To: Family Health Groups (FHGs)

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Re: After Hours Service Requirements

The purpose of this bulletin is to reinforce your obligation for the provision of extended hours (After Hours) sessions as set out in Appendix D of your Family Health Group (FHG) agreement, and to ensure that you understand the ministry expectation with respect to the provision of comprehensive care to your rostered patients, including educating your patients with respect to availability and location of after hours services and Telephone Health Advisory Services (THAS).

After Hours Services is an important component of many of the Primary Care Agreements and is an essential element in providing comprehensive care to enrolled patients. By offering pre-booked and walk-in visits during scheduled evening/weekend or statutory holidays After Hours sessions, enrolled patients have greater access to their primary care physician group thus ensuring greater continuity of care. Further, the provision of After Hours Services will benefit the health care system by reducing visits to the local hospital Emergency Departments.

The extended hours requirements are set out in Appendix D of your FHG agreement. You should review the provisions within the agreement and ensure that your extended hours are in compliance with the stated requirements. Further, you should take steps to ensure that your rostered patients are aware of the times and locations of your groups after hours sessions and encouraged to utilize this service. The ministry will be increasing its efforts to monitor the provision of after hours services and you may be contacted to verify your schedule and/or locations of extended hours services.

Exemption from After Hours Requirements

Section 4 in Appendix D of your FHG agreement provides for the exemption from after hours service obligations when fifty percent (50%) or more of the physician in the FHG provide public hospital emergency room coverage or public hospital anesthesia services on a regular, ongoing basis. The contact physician on behalf of the FHG must apply for this exemption.
Effective immediately, the ministry is implementing an annual renewal process for this exemption to ensure ongoing eligibility. If your group is currently exempt from the after hours requirements as set out in s.4 in Appendix D of the agreement, the FHG contact will be required to re-apply annually, by completing and submitting the Request for Exemption from Evening and Weekend Coverage form, to maintain the exemption. Further details on this process will be communicated under a separate cover letter.

If you are not currently exempt, but wish to apply for this exemption based on the requirements stated above, please call 1-866-766-0266 and ask to speak to your LHIN designated Program Analyst.

**Telephone Health Advisory Service (THAS)**

The availability of the Telephone Health Advisory Service under various primary care PEM models is another key element in the provision of comprehensive care to your rostered patients. This service, available after 5 pm Monday to Friday and all day on weekends and holidays, is intended to provide an alternative source of health care advice to your rostered patients when your offices are not open for appointments. This service complements your after hours sessions by providing a 24/7 source of advice, with links to your practice through an on-call physician.

Details relating to the THAS service and your requirements can be found in Appendix E of your FHG agreement, which outlines the following:

- that a physician who is a registered member of the PEM group is available on call during the THAS Hours of delivery (5 p.m. to 9 a.m. Monday to Thursday, 5 p.m. Friday to 9 a.m. Monday and during Recognized Holidays);
- that the THAS provider is informed of which physician group member is on call and how to reach that physician;

**Education of Patients**

In order for the extended hours and THAS service to be effective, patients must be informed of their availability. Section 3 in Appendix D of the FHG agreement requires that physicians advise their patients of the office hours and locations for extended hours and the THAS arrangements by posting a notice in a prominent place in all of the physicians’ offices. Through promotion and delivery of these services, the ministry hopes to promote comprehensive care in the rostering physician’s practice and divert patients from accessing care in emergency departments.

The ministry will be developing tools to assist you in advertising these services to your rostered patients. Further details will be communicated as these tools become available.
Q1. What are the principles governing the provision and billing of After Hours Services?

A1. The After Hours Services principles are as follows:

- The After Hours premium refers to the Q012A primary health care fee code. This code can only be billed during scheduled After Hours sessions for which rostered patients have been provided appropriate notification (see Q and A #2). The code, when billed with a service included on the list of authorized after hours fee codes, pays a premium of 20% of the fee value of the authorized fee code (for rostered patients).
- No claims for After Hours premiums may be made for services rendered between 8:00 a.m. and 5:00 p.m.
- While any patient can be seen at these scheduled After Hours sessions, the premium is available for only enrolled patients.
- Scheduled After Hours Services must be accessible for patients of all the physicians in the group, not only the patients of the individual physician providing the After Hours session. Notice of where and when the After Hours sessions are held must be available to patients of all the group physicians.
- The After Hours Services must be available for both pre-booked and walk-in patient visits. The services must be provided during regularly scheduled 3 hour time blocks outside of regular office hours and each physician is responsible for ensuring that his/her patients are consistently made aware of all After Hours sessions offered by the group.
- Physicians cannot alter their regular daytime hours solely for the purposes of billing the Q012A After Hours premium.
- Physicians in the FHG group must be available during regular office hours to provide comprehensive care to the group’s enrolled patients. This obligation is specified in section 1 in Appendix D of your FHG agreement.

