**Consumption/Income**

**Payment model . . .**

**Child Node: FFS model income is unpredictable/alternative models are more predictable**

[<Files\\Remuneration considerations\_Raw Data>](file:///Users/drudoler/Library/Containers/com.apple.mail/Data/Library/Mail%20Downloads/50F9EFA8-52DD-4426-A2B1-7B77F6898BB9/f8a244aa-cf43-40df-80db-e8e774c642ab) - § 11 references coded [3.25% Coverage]

Reference 1 - 0.38% Coverage

That said, you know, my clinic where I do family medicine is like really on the edge of sustainability at this point. We’ve grown a lot because there's a huge need for this kind of work, and because of the quality of the work I think that we’re doing as a group. You know, we have a huge wait list that we actually don't have the capacity to address. And because we’re paid fee for service, it is just basically marginal in terms of like the clinic and its long term view. So unless we are able to like work with the Ministry of Health, which we’re working with now to see if they might be able to consider us within the new primary care reform as one of the alternative models, you know, I don't know that it will be sustainable. So it is a financial consideration to that effect. Where not through any choices that I’m making but just through the way that physicians are paid and structured that that might really change the way that I work.

Reference 2 - 0.21% Coverage

R: Yeah, so I’m part of the rural locum program and I still do some rural locums, mostly just as a fun way to see different communities. They salary you a certain amount per day. And if you make more than that amount with shadow billing then you can get paid more than that. But you don’t pay overhead at all. You’re guaranteed like $1,200 a day or whatever it is. When I’ve locumed in Nanaimo fee-for-service, every place I’ve locumed is like a 70/30 split. And nowhere was that guaranteed a certain income.

Reference 3 - 0.39% Coverage

And I thought I don't think I can go on just living paycheque to paycheque and being worried if I don’t pick up a certain amount of shifts every month, am I going to be able to pay my bills? I wanted something steady where I knew exactly how much money I was going to make every month instead of a fee-for-service MSP billing sort of drifting in here and there. You never know if it will get rejected or if you’ll get paid 2 weeks later, 2 months later, 2 years later. It’s quite inconsistent. So I felt like I wanted something that guaranteed me a certain income every single month so I knew my bills would be paid and I could save a certain amount. And then anything extra I work in Nanaimo is just a bonus. So I don’t like the uncertainty of fee-for-service jobs. The harder you work, the more you make. But if you want to take some time off or if you’re not able to work as much, it can be financially devastating with a mortgage and a line of credit.

Reference 4 - 0.44% Coverage

I: Are you comfortable with fee-for-service? Do you like it? Do you feel that you can work with it to get the kind of remuneration you want?

R: I feel like I am able to work with it. I’m getting paid decently now. So I understand the system and I’m able to bill adequately. However, the actual billing codes, like the actual compensation per what you’re doing I think is sometimes pretty abysmal or just not compensated at all. So today I have a patient who’s in hospital, and I’m on-call 24 hours a day, 7 days a week while they’re in hospital. And I get paid $50 a day. So it’s like well, is that really worth me getting up at 2 in the morning to discuss with the nurse, you know, their medication changes and stuff? Not really. So there are some pretty big gaps in terms of the fee-for-service and how people are paid. There is an opportunity to bill more. But I do think that overall I would just rather… And again, I think a lot of the people in my cohort say this. I would just rather be paid a flat salary as long as it wasn’t less than what I’m currently being paid.

Reference 5 - 0.47% Coverage

I: Okay. So my last question about your clinic and your practice there is how are you… Well, I guess actually how are you compensated for both your clinic work and any of the other work you do outside of that?

R: So at my practice, I’m on an APP. Which is pretty much the only reason that I would work in NS currently. It was pretty competitive to get a spot in my clinic at the time. Now in the last year they’ve been giving more APPs. So I'm on an APP. So I mean I’m not coming home making millions of dollars but I at least have a steady income that’s not affected by, you know, storm days and things that can come up. So I’m very happy with my APP. I mean again, we’re paid the lowest in the country. So it could be a lot better. But yeah, so I’m very happy with the way I’m paid at my clinic. I’m paid on fee-for-service at the Sexual Health Centre. Which is fine because it’s easy and I can see a decent volume of people. I mean I have a lot of no-shows. But even with that, I mean it's more straightforward than standard family practice. And I’m paid privately for my travel clinic because it’s not an MSI fundable thing. So paid by Costco.

Reference 6 - 0.31% Coverage

I would say that I’m very risk adverse. Which is why I like being on an APP. And like seriously though, like I feel very, very badly for my colleagues when there’s a storm for two days and no one shows up, and then my colleagues don’t get paid, and then I get paid if I see 5 people, you know, in a snowstorm. I mean I don’t actually feel bad because I think, you know, I’m at work and it’s not my fault that people aren’t showing up. But I feel badly of how most doctors are compensated in NS – family doctors. Because you go in and pay more for a haircut than you do to see a family doctor right now. So it’s nothing against getting a haircut. I just mean like you know, the fee-for-service model is bad. Which again I’m sure you’ve heard from a lot of people as well.

Reference 7 - 0.50% Coverage

R: Oh, totally. Like I mean in the summer, in August, one night… And the other thing is I work Wednesday evenings. So I had 6 no-shows. So I think I see… I do a 3 hour clinic. So a third of my patients didn’t show up on a nice sunny evening in the summer. And I’m thinking, wow, like you know, I’m getting paid a third less of what I should be, you know, just from people not showing up. Also we actually lost the evening incentive because the government said we weren’t providing comprehensive care. Which is not true. Because I see lots of patients on follow-up there. But anyways, so yeah, I think mostly like seeing…working somewhere where there’s a lot of no-shows really shows how you’re quite vulnerable on fee-for-service. And I actually practice differently there. Like I have to practice quicker. I’m not as thorough. I’m probably not as patient as I am in my practice where I can do 15 minute appointments. And there I do 10 minutes. So I definitely notice… It’s a different type of visit. So I can’t really compare it. I’m not providing… Like you know, I’m not seeing diabetic patients at the Sexual Health Centre. That obviously takes more time. But I definitely notice that I practice different, and not in a positive way.

Reference 8 - 0.06% Coverage

R: Yeah, no, I don't think so. Just financial security is like my main reason for like being on an APP. Yeah, I don't think that there's anything else.

Reference 9 - 0.18% Coverage

R: It does. Like I mentioned, I do prefer working in an APP rather than fee-for-service. There's sort of more of a steady income coming through an APP. And you also don’t need to worry about coverage when you’re taking vacation, when I had to go on leave or things like that. It does incorporate time for vacation, for sick leave, for CME, and so on and so forth. So it's great to be working in an APP as opposed to fee-for-service.

Reference 10 - 0.17% Coverage

I: So you said that you were seeking out APP rather than fee-for-service. Can you elaborate a little bit about why that is?

R: I guess just a bit of apprehension about what fee-for-service would mean in how quickly you’d have to see patients. And whether starting out you’d have enough patients that you would be actually seeing and billing for that you’d be making the equivalent. If that makes sense.

Reference 11 - 0.15% Coverage

And I kind of understood an APP was a fixed amount that then would give me a chance to build my practice. So I was sort of nervous when I first started that if I was only going to have, you know, a couple of hundred patients then how would I ever see enough people per day? That was naive. [laughs] Enough to kind of make what the equivalent of an APP would be.