and G10005: All registered and regulated health care providers can serve as referral sources. When advice is requested by an Allied Care Provider not registered with MSP use the generic practitioner number 99987: Advice requested by an Allied Care Provider. (Not applicable to referred case fee items such as consultations or Specialist visits).
5. At minimum, the following is required, and the practitioner is responsible for keeping their practice consistent with any new guidelines which may be published by the Canadian Medical Protective Association (CMPA) and/or the College of Physicians and Surgeons of British Columbia (CPSBC).

Electronic communication as part of patient care must ensure that security and patient confidentiality are maintained and guarded in the same way that paper records are protected.

- The CMPA and the CPSBC recommendations regarding the use of electronic communications indicate three major areas of potential liability:
 - Confidentiality/privacy/security
 - Timeliness of Response
 - Clarity of Communication
 - Document consent. Obtain express and informed consent before transmitting patient information. Refer to the CMPA Template for consent to use electronic communications: <https://www.cmpa-acpm.ca/>
 - Document discussion & advice for all communications.
 - The email record should be included in the patient record.
 - Develop clear, written policies around use of email.
 - Communication between providers should clearly identify the most responsible physician (MRP).
 - Information should be encrypted as an attachment, or, at a minimum, password protected. Send password or cryptographic key separately.
 - Use secure communication modalities (i.e. Health authority email addresses) if possible.
 - Email addresses need to be double-checked.
6. SSC fees are payable for face-to-face, telephone, video conference and email communication. Review the individual fee notes which identify their respective eligible communication modality. SSC fees are not eligible for communication by instant message, text or short message service (SMS) modality.
 7. SSC fees are not payable to physicians for services provided within time periods when working on salary, service contract or sessional arrangement.
 8. No claim may be made where communication or service is with a proxy for the billing physician.
 9. The SSC reserves the right to re-value, modify, suspend or cancel these fee items. Fees will be monitored to ensure that the overall expenditures do not exceed the funds available.
 10. Out-of-Office Hours Premiums may not be claimed in addition.
 11. G10001, G10002, G10004 and G10005 are not payable for the same patient on the same date of service if adult or pediatric critical care team fees have been paid to the same practitioner or a practitioner who belongs to the same critical care team.

INITIATED BY: MOH

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AUTHORIZED BY Donna Bell

IF TARGET TYPE IS

THEN TARGET KEY IS

PY-PAYEES -----	PAYEE NO.
PR- PRACTITIONER -----	PRACTITIONER NO.
SP-SPECIALTY -----	SPECIALTY CODE
AI-ASSOCIATION IDENTIFIER -----	MD – BC MEDICAL ASSOCIATION
A -ALL -----	LEAVE TARGET KEY BLANK
PS-PAYEE STATUS -----	C - VESTED INTEREST LAB
	F PRIMARY CARE
	H - HOSPITAL
	I - INACTIVE PAYEE
	L - LABORATORY
	M - ACTIVE PAYEE
	V - 3RD PARTY- OUT OF PROVINCE
	Y – ALTERNATIVE PAYMENTS PROGRAM