Alberta Health

Clinical Alternative Relationship Plan Application Overview

June 2015

Alberta Government

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About the Application

Application Purpose

This application will:

- help the applicants (physicians and Alberta Health Services and other healthcare organizations, where appropriate) discuss, plan, and decide on the operational aspects of the new or expanded clinical service,
- provide decision-makers with the details of program design, benefits, costs, and implementation, all of which will factor into their decision about the proposed Clinical Alternative Relationship Plan (ARP), and
- develop the content required for your Conditions of Payment.

The information in this application is being collected, used and disclosed for the purposes of and under the authority identified on the Physician Consent Form.

Physician Consent Form

A completed Physician Consent Form(s) will be required to enable Clinical ARP stakeholders, the Ministry of Health (Alberta Health), Alberta Health Services (AHS), the Alberta Medical Association, the ARP Physician Support Services (ARP PSS) and other healthcare organizations, where appropriate, to collect, use and disclose personal and health information to evaluate the Clinical ARP application. All potential participating physicians must complete this form before Alberta Health will consider an application for approval. The consent form can be obtained from the ARP PSS.

Application Development

Following the approval of an Expression of Interest for a Clinical ARP by Alberta Health, a completed application is required for all new Clinical ARP, expansions, extensions, and renewals.

The ARP PSS, in collaboration with AHS, assists the physician group to complete the application using the Clinical ARP Application template. The application includes detailed information about the program goals, services, patients, service delivery model, non-physician professional support, performance measures, practice management and governance. It also includes the number of physicians expected to join and their specialties. Alberta Health reviews the application to ensure it meets the needs of the health care system for Albertans.

Once the application is finalized and accepted by Alberta Health, it is distributed to the key stakeholders for review and recommendation to the Minister of Health. Alberta Health then forwards the application to the Minister for approval and subsequent development of the Conditions of Payment

Please contact the ARP PSS for assistance:

ARP Physician Support Services
Alberta Medical Association
12230 – 106 Avenue NW
Edmonton, AB T5N 3Z9
Phone: 780-453-3130
Toll-free: 1-866-953-3130
Email: arpinquiries@albertadoctors.org

About Clinical ARPs

The following sections provide basic information about Clinical ARPs and their funding models to assist the applicants to understand Clinical ARPs and to select the appropriate funding model.

Definition

Alberta Health describes and defines a Clinical ARP, as follows:

- A Clinical ARP compensates physicians for providing a set of clinical services at defined facilities to a target population (Alberta Health, *Clinical Alternative Relationship Plans,* quoted August 14, 2012, http://www.health.alberta.ca/professionals/ARP-Clinical.html).

- A Clinical ARP is established under a ministerial order, which is a legal instrument that defines a Clinical ARP to mean a Program established by the Minister pursuant to Section 3.1 of the *Medical Benefits Regulation* to deliver program services, including insured medical services (Alberta Health, *Ministerial Order 53/2011*).

- A Clinical ARP may provide for the insured medical services to which the Alberta Health Care Insurance Plan applies, the amount of benefits payable, the manner in which the benefits are to be paid, the persons to whom benefits are to be paid, the conditions of payment and the information required to be submitted in connection with claims for the benefits (*Alberta Health Care Insurance Act, Medical Benefits Regulation*, s. 3.1, 84/2006).

Clinical ARP Framework

Clinical ARPs are established under the Clinical ARP framework. The framework consists of two parts: the Program Parameters provides the general rules that govern all Clinical ARPs, and the Conditions of Payment sets out the particular details for each Clinical ARP. Both the Program Parameters and the Conditions of Payment are enabled by ministerial orders. For more information on the framework, see “Clinical ARP Framework Explained: A companion document” on the Alberta Health website (http://www.health.alberta.ca/, see “Alternative Relationship Plans”).

Objectives

Clinical ARPs have an important role to play in health care delivery as they encourage innovation in the health care system. Clinical ARPs provide compensation strategies alternative to fee-for-service (FFS) to remunerate physicians for providing defined program services.

For some physicians, simply being paid differently can enable them to deliver services in a manner better suited to their practice and their patients. Clinical ARPs offer physician compensation models that are complementary to the traditional FFS model, and are intended to help achieve a sustainable, integrated, and flexible health care system. Clinical ARPs support flexibility in the way physicians provide care, and they support a specific service delivery model and often enable physicians and AHS to deliver services to target patient populations.

The five dimensions of a Clinical ARP are:

- recruitment and retention;
- team-based approach;
- access;
- patient satisfaction; and
- value for money.

