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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



Message from Susan Fitzpatrick

Executive Director,
Negotiations and Accountability Management

We are already half way through the second year of the Agreement, a significant milestone as more than 50 per cent of all of the initiatives in the Agreement are to be implemented by the end of this year. A number of 2009/10 initiatives are expected to roll out this fall and early winter.

This issue of the newsletter looks at the work of the Medical Services Payment Committee: the bilateral committee recommending fee changes. We also provide updates on the implementation of initiatives in public health, diagnostic technical services, Most Responsible Physician care programs and salary support for nurses for eligible physician practices.

Your feedback on the first issue of the newsletter was very much appreciated. Please continue to share your thoughts about the communication we are providing so we can work to best serve your needs for information about the 2008 Physician Services Agreement. Send your comments to 2008PSAnews@ontario.ca.

Update on 2009/10 Changes to OHIP Schedule of Benefits

Fee adjustments are the most significant financial investment in the 2008 Physician Services Agreement in 2009/10. The adjustments include a global increase to the OHIP Schedule of Benefits (section 3.2 of the Agreement) and an increase to key fee codes for Most Responsible Physician care (section 6.1.1).

Unlike previous agreements, fee increases are not across the board. Instead, they are targeted at existing and new services that address government and ministry priorities.

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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 winter 2010.

Where can I learn more?

Go to the [2008 Physician Services Agreement](#) on the Ministry of Health and Long-Term Care website, your one-stop point for information about the 2008 Physician Services Agreement.

Look for:

- [the LHIN-Physician Collaboration Fund](#)
- [frequently asked questions](#)
- [an implementation status chart](#)
- [the Agreement](#)

What if I have questions?

If you have questions about the Agreement or the newsletter, please send an email to 2008PSAnews@ontario.ca.

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.

Over a three-month period, the Medical Services Payment Committee, a bilateral committee of the ministry and the Ontario Medical Association, hosted weekly consultation sessions between Ontario Medical Association Specialty Sections and ministry representatives to explore issues, discuss ministry priority items and develop recommendations. This process allowed each Specialty Section to be directly involved in how funds will be allocated to specific fees.

A key expectation of the consultation process was that services that require similar time and are of similar work intensity will be paid similar fees and new inequities will not be created in the fee schedule. Much effort went into ensuring that under-valued, low-volume services received adequate increases.

These investments are expected to have a positive impact on the government priorities of ensuring access to family health care for all Ontarians and reducing congestion in emergency departments. They also support aging at home, chronic disease management, and recruitment and retention of physicians – key ministry priorities.

An OHIP Bulletin is being distributed to all Ontario physicians to advise them of the changes to the Schedule of Benefits once they are finalized. For further information, please contact your local OHIP office.

Medical Officer of Health and Associate Medical Officer of Health Compensation

A new salary grid and an implementation plan for Medical Officers of Health (MOH) and Associate Medical Officers of Health (AMOH) have been approved by the Physician Service Committee and supported by the Ontario Medical Association's Section of Public Health Physicians.

The salary grid provides a framework for determining where a MOH or AMOH should fall within the specified salary ranges. It is based on degree of responsibility and years of experience and education. Additional funding in the form of stipends is also specified for after-hours availability, having a Community Medicine fellowship, and providing supervision to MOHs-in-training undergoing a period of supervision mandated by the College of Physicians and Surgeons of Ontario.

Recruiting and retaining MOHs and AMOHs has historically been a challenge, resulting in vacancies in Ontario's public health units and positions filled temporarily on an acting basis. MOH and AMOH compensation levels compared to other physician specialists have been identified as a key factor influencing physicians considering careers in public health.

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Salary Support for Nurses for Eligible Physician Practices

The 2008 Physician Services Agreement includes a provision to provide 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. This includes a commitment to attach 200 to 400 patients per nurse.

The first wave of funding for the Inter-Professional Shared Care – 500 Nurses Initiative will focus on Family Health Groups and Comprehensive Care Models in the following four Local Health Integration Networks: North East, North West, Erie St. Clair and North Simcoe Muskoka. Eligibility for this initiative will be expanded in future waves of funding.

