



Physicians are welcome to submit their application through MSPEI. Program Leaders are welcome to submit their application through Health PEI.

MSPEI
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Health PEI
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16 Garfield Street
Charlottetown, PE C1A 6A5

PART A: GENERAL INFORMATION

- 1. Date: _____

- 2. Applicant Name: _____

- 3. Applicant Service / Specialty: _____

- 4. Applicant Contact Information:
 - a. Phone Number _____
 - b. Email _____
 - c. Fax _____
 - d. Mailing Address _____

OVERVIEW

5. How does this application align with one or more of the Provincial health priorities?

QUALITY AND SAFETY

Improve quality of care.

Improve the standard of care.

Advance some aspect of the Patient Safety Action Plan.

Be of the benefit to the PEI patient population.

ACCESS AND COORDINATION

Improve access to primary care services.

Improve access to mental health and addictions services.

Improve access to community-based specialized care for chronic and complex clients.

Improve access to specialists.

Address Women's Wellness, reproductive and sexual health priorities.

Ensure compliance with national screening guidelines.

Increase access and coordination for vulnerable populations.

Increase access to home based care.

INNOVATION AND EFFICIENCY

Improve patient flow.

Reduce wait times.

Make appropriate use of ambulatory care resources.

Improve management of acute care hospital beds.

Support the Choosing Wisely program for appropriate utilization of resources.

Improve the patient experience in their care journey.

Improve efficiency in service delivery.

Align with the PEI health system's readiness for this change.

PHYSICIAN WORKFORCE SUSTAINABILITY

Improve physician work life and satisfaction.

Support the recruitment of new physicians.

Support the retention of PEI physicians.

Give PEI a competitive advantage in physician workforce management.

6. Briefly describe the nature of this fee code review request including:
- A description of the service
 - Issues precipitating this request (what problems does this application address?)
 - Benefits to the patient, provider and/or health system

7. Where will this service be provided (check all that apply)?

- Office
- Hospital Outpatient
- Hospital Inpatient
- Emergency Room
- Long Term Care Facility
- Home-based Service
- Mobile Service
- Virtual/Remote Care (non face-to-face)

8. Has this application been reviewed by your Section or Department Head?

- Yes
- No (If no, why not?)

Section or Department Head Reviewer (if applicable)

Name: _____

Title: _____

Date: _____

PART B: FORM C: PREAMBLE CHANGE APPLICATION

1. Preamble section number: _____

2. Current Preamble description:

3. Proposed amended description:

4. Please describe any costing ramifications of the proposed Preamble change.

5. Will any other Specialties be affected by this Preamble change?

- No
- Yes (If yes, please provide documentation summarizing the impact/s and their feedback to it)

Submit Your Application:

Save and submit the form. Physicians are to submit their application to MSPEI. Program Leaders submit their application to Health PEI.

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Your application form will be reviewed at the next scheduled FCAC meeting. The Committee meets on a quarterly basis.