Rural Retention Program (RRP)

Policy Framework for Health Authorities

Ministry of Health

Revised June 2012

1.1 Description:

The Rural Retention Program (RRP) is a provincial program established by the Subsidiary Agreement for Physicians in Rural Practice. The RRP was implemented January 1, 2003.

1.2 Purpose:

The purpose of the RRP is to provide a provincial rural incentive program that enhances the supply and stability of physician services in eligible RSA communities (see RSA communities Appendix 1). Communities are assessed annually for RRP eligibility and community eligibility may change from one year to the next.

Policy:

2.1 The RRP replaces all existing retention payment arrangements.

2.2 Until March 31, 2012, the Government will fund the RRP at a level sufficient to maintain the 2005/06 Percentage Fee Premium and Flat Premium values for each RRP community.

2.3 Physicians *practicing* in eligible rural communities will receive a fee premium on claims paid by the Medical Services Plan; the maximum fee premium is 30 percent. A physician *living and practicing* in a qualifying rural community for at least 9 months of the year may also receive the flat sum premium allocated to the community.

2.4 A physician in an eligible community who is funded by an alternative payment arrangement will receive a retention payment, equivalent to the Fee-For-Service (FFS) premium. (see 5.2 and 6.1.3 for further details)

2.5 Rural Retention Premiums are based on the Medical Isolation Point Assessment (see Appendix 3) and are set annually by the JSC.

Term	Definition
Alternative Payments	• Methods of payment, other than FFS, for physician services.
APP	• Alternative Payments Program: A Ministry program, administered from within the Medical and Pharmaceutical Services (MPS) that promotes, provides funding for, and offers payment options to agencies employing or contracting physician services.
BCMA	• British Columbia Medical Association.
Designated Specialties:	• Designated specialties include General Surgery, Orthopedics, Pediatrics, Internal Medicine, Obstetrics/Gynecology, Anesthesia, Psychiatry, and Radiology.
FTE (for medical isolation points calculation)	• The MSP FTE income figure is based on the 40th percentile of earnings for GPs and for each specialty in the previous calendar year as defined by MSP.
Health Authority	• Governing bodies with responsibility for the planning, coordination and delivery of regional health services, including hospital, long term care and community services.
Itinerant Physician	• A physician who travels from his/her home community to an eligible RSA community to provide outreach/direct patient services.
Locum Tenens	• A physician with appropriate medical staff privileges (locum tenens) who substitutes on a temporary basis for another physician.
MOH	• Ministry of Health
Medical Services Commission	• The MSC is a 9 member statutory body responsible for the administration of MSP of BC.
Northern Isolation Committee	• Joint Committee appointed by MSC, equal representation from BCMA and Medical Services Plan. NIC was responsible for policy direction for Northern Isolation Allowance (NIA), Northern and Isolation Travel Assistance Program (NITAOP) and the Northern and Rural Locum Program. NIC was replaced by the JSC in 2002.
Resident Physicians	• For the purposes of this program, a physician who resides at least 9 months of every year in an RRP community is a resident physician.
RRP Community	• An RSA community which meets all the criteria for the RRP.
Service Clarification Code	• Code (Appendix A) for the community in which the service has been provided which must be indicated on all billings submitted by the physician in order to receive the fee premium.
Rural Practice Subsidiary Agreement	• The Rural Practice Subsidiary Agreement (RSA) is administered by the JSC, as per the negotiated agreement between the BCMA and the Government.

4.1 The JSC assumes the responsibilities of the NIC, including the application and administration of retention allowances (premiums) and reports to the MSC for those programs directly related to the Available Amount (AA). The JSC may periodically review and change the factors and their weighting.

4.2 The JSC is comprised of 5 members appointed by the BCMA and 5 members appointed by the Government, and up to 3 alternates for each party. The JSC meets a minimum of 6 times a year, and is co-chaired by a member chosen by the government and a member chosen by the BCMA.

4.3 Where a community has been recommended for inclusion in the RSA, the JSC must evaluate the community using the criteria for the determination of retention allowances. If the evaluation results in a rating for the community of at least the minimum number of points, as determined by the JSC, the JSC must add the community to the eligible RRP list.

