



Richmond

Division of Family Practice

A GPSC initiative

Practice Transition Toolkit

Richmond Division of Family Practice

Fall 2015

Welcome to the Practice Transition Toolkit, a collection of resources, tools and templates created by the Richmond Division of Family Practice to support physicians in winding down their practice. We hope you find this Toolkit useful in supporting ease in practice transition for both you and your patients.

Acknowledgements

We would like to acknowledge Dr. Wendy Amirault, Dr. Angela Shen and the Practice Support Program for their contributions to the development of this Toolkit.

Revisions to this Toolkit

Our philosophy is one of continuous improvement, using the Plan – Do – Study – Act quality improvement process. Please look out for and communicate improvements to Nerissa Tai, ntai@divisionsbc.ca or 778-822-8728. Thank you!

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Winding down your practice?



5 key facts about Richmond's family practice environment to help frame your practice transition/retirement efforts.

1. Approximately 24 Richmond GPs are planning to retire by 2018, many of which are solo practitioners and paper-based.
2. From 2009-2014, 3 new physicians came to Richmond to provide full service family practice. During the same five year period, 7 new GPs joined the hospitalist service and 9 new GP recruits practice solely in walk-in-clinics.
3. New graduates bring varying levels of debt and lifestyle expectations. Many are interested in providing locum coverage and joining a group and/or interprofessional practices. Important practice, personal and professional attributes include maintaining reasonable and flexible work hours, ability to take time off and availability of EMRs.
4. UBC Department of Family Practice has been steadily expanded the number of CaRMS entry positions to 124 CMGs and 44 IMGs in 2015/16.
5. VCH's moratorium policy requires international medical graduates to practice medicine in rural or underserved areas. Only after a HealthMatch BC/VCH job posting has been posted for 6+months may physicians not licensed to practice in Canada be considered.

Will you...

Close your practice

1. When does your lease expire? Does it allow for termination prior to the expiry date?
2. What is your practice closure date?
3. How and when will you notify your patients, colleagues and professional associations of your practice closure?
4. How will you arrange the secure storage or transfer of patient records?
5. What processes will be put in place to support continuity of care (appropriate transfer and follow up) for patients who require it?

Find a replacement

1. What is the size of your patient panel? Does your patient panel have a proportional balance of different types of patients?
2. What is your timeline for recruitment that will accommodate all recruitment steps (e.g. advertising, registration/licensing, orientation and transition)?
3. How do you plan to source physician candidates?
4. How will you craft terms and conditions that meet physician candidate's needs?
5. How will you create a smooth transition for the incoming physician, colleagues and patients?

Merge your practice into an existing practice

1. What are your goals for the merger (e.g. work part-time, locum)?
2. What are you looking for in an existing practice when it comes to: Practice philosophy; Governance and decision-making; Income and expense sharing; Medical records; Staffing; Physical location
3. Can you identify compatible practices with similar intentions?

Merge your practice with others to form a larger a group practice

1. What are your goals for the merger (e.g. work part-time, locum)?
2. What would an ideal merged group practice look like when it comes to: Practice philosophy; Governance and decision-making; Income and expense sharing; Medical records; Staffing; Physical location
3. Can you identify compatible GP colleagues that have similar intentions?

Practice Closure: The Bottom Line

When a medical practice is closed, replaced, or relocated, physicians have a **professional and legal duty to use reasonable efforts** to:

1. Notify patients, outlining the departure date and the procedure whereby patients might obtain a copy of their medical record or transfer of a copy of the records to a new attending physician, in the following ways: a notification letter to each patient, a notice posted in the office, a voicemail message about the planned retirement, and a notice in a local newspaper.
2. Arrange secure transfer of patient records to another provider that agrees to accept the responsibility. Physicians must obtain authorization from the patient before a copy of the medical record is transferred. Transfer of the record should be done within 30 days of the request.
3. Arrange safe and secure storage and retrieval of patient records for or a minimum period of sixteen years from either the date of last entry or from the age of majority, whichever is later.
4. Advise the College of the location of, and means for accessing, all medical records that a physician owns.
5. Ensure that there is a process in place to support continuity of care (appropriate transfer and follow up) for patients who require it
6. Ensure that there is a system in place whereby all of the work in progress will be reviewed and appropriately acted upon.
7. For physicians who wish to retire/resign from the College of Physicians and Surgeons of BC, complete and submit the [Retirement/Resignation from the College Form](#)

References

1. CPSBC Professional Standards and Guidelines – [Leaving a Practice](#) (Oct 2009)
2. CPSBC Professional Standards and Guidelines - [Medical Records in Private Physicians' Offices](#) (Jun 2013)
3. CPSBC Professional Standards and Guidelines - [Medical Records](#) (Sep 2014)
4. CMPA – [Considerations When Leaving a Medical Practice](#) (Apr 2008)
5. CMPA – [Winding Down Your Medical Practice](#) (Jul 2013)
6. Doctors of BC – [Protecting Personal Information When Leaving a Medical Practice](#) (Jun 2009)

Notifications: Patients

Physicians who are leaving their practice should review the following recommendations:

Length of notice: according to the College, where possible, **three months** is considered appropriate

Methods of notification: a combination of any or all of the following

1. An individual letter (see [Appendix A](#))
 - Letter should detail:
 - planned departure date
 - introduce a new physician who is taking over the practice, whether or not there are partners or associates in the practice who are accepting new patients, or whether there are other physicians in the community who are accepting new patients
 - how patients can access copies of their medical records.
 - To reduce costs, consider hand delivering the letter to patients in-office and/or mailing a single letter to all family members.
2. A printed notice placed in the physician's waiting area (see [Appendix B](#))
3. A departure notice placed in a local community newspaper (see [Appendix B](#))
4. A notice on the practice's website
5. A one-way email to patients, if EMR-based
 - Physicians should discuss their departure date with as many patients as possible in person; office staff should also be prepared to inform patients, discuss options for finding a new physician, and how to access copies of medical records.
 - Physicians should keep a log, including the method and date of patient notification. Save a copy of the letter, copies of public notifications, returned envelopes and receipts in order to verify your notice in any case of discrepancy or challenge.

Which patients to notify: active patients, or patients who have physically visited the practice in the past 2 to 7 years (at your own discretion)

- To determine your list of active patients, undertake a [Patient Panel Assessment](#)
- Patients should be assisted in their search for a new physician. Family practitioners may provide a list of physicians in their geographic area who are accepting new patients. If a new physician is taking over the practice, the provision of some introductory information would reassure patients.

