

2008 Physician Services Agreement



E NEWSLETTER

Summer 2011

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- Diagnostic Technical Services Funding
- Real-time Health Card Validation Coming
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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

Welcome once again to another edition of the 2008 PSA Newsletter. As we draw nearer to the close of the current agreement, the list of accomplishments grows longer. This is proof of the success of our collaborative working approach. From setting in motion improvements to primary care to implementing changes to the Schedule of Benefits, much has been done in a few short years to advance health care in this province.

As this issue shows, we are not resting on our laurels. We continue to work together to make positive changes. The Summer 2011 edition of the newsletter brings you news of improvements to public health as well as progress on technical fees for diagnostic services and plans to offer office-based physicians access to real time, online health card validation. I hope you find it informative.

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

Funding Helps Recruit Medical Officers of Health

Whether it is Legionnaire's disease or something on the scale of SARS, it's a given that sooner or later every public health unit in Ontario will face an outbreak of some sort. Having the right people in place to manage these public health risks (as well as all other widespread long-term public health issues such as obesity and tobacco) is critical to the safety of the public.

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*Dr. Howard Shapiro
Associate Medical Officer of
Health Toronto*

Recruiting and retaining medical officers of health, however, has been a challenge, resulting in vacancies in Ontario's public health units and positions being filled temporarily in some cases, especially in smaller, more rural communities. The problem grew over the past decade, with vacancies in many public health units. Analyses of the public health system after Walkerton and SARS raised this serious issue.

A key reason why filling medical officer of health jobs has been challenging for many communities is that the compensation on offer simply wasn't competitive compared to clinical medicine or other physician specialties. For a job with a lot of responsibility and the possibility of managing a serious public health crisis, there wasn't enough to attract new recruits to fill the spots left by retiring physicians.

That's changing thanks to the efforts of the Public Health Section of the Ontario Medical Association and the ministry. The section, headed by Dr. Howard Shapiro (who is also one of Toronto Public Health's Associate Medical Officers of Health), flagged the looming threat to public health that low recruitment represented. "We saw that it was going to get worse before it got better," he says. So the section surveyed its 100 members and compared their compensation with that offered to other specialists who held similar positions (like pathologists and laboratory medicine specialists). They found that compensation was indeed lagging for medical officers of health.

The solution lay in a systems approach. Although medical officers of health are paid in part by the local health departments they work for, their impact is felt all across the health care system. Dr. Shapiro and his colleagues made the case for this and the ministry and the Ontario Medical Association recognized it. The result was a side letter to the 2008 Physician Services Agreement that provides a "top up" solution whereby the ministry adds 100% additional funding to the cost-shared salaries and benefits paid by local health departments. This also includes additional amounts for after-hours availability, for physicians who hold a community medicine/public health and preventive medicine fellowship, and for physicians who supervise medical officers of health in training.

"The system has already improved" says Dr. Shapiro. "Recruitment is easier and faster; in the field, physicians are 'training up' (a sign of long-term commitment to public health as a career) and there is interest in public health among new and aspiring physicians."

Specifically recognizing the unique needs of the medical officer of health specialty in the physician services agreement is a promising step forward in strengthening the medical leadership of Ontario's public health units and building capacity across the system.

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Accomplishment Highlights

- 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
 - introduction of 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
- Improved funding for Medical Officers of Health and Associate Medical Officers of Health to support the recruitment efforts of Boards of Health
- 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

Diagnostic Technical Services Funding

The 2008 Physician Services Agreement calls for technical fees to be separated from the Physician Services budget and for a separate technical services budget to be created. The logic behind the segregation of fees is simple: a separate funding pool would be more transparent. “With a separate budget we can link remuneration with accountability for system resources,” says Sandy Nuttall, Director of the Diagnostic Services and Planning Branch at the ministry. “It’s also easier to use health data to measure service levels against evidence-based standards to make sure patients are getting quality and efficient service delivery,” Nuttall adds.

What appears simple on paper is a little more complicated in the real world. A new technical services budget was in place in April 2009, but creating a standardized payment method has proven to be more involved. This is due to the unique nature and complexity of diagnostic services delivery across Ontario. So the ministry asked stakeholders, including the Ontario Medical Association, the Ontario Hospital Association, the Independent Diagnostic Clinics Association, the Coalition of Independent Health Facilities and the Ontario Health Facilities Association, to consult with their members and develop options for technical services reimbursement. Getting input from a wide range of service providers will enable the ministry to craft a payment method that reflects the in-the-field experience of stakeholders.

These stakeholders were asked to report back to the ministry by October 30, 2011. In the meantime, the ministry is meeting with stakeholders to provide more details on its request for input and to gain advice on payment options.

Real-time Health Card Validation Coming this Fall

In 1979, Michael Aldrich, a British inventor, introduced the world to online shopping. His invention cobbled together a television, a phone line and a modified computer to create an online payments processing system. What drove the adoption of these early electronic payments technologies, and what spurred pioneers like Aldrich on, was security, ease of use and affordability. Nowadays, with e-commerce, e-payments and other forms of data transfer ubiquitous, these factors continue to inspire development of new data transfer systems.