4.4 All case reviews/appeals concerning point allocations and eligibility must be submitted in writing to the JSC. The JSC may choose to hear this appeal in-person. If the JSC chooses not to alter its decision, the physician and/or Health Authority may request a review through the JSC, in writing, to the Medical Services Commission. At the MSC's discretion, it may review the issue/case and make recommendations to the JSC. Should you wish to request a review, mail or fax the request ***within 30 days*** from the date of the response from the JSC to:

Co-Chair's
Joint Standing Committee on Rural Issues
3-2, 1515 Blanshard St
Victoria BC V8W 3C8
Facsimile: 250 952-3486

5.1 Fee Premium

Those practitioners eligible for the fee premiums include resident physicians, itinerant physicians and locum tenens that provide medical services *directly in* eligible rural communities as outlined in the RSA (see Appendix A, RSA communities).

5.2 Alternative Payments Program (APP)

A physician in an eligible community who is funded by an alternative payment arrangement will receive a retention payment, equivalent to the FFS premium.

5.3 Service Clarification Code (SCC)

In order to receive the fee premium, the SCC for the community in which the service has been provided must be indicated on all billings submitted by the physician. No retroactive payments will be made. Any premiums paid in error on claims submitted with the incorrect SCC will be recovered.

5.4 Application of RRP for Diagnostic Services

A physician who practices in an eligible rural community and provides radiology or pathology services to an approved hospital or facility may be eligible to receive the RRP on the professional component of outpatient radiology and category I, II, and III laboratory medicine services. A listing of the professional component, provided by the BCMA, is used in the RRP calculation process.

6.1 General application of flat sum premium:

6.1.1 Physicians who live and practice permanently (at least nine months per year) in an RRP community may receive the flat sum premium (Appendix A, RSA communities).

6.1.2 If a physician lives and practices solely in a community that qualifies for a rural retention premium, the physician will receive the flat sum premium of the community in which he/she lives and practices.

6.1.3 If a physician lives and practices in an eligible RSA community for at least nine months of the year and bills $65,000 or greater in MSP billings for the previous calendar year, s/he receives the full flat fee sum. If s/he bills <$65,000, s/he receives no flat fee premium. Income includes fee-for-service, service contract, salaried earnings, and sessional payments. It also includes the RRP fee premium, tray fees, visit and procedural premiums, retroactive payments, GPSC fees and reciprocal payments.

6.1.4 New physicians are entitled to the flat fee sum, retroactively, upon successful completion of the annual residency requirement in an eligible RSA community. HAs are required to submit notification of completion of the residency requirement to the Rural Practice Programs office. Reconciliation and payment of the retroactive flat sum fee will be done on a quarterly basis.

6.2 If a physician lives in an eligible RSA community but practices in a different eligible RSA community (for at least nine months of the year), s/he will receive the fee premium and flat sum premium for the community where s/he practices.

6.3 If a physician lives and practices in an eligible RSA community and also practices in a different RSA community (for at least nine months of the year) s/he will receive the fee premium of the practice community and the flat sum premium for the community where s/he lives and practices.

6.4 Locums are not generally eligible for the RRP flat fee sum. These are the physicians that are covering for other resident physicians.

6.5 Supplemental physicians who are identified as filling a vacancy in the HA Physician Supply Plan and not providing coverage for other physicians may be eligible for the RRP flat fee provided they meet the eligibility criteria as outlined above.

6.6 If the Health Authority deems a position a “job share”, the physicians sharing the position may be eligible to share the flat fee sum provided they meet the eligibility requirements outlined above.

6.7 A physician who is on a health authority approved leave of longer than three months, consistent with the criteria and time limits set out within the Medical Staff By-laws (e.g. for illness, kills enhancement, sabbatical, LOA) will not be eligible for the RRP flat fee after the 3 month period. Physicians on parental leave and leave pursuant to Physician Disability Insurance (PDI) are eligible for a total of 17 weeks of leave in a 12 month period.

7.1 The final medical isolation point allocation and the determination of the value of the retention payments resulting from those points shall be determined by the JSC.

7.2 In order for a new community to be assessed for a Rural Retention Premium and be considered for inclusion in Appendix A of the RSA (attached), a letter of application must be submitted by the health authority by mail or fax to the JSC, c/o the Ministry of Health.

7.3 The JSC may also recommend inclusion of communities for assessment as appropriate.

7.4 The total medical isolation points result must be at least 6.0 for a community to be eligible for a fee premium and/or flat fee allowance.