Q2. How do I make my patients aware of my office hours?

A2. Subject to any specific requirements in your Primary Care Agreement, any reasonable method of informing your patients is acceptable provided there is sufficient notice to all group patients and that pre-booked and walk-in visits are available.

Some methods physicians have used include: posting hours in the waiting room(s), leaving a message on the answering machine(s), producing a practice newsletter with the hours included or sending patients letters or emails. The notice should advise patients where and when all group physicians are providing After Hours Services. The ministry will be developing tools to assist you in advertising your after hours services; details to follow.
Q3. My regular clinic runs from 10:00 a.m. to 5:00 p.m. on a particular day and another physician in my group is providing our After Hours block coverage. My office runs overtime and I see my last patient at 5:30 p.m. Can I bill the After Hours premium for the patients I saw between 5:00 p.m. and 5:30 p.m.?

A3. No. After Hours premiums can only be billed for pre-booked and walk-in patients seen at a regularly scheduled 3-hour session of After Hours sessions. After hours premiums should not be billed for patients seen after 5:00 p.m. because the physician’s clinic is behind schedule.

Q4. I am responsible for providing a 3-hour block for my group on a Saturday. I decide that I will regularly be available for a 5-hour block at that time. Can I bill the After Hours premium for all 5 hours?

A4. Yes, as long as you or your group meets all the requirements for After Hours coverage as outlined in your FHG Agreement. Furthermore, you need to ensure that your patients are aware of these hours (see Q & A # 2) and that you offer both pre-booked and walk-in visits during that time period.

After Hours Services must be accessible for patients of all the physicians in the group and not only your patients.

Q5. Today is Tuesday and another physician is available for all patients in our group for a 3-hour block from 5:00 p.m. to 8:00 p.m. I always have office hours on Tuesday from 9:00 a.m. to 7:00 p.m. Can I bill the premium?

A5. No. In order to qualify for the After Hours premium you are required to provide a 3-hour block of scheduled coverage, which can start at 5 pm at the earliest.

Q6. If I decide to have an evening office from 5:00 p.m. to 8:00 p.m. every Monday from November 1 to March 1 because of increased patient volumes during the cold and flu season, can I bill the After Hours premium during those times?

A6. Yes, as long as you or your group is meeting all the requirements for After Hours coverage in your agreement. You need to ensure that patients of the group are aware of these hours (see Q&A #2) and that you offer both pre-booked and walk-in visits during these scheduled After Hours sessions. The After Hours session must be for a regular 3-hour block of coverage.

It is recognized that there may be seasonal variation. The key is that patients in the group must be informed at all times of when and where the After Hours service is available.

Scheduled After Hours Services must be accessible for the patients of all the physicians in the group and not only your patients.
Q7. Is a physician group required to provide after-hours services on a recognized holiday?

A7. No. Physician groups are not required to provide after hours services on the following defined recognized holidays: New Year’s Day, Good Friday, Victoria Day, Canada Day, August Civic Holiday, Labour Day, Thanksgiving, Christmas Day and Boxing Day.

A physician who willingly provides after-hour sessions on a recognized holiday is entitled to bill the Q012A code so long as the session is offered in a 3-hour time block for both pre-booked and walk-in visits and that patients of the group are made aware of these hours in advance of the session held.

If the holiday falls on a Saturday or Sunday either the Friday before or the Monday before will be recognized as the holiday and the physician can bill the after-hours premium for enrolled patients.

Q8. Is it acceptable for physicians to deduct/reduce hours from their regular office hours and then provides the 3-hour After Hours Services in the evening/early morning?

A8. No. It is not acceptable to alter office hours solely for the purposes of billing the After Hours premium. Please refer to your Primary Care Agreement for providing comprehensive care services to your patients.

Q9. I belong to a primary care group where more than 50% of us provide public hospital emergency room coverage and we have received a written waiver from the ministry exempting us from having to provide After Hours Services. If one of us decides to provide After Hours Services despite the fact that we are not required to do so, will we be eligible for the After Hours premium?

A9. As long as the 3-hour block of After Hours Services are provided during regularly scheduled times, are made available to patients through pre-booked appointments and walk-in visits and that patients in the group are aware of these hours, the premium can be billed.

Q10. If my regular office hours are between 12 noon and 8:00 p.m., am I entitled to receive the After Hours premium between 5:00 p.m. and 8:00 p.m.?

