

XV. APPENDICES

Appendix A – Definitions

In this LFP Payment Schedule, unless the context otherwise requires:

- (a) **“Adequate Medical Record”** has the meaning given to it in Section 5 [*Adequate Medical Records*].
- (b) **“Clinical Administration”** means Clinical Administration as described in time code 98012/98042 LFP Clinical Administration – per 15 minutes.
- (d) **“Clinical Learner”** means medical students, residents, Practice Ready Assessment (PRA-BC) physicians, nurses/nursing students, nurse practitioners/nurse practitioner students and midwives/midwifery students.
- (e) **“Clinic-based Pregnancy & Newborn Service”** means prenatal care, postnatal care, lactation support, care of newborns up to six weeks of age, and medical abortion care.
- (f) **“Clinic Non-panel Service”** means LFP Clinic-based Services that a physician provides to a patient who is not:
 - (i) on the physician’s panel; or
 - (ii) on the panel of another longitudinal physician or nurse practitioner who works at the same LFP Clinic as the physician.
- (g) **“Complex Contraception Service”** means care related to contraceptive procedures and surgeries (e.g. intrauterine devices, contraceptive implants, vasectomies, tubal ligations), as well as the use of contraceptive methods for medically and socially complex patients, care resulting from a referral or recommendation from a physician or allied care provider, and gender-affirming care.
- (h) **“Deemed Ineligible”** has the meaning given to it in Section 28 [*Removal from the LFP Payment Model*].
- (i) **“Direct Patient Care”** means direct patient care as described in one of the Direct Patient Care time codes: 98010/98040, 98120/98220, 98121/98221, 98123/98223, 98124/98224, 98125/98225, 98126/98226, 98127/98227, 98128/98228, 98129/98229, 98130/98230, 98131/98231.
- (j) **“Eligibility Criteria”** means, for a physician not currently enrolled in the LFP Payment Model, the Initial Eligibility Criteria; for a physician enrolled in the LFP Payment Model, the Ongoing Eligibility Criteria.
- (k) **“Empanelled Patient”** means an individual for whom a family physician has accepted responsibility to provide and coordinate longitudinal, relationship-based, comprehensive, family medicine care.

- (l) **“Enrolment Code”** means 98000 Longitudinal Family Physician Payment Model Registration Code.
- (m) **“Excluded Services”** means all of the services and circumstances described as being excluded from the LFP Payment Model in Sections 11 to 20 [[Excluded Services](#)].
- (n) **“Facility”** means an acute care, palliative care, or long-term care facility. This includes but is not limited to hospitals, hospices, nursing homes, intermediate care facilities, extended care units, rehabilitation facilities, chronic care facilities, convalescent care facilities, and personal care facilities.
- (o) **“Pregnancy & Newborn Facility Service”** means care that a physician provides for a patient:
- (i) in an acute care setting of a hospital for pregnancy-related or newborn care concerns,
 - (ii) in a Home Birth Setting for labour/birth, or
 - (iii) in a Home Birth Setting for postpartum/newborn care in the 5 days after birth.
- (p) **“Fee-for-Service”** means the payment schedule titled the “Medical Services Commission Payment Schedule” that contains a “General Preamble” and separate schedules for different sections of physicians, as amended from time-to-time, which is sometimes referred to as “fee-for-service”.
- (q) **“Home Birth Setting”** means an out-of-hospital setting where a patient labours and/or gives birth.
- (r) **“Home Setting”** means a setting where a patient lives – including a home, assisted living or another setting where a person lives – but excluding a Facility.
- (s) **“Host Physician”** means a physician who provides Longitudinal Family Physician Services, is having an LFP Locum provide services on their behalf, and is:
- (i) enrolled in the LFP Payment Model;
 - (ii) remunerated under Fee-for-Service and has submitted 14070 in the same calendar year;
 - (iii) remunerated under the Individual Contract for New-to-Practice Family Physicians; or
 - (iv) Remunerated under Alternative Payments Subsidiary Agreement (APSA) contracts under the following practice categories:
 - General Practice – Full Scope (Rural) – Area A, B, C
 - General Practice – Full Scope (Non-JSC Community)
 - General Practice – Defined Scope B (Student Health Centres) until June 30, 2027
- (t) **“Indirect Patient Care”** means indirect patient care as described in time code 98011/98041 LFP Indirect Patient Care Time– per 15 minutes.
- (u) **“Initial Eligibility Criteria”** means the initial eligibility criteria for the LFP Payment Model defined in Section 22 [[Initial Eligibility Criteria for the LFP Payment Model](#)].
- (v) **“Inpatient Facility Service”** means care that a physician provides to a patient in an acute care setting of a hospital, except for:

