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Update # 15

Updates

October 6, 1998

2000

Successful reference code session

[May 15](#)
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The RBRVS Commission's reference code session took place this past weekend. 27 OMA Clinical Sections were represented, with a total of 76 participants. 88 codes, representing all specialties were evaluated by the participants.

1999

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The evaluation of reference codes by the Sections is a key component in the development of a new Relative Value Schedule. These codes will be used by physicians across the province who will be evaluating their own specialty's codes in the survey code evaluation phase to follow. Each specialty will use its reference codes as a guide to the evaluation of the survey codes. As well, by having Sections evaluating each other's codes, the reference codes become an important tool in achieving some early relativity between the Sections, thereby facilitating the establishment of one Schedule.

How the reference codes were selected

The list of reference codes was selected using the following criteria: codes chosen represented 85% of the volume (based on number of services) of the services provided by that specialty, codes that represented 85% of the total payment within that specialty or services performed by 50% of the physicians in the specialty. To give survey code evaluators a range of reference codes to guide their evaluations, the reference codes were selected from the upper, middle and lower thirds of the range of current code values (based on current dollar values, not intensity values).

1998

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In advance of the session, each Section Executive was consulted as to their preferred reference codes from the lists provided by the Commission.

Education and evaluation of the reference codes

The weekend session was facilitated by Dr. John Atkinson. The Commission thanks him again for his able and professional leadership.

On Saturday morning, participants were provided with an overview of the Commission's activities, followed by a detailed education on the evaluation of the reference codes. A particular focus was the definition of each of the intensity inputs - knowledge and judgment, communications and interpersonal skills, technical skills, and risk and stress. Dr. Wade emphasized that the weekend session was entirely focused on the evaluation of intensity. The other pieces necessary to the determination of the relative value unit for each code – namely, time, practice costs and lost opportunity cost – are being assessed and compiled in separate exercises.

[February 4](#)

1997

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The rest of the day was spent evaluating codes. Each participant was asked to work through four booklets, one for each intensity input, each containing all of the reference codes.

Preliminary results and next steps

On Sunday, Dr. David Streiner provided a very preliminary review of the data. It was emphasized that the evaluation session the previous day had generated tens of thousands of pieces of data that will require careful analysis over the coming weeks.

According to Dr. Streiner, preliminary data results are encouraging, showing significant agreement between the evaluators on each of the four intensity inputs.

The Commission thanks Dr. Streiner and Judith Davidson Palmer for taking an initial look at the data in a very short period of time as well as Mosaic Health Care for their expert and efficient processing of the data.

The data will now undergo detailed analysis and validation through a number of processes and methods. The Commission will be communicating and meeting with the Sections in the next few weeks regarding the next steps leading to the evaluation of the survey codes.

The Commission wishes to thank each of the participants for their very thoughtful participation in this important session.