

# 2008 Physician Services Agreement



E NEWSLETTER

Winter 2011

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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 in its third year of implementation. This issue of the newsletter profiles our successes since our last newsletter – targeting specific health care needs of Ontarians with diabetes, simplifying mental health funding structures as well as encouraging the next generation of physicians to practice in Ontario by providing them with loan interest relief. Building a truly responsive 21<sup>st</sup> century health care system is challenging and complex. It's also an intensely collaborative exercise. I hope this, and other issues, captures the spirit and success of this work.

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

## Ontario Diabetes Strategy – Baseline Diabetes Dataset Initiative Expands

Ontario's population is growing but so too is the prevalence of diabetes. The Canadian Diabetes Association estimates that by 2020 we can expect that 12 per cent of Ontarians will have type I or II diabetes; that's almost two million people.

The ministry has rolled out the Baseline Diabetes Dataset Initiative to help health care professionals to monitor and manage their diabetic patients. The Baseline Diabetes Dataset Initiative helps inform primary care providers about whether their patients' have had the three key tests: HbA1C (blood glucose control test), LDL (cholesterol test) and retinal eye exam.

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## 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
  - expansion of outpatient case conferencing to mental health, pediatrics, cancer, bariatric surgery in support of collaborative care
  - fee codes for physician to physician telephone consultations to better manage patient care
  - support for diabetes care
  - payments for addiction medicine
  - services related to safe needle legislation
- Signed 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, central to creating a true academic culture in the North
- Improved access to primary care through: incentives to encourage physicians to roster individuals who do not currently have a family physician; salary support for registered nurses through an application process from physicians and physician groups; incentives to encourage the provision of additional out of office services

The ministry is seeking the participation of Ontario's primary care physicians; to date more than 5,500 of invited physicians have provided information representing more than 570,000 confirmed Ontarians with diabetes.

A second call for participation is underway. It's hoped that soon all of Ontario's patients with diabetes will be included in the Baseline Diabetes Dataset Initiative.

To learn about this initiative and other information about the Ontario Diabetes Strategy, please visit [www.ontario.ca/diabetes](http://www.ontario.ca/diabetes)

## Nursing in Primary Care – the Salaried Nurses Initiative

With patient populations aging, demand for health care growing and many services moving from hospital to community care settings, primary care has never been in such demand. While recognizing the pivotal role of the physician, many group practices have been moving towards teams with complementary skill sets. The 2008 Physician Services Agreement acknowledged this shift in the primary care landscape by adding a provision to provide salary support for up to 500 registered nurses to work alongside physicians in eligible practices.

So what are the benefits of nurses in primary care? A recent Cochrane review found that nurses can deliver high quality care and health outcomes for patients. It also found that they have “the potential to reduce doctors’ workload and direct healthcare costs.” Such nurses can help not only with first contact and ongoing care but also with chronic disease management and health promotion, vital to primary care practices. “We felt that delivering focused primary care services with the assistance of a nurse would improve access to care by efficiently managing patient flow and allowing the physician(s) to enroll new patients,” says Mary Fleming, Director of the ministry’s Primary Health Care Branch.

Because of this, a new program called the Inter-Professional Shared Care – 500 Nurses Initiative was developed to help attach between 200 and 400 patients per nurse and to target the three key priorities (see below). Family physicians who have signed a Family Health Group or a Comprehensive Care Model agreement have been eligible to apply for this stream of funding.

### Inter-professional Share Care – 500 Nurses Initiative Key Priorities

- Aging at Home Strategy
- End of Life Care
- Mental health and addictions

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## Accomplishments

- Improved funding for public health physicians to support the recruitment efforts of Boards of Health
- Rolled out the Resident Loan Interest Relief Program in support of recruitment and retention of physicians
- Established first and second year performance targets in three of the four areas of the Physician-LHIN Collaboration Incentive Fund - the Emergency Department, Unattached Patients and Most Responsible Physician
- Completed a review of the alignment of Community Health Centre physician compensation with services provided; realigned the compensation model accordingly
- Completed a review of the Hospital On-Call Coverage Program

The third wave of this program closed on October 23, 2010 and the ministry will be announcing additional positions for successful applicants shortly.