Principles

Clinical ARP Applications:

- Can be arrangements between:
  - AHS and a physician group; or
  - A physician or physician group and another health care organization, but in this case, AHS must be a participant in the discussions;
- Should consider all dimensions of the purpose discussed above;
- Physicians must all be licensed to practise in Alberta; and,
- The services proposed must be insured medical services.

Clinical ARPs will adhere to the following principles:

- **Voluntary participation**
  - Physician participation is voluntary.
  - Participating physicians who wish to return to the fee-for-service payment method can do so and maintain their right to practise in Alberta.
  - The consequences of a physician's withdrawal from an ARP must be defined within the specific ARP agreement.
- **Physician professional autonomy is maintained**
- **Partnerships between physicians, Alberta Health Services and other healthcare organizations, where appropriate**
- **Clear eligibility criteria and terms of agreements**
  - Eligibility criteria will be consistent and clearly communicated to physicians, AHS and other healthcare organizations, where appropriate.
  - Terms and conditions for agreements will be clear and consistent with respect to meeting the eligibility criteria while being sufficiently flexible and innovative to address service needs of physicians, AHS and other healthcare organizations, where appropriate.
- **Standards of care**
  - Best practice and high standards of care will be integral components of every ARP.
- **Fair and equitable payment rate**
  - Physicians will receive fair and equitable payment within provincial payment rates for their area of practice. Payment to physicians will continue to be made from the Provincial Physician Service Budget and will go directly to physicians.
  - Physicians will continue to have access to benefits under the Physician Services Budget.
- **Support for infrastructure/tools required**
  - Physicians, AHS and other healthcare organizations, where appropriate have a responsibility to ensure success, including providing management infrastructure, management information systems, leadership functions, reporting and evaluation.
- **Monitoring and evaluation**
  - Activities and outcomes will be subject to monitoring and evaluation.
  - Measures will be developed by the Parties to meet the monitoring and evaluation needs of Alberta Health, including indicators of:
    - activity/compliance with agreement;
    - cost/efficiency;
    - goals achievement/effectiveness; and
    - appropriateness.

Clinical ARP Models

Alberta Health will work with physician group to determine the Clinical ARP Model that best fits their service delivery needs.

There are three Clinical ARP compensation models: annualized, sessional, and capitation.

All Clinical ARP models assume the following:

- Clinical ARPs fund service delivery, not leaves or time off.
- Physicians may not bill FFS for Clinical ARP program services.
- Physicians may not bill Alberta Health for Workers' Compensation Board or other third-party work.
- On-call availability will not be funded through the Clinical ARP.
- Physicians are responsible to manage, individually or as a group, their work scheduling, workload, shifts, and holiday schedules.
- Physicians may not carry unused Program Service Hours from one fiscal year to the other. All funding and full-time equivalent (FTE) requirements are per fiscal year and are non-transferable.

The compensation models are defined and described below.

A. Annualized

Definition: Compensation is based on the number of physician FTEs required to deliver direct and indirect clinical services within the Clinical ARP. An FTE is a time-based unit of measure (e.g., hours per year).

Description: The annualized model compensates physicians for the delivery of insured medical services based on a pre-determined annual payment rate to targeted patient groups per FTE per annum.

B. Sessional

Definition: Compensation is based on an hourly rate for the delivery of direct and indirect clinical services (i.e. program services) within an organized program to a defined patient group by a physician.

Description: The sessional model is intended for part-time participation by a physician up to an equivalent of 16 hours per week per physician, based on an annual average of days worked to a maximum of 832 hours per physician per fiscal year. This model primarily applies to small specialized programs. There are two sessional hourly rates, one for family physicians/general practitioners and another for specialists.

A sessional rate is applicable only for those physicians who meet the sessional requirements, including:

- Alberta Health will review the circumstances under which a Clinical ARP exceeds the two-day per week per physician parameter, and will assess the continued applicability of the sessional model. At that time, the Clinical ARP may be required to transfer to an annualized model.
- Physician services are intended to deal with patients who have complex medical issues.
- Physician services are generally delivered in-person with the patient although some provisions are made for indirect service delivery through team conferences, case conferencing, consultations between physicians or with other non-physician medical professionals, Telehealth, or the like.

C. Capitation

Currently unavailable; this compensation model is being redeveloped.

Definition: Compensation is based on an annual amount per rostered patient to provide a defined set of insured medical services. Rosters may be composed of enrolled patients or all residents within a defined geographic area.

Description: This model provides a population-based form of compensation that encourages innovative, quality health care. It is usually associated with family physicians/general practitioners in primary health care. The capitation model encourages the establishment of a long-term relationship between a patient and a physician or between a population and a group of physicians. It encourages physicians to provide continuity of high quality primary health care.