That’s why, when ministry staff began to build a solution that would offer office-based physicians access to real time, online health card validation, they kept in mind that it had to be affordable (existing secure data transfer connections can cost as much as \$8,000 a month), fast (earlier systems had speed and volume limits), secure and intuitive to use. Staff took a practical approach to resolving the problem, “we decided to partner with OntarioMD, which already has a functional web portal built just for physicians,” says IT

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Accomplishment Highlights

- 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
- Completed a review of Student Health Clinics
- Enhanced the provision of mental health and addiction services and achieved greater parity across providers by:
 - Increasing by the 40% the number of allowable sessionals and sessional fee supplements applicable to community mental health agencies, addiction agencies and non-Schedule 1 hospitals
 - Bringing compensation for physicians providing psychiatric services to a target range

Project Manager, Tanya Bobechko. Through this portal, physicians and their staff will soon be able to instantly validate health cards; all that will be needed is a computer and an Internet connection.

The ministry addressed the security implications of a web-based solution by ensuring that it did not transmit any personal health information. Physicians will simply receive a response code. Tanya Bobechko notes that future development will leverage technology that will enable secure transmission of protected health information.

“This is a straightforward solution,” says Janet Blundell, the Business Project Manager. “We targeted a specific need that office-based physicians had and found an efficient solution to the problem,” she says. The new system, which was endorsed by both the Physician Services Committee and OntarioMD’s EMR User Working Group, goes live in the fall, when the new OntarioMD portal is launched.

For more information please visit: www.OntarioMD.ca

Updates on Other Initiatives

Investments in Fee for Service, Alternate Payment Plans and Primary Care Models: Investments in services and programs are a significant financial investment in 2011/12. The ministry has consulted broadly and identified areas that need investment. The ministry’s proposals were brought to the Medical Services Payment Committee, where a joint ministry and Ontario Medical Association proposal has been developed for consideration.

Collaboration Initiatives: Based on 2009/10 performance, incentive payments were made to eligible physicians and physician groups for year one of the Emergency Department, Unattached Patient and Most Responsible Physician collaboration initiatives. Year two performance in these initiatives is currently being evaluated against targets with payments to be processed in 2011-12. In addition, the work of designing the On-Call Collaboration Initiative is well underway.

Geneticists & Infectious Disease Specialists: A trilateral ministry/Ontario Medical Association/Ontario Hospital Association working group is finalizing recommendations on compensation for geneticist services and for pediatric and internal medicine specialists engaged in infectious disease prevention and control. Once the recommendations have been approved, the next step will be to implement the compensation mechanisms.

Primary Health Care Initiatives:

- a. **Salary Support for 500 Licensed Nurses:** The ministry has issued three calls for applications (waves) from eligible physician groups for funding to provide full salary support for licensed nurses. Discussions are underway to look at issuing an additional call for applications. Physicians interested in the upcoming wave can email 500nurses@ontario.ca or visit

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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 fall 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.

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.

<http://www.health.gov.on.ca/english/providers/physicians/500nurses.html> to learn more about eligibility, scope of practice, RN roles in primary care and salary details.

- b. Patient Enrolment Model - Group Payment Bonus for Out of Office Care and Group Bonus Payment on After Hour Care: A ministry/Ontario Medical Association working group is developing recommendations on a payment to reward top performing physician groups who have rostered a population reflective of their community and provide a broad range of out of office services to them as well as a bonus program for physician groups who reduce their rostered patient use of emergency departments.
- c. In-Office Payment: An incentive payment will be available later this year to encourage Patient Enrolment Model physicians and physician groups to provide a broad range of in-office services.

Laboratory Physician Hospital Recruitment Funds: The 2008 Physician Services Agreement also provides enhanced funding for hospital laboratory physicians – both in terms of their compensation and supporting hospitals in their recruitment of new physicians. A new funding agreement with the ministry, Ontario Medical Association, and hospitals has been developed for 2010-11. A subsequent agreement under development for 2011-12 will include the option of providing this funding directly to hospital laboratory physician groups.

Enhanced Care for the Frail Elderly: The Physician Services Committee has approved an interim funding approach for an enhanced interdisciplinary team-based model to provide specialized health services for the frail elderly. Implementation will begin toward the end of the summer.

Additional Funding for Hospital On-Call Coverage: The ministry and the Ontario Medical Association have created a bilateral working group to develop a Regional On-Call Program for implementation by the end of this fiscal year.

Baseline Diabetes Dataset Initiative: Launched in May 2010, over 6,100 physicians representing over 609,000 adult Ontarians confirmed with diabetes participate in the Baseline Diabetes Dataset Initiative. A third iteration commenced in June 2011, and included a public notice campaign and the mailing of letters to non-participating physicians inviting them to participate. In July 2011, refreshed Diabetes Testing Reports will be sent to participating physicians. To learn more about the initiative or the Ontario Diabetes Strategy, please visit www.ontario.ca/diabetes.