- After you have left your practice:
 - Solo Practitioner:
 - Consider keeping your phone line open for three months with a message (see [Appendix C](#)) that: i) notifies the patient that your practice has closed; ii) provides information for finding a new physician; iii) relays how to access copies of medical records.
 - Group Practitioner:
 - Consider changing the group practice's voicemail with a message directing your former patients to a message detailing your practice closure (see [Appendix C](#))

Arrangements for Patient Medical Records

Notifications

- All physicians are **legally obliged** to advise the College of the location of, and means for accessing, all medical records that a physician owns (see [Appendix D](#))
- Patients should be notified about the location of their records and how they may be accessed (see [Notifications: Patients](#))

Ownership

- Patient medical records belong to the doctor, but patients have the right to access the information contained therein and to obtain a copy of his/her record.
- Physicians leaving a practice and holding ownership of the medical records of that practice, do not avoid the obligations of security, confidentiality, accessibility, and retention of these records by their leaving.
- Physicians may, when their departure is planned, delegate their ownership of records through mutual agreements, written and signed by both parties. Otherwise, their obligations persist.
- Unanticipated departures (through disability or death, including that of family members) deserve prior planning by each physician, so that family members, estates and associates are not burdened with those obligations.

Transfer of records

- Physicians may transfer medical records to:
 - (a) another physician, with the consent of the patient.
 - Release of copies of the records requires written patient authorization which should be retained with the original record
 - Physicians may transfer *original* medical records to another physician if the receiving physician has agreed to take custody of the medical record and provide enduring access to the transferring physician and the patients. As a general practice, the College and CMPA recommend that you **always retain the original record** for the purpose of future complaints or legal action.

- Transfer of a medical record to another physician should also be documented in a written contract that includes:
 - the location, safe custody and protection of confidentiality of the medical records
 - a requirement that the receiving physician notify the transferring physician if the location changes
 - the transferring physician's right of access
 - the patient's right of access
 - duration of retention and appropriate destruction
- Information provided can include selected copies of relevant documentation from the patient's medical record and/or an adequately comprehensive summary of the patient's care
- The *Personal Information Protection Act (PIPA)* states that a physician must generally respond to a patient's request for that information within 30 business days
 - The provision of this information is, at present, a non-insured service, and a reasonable fee may be charged to the patient at the physician's discretion. Doctors of BC has set rates for copying and transferring of records. The College advises physicians be mindful of the patient's ability to pay. You cannot refuse a patient access to their medical records if the patient cannot pay.
- (b) a safe storage facility if they remain in the custody of the original physician.
 - Physicians who contract with service providers for storage and retrieval of medical records for the remaining retention period should ensure that a legal agreement has the following provisions:
 - Maintain the confidentiality of all patient information stored, providing access to information only to authorized representatives of the physician or with written authorization from a patient or legal representative.
 - Upon request of the physician, promptly return all confidential patient information without retaining copies.
 - Prohibit the use of patient information for any purpose other than what was mutually agreed upon. This includes selling, sharing, discussing, or transferring any patient information to unauthorized business entities, organizations, or individuals.
 - Provide a secure storage facility that protects against theft, loss, damage, and unauthorized access.

- As specified by the physician, securely destroy patient information at the end of the retention period.
- See the list of [Medical Record Management Companies](#)

Storage and retention of medical records

- Physicians must ensure that records are stored in a safe and secure place for at least **sixteen years** from the date of the last entry. Where the patient is a minor, records must be kept for at least sixteen years from the age of majority, which is currently 19 years of age.
- If a physician passes away before 16 years have passed, his/her estate is required to store and retain records and may be sued. Physicians are strongly encouraged to make arrangements for storage of their records as part of their estate planning.
- The actual custody of the records and the mechanics of retrieval may be delegated to an appropriate third party but the physician will continue to be responsible maintaining the security of records.
- Once the retention period has expired, records should be destroyed in a manner that maintains confidentiality. Destruction should ensure that the record cannot be reconstructed in any way. For example, it is recommended that paper records be either shredded, pulverized, or incinerated. Effective destruction of electronic records requires that the records be permanently deleted or irreversibly erased

References

1. CPSBC Professional Standards and Guidelines - [Medical Records in Private Physicians' Offices](#) (Jun 2013)
2. CPSBC Professional Standards and Guidelines - [Medical Records](#) (Sep 2014)
3. CMPA - [A matter of records: retention and transfer of clinical records](#) (Jun 2013)
4. Doctors of BC – [Protecting Personal Information When Leaving a Medical Practice](#) (Jun 2009)



Medical Record Management Companies

The following table compares medical practice closure and record storage and transfer services of three Canadian medical record management companies.

	Med Records	DOCUdavit Solutions	Record Storage and Retrieval Services Inc.
	Vancouver, BC T: 604-800-7079 F: 604-608-3896 W: http://medrecords.ca/ E: info@medrecords.ca	28 Eugene Street Toronto, ON M6B 3Z4 T: 416.781.9083 Toll Free: 1.888.781.9083 Fax: 1.866.297.9338 W: http://docudavit.com/	111 St. Regis Crescent S. Toronto, ON M3J 1Y6 T: 1.888.563.3732 F: 1.877.398.5932 W: http://www.recordsolutions.ca/ E: info@rsrs.com
Patient notification assistance			
Mailing letters	x	x	x
Follow-up phone calls	x	x	x
Webpage	x	x	x
Voicemail service	x	x	x
Free bankers boxes and packing assistance	x	x	x
EMR record extraction		x	x
Free, secure, compliant storage for full retention period	x	x	x
Patient record transfers (fees waved if patients are unable to pay)			
Individual	\$35 -\$80	Cap at \$80	\$90 flat
Family		\$160 (up to 4 family members, \$50 for every additional member)	



	Med Records	DOCUDavit Solutions	Record Storage and Retrieval Services Inc.
	Vancouver, BC T: 604-800-7079 F: 604-608-3896 W: http://medrecords.ca/ E: info@medrecords.ca	28 Eugene Street Toronto, ON M6B 3Z4 T: 416.781.9083 Toll Free: 1.888.781.9083 Fax: 1.866.297.9338 W: http://docudavit.com/	111 St. Regis Crescent S. Toronto, ON M3J 1Y6 T: 1.888.563.3732 F: 1.877.398.5932 W: http://www.recordsolutions.ca/ E: info@rsrs.com
Physician record access	x	x	x
Record shredding and destruction	x	x	x
Assistance with the sale and donation of used medical equipment	x proceeds generated go towards decreasing patient costs for record transfers		x
Cost to physician	<i>For medical practice closures:</i> no charge to physicians (regardless if paper or electronic records) <i>For retired physicians:</i> \$200/ bankers box for record storage (pickup, processing, scanning, and shredding incl.)	\$1.00 one-time Agreement Payment Amount Annual Paper Storage Fee of \$9.80 per 30-litre bankers box for inactive records (patients that have not physically visited the office in the past 7 years)	Free services for full time primary care physicians where RSRS is appointed custodian for the records and facilitates all patient record transfer requests.

