

2008 Physician Services Agreement



E NEWSLETTER

Summer 2010

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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

Assistant Deputy Minister, Negotiations and Accountability Management Division

The 2008 Physician Services Agreement is well along in its implementation. We are pleased to describe some of the highlights of that implementation in this newsletter. In this issue you'll read about three initiatives that are working to harmonize our health system needs – present and future – with physician compensation as well as ways in which the educational needs of physicians currently practicing and those in training are being supported. These reflect our objectives for a responsive health care system as well as an adequate physician supply. You'll also read about a review underway to learn how successful our Hospital On-Call Coverage Program is at meeting patient and physician needs.

As always, your input is valuable. Please share your ideas and stories with us at: 2008PSAnews@ontario.ca

LHIN-Physician Collaboration Incentive Fund Finishes First Year

In the past decade, new approaches to physician compensation have been developed. Called 'pay for performance,' or P4P, these models align payments with system needs and provide incentives. High profile P4P initiatives have been undertaken in the United States and Britain. Ontario's Physician Services Agreements have also worked to bring physician compensation and system needs into closer alignment. The 2008 Agreement goes one step further. It contains provisions for a special \$100 million fund that would directly target specific areas of the health care system.

2009/2010 Accomplishments

- Implemented increases to the OHIP Schedule of Benefits, e.g.
 - cancer surgery
 - burn surgery/care
 - complex musculo-skeletal cancer surgery
 - after hour visits to home, nursing home and emergency rooms

- Improved funding for public health physicians to support the recruitment efforts of Boards of Health

- Reached an Alternate Funding Agreement between the ministry, the Northern Ontario School of Medicine, Physician Clinical Teachers' Association in the North and the Ontario Medical Association; this Agreement will be central to creating a true academic culture in the North

- Implemented a number of primary care initiatives, including: incentives to encourage physicians to roster individuals who do not currently have a family physician; and salary support for registered nurses through an application process from physicians and physician groups

- Established and communicated targets for three of four collaboration initiatives – the Emergency Department, Unattached Patients and Most Responsible Physician initiatives

- A working group, with members drawn from the ministry, the Ontario Medical Association and the LHINs, has completed a review of the alignment of Community Health Centre physician compensation with services provided. The compensation model has been realigned accordingly.

“Working with the Ontario Medical Association and the Local Health Integration Networks, we identified four areas where P4P could work to address critical needs and help reduce wait times and improve access,” says Susan Fitzpatrick, Assistant Deputy Minister of the Negotiations and Accountability Management Division of the ministry. The four target areas are in the hospital and primary care sectors. They are:

1. Emergency Departments
2. Most Responsible Physician
3. Unattached Patients
4. Hospital On Call Coverage

Physicians are rewarded for reaching established targets, such as rostering individuals who do not currently have a family physician in a patient enrollment model, ensuring 24/7 patient access to hospital emergency rooms or meeting defined emergency room wait time targets. “Access to primary care is a vital aspect of a well-functioning health care system,” Fitzpatrick explains, “and, when a person needs emergency medical attention, so too is a responsive hospital emergency room.”

The incentives are designed to reflect on the ground realities, with targets and rewards for improvements made across a LHIN and within specific areas of the LHIN. This allows for factors such as physician supply and patient demand to be considered in the program design. These incentives are provided to groups of physicians and to individual physicians.

“We are now in the process of measuring success,” Fitzpatrick says, “assessing which groups and individual physicians have met the targets.” Funds for those who meet the targets will be released in the fall.

The next steps for the Physician-LHIN Tripartite Committee, the committee of the ministry, Ontario Medical Association and LHINs that is overseeing this initiative, are setting new targets for the coming year and refining the target areas already addressed. For example, in hospital emergency rooms, 24/7 access is key to addressing urgent health care needs. A new emergency room target, time to initial physician’s assessment, will enable emergency room teams to be rewarded for timely evaluation of a patient’s needs. The new targets will be communicated over the summer.

For Ontario’s health care system, this fund is another step in an evolution to a more nuanced model of compensation that takes into account regional differences, present and projected system needs and fair compensation for physician time, skill and expertise.

