

Frequently asked questions

Physician On Call Program (POCP)

October 2024

Following a review of the POCP, there have been changes made to the eligibility and application process. The following frequently asked questions (FAQ) provide details about the POCP, the review, and resulting changes made.

What is the POCP?

- The POCP is a physician assistance program funded by Alberta Health (AH), Government of Alberta. Alberta Health Services has administrative and financial oversight of the POCP.
- The purpose of the POCP is to compensate physicians in Alberta for their availability and the burden of being on call.
- Physicians who receive physician on call payments for being on-call can also bill for clinical services provided while on call as per the Schedule of Medical Benefits.

How is the POCP funded?

- Alberta Health Services (AHS) receives annual funding from AH for the POCP.

Why was the POCP reviewed?

- In September 2019, the former Physician Compensation Committee that had representation from AHS, AH and the Alberta Medical Association (AMA) set the price of the POCP. As a result, AHS needed to make substantial changes to the POCP in order to meet the budgetary target. These changes included category and payment rate changes that were implemented October 1, 2019.
- AHS promised to do a review of the POCP as a result of this change in price in order to establish clear and transparent eligibility criteria and payment rates to ensure a cost effective and sustainable program that supports the safety and quality of patient care.
- The committee who conducted the review was made up of physician representatives, the AMA, AH and Provincial Medical Affairs.

What are the changes made to the POCP as a result of the review?

- Changes have been made to eligibility criteria, call categories and payment rates.

Who is eligible for POCP funding?

- Each POC program should receive a minimum number of 10 phone calls or requests for clinical service delivery or support per month (except for those with reasonable rationale, such as being an essential service or required to meet accreditation standards).
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Date: October 8, 2024

- Family physicians who provide on call services primarily as hospitalists for unattached medicine inpatients in an eligible facility, for low-risk obstetrics patients and to seniors for eligible continuing care/long term care facilities whereby the physician is not the Most Responsible Physician (MRP) are eligible.
- Physicians privileged to provide services in an acute care facility require the appropriate infrastructure/resources to provide after-hours care. For example, after hours surgery requires anesthesia services.
- Physician On Call (POC) programs must not duplicate the services that are already being provided by other eligible on call programs or other consultative services (e.g., eReferral).

Who is not eligible for POC funding?

- Day programs and other programs that do not require attendance during the after hours.
- Programs involving physicians already on service or those with established pre-scheduled shifts to provide essential services on site in acute care facilities (e.g., in the emergency room within an on-site shift position involving a specified predictable schedule) are not eligible.
- Non-essential programs that exclusively provide telephone advice and/or do not attend or have the ability to attend to patients in the after hours are not eligible.

What are the changes to the POCP categories and payment rates?

- There are changes made to category titles and expectations. The new call categories will be On Site, Level 1, Level 2 and Level 3. These categories replace the current On Site, Off Site, Rural On Call (ROC) and Rural GP with Specialized Skills (RGPSS) call categories effective April 1, 2025.
- Definitions of each call category are below:
 - **On Site** – physician required to be on call onsite at all times.
 - **Level 1** – physician can be offsite while on call but available by phone within 15 minutes and is expected to attend on site depending on the acuity of the situation.
 - **Level 2** – physician primarily off site while on call but available by phone within 15 minutes with majority of calls not requiring attendance on site and/or the response time is not urgent but dependent on situation. Primarily responsible to ER for consults or has access to other on site supports if responsible for inpatient service.
 - **Level 3** – Physician primarily off-site but available by phone or virtually within 15 mins with majority of calls being consultative or virtual. Majority of the calls do not require the physician to present on site.
- The hourly rates for each call category will change effective April 1, 2025, and are as follows:

Category	Hourly Rate
On-site	\$27.30
Level 1	\$25.10
Level 2	\$18.82
Level 3	\$12.60

**Please note ROC and RGPSS categories are included in Level 1 or Level 2, as appropriate.*

Why do existing on-call programs need to apply again?