Disclaimer: The information provided is meant to assist members in obtaining the names and contact information of medical record management companies who have, in the past, provided medical practice closure and record storage services to physicians. It is an informative resource only and the names of the companies are in no particular order. The Richmond Division does not endorse these medical record management companies nor does it make any representations with respect to the quality of any services, or accuracy of information they may provide. The Richmond Division does not take any responsibility for any services they may provide and shall not be held liable, directly or implicitly, for any actions undertaken on the basis of information contained in this resource document.



Notifications: Staff

If there was a formal employment contract, review the contract for notification requirements. The *BC Employment Standards Act* indicates that:

	The employer becomes liable to pay an employee an amount equal to:	The liability is deemed to be discharged if the employee:
After 3 consecutive months of employment	1 week's wages	i) Is given 1 weeks' written notice ii) Is given a combination of written notice and money equivalent to the amount the employer is liable to pay iii) Terminates the employment, retires from employment, or is dismissed for just cause
After 12 consecutive months of employment	2 weeks' wages	i) Is given 2 weeks' written notice ii) Is given a combination of written notice and money equivalent to the amount the employer is liable to pay iii) Terminates the employment, retires from employment, or is dismissed for just cause
After 3 years of consecutive employment	3 weeks' wages plus 1 week's wages for each additional year of employment, to a maximum of 8 weeks' wages.	i) Is given 3 weeks' written notice, plus one additional week for each additional year of employment, to a maximum of 8 weeks' notice ii) Is given a combination of written notice and money equivalent to the amount the employer is liable to pay iii) Terminates the employment, retires from employment, or is dismissed for just cause
<p><i>Note: The amount the employer is liable to pay becomes payable on termination of the employment and is calculated b: (a) totaling all the employee's weekly wages, at the regular wage, during the last 8 weeks in which the employee worked normal or average hours of work, (b) dividing the total by 8, and (c) multiplying the result by the number of weeks' wages the employer is liable to pay.</i></p>		

- Physicians should try to provide enough working notice to line up the date of practice closure with the notice requirement for terminating staff.
- In any situation, consult your lawyer on your legal obligations toward your staff regarding practice closure.



- Organize one-on-one and/or staff meetings to inform each staff member of your practice closure. Consider staggering staff dismissal.
- Be prepared for staff to start looking for another position. Consider pre-empting this by offering bonuses, severance packages, etc. but be prepared to hire temporary staff.
- Consider retaining some staff to provide patient and operational support during and after the transition process.
- Assist staff in finding other employment opportunities:
 - With GP colleagues or newly opened practices
 - Offer reference letters
- Review staff insurance plans (e.g. liability, health, life, disability, worker's compensation) and update, cancel or extend where appropriate
- For the solo practitioner:
 - If you have found someone to take over your practice:
 - The new physician may want to start with his/her own staff
 - Your staff may not want to remain with the new physician but should know if this is an option
- For the group practitioner:
 - If no one is taking over your practice, colleagues may consider reducing staff hours. Consult a lawyer as many of the same legal considerations exist as with termination.

References

1. Ministry of Jobs, Tourism and Skills Training and Minister Responsible for Labor, BC Government - [Factsheet: Termination of Employment](#) (2012)
2. Ontario Medical Association - [Winding Down a Practice](#) (n.d.)
3. Maine Medical Association - [Physician's Guide to Closing a Practice](#) (2014)



Notifications: Professional Associations

Notification of physicians leaving practice should be made to professional associations, such as the Canadian Medical Protective Association, Richmond Hospital, the Medical Services Plan, and the College of Physicians and Surgeons of BC, with as much advance warning as possible. This notification should include the date of departure, the forwarding address, and the person and his/her address to whom correspondence and reports may be sent. That person may be a colleague who agrees to act as a liaison person during the transition period (see [Appendix D](#)).

Below is a list of professional associations and their contact information. This list is not exhaustive so consider other organizations that you belong to (e.g. alumni), and provide them with appropriate updates of your status as well.

College of Physicians and Surgeons of BC	300-669 Howe Street Vancouver, BC V6C 0B4 T: 604-733-7758 F: 604-733-3503 If you plan to retire from practice completely, complete the Retirement/Resignation from College Form .	
BC Medical Services Plan	Medical Services Plan PO Box 9480 Stn Prov Govt Victoria, B.C. V8W 9E7 T: 604-456-6950 W: http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/enrolment	
Canadian Medical Protective Association	PO Box 8225 Station T Ottawa, Ontario K1G 3H7 T: 1-800-267-6522 F: 1-877-763-1300 W: https://www.cmpa-acpm.ca/interrupt-or-end-membership	
College of Family Physicians Canada	2630 Skymark Avenue Mississauga, ON L4W 5A4 T: 1-800-387-6197 x250 F: 1-888-843-2372 W: www.cfpc.ca	
Richmond Hospital	7000 Westminster Highway Richmond, BC V6X 1A2 T: 604-278-9711	
Residential care facilities	Courtyard Gardens	7051 Moffatt Road Richmond, BC V6Y 3W2 T: 604-273-1225



		F: 604-273-9253 E: off.mgr.cyg@diversicare.ca
	Fraserview Intermediate Care Lodge	9580 Williams Road Richmond, B.C. V7A 1H2 T: 604-274-3510 F: 604-277-1844 E: fraserview@qwik.net
	Minoru Residence	6111 Minoru Boulevard Richmond, B.C. V6Y 1Y4 T: 604-244-5300 F: 604-244-5305
	Pinegrove Palace	11331 Mellis Drive Richmond, B.C. V6X 1L8 T: 604-278-1296 F: 604-273-0050
	Richmond Lions Manor	11771 Fentiman Place Richmond, B.C. V7E 3M4 T: 604-675-2590 F: 604-274-2543
	Rosewood Manor	6260 Blundell Road Richmond, B.C. V7C 5C4 T: 604-271-3590 F: 604-271-3551

Reference

1. CPSBC Professional Standards and Guidelines – [Leaving a Practice](#) (Oct 2009)

Practice Closure: Continuity of Care

According to the College, physicians have both a professional and legal duty to use reasonable efforts to arrange appropriate transfer and follow-up care for those patients who require it. Special attention should be given to patients who are being actively investigated or treated.



See the [Patient Panel Assessment](#) for instructions on how to proactively build a patient registry that identifies vulnerable patients for continuity of care.