- (i) Care provided in an acute care setting of a hospital for pregnancy-related or newborn care concerns,
 - (ii) Direct bedside care provided to critically ill and unstable patients who are in need of intensive treatment such as ventilatory support, haemodynamic support including vasoactive medications or prolonged resuscitation.
- (w) **“Interdisciplinary Care Conference”** means an interdisciplinary discussion with the physician, nurse, other staff, and the patient/family (if available and appropriate) to discuss how best to care for a patient, including review of a patient’s care plan that identifies the goals of care, management plan, and supports for activities of daily living as clinically appropriate. It is one of the FPSC Long-term Care Initiative’s Best Practice Expectations
- (x) **“LFP Clinic”** means a medical clinic in which a physician enrolled in the LFP Payment Model provides Longitudinal Family Physician Services.
- (y) **“LFP Clinic-based Service” means** care that a physician provides to a patient:
- (i) at the physician’s LFP Clinic;
 - (ii) at a Pregnancy & Newborn Clinic;
 - (iii) as a virtual visit associated with the physician’s LFP Clinic, except if the physician provides successive services to patients located in a Facility; or
 - (iv) to a patient in their Home Setting (but not in a Facility).
- (z) **“LFP Facility-based Service”** means care that a physician provides to a patient in an applicable Facility setting:
- (i) Long-term Care and Palliative Facility Services
 - (ii) Inpatient Facility Services
 - (iii) Pregnancy & Newborn Facility Services
- (aa) **“LFP Locum”** means a physician who meets the Locum Eligibility Criteria and provides LFP Locum Services on behalf of a Host Physician .
- (bb) **“LFP Locum Services”** means services provided by an LFP Locum on behalf of a Host Physician in an LFP Clinic-based setting and/or in any of the following LFP Facility-based settings:
- Long-term Care and Palliative Facility Services,
 - Inpatient Facility Services, and
 - Pregnancy & Newborn Facility Services.
- (cc) **“Locum Eligibility Criteria”** means the eligibility criteria for the LFP Payment Model defined in Section 49 [[Locum Eligibility Criteria](#)].
- (dd) **“Locum Enrolment Code”** means 98005 Longitudinal Family Physician Payment Model Locum Enrolment Code, as defined in Section 51 [[Locum Enrolment and Annual Re-enrolment](#)].
- (ee) **“Longitudinal Family Physician Payment Model”** or **“LFP Payment Model”** means the compensation model set out in this LFP Payment Schedule.
- (ff) **“Longitudinal Family Physician Services”** means the types of services typically provided by a family physician who provides longitudinal, relationship-based, comprehensive, family

medicine care in a community-based setting (including medically required services to beneficiaries), aligned with the attributes of a Patient Medical Home.

- (gg) **“Long-term Care and Palliative Facility Service”** means care that a physician provides to a patient in a Long-term Care or Palliative Care Facility.
- (hh) **“Meaningful Medication Review”** means an interdisciplinary discussion with the physician, pharmacist, and nurse to discuss to assess the appropriateness, dose, route, and/or dispensing schedule of each medication used by a patient as well as reducing/stopping medications when safe to do so. It is one of the FPSC Long-term Care Initiative’s Best Practice Expectations.
- (ii) **“MSP”** means the Medical Services Plan, which is continued under the Medicare Protection Act.
- (jj) **“Ongoing Eligibility Criteria”** has the meaning given to it in Section 23 [[Ongoing Eligibility Criteria in the LFP Payment Model](#)].
- (kk) **“Patient”** means an individual who is a beneficiary under the Medical Services Plan.
- (ll) **“Patient Medical Home”** or **“PMH”** means the description of Patient Medical Home specified in Appendix B.
- (mm) **“Pregnancy & Newborn Clinic”** means a medical clinic in which a physician enrolled in the LFP Payment Model provides Pregnancy & Newborn Services.
- (nn) **“Provincial Attachment System”** means British Columbia’s IT-enabled attachment system that connects patients who do not have a family doctor with physicians who are able to take on new patients. The system also provides data to measure system progress and capacity.
- (oo) **“Required Services”** means the services specified in Section 24 [[Required Services](#)].
- (pp) **“Setting Registration Code”** means 98002 LFP Clinic-based Services Registration Code, 98003 LFP Long-term Care and Palliative Care Facility Services Registration Code, 98004 LFP Inpatient Services Registration Code, or 98006 LFP Pregnancy & Newborn Services Registration Code, as defined in Section 26 [[Registration to Bill Services under the LFP Payment Model](#)].