

# 2008 Physician Services Agreement



**E** NEWSLETTER

Spring 2009

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"The Agreement is expected to deliver clear and measurable change in two priority areas: access to health care for all Ontarians and reducing congestion in emergency departments," says Susan Fitzpatrick, Executive Director, Negotiations and Accountability Management, the area within the Ministry of Health and Long-Term Care responsible for ensuring the Agreement is implemented.



**Susan Fitzpatrick,**  
*Executive Director, Negotiations and Accountability Management,  
Ministry of Health and Long-Term Care*

## How the 2008 Physician Services Agreement Affects You

### Key Components of The Agreement

- A shared commitment to helping 500,000 Ontarians without a family physician find one.
- Helping patients who have chronic diseases – such as diabetes – better manage their condition and reduce their need for emergency services.
- Providing salary support for up to 500 Registered Nurses to be added to eligible physician practices in support of key priority areas: Aging at Home Strategy, End of Life Care, and mental health and addictions and where there is a commitment to attach 200 to 400 patients per nurse as a result of the program.
- Ensuring Ontario remains the jurisdiction of choice for future physicians with a new program that will pay the interest portion of a student loan through the residency training program for physicians who remain and practice in Ontario for five years after finishing their program.
- A new LHIN Physician Collaboration Incentive Fund to recognize and reward the local efforts of physician groups who work together and in collaboration with other service providers to support the needs of patients in four specific areas (the Most Responsible Physician Collaboration Initiative, the ED Collaboration Initiative, the Unattached Patients Collaboration Initiative and

## Taking Care of Patients

The Ministry of Health and Long Term Care is committed to enhancing access to family health care services for all and reducing emergency room wait times. Through the 2008 Physician Services Agreement, physicians and the ministry have jointly committed to helping 500,000 Ontarians find a family physician. People with chronic diseases, such as diabetes, will also be helped to manage their condition and reduce their need for emergency room services.

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## Keeping you informed

This newsletter has been developed to keep you informed about the Agreement - particularly where it affects you.

The next issue will be posted in the fall 2009 and a third in the winter 2010.

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## Where can I learn more?

You will find this newsletter posted online and can be viewed by clicking [here](#). This is your one-stop point for information about the 2008 Physician Services Agreement.

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## What if I have questions?

If you have questions about the Agreement or the newsletter, please send an e-mail to [2008PSAnews@ontario.ca](mailto:2008PSAnews@ontario.ca).

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## How can I share my story?

When you see the Agreement improve your ability to deliver health, let us know so we can share your story in the newsletter. You can send your story to [2008PSAnews@ontario.ca](mailto:2008PSAnews@ontario.ca)

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the On Call Coverage Collaboration Initiative).

- Investments to assist hospitals to recruit new laboratory physicians.
- Investments to assist Boards of Health to recruit medical and associate medical officers of health.
- Investments to improve access to health care in northern communities.
- Investments to improve access to community mental health services provided by physicians.

Suzanne McGurn, Director, Negotiations Branch, notes the Agreement focuses on improving access across the health care system with an emphasis on specific patient groups and rewarding results. She adds, "The implementation plan for this Agreement covers one of the broadest areas of impact ever undertaken by the Ministry of Health and Long-Term Care."

The Agreement between the Ministry of Health and Long-Term Care and the Ontario Medical Association was achieved in October 2008 and runs from April 1, 2008 to March 31, 2012.

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### Principles Supporting the 2008 Physician Services Agreement

- Patients first
  - Innovation and the need for ongoing flexibility to meet public needs
  - Performance – a focus on results including quality and access
  - Transparency and accountability to the taxpayer
  - Sharing the risks for controllable results and being able to show returns on the government's investments
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## Initiatives Already in Place

**General Fee Payment** - a one time payment of three per cent on clinical services (October 2008 to September 2009)

**Continuation of the Northern Physician Retention Initiative** – to support recruitment and retention of physicians in Northern Ontario, and to encourage physicians to maintain hospital privileges, the Northern Physician Retention Initiative has been extended until March 2012.



**Improvements to the Clerkship Stipend Program** – to support students completing medical school by increasing the existing \$500/month stipend provided during their final 12 months of medical school to \$750/month.

**Unattached Patient Incentives** – to support an innovative made-in-Ontario program that helps Ontarians without a family health care provider find one in their community. Health Care Connect, which was launched in February 2009, refers people without a regular family health care provider to physicians who are accepting new patients in their community. The Agreement provides new incentives for health care providers who accept unattached patients using the Health Care Connect program. For information on how you can take advantage of these incentives visit [www.ontario.ca/healthcareconnect](http://www.ontario.ca/healthcareconnect)

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## Spring/Summer 2009 Highlights

Of the approximately 50 agreement initiatives, the largest number is to be implemented this fiscal year (April 2009 to March 2010). Here is a look at some of the commitments that will be implemented in spring/summer 2009.