Transfer of Care

If there is no replacement, retiring physicians should attempt to transfer their patients to another physician. Some patients may prefer to find their own new doctor. Physicians should try to assist the patient in the search process, for example:

- The College maintains a list of physicians accepting new patients
- Until Mar 2016, vulnerable patients may be transferred to a community GP with identified capacity using the RDFP's Patient-GP Matching Mechanism. For more information, contact Annie Hobson at ahobson@divisionsbc.ca
- Match patients to a colleague with the expertise for continuing care
- Consider demonstrating the maximum revenue per patient a GP can receive per annum if incentive billing is optimized to facilitate attachment of your patients (see the Appendix F)

Work in Progress (Investigations, Lab Tests and Consultations, etc.)

The CMPA has dealt with many examples of cases where work in progress has fallen “between the cracks” resulting in allegations of a delayed diagnosis or worse. The risk of such an occurrence increases with a physician leaving a practice. Physicians leaving a practice for whatever reason should make reasonable efforts to have in place a system whereby all of the work in progress will be reviewed and appropriately acted upon. For example:

- Arrange to have another physician cover or assume his/her practice;
- Arrange to have another physician review results for patients with outstanding laboratory tests, and to advise patients of the results and any requirements for follow-up; or
- Arrange for patients to obtain their test results from the physician's office or the testing facility (if permissible) and provide patients with instructions to obtain follow-up as soon as possible



The CMPA recommends sending a notice to those consultants (specialists, pharmacists, therapists, other health care professionals) whom the physician most frequently refers or shares patient care, as well as to laboratories and x-ray facilities. In the notice, it is useful to include the name of the contact physician replacing the physician (even if only temporarily), and/or direction on where to send a report if alternative arrangements have not been made. See the [Colleague Notification Letter Template](#).

Patient Panel Assessment

What is a patient panel assessment?

1. Defining your **patient panel size**, the number of active patients under your care
2. **Building a patient registry** that identifies vulnerable patients for continuity of care

Why undertake a patient panel assessment?

1. **For recruiting physicians:**
 - To frame recruiting efforts. Many incoming physicians would like to join or assume a practice with an appropriately sized, stable, and mixed patient panel.
 - A registry identifying vulnerable patients promotes proper handoff to a replacement physician for continuity of care
2. **For physicians closing a practice:** It is your professional and legal duty to:
 - Notify active patients of your practice closure at least three months in advance
 - Make reasonable efforts to ensure that there is a process in place to support continuity of care for patients who require it
3. A registry identifying vulnerable patients supports continuity of care in the case of an unplanned retirement due to departure/illness
4. To identify potential areas for allied health professional support based on the types of patients in your register (e.g. if you have a disproportionate amount of CDM-diabetes patients, consider bringing in a chronic disease nurse)
5. As with paper charts, EMRs are only as good as the accuracy and comprehensiveness of the physician/staff who is entering the data. Following these instructions and starting early will ensure that you are coding correctly, optimizing billing incentives, and can readily and easily identify your CDM, complex care and/ or vulnerable patients when it comes time for your practice transition.



Where do you start? Define your patient panel size

Method	Description
Mini Profile	<p>An accurate reflection of claims submissions and payments made for services provided in the calendar year based on Medical Services Plan payments. Statistics describe your panel size, demographics and the costs incurred for services against your province-wide peer group.</p> <p>Doctors of BC members can find a downloadable PDF of their Mini Profiles online in their My Account area.</p>
EMR query	<p>Identify your active patients* by using key indicators in your EMR, such as:</p> <ul style="list-style-type: none"> - Clinic or Primary Care Provider - Active status - No. of visits: > X - Date of last contact: today's date X number of years in the past or appointment during last X number of years, etc. <p>Generate a report based on the identified criteria. This report can be saved on your computer (i.e. Excel/Word) or in a binder/folder.</p> <p>*Defining an "active patient" is at the physician's discretion. For medical record management companies, an active patient is one that has physically visited the office anywhere in the past 2 to 7 years.</p>
Patient Panel Size Worksheet	<p>Calculate and identify discrepancies between your current and ideal patient panel sizes and assist an incoming physician in defining the ideal number of patients he/she can effectively care for (see Appendix G).</p>



Where do you start? Build a patient registry that identifies vulnerable patients for continuity of care – EMR-Based Offices

Step 1: Identify vulnerable patient populations by using key indicators, such as:

- Clinic or Primary Care Provider
- Active status
- ICD-9 Codes (see Table A)
- Service Codes (see Table A)
- Medication
- Lab Results
- Demographics (e.g. seniors (aged 65+), immigrants/newcomers)

Table A. Service and ICD-9 codes for identifying vulnerable patient populations

Vulnerable Patient Population	Service Code	ICD-9 Code
Complex care	14033	All
MH/A	14043	All
Chronic Disease - Diabetes	14050	250
Chronic Disease - Congestive heart failure	14051	428
Chronic Disease - Hypertension	14052	401
Chronic Disease - COPD	14053	496
Frailty Complex Care (for pts with the single diagnosis of significant 'Frailty' (Can Study of Health & Aging Levels 6 & 7)	14075	V15
Mom & baby dyads (pregnancy to babies 18 mos old)	14094	08A

You can also identify patients during chart review and then add the condition to the patient's medical summary as a coded entry (problem list; disease registry; clinical details etc.)

Step 2: Generate a report based on the identified criteria.

Example: To pull all of Dr. Xanadu's diabetic patients, he could choose the following search criteria:

Clinic or Primary Care Provider - Dr. Xanadu

ICD-9 Codes - patients with a 250 in problem summary

This report can be saved on your computer (ie. Excel/Word) or in a binder/folder.

Step 3: To keep an updated registry, each newly identified patient should be coded accordingly.



Where do you start? Build a patient registry that identifies vulnerable patients for continuity of care – Paper-Based Offices

Step 1: Build a **Patient Registry** using billed codes to identify your vulnerable patients and potential billings.

1. Do a search for the appropriate billed codes to identify your vulnerable patients. For example:

Vulnerable Patient Population	Service Code	ICD-9 Code
Complex care	14033	All
MH/A	14043	All
Chronic Disease - Diabetes	14050	250
Chronic Disease - Congestive heart failure	14051	428
Chronic Disease - Hypertension	14052	401
Chronic Disease - COPD	14053	496
Frailty Complex Care (for pts with the single diagnosis of significant 'Frailty' (Can Study of Health & Aging Levels 6 & 7)	14075	V15
Mom & baby dyads (pregnancy to babies 18 mos old)	14094	08A

2. Create a list of patients; this list can be saved on your computer (ie. Excel/Word) or in a binder/folder
3. Review the list to see if the patients on it have that condition as part of their problem list
4. Check to see if you have a flow sheet in their chart
Tip: flow sheets can be a different colour for easy access. You can place a sticker on the chart to remind your staff to have the flow sheet prepared with date and ht, wt, etc.
5. Check to see if they have been seen at least two times in the past year
6. If they have been seen two times in the past year you can bill the incentive fee above for their care
7. Make sure to add to the list every time you get a patient with a new diagnosis

Practice Closure: Wrapping up Business

Drug Disposal

Physicians are responsible to dispose of drugs in a conscientious manner that considers environmental impacts and provincial and federal requirements.