The fee premium is 70 percent of the total isolation points to a maximum of 30 percent for communities with a minimum of one resident physician or a vacant position, as per health authority Physician Supply Plans. The flat fee allocation is based on the remaining 30 percent of the total isolation points multiplied by a per point dollar figure determined annually by the JSC. The maximum fee premium for any eligible community is 30 per cent. For communities without a resident physician or vacancy, the total isolation points will be applied as a fee premium, to a maximum 30 percent.

7.5 The JSC reviews the medical isolation point assessments on an annual basis and amends the points assigned as necessary.

7.6 If the annual review results in a community falling below the minimum isolation points required to qualify, the community will be deleted from the RRP list. Eligible physicians in that community are entitled to receive 50 percent of the previous year's retention allowance (fee and flat fee premiums – if received previously) for a one-year period.

8.1 The Ministry will monitor RRP expenditures on a regular basis and perform an annual reconciliation of program expenditures.

8.2 For the purpose of determining isolation points, Health Authorities (HAs) will report physician numbers and vacancies on an annual basis, as per the Ministry request. That information will be integral to the development of the HAs' regional Physician Supply Plans.

Community		
100 Mile House	Granisle	Port Clements
Agassiz/Harrison	Greenwood/Midway/Rock Cr	Port Hardy
Ahousat	Hartley Bay	Port McNeill
Alert Bay	Hazelton	Powell River
Armstrong-Spallumcheen.	Holberg	Prince George
Ashcroft	Hope	Prince Rupert
Atlin	Hornby Island	Princeton
Barriere	Hot Springs Cove	Quadra Island
Bella Coola	Houston	Qualicum/Parksville
Big White	Hudson's Hope	Queen Charlotte
Blue River	Invemiere	Quesnel
Bowen Island	Kaslo	Revelstoke
Bridge Lake	Keremeos	Rivers Inlet
Burns Lake	Kimberley	Salmo
Campbell River	Kincolith	Salmon Arm
Canal Flats	Kingcome	Saltspring Island
Castlegar	Kitimat	Saturna Island
Chase	Kitkatla	Sayward
Chetwynd	Kitsault	Sechelt/Gibsons
Christina Lk/Grand Forks	Kitwanga	Smithers
Clearwater	Kootenay Bay/Rlondel	Sointula
Clinton	Kyuquot	Sooke
Cortes Island	Ladysmith/Chemainus	Sorrento
Courtenay/Comox	Lake Cowichan	Sparwood
Cranbrook	Lillooet	Squamish
Creston	Logan Lake	Stewart
Cumberland	Lumby	Summerland
Dawson Creek	Lytton	Tahsis
Dease Lake	Mackenzie	Telegraph Creek
Denman Island	Madeira Park	Terrace
Duncan/N. Cowichan	Masset	Texada Island
Edgewood	Mayne Island	Tofino
Elkford	McBride	Trail
Enderby	Merritt	Tumbler Ridge
Fernie	Miocene	Ucluelet
Fort Nelson	Nakusp	Valemount
Fort St. James	Nelson	Vanderhoof
Fort St. John	New Aiyansh	Waglisia
Fraser Lake	New Denver	Wardner
Gabriola	Ocean Falls	Whistler
Galiano Island	Osoyoos/Oliver	Williams Lake
Gold River	Pemberton	Winlaw/Slocan Park
Golden	Pender Island	Woss
Granisle	Port Alberni	Zeballos
Golden	Port Alice	

