Updates

Update # 18

September 3, 1999

Pilot Study Completed, Report to Follow

The Commission has been active over the summer months, with substantial work and progress on each of the major components that will form the basis of the new relative value schedule. These components are: time, intensity, practice costs and lost opportunity cost.

The next step in evaluating the relative intensity of medical services is the evaluation of a large number of OHIP codes, called survey codes. The evaluation of the intensity of each of these survey codes will take place later in the fall and will involve hundreds of physicians randomly recruited from across the province.

During the month of July, the Commission conducted a pilot study of physicians in order to examine a number of aspects related to the upcoming survey code evaluations. The pilot study was conducted:

1. To evaluate the usefulness of providing various aids to raters including: (i) descriptions of the codes being evaluated; (ii) definitions of each level on the 1-7 rating scale; and (iii) the list of reference codes selected as benchmarks;
2. To compare the ratings of physicians evaluating their own specialty's services with the ratings of the same services by physicians from related specialties;
3. To compare the ratings of physicians who say they are familiar with the service being evaluated with the ratings of physicians who say they are unfamiliar with that service;
4. To test the rating instrument;
5. To evaluated details related to the physician recruitment process

For the pilot study, 75 physicians were selected randomly from selected specialties and a total of 100 codes were evaluated.

A full report on the methodology and results of this pilot study is being prepared and will be released later this month.

The results were very positive and strongly reinforce the Commission's methodology:

1. Physicians found the provided aids valuable.
2. There was a high level of agreement among the participating physicians across all the codes evaluated and each of the four intensities. (i.e. knowledge and

July 3

May 29

April 8

March 30

February 4

1997

November 19

October 23

September 4

August 7

July 29

July 2

judgement, technical skills, communication and interpersonal skills, and risk and stress). The ratings of the specialty and the ratings of their related specialties were close across the bulk of the services provided.

3. Even if physicians stated they were unfamiliar with a particular service, when enough information was supplied, those physicians were able to rate the service very closely to those familiar with the service.
4. Both ratings approaches, by computer and on paper worked well; however, physicians rating by computer took less time than physicians rating on paper.
5. Based on the experience of this pilot study and previous exercises we know that the recruitment of physicians will require significant pre-communications to the profession, careful planning in terms of physicians to recruit and the involvement of the OMA and the OMA Sections in encouraging the involvement of their members. As well the Commission has measures to put in place in the case of specialties where adequate recruitment is not achieved.

Descriptors for Survey Codes

It is clear from the Commission's recent pilot study and from feedback received after the reference codes session that raters find having access to detailed descriptions of the medical services they are evaluating to be very helpful.

As a result, the Commission, with the assistance of representatives of each OHIP Specialty, is assembling descriptors for each of the survey codes.

The process is well underway. By now, most specialties have forwarded names of physicians to provide their codes' descriptors.

OMA District Meetings

Commissioners will be presenting a progress report on the Commission's work at each of the OMA District meetings taking place this fall.

Commission Chair John Wade also met with the OMA Executive Committee this week.