- If you are transferring your practice, you may be able to transfer drugs to the new physician
- If you are closing your practice:
 - Refuse any new drug samples six months prior to practice closure
 - Dispose of drugs using medical waste and sharps companies
 - Return expired and unused samples to drug companies or appropriate pharmaceutical representatives
 - Offer in-date samples to colleagues
 - Take expired or unused drugs to a pharmacy for proper disposal. [Click here](#) to find a participating pharmacy
- Destroy all prescription pads, or keep them safe and secure

Drug disposition resources for clarification and guidance include the:

- [Controlled Drugs and Substances Act](#)
- [National Association of Pharmacy Regulatory Authorities' Resources for Pharmacy Operator](#)

Medical and Office Equipment

There are several options for selling or passing on your medical and office equipment:

- Sell or give to any new physician coming into the practice
- Inform your colleagues what you have available. They may be interested or know of other physicians who would be.
- Advertise:
 - *Free*: online classifieds (e.g. [Craigslist](#), [Kijiji](#)); hospital notice boards
 - *\$\$*: medical publications (e.g. BCMA)
- Consider donating to nonprofit organizations that perform medical mission work.

Important considerations when selling your medical and office equipment:

- Methods to assess the value of equipment:
 - Market value: Contact your medical equipment supplier and ask for a reasonable estimate of what your equipment is worth.



- Book value: Determined by accounting records and accounts for the depreciation of an asset over time
- Buy/sell value: As agreed upon by the buyer and seller
- Simple guessing
- Certain pieces of medical equipment must be handled in compliance with the *Food and Drugs Act* and *Medical Devices Regulations*, regulated by Health Canada Section 26 of the Medical Devices Regulations. These state that no person can sell a **Class II, III or IV medical devices** unless the manufacturer of the device holds a license in respect of that device.

Business Records

According to the [Canada Revenue Agency \(CRA\)](#), you are required to keep all records and supporting documents that determine tax obligations and entitlements for a period of **six years**. This includes financial statements, income tax returns, ledgers, etc. Consult your accountant or call the CRA at 1-800-959-5525.

Under the *Employment Standards Act*, you must retain employee records for a minimum of **two years** after the employee's employment ends. This includes payroll records, wage rates, the number of hours worked each day, benefits paid, dates of statutory holidays and vacation taken, etc. Consult a lawyer regarding your legal obligations or contact the [Employment Standards Branch](#) at 1-800-663-3316



Practice Closure Checklist

Estimated Practice Closure Date: _____

(24 months in advance)

Group Practice:

- Review agreement to determine notice required
- Consider if shares need to be transferred to another physician
- Group practice without an agreement - give notice to your partners/associates
- Consider locum support or finding a physician to assume your practice
- Review staff employment contract, insurance policies and notice requirements

Solo Practice:

- Review lease and specifics on termination
- If the office space is owned, determine if the property should be maintained or sold
- Consider locum support or finding a physician to assume your practice

(18 months in advance)

- Create a patient registry of all active patients who will require more notification to ensure continuity of care (e.g. complex care, chronic disease, mother and baby dyads, frail elderly, mental health and addictions). See [Patient Panel Assessment](#).

(6-12 months in advance)

Group Practice:

- Contact your lawyer, tax accountant, financial advisor, banker, insurance agent, etc. for guidance on practice closure, storage requirements for clinic documents (employment, tax, legal and financial records, etc.) and estate planning

Solo Practice:

- Contact your lawyer, tax accountant, financial advisor, banker, insurance agent, etc. for guidance on practice closure, storage requirements for clinic documents (employment, tax, legal and financial records, etc.) and estate planning
- Review staff employment contract, insurance policies and notice requirements

(3-6 months in advance)

STAFF

- Notify staff of practice closure
 - Stagger staff dismissal
 - Prepare severance packages
 - Prepare to hire temporary staff
 - Consider offering incentives so that staff stay with you until the day of practice closure
- Assist staff in finding other employment opportunities

PATIENTS

- If possible, discuss practice closure with patients in person
- Send a letter to active patients, including practice closure date, plans for practice, assistance in finding a new GP and how patients can access their medical records (see [Appendix A](#))
- Place a handout or visible signage placed in the waiting area (see [Appendix B](#))
- Place a notice in a local community newspaper (see [Appendix B](#))
- No new patients should be accepted once practice closure date has been announced

MEDICAL RECORDS

- Arrange for safe storage of medical records. See the list of [Medical Record Management Companies](#).
- Notify the College of the location of the patient records and how they can be accessed (see the [Appendix D](#))
- Determine the correct amount of time your medical records should be stored. For BC, “medical records must be retained for a minimum period of *sixteen years* from either the date of the last entry or from the age of majority, whichever is later, except as otherwise required by law” (CPSBC, Sep 2014)
- If using an EMR, contact the EMR vendor to cancel get assistance on how to maintain patient confidentiality of medical records

COLLEAGUES

- Letter, including practice closure date, forwarding address, forwarding address, and the name and address to whom correspondence and reports may be sent (see [Appendix E](#))
- Notice in the Richmond Division of Family Practice bi-weekly Rapid Read



PROFESSIONAL ASSOCIATIONS

Letter (see [Appendix D](#)) including practice closure date, forwarding address, and the name and address to whom correspondence and reports may be sent. Cancel any associated professional dues.

- | | |
|---|---|
| <input type="checkbox"/> PSBC | <input type="checkbox"/> Richmond Hospital |
| <input type="checkbox"/> BC Medical Services Plan | <input type="checkbox"/> Residential care facilities |
| <input type="checkbox"/> Doctors of BC | <input type="checkbox"/> BC Cancer Agency. See the Professional Association Notifications for a list and contact information. |
| <input type="checkbox"/> CMPA | |
| <input type="checkbox"/> CFPC | |

Find contact information for the various professional associations [here](#).