Code	Community	Code	Community	Code	Community	Code	Community
MH	100 Mile House	F1	Fernie	L1	Lillooet	S7	Saturna Island
A6	Agassiz/ Harrison	F2	Fort Nelson	L3	Logan Lake	S8	Slocan Park
A4	Ahousat	F4	Fort St. John	L6	Lumby	S1	Sayward
A1	Alert Bay	F5	Fraser Lake	L2	Lytton	SG	Sechelt/ Gibsons
A5	Anahim Lake	F3	Fort St. ames	M1	Mackenzie	S2	Smithers
A7	Armstrong/ Spallumcheen	G7	Gabriola Island	M5	Madeira Park	S6	Sointula
A3	Ashcroft	G5	Galiano Island	M3	Masset	SK	Sooke
A2	Atlin	G2	Gold River	M7	Mayne Island	S9	Sorrento
B4	Barriere	G6	Gold Bridge/ Bralorne	M2	McBride	S3	Sparwood
B3	Bella Coola	G1	Golden	M4	Merritt	SB	Spences Bridge
B7	Big White	G4	Granisle	M6	Miocene	SQ	Squamish
B5	Blue River	G3	Greenwood	N1	Nakusp	S4	Stewart
B6	Bowen Island		Midway/ Rock Creek	N5	Nelson	SU	Summerland
B1	Bridge Lake	H6	Hartley Bay	N2	New Aiyansh	T2	Tahsis
B2	Burns Lake	H1	Hazelton	N3	New Denver	TC	Telegraph Creek
CR	Campbell River	H2	Holberg	N4	Nitinat	T3	Terrace
C5	Canal Flats	H8	Hope	CF	Ocean Falls	T1	Texada Island
CA	Castlegar	H5	Hornby Island	LS	Oliver/ Osoyoos	T4	Tofino
CH	Chase	H7	Hot Springs Cove	PQ	Parksville/ Qualicum	TR	Trail
C2	Chetwynd	H4	Houston	P1	Pemberton	T5	Tumbler Ridge
C7	Christina Lake/ Grand Forks	H3	Hudson's Hope	P8	Pender Island	U1	Ucluelet
C8	Clearwater	VM	Invermere	PA	Port Alberni	V2	Valemount
C3	Clinton	K1	Kaslo	P2	Port Alice	V1	Vanderhoof
C4	Cortes Island	K8	Keremeos	P6	Port Clements	W4	Waglisla
CC	Courtenay/ Comox/ Cumberland	KM	Kimberley	P3	Port Hardy	W5	Wardner
CB	Cranbrook	KK	Kincolith	P4	Port McNeill	W6	Whistler
C6	Creston	K6	Kingcome	P9	Port Simpson	W7	Williams Lake
D1	Dawson Creek	K2	Kitimat	PR	Powell River	W3	Winlaw
D3	Dease Lake	K9	Kitkatla	PG	Prince George	W1	Woss
D2	Denman	K3	Kitsault	P5	Prince Rupert	Z1	Zeballos
		K4	Kitwanga	P7	Princeton	R1	Revelstoke
		K5	Kootenay l	Q1	Quadra Island	R3	Rivers Inlet
		E2	Edgewood	Q2	Queen Charlotte		
		E1	Elkford	SA	Salmon Arm		
				L4	Ladysmith/ Chemainus		

Code	Community	Code	Community	Code	Community	Code	Community
	Island	E3	Enderby Bay/	L5	Lake	S5	Salmo
D4	Duncan/North		Rionde		Cowichan	SS	Saltspring
	Cowichan	K7	Kyuquot	Q3	Quesnel		Island

RRP Medical Isolation Point Rating System		
Factor	**Points**	**Max Pts**
Number of Designated Specialties within 70 km		
0 Specialties within 70 km	60	
1 Specialty within 70 km	50	
2 Specialties within 70 km	40	
3 Specialties within 70 km	20	
4+ Specialties within 70 km	0	60
Number of General Practitioners within 35 km		
over 20 Practitioners	0	
11-20 Practitioners	20	
4 to 10 Practitioners	40	
0 to 3 Practitioners	60	60
Community Size (If larger community within 35 km then larger pop is considered)		
30,000 +	0	
10,000 to 30,000	10	
Between 5,000 and 9,999	15	
Up to 5,000	25	25
Distance from Major Medical Community (Kamloops, Kelowna, Nanaimo, Vancouver, Victoria, Abbotsford, Prince George)		
first 70 km road distance (70km-104km)	4	
for each 35 km over 70 km	2	
to a maximum of	30	30
Degree of Latitude		
Communities between 52 to 53 degrees latitude	20	
Communities above 53 degrees latitude	30	30
Location Arc	%	
- communities in Arc A (within 100 km air distance from Vancouver)	0.10	
- communities in Arc B (btwn 100 and 300 km air distance from Vancouver)	0.15	
- communities in Arc C (btwn 300 and 750 km air distance from Vancouver)	0.20	
- communities in Arc D (over 750 km air distance from Vancouver)	0.25	
RSA Specialist Centre		
- 3 or 4 designated specialties in physician supply plan	30	
- 5 to 7 designated specialties in physician supply plan	50	
- 8 designated specialties and more than one specialist in each specialty as set out in the physician supply plan	60	60

MEDICAL ISOLATION POINT ASSESSMENT

Medical Isolation Factors

1. **Number of Designated Specialties within 70 km**
   All designated specialties within 70 km (by road or ferry) of the community where the specialist(s) meet the FTE income figure as defined below are counted.

