



## IPCT Expansion Funding Q&As

### **Should I include all providers in the Aggregate Provider Reports?**

OH has stated that centres should report on all providers included in Type 2 funding.

### **Should I include these dollars and statistics in OHS reporting?**

- A. *If you are receiving the funding directly, you can allocate the funding and statistics to the appropriate functional centres.*
- B. *If you are receiving the funding as a flow through organization and the staff are not providing care at your centre, you should document the funding as Type 2 funding – AND the organizations that hire the positions and provide the services will provide you with the statistics to 'match' these dollars.*
- C. *If you are receiving funding from another organization and the staff are providing care at your centre, you should allocate the staff as Type 3 (the statistics will not be counted towards your OHS stats but will be reported to the flow through organization).*

### **How will these additions impact Panel Size and SAMI scores?**

The FTE count for Panel Size needs to include any MDs or NPs funded out of this program since their encounters will be included in the extract to ICES. This is regardless of whether the funding is coming directly or through another organization.

### **Do I need to provide provider, client and utilization statistics if I didn't receive the funding directly?**

Yes. If you indirectly received funding to hire new positions through this program, you should gather and report the statistics to the organization who received the funding directly. They will amalgamate the stats and submit for all centres.

### **How will the new clients impact my SAAs?**

The clients should be documented the same way as other clients. If you will be providing on-going primary care, they should be listed as OPCC in PS Suite. If not, they can be documented as Receiving Primary Care Elsewhere. If they have OPCC status, they will be included in the denominator of your cancer screening reports.

### **What if one of the organizations involved in our collaboration is extremely large (e.g., a hospital)?**

If an organization is involved that provides more than Primary Health Care (i.e., acute or long term) they should only provide baseline and monthly data for the primary care providers/service delivery. This is not the same for CHCs/FHTs/NPLCs; they should report providers and statistics for all Type 2 providers, as per question 1.