(30-60 days in advance)

PATIENTS

- Respond to all patient requests for medical record transfers
- Care of any vulnerable patients or patients under acute, active treatment should be transferred to a colleague. Until the end of Mar 2016, consider using the Richmond Division's Attachment Hub. For more information, contact: ahobson@divisionsbc.ca
- All outstanding reports or test results must be reviewed and acted upon. New physicians are aware of remaining outstanding investigations.

OFFICE EQUIPMENT/FURNITURE/SUPPLIERS

- Plan for medical and office equipment.
 - If you own – consider selling or donating
 - If you lease – have lease termination date coincide with practice closure date. If not, consider a buyout.
- Notify the following providers of the day you wish to discontinue service and request final statements:

<input type="checkbox"/> Lawyer, tax accountant, financial advisor, banker, insurance agent, etc.	<input type="checkbox"/> EMR vendor
<input type="checkbox"/> Canada Revenue Agency (employee payroll and GST account, if applicable)	<input type="checkbox"/> Laundry services
<input type="checkbox"/> Canada Post	<input type="checkbox"/> Custodial services
<input type="checkbox"/> Medical suppliers	<input type="checkbox"/> Hazardous waste disposal services
<input type="checkbox"/> Office suppliers	<input type="checkbox"/> Utilities (phone, internet, electricity)
	<input type="checkbox"/> Landlord
	<input type="checkbox"/> Credit and debit card companies
	<input type="checkbox"/> Magazine subscriptions

Disclaimer: This checklist is to be used as a guide or starting point and is NOT an exhaustive compilation of the tasks associated with practice closure.

(After the final patient is treated)

PHONE & MAIL SERVICE

- Retain clinic telephone number with recorded phone message for a period of 3 months informing patients that the practice has closed and options for medical record retrieval (see [Appendix C](#))
- Contact Canada Post to coordinate change or address/mail forwarding

DRUGS AND HAZARDOUS WASTE

- Dispose of prescription drugs and medications according to guidelines
- Destroy all prescription pads, or keep them safe and secure

BUSINESS-RELATED

- Ensure that all final statements from vendors and suppliers are accurate and paid
- Keep business-related bank accounts open for at least three months to ensure all cheques have cleared

MEDICAL AND CLINIC RECORDS

- Store medical and clinic records in a safe and secure location

References

1. American Academy of Family Physicians - [Closing Your Practice Checklist](#) (n.d.)
2. CPSBC Professional Standards and Guidelines - [Leaving a Practice](#) (Oct 2009)
3. DOCUdavit Solutions - [A Checklist for Closing a Medical Practice](#) (2011)
4. Health Force Ontario - [Succession Planning](#) (n.d.)
5. Maine Medical Association - [Physician's Guide to Closing a Practice](#) (2014)
6. Ontario Medical Association - [Winding Down a Practice](#) (n.d.)

Disclaimer: This checklist is to be used as a guide or starting point and is NOT an exhaustive compilation of the tasks associated with practice closure.

Finding a Replacement

Planning for Recruitment: Important Contacts

Until the end of March 2016, the Richmond Division is pleased to offer a dedicated Recruitment Coordinator to guide you through the recruitment process by assisting members to:

1. Establish a timeframe for physician recruitment
2. Undertake a patient panel assessment
3. Write and post competitive advertisements on a number of local, provincial and national recruiting agencies
4. Orchestrate contacts with physician candidates, including coordinating meet and greets and tours of medical facilities and community amenities as part the Richmond Division's Red Carpet Welcome Program

Before you begin your physician recruitment activities, please contact **Nerissa Tai** at ntai@divisionsbc.ca or 778.822.2878.

Planning for Recruitment: Establishing a Timeframe

Physician recruitment is a lengthy and detailed process. Start early. According to Health Match BC, six months lead time is usually considered the minimum amount of time to accommodate all recruitment steps such as advertising, registration and licensing. Ideally, begin the process 12 to 18 months before the intended start date.

Planning for Recruitment: Defining the Physician Profile

From Health Match BC's webpage on [Planning for Recruitment](#)

Before commencing recruitment efforts, determine exactly what you would like the terms, conditions, responsibilities and/or accountabilities of the position to be. A potential candidate may seek to alter any of the above so some expectation of negotiating should be anticipated. Consider what is absolutely a requirement and where potential flexibility may be possible.



Items to include in your written list of terms and conditions include the following:

Group Practice:

- Date Needed
- Fee for service - anticipated annual remuneration
- Overhead costs and responsibilities
- Hours of work expected and anticipated
- On-call expectations

Solo Practice:

- Date Needed
- Fee for service - anticipated annual remuneration
- Overhead costs
- How the hiring physician will phase down patient care responsibilities

Closely linked to defining the terms and conditions of the employment is the creation of a comprehensive outline of the position profile. The position profile serves a number of purposes:

- It helps you and your colleagues come to a consensus on the expectations and requirements of the incoming physician position in your practice. The position profile provides clarity on details of the position requirements and defines the practice characteristics.
- It is an essential tool to fully inform physician candidates of your opportunity.
- It can be used to craft an effective job posting
- Importantly, a position profile that clearly defines the qualifications, expectations and abilities required for the role provides you with a "road map" to guide you through the hiring process.

Planning for Recruitment: Patient Panel Assessment

What is a patient panel assessment?	Why undertake a patient panel assessment?
1. Defining your patient panel size , the number of active patients under your care 2. Building a patient registry that identifies vulnerable patients for continuity of care	1. To frame recruiting efforts. Many incoming physicians would like to join or assume a practice with an appropriately sized, stable, and mixed patient panel. 2. A registry identifying vulnerable patients promotes proper handoff to a replacement for continuity of care

See [Patient Panel Assessment](#)

Marketing Your Physician Opportunity: How to Write a Compelling Advertisement

Below are tips to writing a compelling physician vacancy advertisement:

- Develop a creative, catchy headline and subheaders
- Create a compelling introductory sentence to encourage further reading
- Provide as concise and honest information
- Keep sentences and paragraphs short. Consider breaking into sections.
- Write in the active voice e.g. *“contact Dr. X”* versus *“you can contact Dr. X”*
- Involve the reader e.g. *Join our practice!*
- Avoid abbreviations
- Include value-added information e.g. community site visit, incentives

Below are some examples of information to include your physician vacancy advertisement:

- Start date
- Hours of Work
- Turn-key practice opportunity
- Practice details
 - On-call hours, OB/maternity, hospital coverage, residential care, house calls
- # GPs, #MOAs, #AHP
- Medical record keeping
- Patient volume
- Patient demographics
- Compensation
 - Compensation type
 - Estimated remuneration
 - Physician overhead
- Qualifications
- Assigned contact person for candidate referrals/CVs
- Community assets, lifestyle and practice opportunities
- Incoming physician can make this opportunity what he/she wants