Physicians interested in upcoming waves can email [500nurses@ontario.ca](mailto:500nurses@ontario.ca) or visit <http://www.health.gov.on.ca/english/providers/physiciansa/500nurses.html> to learn more about scope of practice, RN roles in primary care and salary details.

## LHIN Physician Collaboration Incentive Fund Sets Second Year Targets

Readers of earlier newsletters will remember that the 2008 Physician Services Agreement called for a dedicated \$100 million LHIN Physician Collaboration Incentive Fund to encourage physicians to meet performance targets in four key areas in hospital and primary care services – Emergency Departments, Most Responsible Physician, Unattached Patients and On Call Coverage. The idea is to align physician compensation with the needs of patients, system-wide.

Last year, targets were set for the first year in three of the target areas - Emergency Departments, Most Responsible Physician, and Unattached Patients. Results were measured and incentive payments to eligible physicians were determined.

The fund is now into its second year and the targets for these three areas have been determined. In some cases, incentive funding has been increased. The Emergency Department Initiative remains focused on ensuring timely access. In the second year, \$7 million is available to meet wait time targets and stay open 24/7/365. The Unattached Patients Collaboration Initiative continues with two new features: \$1 million in new, additional funding to support Health Care Connect and an emphasis on attaching complex and vulnerable patients. Total funding for the second year of this initiative is \$16 million.

### The Fund's Target Areas

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

Physicians involved in Most Responsible Physician initiatives at their hospitals can earn payments by finalizing their quality improvement plan



"We are taking steps to simplify the mental health compensation landscape."

Susan Fitzpatrick, ADM

with their hospital. These plans must be sent to the Physician LHIN Tripartite Committee for review by June 30, 2011. Eligible physician groups must also ensure that their quality improvement plan process is in place by the end of September 2011 and operational by the end of October.

Details on the On-Call Coverage Initiative will be released shortly.

More information is available at:

[www.health.gov.on.ca/english/providers/physiciansa/lhin\\_pcfund.html](http://www.health.gov.on.ca/english/providers/physiciansa/lhin_pcfund.html)

## Mental Health Harmonization Underway

"The brain confronts us with its great complexity," says neuroscientist, Gerald Fischbach. The funding for mental health services confronts us with a similarly complex landscape. Funding can come from as many as 19 different sources – direct funding from the ministry, LHIN-managed funding, specific program funding as well as funding drawn from the global budgets of hospitals. "Current funding structures are more complex than they need to be," says Mike Hennessey, senior consultant with the ministry's Negotiations Branch.

Health policy professionals and mental health practitioners know this and that's why the 2008 Physician Services Agreement contains a provision for the harmonization of several existing areas of mental health funding. A mental health working group, with representation from the ministry and the Ontario Medical Association, is working to confirm the intended scope of harmonization.

On the ministry side, there are two key deliverables: harmonizing current mental health funding and creating a technical advisory group to help with recommended actions. It's early days yet. "We're getting the ball rolling now," says Hennessey, "developing the technical advisory group and setting goals." The coming months should see marked progress.

This work is particularly relevant now in the context of the release in December of the final report of the Minister's Advisory Group on Mental Health and Addictions.

## Resident Loan Interest Relief Program Rolls Out

Many physicians enter practice with significant debt. It's a heavy load to carry for someone just setting out on a career and it makes the medical profession less attractive for some. This in turn has implications for future physician supply and retention. The 2008 Physician Services Agreement recognizes this pressure and the stress it puts on new graduates. In

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Dr. Ceara McNeil  
President  
Professional Association of  
Internes and Residents of  
Ontario (PAIRO)

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“Residents are able to get interest relief and the Ontario government gets not only a commitment to practice but it’s also making the province a more attractive place to train.”

