

The GPSC incentives are changing in response to physician feedback collected during the visioning consultations, and to support the strategic objectives of the patient medical home model. These changes will be in effect as of October 1, 2017.

The following table summarizes the changes to the current GPSC incentives to better support physicians in practices:

**REVISED: October 4, 2017**

Current	Change
<b>GP with Specialty Training Urgent Telephone Advice Fee G14021</b>	
Payable to a GP with specialty training for urgent communication regarding assessment and management of a patient. Only eligible for requests initiated by a specialist or a GP.	Effective July 1, 2017: Expand the eligibility for fee G14021 to include requests for urgent telephone advice initiated by an allied care provider.
<b>GP with Specialty Training Telephone Patient Management G14023</b>	
Currently pays \$20/15 minutes or portion thereof.	Effective July 1, 2017: Align G14023 and G14076 by making both worth \$20; delete the per 15 minute component.
<b>Chronic Disease Management G14050, G14051, G14052, G14053</b>	
One of the two required visits must be in-person with the FP and one may be a group medical visit or by telephone with the FP or nurse (G14079 and G14076 may be delegated).	Effective October 1, 2017: Allow one of the two required visits to include an in-person visit with a college certified allied care provider. (See G14029 for details of new ACP visit code)
<b>Allied Care Provider Visit G14029</b>	
*new*	Effective October 1, 2017: Allow a college certified allied care provider to provide one of the visits required for GPSC chronic disease management. Submission of this \$0.00 fee by the family physician indicates an in-person visit was provided by a college certified allied care provider working within the family physician's practice where the family physician has accepted responsibility for the provision of that care.
<b>Planning Visits for Complex Care G14033 and G14075, Mental Health G14043, and Palliative Care G14063</b>	

Varied requirements for whether a same day visit service must or may be billed on the same day as the planning incentives.	Effective October 1, 2017: Allow the option for a same day visit service to be billed on the same day as the planning visit fee for any reason.
Varied requirements for whether the 30-minute total planning time must take place all on one day.	Effective October 1, 2017: Allow for the required 30-minute planning time to not all have to take place on one day and enable appropriate non-face-to-face planning tasks to be undertaken by a college certified allied care provider working within the physician practice.
Varied requirements for whether all or majority of the 30-minute planning time must be face-to-face.	Effective October 1, 2017: Require the majority of the 30 minutes to be face-to-face across all planning incentives.
<b>Mental Health Management G14044, G14045, G14046, G14047, G14048</b>	
Fees do not allow delivery by videoconferencing	Effective October 1, 2017: Allow delivery by videoconferencing to align with the current MSP counselling telehealth visits.
<b>Telephone/Email Follow Up Management G14079</b>	
Restricted to patients for whom a GPSC planning fee has been billed. Can be delegated to AHPs, including MOAs.	Effective October 1, 2017: Fee no longer available. Physicians who have submitted G14070 can bill G14076 GP-Patient Telephone Management for a clinical telephone discussion with any of their patients.
<b>GP-Patient Telephone Management G14076</b>	
Current value is \$15.	Effective October 1, 2017: Increase the value to \$20 to better reflect relativity to a base office visit.
<b>GP-Patient Email/Text/Telephone Medical Advice Relay G14078</b>	
*new*	<p>Effective October 1, 2017: Create a new GP-patient email/text/telephone medical advice relay fee (G14078), applicable to all patients and delegable to AHPs, including MOAs.</p> <p>Set the new G14078 to \$7 to better align with comparable Fee for Service INR fee G00043 (value of \$6.83).</p>

<b>GP Attachment Participation G14070/71, Frailty Complex Care G14075, Telephone Management G14076, Allied Care Provider Conference G14077</b>	
<p>Labeled "attachment" fee codes to support A GP for Me.</p> <p style="text-align: center; color: orange;">*new*</p>	<p>Effective October 1, 2017: Delete "attachment" from the fee code names as A GP for Me has completed.</p> <p>Effective October 1, 2017: Rename Attachment Complex Care Management G14075 to GP Frailty Complex Care Planning and Management.</p> <p>Effective October 1, 2017: Rename Attachment Telephone Management G14076 to GP-Patient Telephone Management.</p> <p>Effective October 1, 2017: Rename Attachment Patient Conference G14077 to GP-Allied Care Provider Conference.</p> <p>Effective January 1, 2018: Rename the GP Attachment Participation Portal G14070/71 to GPSC Portal. For information about fees that are accessible through participation in the portal please see the <a href="#">FAQs</a>.</p>
<b>Unattached Complex/High Needs Patient Attachment Fee G14074</b>	
<p>Compensates for the time, intensity and complexity of integrating a new patient with high needs into a family physician's practice.</p>	<p>Effective October 1, 2017: Fee no longer available. For other GPSC incentive fees that support the care of complex patients, please see the <a href="#">FAQs</a>.</p>
<b>GP Facility Patient Conference G14015, GP Community Patient Conference G14016, GP Acute Care Discharge Conference G14017</b>	
<p>*new* These fees compensate for conferencing with allied care providers to improve patient care and continuity.</p>	<p>Effective January 1, 2018: Fees no longer available. For other GPSC fees that support conferencing please see the <a href="#">FAQs</a>.</p>