A10. Yes. Individual physicians may bill this premium between 5:00 p.m. and 8:00 p.m. if the services provided between 5 p.m. and 8 p.m. are available for pre-booked and walk-in group patients. However, the group as a whole must ensure that sufficient and convenient coverage is provided to patients of the group during morning hours and that all patients of the group are aware of the times and locations of the After Hours Services after 5:00 p.m.

Patients of all group physicians must be provided notice and permitted access to the After Hours Services.
Q11. My office hours are scheduled from 8:30 a.m. to 5:30 p.m. Monday to Thursday, and Friday 8:30 a.m. to 7:00 p.m. Would our present hours on Friday be sufficient to meet the requirements of Block Coverage, or would we have to stay open until 8:30 p.m. on Friday?

A11. No. Scheduled After Hours services must be in a regular 3-hour block, after 5:00 p.m. on weekdays or anytime on Saturdays, Sundays or on statutory holidays.

The Friday Block Coverage and entitlement to the After Hours premium would have to be a 3-hour block beginning no earlier than 5:00 p.m. If the After Hours Services commence at 5:00 p.m., the office would have to stay open for both pre-booked and walk-in patients in the group until 8:00 p.m. and satisfy the After Hours principles including appropriate patient notification (see Q & A #2).

Q12. What do I do if block coverage is advertised say for Friday 5:00 p.m. to 8:00 p.m. and patients do not book any appointments say past 6:00 p.m.?

A12. In order to fulfill the requirements of your contract you must provide a regular 3-hour session of After Hours coverage to remain in compliance with the terms of your FHG Agreement. As a result, you are expected to be available for any walk-in patient(s) that may present at any time during the scheduled 3-hour After Hours session. Times during which there are neither pre-booked nor walk-in patients can be used for other clinic activities.

Q13. Is it acceptable that my office is by appointment only for after-hour services, no walk-ins?

A13. No. You need to ensure that you offer all group patients both pre-booked and walk-in visits during your scheduled After Hours sessions.

Q14. Are there any guidelines on the ratio of pre-booked to walk-in appointments for the Block Coverage requirement?

A14. The group is free to arrange pre-booked appointments as well as have availability for walk-in patient visits during scheduled evening/weekend or statutory holidays after hour sessions in a manner that would sufficiently and conveniently serve their enrolled patients.
Q15. **What are reasonable hours to provide After Hours Sessions for patients? Are there any restrictions on when I can offer them e.g. 5:00 a.m. to 8:00 a.m. or 8:00 p.m. to 11:00 p.m.?**

A15. The After Hours premium cannot be billed between 8:00 a.m. and 5:00 p.m. (with the exception of Statutory Holidays and weekends). You may consider it reasonable that the regular 3-hour block of scheduled After Hours Services during the weekday begins anytime between 5:00 p.m. and 7:00 p.m. However, reasonableness of one’s office hours depends, in part, on the demands and needs of the patients in your group.

Physicians must be available during regular and reasonable office hours to provide comprehensive care to their patients. Your agreement states that evening and weekend After Hours Services, shall be provided Monday to Thursday night and/or a minimum of a 3-hour block of coverage on the weekend.

Physicians can choose to offer scheduled After Hours Services on either Saturday or Sunday or both in place of one or two of their weekday evening hour block requirements. Also, provision of After Hours Services on a Friday can count towards the After Hours Services weekend obligations.

Q16. **Where can Block Coverage be provided?**

A16. Block Coverage for After Hours Services should be provided at one of the group physician’s office, provided that all group patients are made aware of the times and locations (see Q&A #2) of all After Hour Services and that both pre-booked and walk-in patient of any physician in the group can access these sessions.

After Hours sessions must be accessible to patients of all physicians in the group.

Q17. **I will be providing coverage in the Emergency Department of another community. Do I need to work additional evening and weekends on top of this to satisfy the Block Coverage? Or does our coverage of the Emergency Department fulfill this requirement?**

A17. Unless a group requests, qualifies for and is granted an After Hours exemption, After Hours Services are to be available to the group’s patients at one of the group physician’s office locations in accordance with the terms of your FHG Agreement.

Q18. **Does Block Coverage/After Hours have to be provided in a 3-hour block? Can I divide the Block?**

A18. Scheduled After Hours Services must be provided as a regular 3-hour block of coverage. You cannot divide the block but you are permitted to extend it beyond 3 hours. You or your group would be eligible for payment of premiums beyond the 3-hour block but notice to patients in the group must be provided (see Q&A #2). Furthermore, all the principles of the provision of After Hours Services must be met.