

WHAT WE LEARNED: FEE-FOR-SERVICE IMPROVEMENT SURVEY

BC Family Doctors' Fee-for-Service Improvement Survey paints a clear picture: the fee-for-service system in British Columbia urgently needs to be simplified, modernized, and made more fair. In response to our questions, 98 family doctors voiced strong opinions on what works, what doesn't, and how billing reforms can help revitalize primary care.

WHAT'S WORKING WELL

1. Autonomy and Efficiency

Many physicians value the control that fee-for-service gives them to manage their schedules and tailor care to their patients' needs. It incentivizes efficiency and supports high-volume, procedure-based work.

2. Facility-based Care Codes

Physicians appreciate those fee codes that provide reliable compensation for facility-based care, such as:

- Call-out and continuing care surcharges (01200–01207)
- Hospital visits (13008)
- Care conferencing (14067/14077)
- Induction of labour (04118/04119)



I want us to be well compensated for managing the whole health of a person. I really do try my best to do best by my patients and I want that to be reflected in both respect and compensation. I want to be proud of what I do.

3. Payment for Specialized Care

For physicians doing care that is not eligible for the Longitudinal Family Physician (LFP) model (e.g. surgical assists, emergency care), fee-for-service remains the only widely available compensation.

WHAT'S NOT WORKING

1. Outdated Office Fees

The commonly used office visit and counselling codes (0100, 0120) are rated as the most problematic fees. You told us that they are too low in value and reflective of outdated assumptions about mental health care and other types of patient care.

2. Payment for indirect care and administrative work

Physicians report performing significant amounts of unpaid and underpaid indirect care:

- Reviewing test results
- Charting and documentation
- Preparing referrals and requisitions
- Completing forms, reports, and medical certificates of death

3. Systemic Barriers and Audit Anxiety

You told us that confusing fee codes, rejection of legitimate claims, and audit-related stress are serious deterrents to effectively using fee-for-service codes. There's a widespread need for simpler, clearer rules and protections.

WHAT IS NEEDED

Modernize compensation

- Increase basic visit fees and align fee-for-service rates with inflation
- Adjust payment for mental health care, complex patients and indirect tasks (e.g., charting)
- Expand compensation for facility-based care, after-hours work and group visits
- Ensure fairness across regions, practice types and genders



Complexity and mental health need time; under fee-for-service we are not paid for time. This is a fundamental problem which needs address[ing].

Introduce New Codes

- Compensate for indirect care, such as documentation, review of results, and medically necessary forms
- Advance team-based care, clinical teaching, and after-hours care
- Improve payment for mental health care, substance use care, complex chronic care, and procedures
- Introduce codes that reflect time and complexity of care

Simplify everything

- Reduce the number of fee codes
- Enhance billing functionality in EMRs
- Reduce busywork and duplication (e.g., avoid needing to document times in both charts and billing)
- Enable fair and transparent claims adjudication



If we are properly compensated, there will be more physicians choosing family medicine, a greater locum pool, and therefore less burnout. Compensation speaks to value and directly links to wellbeing.

THE PATH FORWARD

BC Family Doctors' fee-for-service survey and broader member feedback highlight deep frustration with current fee-for-service billing. Physicians also shared their hope that we can build on the successes of the Longitudinal Family Physician (LFP) Payment Model to create a fee-for-service model that respects and compensates all family physicians appropriately.

Physicians need a modern, simple and equitable billing system that:

- Pays for all their time—not just patient-facing time
- Reflects patient complexity and time spent with patients
- Offers timely payment, fewer rejected claims, and transparent adjudication
- Allows flexible billing for multiple-issue visits

Let's build a payment model that supports physicians, values patients and improves the provision of all types of family medicine care in BC.