Marketing Your Physician Opportunity: Where to Find Physicians

Personal Networks
<ul style="list-style-type: none"> • Any network of physicians or health care professionals • Locums • Postgraduate residents • Candidates generated from previous recruitment and advertising efforts • Check upcoming meetings, conferences, and courses for networking and advertising opportunities. (See the list of conferences that Health Match BC is attending on your behalf.)
Postings and Recruiters
<ul style="list-style-type: none"> • Health Match BC (free) • VCH Medical Staff (free) • Society of General Practitioners of BC (free with membership or through the RDFP) • Canadian Association of Staff Physician Recruiters (free with membership) • Locums.ca (\$) • College of Family Physicians (\$) • CMA's drcareers (\$\$) • Canadian Healthcare Network (\$\$)
Medical Journals (online or print)
<ul style="list-style-type: none"> • British Columbia Medical Journal (BCMJ) (\$) • Canadian Medical Association Journal (CMAJ) (\$\$) • Medical Post (\$\$) • IMGs <ul style="list-style-type: none"> ○ UK - British Medical Journal (\$\$) ○ US – JAMA (\$\$) ○ Australia – Medical Journal of Australia (\$\$)

Best Practices:

- Post ads in several media, making sure you select those that are most relevant and reach your target audience
- Do not inundate all media i.e. avoid overkill
- Respond to expressions of interest in a timely manner. While a few days may seem reasonable, if a candidate has made several inquiries to practices, a very prompt reply may make a difference.
- Physicians are generally the best recruiters of other physicians

The Transition Process

For the Incoming Physician

There are several ways that support a smooth transition for the incoming physician, your colleagues and patients.

- Consider a cross-over period to help orient the incoming physician to office procedures, patient base, medical colleagues and staff, etc.
- Invite the incoming physician to join the Richmond Division of Family Practice and connect with Richmond colleagues for support and advice
- Utilize the Practice Support Program's in-practice coaching services for support around EMR optimization, improving office efficiencies, optimizing workflow processes, maximizing incentive payment relationships and implementing advanced access scheduling.

For the Outgoing Physician

There is also a transition process for the outgoing physician. If you do not wish to stop practicing altogether, you might want to consider the following:

- Provide locum coverage for fellow Richmond GP colleagues
- Consider shift work in specialized areas of care or areas of practice interest e.g. residential care
- Join a committee or board of the Richmond Division to promote strong primary care delivery in Richmond and support practicing GPs



Appendix A - Patient Notification: Letter Template

[Name]
 [Office Address]

[Date]

Dear Patient,

It is with mixed emotions that I announce my [practice closure; practice relocation; retirement from active practice; etc.] as of [departure date]. It has been a privilege providing for your health care needs.

Scenario 1: No succeeding physician, searching for a replacement	Scenario 2: No succeeding physician, not searching for a replacement	Scenario 3: Succeeding physician
<p>At this time I have not found a replacement to take over my practice but a search is underway. My patients are welcome to continue to see me until I leave but I highly recommend that you begin looking for a new doctor in case there is a delay in finding one to take my place. The College of Physicians and Surgeons' website at www.cpsbc.ca can be helpful to begin searching for physicians accepting new patients.</p>	<p>Unfortunately, I have not found a replacement to take over my practice. If you require assistance, the College of Physicians and Surgeons' website at www.cpsbc.ca can be helpful to begin searching for physicians accepting new patients.</p>	<p>I am pleased to advise you that we are all very fortunate to have Dr. [name] continue this practice and your care, if you so choose. [Provide a brief bio in 1-2 lines]. Dr. [insert name] can be reached at: [Address] [Telephone Number] [Fax Number] [E-mail]</p> <p>We understand that you may want to select a new doctor. If you choose to do so, we recommend looking for a new doctor as soon as possible. The College of Physicians and Surgeons' website at www.cpsbc.ca can be helpful to begin searching for physicians accepting new patients.</p>



Your medical records are confidential and a copy can be transferred to another doctor or released to you only through your written permission by completing an authorization for release of medical record form. If you would like to receive a copy of your medical records or transfer them to another physician please contact:

[Name of Physician and/or Clinic/and/or Record Storage Facility]

[Address]

[Telephone number]

[E-mail]

Please note that there is a fee associated with the transfer of medical records of [insert amount].

It has been a great honour and pleasure meeting and caring for you. Thank you.

Sincerely,
Dr. [Name]
[Signature]



Appendix B - Patient Notification: Departure Notice Template (e.g. office, local newspaper)

Sample # 1

After [insert number] years, Dr. [insert name] regretfully announces the closure of his/her medical practice effective [insert date]. Dr. [insert name] wishes to express his/her appreciation to patients and colleagues for their trust and confidence over the years and extends his best wishes for continued good health. Dr. [insert name] will be taking over the practice as well as the bulk of medical records. Patients may obtain copies of their medical records by contacting [name of physician and/or clinic/and/or record storage facility]

Sample # 2

I, Dr. [insert name], am announcing the closing of my medical practice effective [insert date]. It has been a pleasure serving as your physician and I thank you for your trust and confidence over the years. Dr. [insert name] will be taking over the practice as well as the bulk of medical records. Patient files may be obtained by contacting [name of physician and/or clinic/and/or record storage facility]. Thank you.

Local Newspaper

Richmond News

5731 No. 3 Road
Richmond, BC, V6X 2C9
604-270-8031

W: <http://www.richmond-news.com/>

\$15 - \$17 for 1 print ad and 7 days of online ads
\$26 - \$29 for 2 print ads and 7 days of online ads
Free for online ads only

Appendix C - Patient Notification: Sample Voice Mail

- *Solo practitioners are advised to keep their phone line open for three months, with a message that details your practice closure*
- *Group practitioners are advised to change the group practice's voicemail with a message directing former patients to a message that details your practice closure.*
- *For a sample voicemail see below. The vocabulary or tone of the message may be modified as you see fit. Best practices are to keep the language simple and message 60 seconds or less.*

Sample #1 – Succeeding Physician

"Dr. [insert name] regretfully announces the closing of his/her practice on [insert date]. Dr. [insert name] will be taking over the practice and the bulk of medical records. If you would like to receive a copy of your medical records or transfer them to another physician please contact [name of physician and/or clinic] at [insert telephone number] or [insert email address] to obtain an authorization for release of medical record form for you to complete. Please note that there is a fee associated with the transfer of medical records. If you have any questions please free to contact us and we will be pleased to assist you. Thank you."

