



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

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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: _____

Note: any medical services or procedures that are not beyond the research stage will not be considered for new fee code allocation.

PART B: ABOUT THE SERVICE

1. Name of the proposed new medical service: _____
2. Summary description of the new medical service:
3. Detailed description of the new medical service from initial patient contact to completion of the service, including
 - a. Indications for the medical service
 - b. Details of the efficacy of the proposed service compared to the current standard of care
 - c. Anticipated outcomes and benefits for the patient
 - d. Anticipated outcomes and benefits for the health system
4. What is the evidence to support this new medical service (literature, research, reports)?
5. How would you rate the level of risk to the patient on a scale of 1-10 (1 = very low risk and 10 = very high risk)?
 1 2 3 4 5 6 7 8 9 10
6. Has this application been reviewed by other members of your Specialty?
 Yes
 No (If no, why not?)
 - Doesn't apply
 - Other Reason:
7. Will any other Specialties be affected by this new fee code application?
 No
 Yes (If yes, please append a Letter of Understanding from a representative of that group/s regarding the impact that this fee code application would have on them).

VALUE OF THE SERVICE

- 8. Please identify other PEI fee codes (and associated values) that compare in time, responsibility and complexity.

- 9. How are your colleagues across the country compensated for this service? Please provide benchmarking evidence citing the jurisdiction and value assigned to this medical activity, including reference information for FCAC verification. A link to available fee schedule across Canada is available at: mspei.org/provfeecodes. If a comparison of fee codes is not needed, please explain.

Province / Territory	Fee Code	Fee Value	Source
BC			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)
AB			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)
SK			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)
MB			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)
ON			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)
QC			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)

NB			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)
NS			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)
NL			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)
YK			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)
NV			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)
NWT			<input type="checkbox"/> published fee schedule <input type="checkbox"/> other (please reference)

10. What is the Canadian average fee? Please use either method below to make the calculation. You may also contact MSPEI (Derek Law, Email: derek@mspei.org, Tel: 902-481-4916) for assistance if required.

- to determine a Canadian average fee value, a trimmed mean shall be calculated by eliminating the highest and lowest fee values in the dataset (in the case of a fee code adjustment, the current PEI fee value will be excluded). The average of the remaining fee values shall be calculated and provided as the Canadian average fee.
- a bell curve will be created by using the fee value assigned for the comparable service at the 25th 50th and 75th quartiles in the dataset.

This data shall be validated by a resource designated by the FCAC and included in the committee's review process. If benchmarking is not possible, the reasons must be documented and other potential sources for remuneration comparison that may be relevant to the application will be provided.

UTILIZATION ANALYSIS

11. Is this medical service currently being provided in PEI?

- No
- Yes - if yes, how is it being billed? (e.g. private pay, part of a different code etc.)

12. How many times per year do you expect this fee code to be used?

13. Is this a service that may need to be repeated or require subsequent interventions?

- Yes
- No

a. Is it a definitive, single-staged medical service?

- Yes
- No

b. Is it a staged medical service and do the different stages require separate service descriptions? Please explain:

c. Are multiple repeat interventions required to maintain a positive patient outcome? Please explain:

14. Is a surgical assistant required?

- No
- Yes (If yes, is a second qualified surgeon required as an assistant?)
 - Yes
 - No

15. Is special equipment required?

- No
- Yes (If yes, please list equipment required and indicate whether or not it would need to be purchased by Health PEI)

16. Please list all other procedures generally performed in association with this medical service.

17. What are the pre-procedural requirements (i.e. consultation, visits, tests and diagnostic imaging)? Please describe:

a. Are any of the pre-procedural services included in the proposed code description?

Yes No

Please explain:

b. Will pre-procedural services be provided by a different physician?

Yes No

Please explain:

18. Is an anaesthetic required for this service?

No

Yes (If yes, what type of anaesthesia?)

General

Local

Regional

Conscious Sedation

19. What is the anticipated average length of post-procedural hospital stay?

N/A

Less than 24 hrs

2-7 days

1-2 weeks

More than two weeks

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.