- Existing on-call programs will need to apply again to ensure they meet the updated eligibility criteria and that they are placed in the appropriate call category if deemed eligible.

The call program that I currently provide call for has not been funded through the POCP to date. Can someone from my call program now apply for funding?

- Yes. We are accepting applications from both new and existing call programs from October 1 to 31, 2024, through ServiceNow to identify those call programs that meet the new eligibility criteria for funding under the POCP.

What is the process for applying for on call funding? Do I need approval from my Zone Medical Lead before submitting an application?

- All programs requesting POCP funding must submit the completed application form signed off by the applicable Medical Director or approved designate through the ServiceNow portal.
- The program must ensure the application is completed correctly and, where applicable, all supporting documentation is included.

How do I access the application in the ServiceNow portal?

- A link to access the POCP application in ServiceNow will be sent to all Zone Medical Directors (ZMD) the morning of October 1, 2024, for distribution to their respective zone medical staff.

How long does it take to complete the application in ServiceNow?

- The initial application through the ServiceNow portal should only take 5-10 minutes to complete. There may be follow-up requests for additional information from the POCP Review Committee and the time involved in providing that information will vary due to the request.

When completing the application form, what does Frequency of Call mean?

- Frequency of Call is referring to the average number of call shifts worked per physician per month.

When completing the application form, what does volume of work mean?

- Volume of work refers to the number of phone calls/pages per month.

What does supports vs no supports mean?

- Supports vs no supports is asking if there are any supports for the program from consultant services including clinical assistants, nurse practitioners, physician assistants, surgical assistants, residents, consultant services including ICU, ID, etc.

What is the question asking if the physician on call is an essential service or required to meet accreditation standards mean?

- Programs who are required to have physicians remain on site while on call to address urgent or emergent patient needs or is required in order to meet accreditation standards would select 'yes' to this question and would describe any rationale in the drop-down text box that will appear when 'yes' is selected.

What does the Zone Medical Leader Support question mean?

- Programs who are applying for POCP funding need to ensure they have support from their Zone Medical Leader as part of the application process. By selecting yes, you are agreeing that you have discussed and have approval to submit the application from your zone medical leader.

Will there be ongoing review of the call programs?

- The POCP Review Committee will review each Program receiving POCP funding every three years to ensure they still meet the eligibility criteria and are being funded at the appropriate level.

Who will be reviewing the applications and how are decisions being made?

- The POCP Review Committee will review all completed applications to determine if the program is eligible for funding and, if so, what call category they will qualify for by using a standardized matrix based on the answers received from the application.
- The POCP Review Committee may reach out to programs if additional information is required in order to make a decision on eligibility or call category placement.

How will decisions be communicated?

- Each program will receive a written decision from the POCP Review Committee. This will be sent to the email address of the person who submitted the application on behalf of the program.

What happens if an existing call program is no longer eligible for on-call funding? When will funding end and is there an appeal process?

- Any current programs not approved will have 90 days' notice of termination. Programs will have 30 days to appeal. All appeal forms and supporting documents must be received by the POCP team by the date given in the notice.
- All decisions will be sent by email and instructions for appeal will be attached to the message in cases where a program has been deemed to not be eligible for funding.

What happens if a program does not agree with the call category it has been placed in?

- Programs will have 30 days to appeal the decision on call category. All appeal forms and supporting documents must be received by the POCP team by the date given in the notice.
- Appeal process information will be included in the email sent to each program communicating the POCP Review Committee's decision on their application.

What happens if a new program is approved for funding? When will funding start?

- Programs approved for funding will receive notification via email to the primary applicant for the program. Funding for all approved programs will start April 1, 2025.

Will there be ongoing review of the call programs?

- The POCP Review Committee will review each Program receiving POCP funding every three years to ensure they still meet the eligibility criteria and are being funded at the appropriate level.

Who do I contact if I have questions about the review and/or application process?

- If you have questions or concerns regarding these changes and how they impact you, please contact your respective Zone Medical Leader. If they are not able to answer the question, you can also reach out to the POCP general inbox at POCPReview@albertahealthservices.ca.