Dr. Ceara McNeil

response, it includes a provision for the creation of a program aimed at easing the strain of carrying student debt – the Resident Loan Interest Relief Program.

On the surface, developing the program looked simple. In exchange for the Ontario government providing residents with interest relief on government student loans (federal, provincial and out of province), those residents would give a five-year practice commitment to the province. But, as is often the case, the devil was in the details and many administrative challenges slowed down the implementation of the program. With the administrative challenges worked through, the program is now in place. “There’s a lot of buzz about the program,” says Dr. Ceara McNeil, president of the Professional Association of Internes and Residents of Ontario (PAIRO). “Residents appreciate all the effort that went into getting it up and running.”

“This is a win-win program,” Dr. McNeil says. “Residents are able to get interest relief and the Ontario government gets not only a commitment to practice but it’s also making the province a more attractive place to train,” she explains.

Jeff Goodyear, Director of the ministry’s Health Human Resources Policy Branch, the area tasked with ensuring the right number and mix of health professionals in the province, agrees: “we’ve worked hard to craft a program that delivers for everyone – new physicians, patients and government.”

The program is targeted at all residents regardless of their year of study, including those who are in a postgraduate medical training program as well as those who will do their residencies in Ontario but haven’t yet begun. Information and application forms are available at [www.oma.org](http://www.oma.org).

## Hospital On Call Coverage Program Review Complete

The review of the Hospital On-Call Coverage Program, initiated earlier in 2010, is now complete. This review was designed to assess how successful the program has been in providing more patient access to hospital on-call services and in ensuring funding stability for participating physicians.

The Physician-LHIN Tripartite Committee conducted the review primarily using four surveys – of participating physicians, non-participating physicians, hospitals and Emergency Department Chiefs. These results were augmented by interviews, focus groups, an environmental scan and a literature review.

The review has provided insight into the program currently in place. It has also provided information on where improvements might be made. The Physician-LHIN Tripartite Committee is now considering developing a regional Hospital On-Call Coverage Program.

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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 summer 2011.

## 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](mailto: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](mailto:2008PSAnews@ontario.ca).

## Initiatives Coming in Early 2011

**Geneticists & Infectious Disease Specialists:** The ministry has agreed to provide a funding contribution to support compensation for services provided by geneticists and to put in place an alternate payment plan for pediatric and internal medicine specialists engaged in infectious disease prevention and control. Two working groups, with membership from the ministry and the Ontario Medical Association, have been meeting since the Fall to consider implementation options. They will present recommendations to the Physician Services Committee in early 2011.

**Student Health Clinics:** A review of the services provided by student health clinics is underway. The review will identify shortfalls in services to the communities served by the clinics and consider the appropriateness of the current compensation arrangements for physicians serving in them. A report is anticipated by the end of the 2010/11 fiscal year.

**Enhanced Care for the Frail Elderly:** The Physician Services Committee has approved a funding approach for 2010/11 and 2011/12 for an enhanced interdisciplinary team-based model to provide specialized health services for the frail elderly. This approach will provide the basis for and inform a permanent model in 2012/13.

**Clerkships:** The program which provides funding to encourage students to perform clinical rotations in a northern or rural area during their clerkship is being expanded to include all training within Ontario that is more than 100 kilometers from the border of the student's home community. Eligibility criteria for this commitment are under development.

**Collaboration Initiatives:** Physicians, physician groups and hospitals that have met targets for year one of the Emergency Department, Unattached Patients and Most Responsible Physician collaboration initiatives will receive their bonuses by March 2011. Targets for the second year of the Emergency Department, Unattached Patients and Most Responsible Physician collaboration initiatives have been finalized. Targets for the first year of the On-Call collaboration initiative targets are under discussion.