

# COMPREHENSIVE CARE AGREEMENT

## BETWEEN:

**HER MAJESTY THE QUEEN, in right of Ontario, as represented by the Minister  
of Health and Long -Term Care (the “Ministry”)**

**-and-**

\_\_\_\_\_(the “Physician”)  
**Name (please print)**

### **1. Services**

I agree to provide Comprehensive Care as defined in Schedule “A” during my regular office hours, to all my patients enrolled with the prescribed Enrolment and Consent Form.

### **2. Payment**

In return for fulfilling the terms of this Agreement, in addition to being able to bill fee-for service, I will be entitled to the premiums and bonuses set out in Schedule “B” beginning on the date that the Ministry receives a signed copy of this agreement or October 1, 2005, whichever is later (the “Commencement Date”).

### **3. Term of the Agreement**

This Agreement will remain in effect until March 31, 2008 unless extended by the Ministry. This Agreement may be terminated by either party giving the other party 90 days written notice of the desire to terminate.

I understand that the template for this Agreement was negotiated by the OMA and the Ministry and may be amended by them at any time 30 days after written notice of the amendment is sent to me. I may, within this time period, elect to give notice of termination of this Agreement to the Ministry. If no notice of termination is given, I will be deemed to have accepted the amendment.

I, the undersigned Physician agree to the terms and conditions of this Agreement.

Her Majesty the Queen in Right of Ontario as represented by the  
Minister of Health and Long-Term Care

\_\_\_\_\_  
**Per:**

\_\_\_\_\_  
**Date**

COMPREHENSIVE CARE PHYSICIAN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Physician Name: \_\_\_\_\_  
(Please Print)

Billing Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

## **SCHEDULE “A”**

### **DESCRIPTION OF COMPREHENSIVE CARE**

Comprehensive Care assumes that the care is part of an on-going process into the future and provides care in the patient’s family and social context. It includes the creation, management and maintenance of an appropriate medical record managed by the physician.

Comprehensive Care includes the following services:

#### **Health Assessments**

- (1) When necessary, the taking of a full history, including presenting complaint, if any, past illnesses, social history, family history, review of systems and performing a complete physical examination.
- (2) Periodically taking a specific history and performing a physical examination as required to screen patients for disease.
- (3) Regularly taking a specific history and performing a physical examination as required to respond to patient complaints and/or to manage chronic problems.

#### **Diagnosis and Treatment**

Assess and plan for patients’ care based on the outcomes of a history and physical examination aided by appropriate investigations and consultations according to the results of complete, periodic, or regular health assessments. Care for and monitor episodic and chronic illness or injury. In the case of acute illness or injury, offer early access to assessment, referral for appropriate diagnostic testing, primary medical treatment, and advice on self-care and prevention. Provides or coordinates chronic disease management for conditions such as diabetes and hypertension.

#### **Primary Reproductive Care**

Provide primary reproductive care, including counselling patients on birth control and family planning, and educating about, screening for, and treating sexually transmitted diseases.

#### **Primary Mental Health Care**

Offer treatment of emotional and psychiatric problems, to the extent that the physician is comfortably able to provide the treatment. Where appropriate, refer patients to and collaborate with psychiatrists and appropriate mental health care providers.

### **Primary Palliative Care**

Provide palliative care or offer to support the team responsible for providing palliative care to terminally ill patients. Palliative care includes offering office-based services, referrals to Community Care Access Centres or to such other support services as are required, and making patient visits where appropriate.

### **Support for Hospital, Home and Rehabilitation Facilities**

Where applicable and where possible, assist with discharge planning, rehabilitation services, out-patient follow-up and home care services (excluding completion of requisite forms).

### **Service Coordination and Referral**

Coordinate referrals to other health care providers and agencies, including specialists, rehabilitation and physiotherapy services, home care and hospice programs and diagnostic services, as appropriate. Appropriately monitor the status of patients who have been referred for additional care and collaborate on medical treatment of patients.

### **Patient Education and Preventative Care**

Use evidence-based guidelines to screen patients at risk for disease, to attempt early detection and institute early intervention and counselling to reduce risk or development of harm from disease including appropriate immunizations.

### **Pre-Natal, Obstetrical, Post-Natal, and In-Hospital New Born Care**

Provide or arrange to provide maternity services, including antenatal care to term, labour and delivery, and maternal and newborn care.

### **Professional Rights and Obligations**

Nothing in the Agreement precludes a Physician from terminating his or her relationship with any patient in accordance with applicable guidelines issued by the College of Physicians and Surgeons of Ontario. Further, nothing in this Agreement shall create obligations for a Physician that go beyond his or her professional competence or that using the Physician's best efforts, are beyond the reasonable control of the Physician.

