Nurse Practitioner Longitudinal Care Group Contract

December 8, 2024

The Nurses and Nurse Practitioners of BC (NNPBC) Nurse Practitioner Council (NP Council) and the Ministry of Health are pleased to announce the creation of a group contract template for NPs providing longitudinal primary care in Primary Care Networks (PCNs).

This new contract template allows a group of two or more NPs to share a contract for providing longitudinal care to patients. The group is empowered to manage their own affairs, such as deciding who sees which patients, how the shared panel size expectation will be met, and how cross-coverage will be ensured.

The NNPBC NP Council and the Ministry have jointly developed this new contract template to:

- provide more options to support longitudinal primary care attachment and access
- allow an NP to provide longitudinal primary care at less than 0.5 FTE (the current minimum for individual PCN NP contracts), while protecting patient access and longitudinal approaches to primary care.

NP longitudinal group contracts are one contract mechanism that will be utilized to support patient attachment. If you are an NP wishing to know more about this mechanism, please contact your contract administrator.

Frequently asked questions can be found on the next page.

Frequently asked questions

Q: How are NPs compensated on the new group contract?

A: The payment is made to the group (either via the group representative or the NPs can arrange for payment to a designated group bank account) for dispensation to the other members of the group. The NP group decides how they wish to distribute payment among the group members. For example, this could be done according to the FTE of each member of the group, however the group can make whatever arrangements that they see fit/agree upon in their **intra-NP group governance agreement.**

Q: Where are the group's arrangements amongst themselves documented? Is this part of the Practice Agreement?

A: The group is required to draft an **intra-NP group governance agreement** to which each NP in the group is a party. This is the document that outlines the agreement amongst the NPs. It is distinct from the Practice Agreement, which outlines the agreement between the NPs and the clinic. (i.e., both an intra-NP group governance agreement and a Practice Agreement are needed where the NPs on the contract are establishing or joining a practice with other practitioners. In those circumstances where there is, for example, an NP-led clinic with all NPs on the contract, a Practice Agreement would not be required.). The intra-NP group governance agreement is expected to be shared with the contract administrator if requested – see the contract language for details.

Q: Do NPs on a group longitudinal contract need to designate a leader?

A: This is up to the discretion of the group. The group may designate one of the NPs to be the "Representative" of the group. This Representative would receive any notices from the contract administrator, handle invoicing and payment, and so forth. He or she might also take responsibility for coordinating cross-coverage, vacations/leave, locum coverage, etc. The group might choose to pay a premium or honorarium to this NP for performing these services on behalf of the group. This is up to the group to decide. However, whether or not there is a Representative designated the group of NPs are all responsible for meeting the contract requirements.

Q: What is the lowest amount of FTE that can use an NP group longitudinal contract?

A: The 0.5 FTE minimum applies to the group as a whole: the contract cannot be for less than 0.5 FTE. However, **each individual on the contract can have an FTE as low as 0.2.** This allows for NPs with availability less than 0.5 FTE to contribute to longitudinal primary care. Patient access is protected by the fact that the total FTE is at least 0.5, and the group is responsible for cross-coverage. So, for instance, an 0.2 FTE NP might only practice on Mondays, but an attached patient requiring a same-day appointment on a Tuesday could see one of the other NPs in the group.

Q: What are the panel size expectations on the new group contract?

A: Panel size expectations are the same as they are on the individual contract, on a per FTE basis. For instance, four NPs sharing a 2.0 FTE group contract in an urban area seeing a balanced population would have a panel size expectation of 2 x 1000 = 2000 in Year 3 of the Contract.

It is up to the group to decide how the panel is divided among the NPs. It could be divided simply according to the FTE of each NP, or the NPs may wish to "specialize" in certain types of patients (e.g., one NP takes a smaller number of more complex patients, another NP takes a larger number of less complex patients). The group can arrange this as they wish.

As with an individual PCN NP contract, panel size targets may be adjusted if approved to account for rural/remote settings or for priority/vulnerable populations. Panel size targets ramp up year over year in the same way as they do on individual contracts – Year 1 is 50% of the final target, Year 2 is 80%, and Year 3 is 100%.

Q: What if an NP needs to leave a group?

A: An individual NP may leave the group with six months' written notice (without cause), unless the parties agree on a different notice period. The remaining members of the group are responsible for continuing to fulfill the requirements of the contract; however, the contract does provide that if the remaining NPs are unable to meet the ongoing contract requirements on a persistent basis due to the departure of an NP, the Agency and the NPs are to meet and discuss an approach to address the issue. The group may also wish to address how to manage NPs leaving the group in **the intra-NP group governance agreement**.

Q: Are NPs on the new group contract eligible for the $6500/FTE Provincial Attachment System (PAS) payment?

A: Yes. They are eligible because they provide longitudinal primary care. The group is paid according to FTE; for instance, three NPs sharing a 1.5 FTE group contract would be flowed $6,500 x 1.5 = $9,750 for fulfilling all PAS requirements. The group would then divide this amongst themselves as they see fit/outline in their **intra-NP group governance agreement**.