



# Physician Comprehensive Care Model for Primary Care

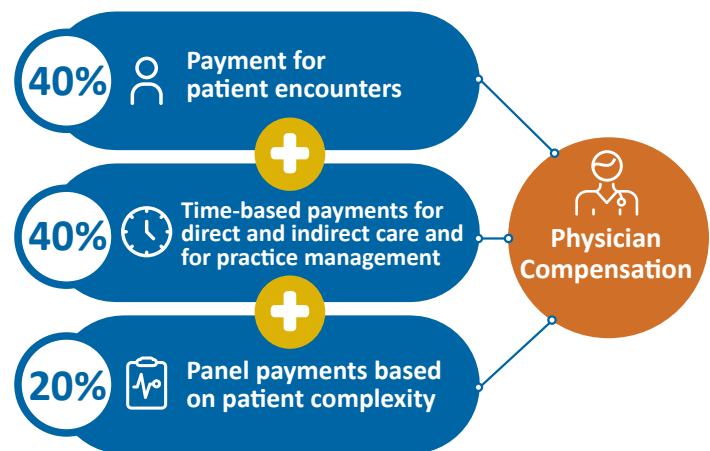
PCCM Essentials for Alberta's Family Physicians and Rural Generalists

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# Introducing the Physician Comprehensive Care Model for Primary Care (PCCM)



The Physician Comprehensive Care Model for Primary Care (PCCM) is a new option under Alberta's clinical Alternative Relationship Plans (cARPs), offering an alternative to Fee-For-Service (FFS). Unlike FFS, which compensates physicians based on health services provided, cARPs align funding with practice styles, community needs, and patient care goals. The PCCM combines the flexibility of cARPs with the familiarity of Alberta's FFS model, creating a hybrid approach to physician compensation.



Jointly developed by the Alberta Medical Association's (AMA) primary care physician leaders and Alberta Health, this new alternative payment model will support physicians providing comprehensive, longitudinal patient care and the financial viability of community clinics.

Family physicians and rural generalists are fundamental to securing primary health care as the foundation of the Alberta health care system. The PCCM recognizes their extensive training, experience and leadership and will help restore the province as a preferred destination for physicians, residents, and medical students within the family medicine specialty.

This guide is one of many tools that physicians can use to learn about the PCCM. Other AMA resources include the PCCM Financial Calculator, PCCM Operations Manual and a series of PCCM-related webinars.

**PCCM** ▶  
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# Model Features & Rates

The PCCM is designed to compensate physicians in a way that incentivizes comprehensive, longitudinal patient care. It acknowledges essential work beyond patient care, supports physicians in addressing the unique needs of complex and vulnerable patients and promotes patient attachment to physician practices.

## PCCM Compensation is Comprised of Three Payment Types:

### 1 Encounter Payments

Physicians will be compensated for patient encounters, like traditional fee-for-service (FFS).

#### Billing:

Health Service Codes typically billed by longitudinal family physicians will be paid at a rate of 68.5% of FFS value.

### 2 Time-Based Payments

#### Direct and Indirect Care

In addition to encounter payments, family physicians will bill an hourly rate for direct and indirect patient care. Under the PCCM, indirect care can be remunerated on a separate day from the patient visit.

Direct patient care is time spent with the patient.



Indirect patient care includes reviewing lab results, coordinating referrals, reviewing patient discharge plans and charting patient encounters.

#### Hourly Rates for Direct & Indirect Patient Care:

\$105 per hour

#### After-hours Premium for Direct Patient Care In Clinic:

\$105 per hour + \$87.72 per hour = \$192.72 per hour

5:00 PM to 11:00 PM on Weekdays + Weekends & Statutory Holidays



#### Clinic Practice Management

Office administration and practice management are essential components of operating a longitudinal family practice.

#### Payment Calculation:

Physicians will be compensated an additional 10% of their total hours billed for direct and indirect care multiplied by a rate of \$105 per hour. This is paid automatically based on time claimed.

### 3 Complexity-Adjusted Panel Payments

Supporting patients with complex needs or multiple conditions takes more time, attention and resources than the average patient. Under the PCCM, physicians are paid for each patient on their CPAR panel based on the patient's complexity.

#### Central Patient Attachment Registry (CPAR)

Identifies relationships between patients and their primary provider and is the basis for panel payment:

#### Alberta Health Panel Payments

Calculated based on comprehensive health information that considers the paneled patient's age, sex and CIHI's Population Grouping Methodology for complexity.

#### Rate:

Alberta's per patient rates range from \$32.87 - \$136.73.

**The average annual per patient payment is \$70.25 and will vary based on patient complexity.**

If a patient is assigned to multiple CPAR panels, this will be flagged as a conflict. For a 1-year period, beginning at the PCCM launch, all physicians with the patient on their panel will receive payments at 100% value. During this time, physicians are expected to work towards resolving panel conflicts.





# Next Steps

The PCCM offers an alternative to FFS, recognizing that one size does not fit all. Physicians are encouraged to explore how this model aligns with their practice goals by learning about its payment structure. We invite you to learn more about the PCCM and its potential benefits through the links below!

- To support decision-making, the AMA has created a Financial Calculator to estimate daily and weekly payment scenarios under the PCCM. The calculator will have existing CPAR panel data as well as panel complexity rate, provided by Alberta Health. Individual physicians will identify and enter fee-for-service claims data.
- Get ready now - the PCCM is targeted to launch Spring 2025! Start thinking about the steps required to transition into the model today.

▶ [Overview of Alberta's Payment Models](#)



▶ [PCCM Financial Calculator](#)



# PCCM Checklists

Coming Soon

## Physician Eligibility Checklist

### Clinic-Based Practice

Practice in a medical clinic that provides in-person family physician services.

### Commit to Longitudinal Care

Offer relationship-based family medicine care to a known panel of patients, aligned with the attributes of the Patient's Medical Home.

### Time Commitment

400 hours of direct and indirect care over 40 or more weeks per year.

### Meet Minimum Patient Panel Size

Minimum size requirement of 500 patients.

### Utilize a CII/CPAR Conformed EMR

Paneling patients using CII/CPAR.

### Commit to CPAR Panel Management

Understand how and when conflicts will impact panel payments - keep conflicts minimal and panels accurate.

## Transitioning to the PCCM

### Review the PCCM Operations Manual and Ministerial Order

Understand the compensation structure and commitment to providing longitudinal care.

### Express Eligibility & Interest

Express your interest and confirm you are eligible in the AMA Member Dashboard. Physicians will then be issued their Alberta Health PCCM Attestation Form.

### Complete the Application Form

Review and agree to the terms and conditions of the Primary Care Physician Compensation Model (PCPCM) Clinical Alternative Relationship Plan (ARP) Application Form. Once processed by Alberta Health, physicians will be issued a PCCM Business Arrangement Number (PCCM BA).

### How to Exit and Re-Enter the Model

Exiting the model requires a minimum 30 days' notice to the Minister.

One of the mandatory physician requirements is the utilization of CPAR, a provincial system that captures the confirmed relationship between a primary provider and their paneled patients.

Physicians who are not yet paneling on CII/CPAR can visit the AMA website for information on how to participate.

▶ [CII/CPAR Resources](#)



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