## SCHEDULE “B”

### PREMIUMS AND BONUSES

#### **1. Comprehensive Care Payments:**

I will be paid the following capitation rates for my enrolled patients:

1. Average monthly capitation rate per enrolled person of \$1.00 (with no Block Coverage) up to a maximum of 6 months. If Block Coverage is not being provided after 6 months the Physician will cease to be eligible for any payments under this model.
2. When the physician provides Block Coverage they will receive an average monthly payment of \$1.42 per enrolled person.
3. 12 months after the Commencement Date, the average monthly payment will increase to \$1.80 per enrolled person.
4. On January 1/08 the payments in paragraph 2 will increase to \$1.50 and the payment in paragraph 3 will increase to \$2.15.

The actual age and sex adjusted capitation rates may be calculated by multiplying the rates listed in Schedule “C” by the dollar amount quoted above.

“Block Coverage” means at least one 3 hour block one day per week after hours or on Saturdays, Sundays or on statutory holidays.

#### **2. Bonuses and Premiums**

**I will be entitled to receive the following premiums and bonuses:**

##### **(a) After hours add on premium**

Effective October 1, 2005, I will be paid a 10% premium on the following fee codes for scheduled and unscheduled services provided during Block Coverage: A001, A003, A004, A007, A008, A888, K005, K013 and K017. A shadow billing code Q016 must accompany each submitted claim in order for the premium to be paid.

##### **(b) Diabetes Management Incentive**

Effective April 1/06, an annual fee of \$60 per enrolled person for coordinating, providing, and documenting all required elements of care for diabetic patients according to guidelines recommended by the Primary and Community Care Committee (“PCCC”) and agreed to by the Parties.

**(c) Add-on initial Smoking Cessation Fee**

Effective April 1/06, an annual incentive fee of \$15 added on to the normal visit fee for dialogue with patients who smoke. The specific requirements for the billing of this fee will be based on the recommendations from the Clinical Tobacco Intervention Task Force and will be recommended by the PCCC.

**(d) Smoking Cessation Counselling Fee**

Effective April 1/06 a fee code for each of a maximum of 2 follow-up counselling sessions in the 12 months following the date of the first service for each patient who has committed to quit smoking. This fee will be equal to the adjusted value of A007 over the term of this Agreement plus \$1.50. To receive this payment, flow sheets and guidelines developed by the PCCC must be utilized.

**(e) New Graduate-New Patient Incentive**

Effective July 1/05, for the first year of comprehensive primary care practice (commenced within three years following graduation), a new patient declaration fee of \$100 will be paid for up to 150 persons who qualify as new patients and have completed the MOHLTC prescribed "New Patient Declaration Form".

**(f) Per Patient Enrolment Fee**

Effective March 30/05, an incentive of \$5.00 will be paid on a per patient basis for the initial enrolment of patients during the 12 months following the Commencement Date.

**(g) Seniors Care Premium**

Effective October 1, 2005, a complex care premium on comprehensive care capitation payments of 15% will be paid for patients 70 years of age and older. Effective January 1, 2008, the complex care premium on comprehensive care capitation payments will apply to patients 65 years of age and older.

**(h) Unattached Patient Fee**

Effective October 1, 2005, an incentive in the amount of \$150.00 will be paid on a per patient basis for the rostering of the acute care patient previously without a family physician, following the patient's discharge from an in-patient hospital visit. The payment of this incentive is subject to the Physician enrolling the patient within three months of accepting responsibility for providing for the patient Comprehensive Care as set out in Schedule "A". This fee is not payable in addition to the New Graduate-New Patient Incentive set out in section 2 (e).

## SCHEDULE “C”

### CAPITATION RATE CALCULATOR

Average Enrolment with Estimated Monthly Comprehensive Care Fee Calculation (1)		
Monthly Comprehensive Care Fee per Enrolled Patient		
Age Range	Male	Female
	Monthly Rate (4)	Monthly Rate (4)
0-4	1.06	1.01
5-9	0.56	0.54
10-14	0.44	0.46
15-19	0.46	0.82
20-24	0.46	1.04
25-29	0.50	1.08
30-34	0.58	1.08
35-39	0.72	1.17
40-44	0.80	1.20
45-49	0.88	1.30
50-54	1.02	1.46
55-59	1.16	1.47
60-64	1.27	1.51
65-69	1.44	1.59
70-74	1.67	1.70
75-79	2.01	2.03
80-84	2.11	2.10
85-89	2.35	2.39
90+	2.65	2.70