Additionally, physicians who participated in the Practice Nurse Compensation Pilot (“Office Practice Nurse”) who are not associated with Family Health Teams are eligible to apply for Wave 1 funding. The Wave 1 application process began on October 19, 2009 and will close on November 13, 2009 at 5:00pm.

For more information, and to download an application form, please go to: [MOHLTC - Health Care Providers - Operation Health Protection - Inter-Professional Shared Care - 500 Nurses Initiative](#)

To address these problems, a Letter of Agreement in the 2008 Physician Service Agreement established new salary ranges for MOHs and AMOHs.

This is the first time MOHs and AMOHs have been included in a physician services agreement - a promising step forward in strengthening the medical leadership of Ontario’s public health units and building capacity across the system.

In the fall of 2008, a Public Health Working Group with representation from the ministry and the Ontario Medical Association was established to develop a plan to implement the salary ranges. The Working Group met regularly over the spring and summer of 2009, and developed the salary grid and implementation plan.

The Public Health Division is working to roll out the funding to boards of health this fall.

Ministry and Partners Invest in Diagnostic Technical Services

New funding of \$15 million was provided for distribution to physicians and facilities providing diagnostic technical services. These funds recognize the increasing volume of technical services and the associated capital and operating requirements of providing diagnostic services in hospitals, independent health facilities and physician offices throughout Ontario.

Through collaborative teamwork, various branches in the ministry and the Ontario Medical Association developed an allocation methodology, which was endorsed by the Physician Services Committee. This methodology considers previous service volumes, eligibility criteria and service thresholds in determining individual distributions. Physicians received their allocation in the July 2009 Remittance Advice.

Local OHIP offices acted as the first point of inquiry for questions from the field. Feedback has been positive and recipients are now able to direct the funds towards the operating costs of providing diagnostic services to Ontarians.

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Ministry and Partners Collaborate on Most Responsible Physician Care

“The work of the expert panel should help us understand the various models used across the province and how the ministry can incent effective and efficient use of hospital services.”

Dr. Robert Bell, President and Chief Executive Officer of the University Health Network and Chair of the Most Responsible Physician expert panel

Investing in hospital-based care is a priority in the 2008 Physician Services Agreement. One focus of this investment is Most Responsible Physician care programs.

The College of Physicians and Surgeons defines the Most Responsible Physician as the physician who has final responsibility and is accountable for the medical care of the patient. Patients must have a Most Responsible Physician as part of the admission process to a hospital.

To improve Most Responsible Physician care, a 30-per-cent increase is being made to the fees paid for such services; this will be included in the 2009/10 increases to the OHIP Schedule of Benefits. We are also investing \$33-million in a new Most Responsible Physician Collaboration Initiative to recognize Most Responsible Physician groups at the hospital and Local Health Integration Network level who meet established targets related to effective management of hospital inpatients.

An expert panel consisting of physicians, hospital chief executive officers, hospital chiefs of staff, Local Health Integrated Network staff and physician compensation experts has been established and is working to better understand the diverse Most Responsible Physician care programs used by hospitals across the province.

The panel is currently engaged in a data collection process to identify hospitals and physicians who are providing Most Responsible Physician care. The objective is to establish a solid base of facts about Most Responsible Physician care programs in Ontario, including physician compensation, workload, funding and service models. Literature reviews and site visits are also underway as the ministry and its partners begin to identify best practices for Most Responsible Physician care and develop approaches to improving Most Responsible Physician programs in Ontario.

“The work of the expert panel should help us understand the various models used across the province and how the ministry can incent effective and efficient use of hospital services,” said Dr. Robert Bell, President and Chief Executive Officer of the University Health Network and Chair of the Most Responsible Physician expert panel.

The panel’s findings will inform the development of programmatic models of Most Responsible Physician care in Ontario and the setting of targets for the Most Responsible Physician Collaboration Initiative, which will be paid out in 2010/11 and 2011/12.