Sample #2 – No Succeeding Physician

"Dr. [insert name] regretfully announces the closing of his/her practice on [insert date]. If you would like to receive a copy of your medical records or transfer them to another physician please contact [name of physician and/or clinic/and/or record storage facility] at [insert telephone number] or [insert email address] to obtain an authorization for release of medical record form for you to complete. Please note that there is a fee associated with the transfer of medical records. Please contact [insert name] at [insert telephone number/email address] with any questions. Thank you."

Appendix D - Professional Association Notification: Letter Template

[Name of professional association]
[Address of professional association]

[Date]

To whom it may concern:

I am announcing my [practice closure; practice relocation; retirement from active practice; etc.] as of [insert departure date]. [My membership/account number is [insert number]].

Please forward all correspondence to:

Dr. [Name]
[Address]
[Telephone Number]
[Fax Number]
[E-mail]

[For College notification letter: Use this paragraph to describe the location of patient medical records and how they can be accessed].

Thank you.

Sincerely,
Dr. [Name]
[Signature]



Appendix E- Colleague, Referring Physician Notification: Letter Template

[Name of colleague, referring physician]
 [Address of colleague, referring physician]

[Date]

Dear [name of colleague, referring physician],

I am announcing my [practice closure; practice relocation; retirement from active practice; etc.] as of [departure date].

Scenario 1: No succeeding physician	Scenario 2: No succeeding physician	Scenario 3: Succeeding physician
<p>At this time I have not found a replacement to take over my practice [and a search is underway. In the event that no replacement is identified,] I will do my best to transition care of all vulnerable patients.</p> <p>Please forward all correspondence to: [insert address]</p>	<p>My practice colleague(s), Dr. [insert name(s)] will take over my practice as well as the bulk of my medical records.</p> <p>Dr. [insert name] can be reached at: [Address] [Telephone Number] [Fax Number] [E-mail]</p>	<p>As of [insert date], Dr. [insert name] will take over my practice as well as the bulk of my medical records.</p> <p>Dr. [insert name] can be reached at: [Address] [Telephone Number] [Fax Number] [E-mail]</p>

Your assistance in ensuring continuity of care is greatly appreciated. It has been an honour and privilege to have worked alongside you to deliver quality primary care in Richmond. Thank you and all the best in the future.

Sincerely,
 Dr. [Name]
 [Signature]



Appendix F - Incentive Billing Optimization: Maximum Revenue per Patient

If you are looking for a physician to join or assume your practice or if you are looking to transition patients to community GPs with identified capacity, demonstrating the maximum revenue per vulnerable patient (CDM, complex care, MH/A) that a GP can receive may be an effective method to promote physician recruitment and/or attachment of some or all of your vulnerable patients for continuity in care. In the table below, you will find the maximum revenue per patient a GP can receive per annum if incentive billing is optimized.

CDM (diabetes, CHF, hypertension and COPD)			
Code	Description	MSP	Max MSP
In addition to regular office visits:			
G14050-G14053	GP annual chronic care bonus (diabetes, CHF, hypertension, COPD)	\$50.00 - \$125.00	\$50.00 - \$125.00
G14015	Facility patient conferencing fee Maximum of 6 per calendar year per patient	\$40.00	\$240.00
G14016	Community patient conferencing fee No limitation per patient per year, but on assumption that one per year was needed	\$40.00	\$40.00
G14017	Acute care discharge plan conference fee	\$40.00	\$40.00
G14079	GP telephone/e-mail management fee (in follow-up) Maximum of 5 per calendar year per patient	\$15.00	\$75.00
	Total	\$185.00 - \$260.00	
	Up to maximum		\$445.00 - \$520.00
COMPLEX CARE			
Code	Description	MSP	Max MSP
In addition to regular office visits:			
G14033	Complex care management annual fee	\$315.00	\$315.00



Practice Support Program

OR			
Code	Description	MSP	Max MSP
G14075	Attachment complex care	\$315.00	\$315.00
G14016	Community patient conferencing fee	\$40.00	\$40.00
G14050-G14053	GP annual chronic care bonus	\$50.00 - \$125.00	\$50.00 - \$125.00
G14079	GP telephone/e-mail management fee (in follow-up)	\$15.00	
	Maximum of 5 per calendar year per patient		\$75.00
	Total	\$420.00 - \$495.00	
	Up to maximum		\$480.00 - \$555.00
MENTAL HEALTH			
Code	Description	MSP	Max MSP
<i>In addition to regular office visits:</i>			
G14043	Mental health planning fee	\$100.00	\$100.00
00120	Counselling	\$52.76	
	Maximum of 4 per patient per year		\$211.40
G14016	Community conferencing fee	\$40.00	\$40.00
	No limitation per patient per year, but on assumption that one per year was needed		
G14079	GP telephone/e-mail management fee (in follow-up)	\$15.00	
	Maximum of 5 per calendar year per patient		\$75.00
G14044-G14048	GP mental health care management fee	\$52.76 - \$79.14	
	Maximum of 4 per patient per year		\$211.04 - \$316.56
	Total	\$260.52 - \$286.90	
	Up to maximum		\$637.44 - \$742.96



Appendix G -Patient Panel Size Worksheet

Why define your patient panel size:

- 1 **Identify the ideal number of patients you can effectively care for**, while adjusting for practice style
- 2 **Manage clinical workload**
- 3 **Optimize patient access to care** by balancing patient demand with appointment supply

	CURRENT PANEL	Example	Your practice
A	The practice panel: The number of unique patients who have seen any provider (MD, NP or PA) in the practice in the last 12 or 18 months	6000	
B	Full-time-equivalent (FTE) providers	4.00	
C	FTE providers devoted to non-visit work	1.00	
D	FTE clinical providers (B - C)	3.00	
E	The "target" panel for each FTE clinical provider ($A \div D$)	2000	
For an individual provider			
F	Clinical FTE of the individual provider being analyzed	0.80	
G	Actual panel for the individual provider (This can be determined using the "four-cut" method described in the article.)	2000	
H	Difference between actual and target panel for the individual provider ($G - (E \times F)$)	400	
IDEAL PANEL			
I	Visits per patient per year (The average is 3.19, but your number may vary and can be adjusted based on patient acuity, as described in the article.)	3.19	
J	Provider visits per day	24.0	
K	Provider days per year	240.0	
L	Ideal panel size ($(J \times K) \div I$)	1806	
M	Difference between actual and ideal panel for the individual provider ($G - L$)	194	
<i>Note: Strategies for reconciling the actual and ideal panels are provided in the article.</i>			

Source: Murray M, Davies M, Boushon B. (2007). Panel size: how many patients can one doctor manage? *Fam Pract Manag*, 44-51. Available at: <http://www.aafp.org/fpm/20070400/44pane.html>