More information on the Fund can be found at:

http://www.health.gov.on.ca/english/providers/physiciansa/lhin_pcfund.html

Hospital On-Call Coverage Program Review Underway

As part of the 2008 Physician Services Agreement, the Physician-LHIN Tripartite Committee has recently initiated a review of the effectiveness of the Hospital On-Call Coverage Program. This program is designed to provide greater patient access to hospital on-call services and to ensure funding stability for participating physicians. The Physician-LHIN Tripartite Committee is now assessing how well the program satisfies those goals and considering some additional areas detailed in the Agreement, such as the participation of doctors in Criticall Ontario and the use of Regional Call networks.

The consultation process for the review includes four surveys – of participating physicians, non-participating physicians, hospitals and Emergency Department Chiefs. These will be complemented with interviews and focus groups with other key opinion leaders. The review team is looking at the program currently in place and potential improvements going forward, using criteria such as structure, accountability, fairness, availability, responsiveness and alignment.

The review is targeted for completion by October 2010, with the findings shared among Physician-LHIN Tripartite Committee members and used to inform potential policy directions for the Hospital On-Call Coverage Program.



“The Resident Loan Interest Relief Program is an important part of the government’s plan to ensure the right supply of physicians for the people of Ontario.”

Resident Loan Interest Relief Program Coming

For many entering the medical profession, the most significant barrier may be financial. Educational loans add up and pose a financial burden for new physicians. “We didn’t want that burden to prevent people from becoming physicians,” says John Amodeo, Director of the Health Sector Labour Market Policy Branch at HealthForceOntario, the government’s agency tasked with ensuring adequate physician supply in the province. That is why, as part of the 2008 Physician Services Agreement, the Ontario government has begun to initiate the Resident Loan Interest Relief Program.

This program is targeted at all residents regardless of their year of study, as well as those who will do their residencies in Ontario but haven’t yet begun. The Ontario government will provide interest relief and deferral of principal repayment to residents on their government student loans – provincial (including out of province) and federal, in exchange for a five-year commitment to practice in Ontario. “Ontario’s up and coming physicians need support during this critical phase of their professional development,” Amodeo says, “that way they can develop to their fullest and better meet the medical needs of Ontarians.”

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.

The design of the program's administrative back-end is complex and this caused delays in its rollout. Two ministries were involved: the Ministry of Health and Long-Term Care – with responsibilities for overseeing the health care system, and the Ministry of Training, Colleges and Universities – with responsibilities for managing the postsecondary education system. "We needed a legislative change to make this program work," says Amodeo. This came in March of this year as part of the government's Budget Bill. Now the program is slated for launch in the fall of this year. The ministry, recognizing the effects of the delay on residents, plans to retroactively cover interest payments on student loans incurred after July 1st, 2009. More information is available on the ministry website; details about the application process will be communicated soon.

"This is an important part of the government plan to ensure the right supply of physicians for the people of Ontario as well as a way to recognize the commitment of our newest physicians," Amodeo says, "we're working hard to implement it and recognize the patience of everyone involved as we work through the details."

Continuing Medical Education Program Expands

Two significant changes have been made to the Continuing Medical Education Program this fiscal year. First, with funds made available through the 2007 Reassessment, the program has been expanded and enhanced, making it easier for physicians to keep their skills current and develop greater expertise. Second, in accordance with the 2008 Physician Services Agreement, the Program has been aligned with the Rurality Index of Ontario (RIO) 2008. This means that RIO 2008 will be used to assess a physician's eligibility for elements of the Continuing Medical Education Program as well as to set the maximum amount a physician can claim for reimbursement of the costs of continuing medical education activities.

"The Continuing Medical Education Program has two goals," explains Suzanne McGurn, Director of the ministry's Negotiations Branch. "We want to help physicians maintain and enhance their skills and at the same time we want to support physician recruitment and retention in rural and isolated areas." The Program does this by providing financial assistance to physicians to offset continuing medical education costs. "We're happy to report that 9,000 more physicians than in 2007/08 will now have access to this program," McGurn says.

The Ontario Medical Association administers the Continuing Medical Education Program. The OMA will be providing further details to eligible physicians in the coming weeks. For information on the Continuing Medical Education Program, physicians should visit www.oma.org.