### **Primary Care Initiatives**

To help reach the goal of attaching a minimum of 500,000 patients within three years of ratifying the Agreement, family physicians will receive a one-time payment for taking on new complex or vulnerable patients, or for taking on mothers within two weeks of giving birth.

We are also introducing targeted funding for family physicians to improve access to specific out-of-office primary health care services, including home care visits, long-term care, maternity care, newborn care, and palliative care.

### **Public Health**

For the first time ever, Medical Officers of Health and Associate Medical Officers of Health are included in a physician services agreement. A working group has been established to address compensation levels and to better align them with other physician specialists. This is expected to assist Boards of Health to recruit and retain Medical and Associate Medical Officers of Health.

### **Mental Health Initiatives**

To support the sustainability and accessibility of mental health services, funding will be provided to Local Health Integration Networks to ensure that physician compensation in divested provincial psychiatric hospitals is equitable and competitive.

The Agreement also includes funding to expand access to mental health physician services provided through community mental health agencies, addiction agencies and community (non-Schedule 1) hospitals.

### **Chronic Disease Management**

In recognition of the additional care and time required to support chronic disease management, all family physicians, not just family physicians in primary care models, will now be able to receive incentive funding for diabetes management and congestive heart failure management.

### **Northern Programs**

The Northern Ontario School of Medicine will receive new funding to support its academic mission and to achieve equity with other academic health centres in Ontario.

To encourage specialists to provide outreach services to communities in the north, including short-term locum placements, payment for these services is being increased for the first time in many years.

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## Key Committees Established Under the Agreement

### **Physician Services Committee**

This bilateral committee consisting of members from the Ministry of Health and Long-Term Care and the Ontario Medical Association is accountable for overseeing the implementation of the 2008 Physician Services Agreement. The co-chairs are Dr. Joshua Tepper, Assistant Deputy Minister of Health Human Resources Division of the Ministry of Health and Long-Term Care and Dr. Gail Beck of the Ontario Medical Association.

### **Physician LHIN Tripartite Committee**

Recognizing that the significant changes in the Ontario health care system requires new multilateral and collaborative approaches, this tripartite committee, with representation from of the Ontario Medical Association, Local Health Integration Networks and the Ministry of Health and Long-Term Care, provides a forum to discuss issues of mutual interest. The committee's mandate includes setting and monitoring program targets for the LHIN Physician Collaboration Incentive Fund and conducting specific reviews outlined in the Agreement (Hospital On-Call Programs, Community Health Centres and Aboriginal Health Access Centres).

### **Financial Planning & Oversight Committee**

This bilateral committee will manage and monitor expenditures under the 2008 Physician Services Agreement and address any outstanding compensation matters arising from the Agreement.

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## **In Brief: The Northern Physician Retention Incentive**



General anesthesiologist Dr. Jim Middleton loves Northern Ontario. He grew up in Thunder Bay and returned to this community to raise a family with his wife after completing medical school.

The father of three values the quality of life in Northern Ontario and he likes the challenge and variety that comes with being an anesthesiologist in a non-urban center.

"We do everything," Middleton explains, "including neuro, vascular and lung." He adds, "The medical community [at the Thunder Bay Regional Health Sciences Centre] is small enough that you know everyone."

But the 30 years he has spent practicing medicine in Northern Ontario have not been without challenges.

Middleton is one of "8.5" general anesthesiologists in a department that should have 14. "We've been desperately understaffed for the 30 years that I've been here," says Middleton.

And it doesn't look like the situation will get any easier soon.

Two members of his department, including himself, are 59 years old and another is 62. "I had hoped to be tapering my practice at this stage in my career," explains Middleton, adding that his practice is also much bigger than he had originally intended.

His department has been trying to recruit new members. Although the Northern

Ontario School of Medicine is a real recruitment incentive, it is difficult to make choosing to practice where there is a heavy workload appealing.

Keeping up to date with the practice of medicine is another challenge for physicians located far away from urban centers. "Going to medical meetings helps us understand what is becoming mainstream," explains Middleton, pointing out, "Journals are not enough."

But when you are understaffed, going to conferences may require closing the operating room.

Middleton's story highlights the unique challenges of practicing medicine in Northern Ontario. The Northern Physician Retention Initiative was initiated to address these considerations and now, through the 2008 Physician Services Agreement, it has been extended.

"We appreciate the money," says Middleton, who receives the incentive. "Even more, we appreciate the acknowledgement of the challenges we face."

**Sidebar:** The Northern Physician Retention Incentive is targeted to family physicians and specialists who have stayed and maintained their practices in Northern Ontario for at least four years. Eligible physicians receive an annual grant of \$7,000 and up to \$2,500 of continuing medical education support. The purpose of this incentive is to support the recruitment and retention of physicians in Northern Ontario and to encourage physicians to maintain hospital privileges.