2. **Number of General Practitioners within 35 km**
   General Practitioners practicing within 35 km (by road) of the community and who meet the FTE income figure as defined below are counted. General Practitioners practicing in a community within 35 km of the community by ferry are not counted.

3. **Distance from a Major Medical Community**
   Major Medical Communities are designated as Kamloops, Kelowna, Nanaimo, Vancouver, Victoria, Abbotsford and Prince George. Major Medical Community is defined as those communities with at least 3 specialists in each of the Designated Specialties.

   Maximum points are awarded for communities with no road or ferry access.

4. **RSA Specialist Centre**
   Points will be assigned to a community where the regional Physician Supply Plan requires designated specialists to provide services for a community. A community must be included in Appendix A of the RSA in order to be considered an RSA Specialist Centre.

   An RSA community located within 35 km (by road) of an RSA Specialist Centre will receive the same points as the RSA Specialist Centre for this factor.

Living Factors

5. **Community Size**
   Where a community is within 35 km by road of a larger community, the points are based on the population of the larger community. Where a community is within 35 km of a larger community by ferry, the population of the larger community is not counted. When two communities are combined in this Agreement, the populations will be amalgamated.

Community populations are established annually using the most recent National Census-based estimate for the preceding calendar year, which is supplied by BC STATS, Ministry of Finance and Corporate Relations. They are based on regional districts defined by the Ministry of Community, Aboriginal and Women's Services. In case of changes to regional districts from one year to the next, population assignment is determined by MSP, based on all available information (available on request).

6. **Degree of Latitude**
   Points are allocated for those communities in British Columbia located at and above the 52^{o} of latitude.

7. **Location Arc**
   Four differential multipliers have been established for the purpose of determining the final point total for determination of retention allowances. Arcs are based on air distance from Vancouver and multiplied by the applicable factor to determine the community's final point total.

DESIGNATED SPECIALTIES:

1. Designated specialties include General Surgery, Orthopedics, Pediatrics, Internal Medicine, Obstetrics/Gynecology, Anesthesia, Psychiatry, and Radiology.

2. Physician FTE count: At the beginning of each calendar year, the number of physicians practicing in each community is verified through written confirmation by the responsible Health Authority. This is done in collaboration with the local and/or regional Medical Advisory Committee.

3. A confirmation form must be submitted for all communities.

4. Physicians are counted as one physician if their total income (including fee-for-service, salary, sessional and subsidy income) exceeds the FTE income figure established by MSP for that year for their specialty.

Income includes fee-for-service, service contract, salaried earnings, and sessional payments. It also includes the RRP fee premium, tray fees, visit and procedural premiums, retroactive payments, GPSC fees and reciprocal payments.

For those physicians who did not practice in the community for the full year, income will be extrapolated to produce an estimated annual income figure. For physicians whose total income (or estimated annual income) is below the FTE income figure, the incomes of all such physicians will be added and divided by the FTE income figure.

The resulting number is rounded down to the nearest whole number, which is counted in the number of physicians in the community. If there is more than one specialist in the same specialty meeting the FTE income figure, only one specialist is counted; if there is more than one specialist in the same specialty who do not meet the FTE income figure, the incomes of those specialists are combined to determine if their combined income equals an FTE. General Practitioners practicing more than 75 percent in a specialty (based upon fee for service billings) will be counted as specialists; all specialists practicing more than 75 percent as a general practitioner (based upon fee for service billings) will be counted as a General Practitioner. The MSP FTE income figure is based on the 40 th percentile of earnings for each specialty in the previous calendar year as defined by MSP.

ROAD DISTANCES:

In all cases where reference is made to road distances, these distances are determined using the BC Road Map and Parks Guide:

- road distances are converted to travel time using an assumed average speed of 70 kilometres per hour;
- for communities accessible only by ferry, a multiplier is applied to the ferry distance, based on data from the BC Ferry Corporation and the Ministry of Transportation;
- where communities are combined in this Agreement, the distance from the furthest community is used.