Update # 26

September 07, 2001

Letter to Ontario Physicians

Dear Physician,

I am writing to you as Chair of the Resource-Based Relative Value Schedule (RBRVS) Commission to update you on our activities. The RBRVS Commission was formed in 1997 by the Ontario Medical Association and the Ministry of Health and Long-Term Care and its mandate was renewed in the OMA/Ministry agreement last year. The Commission's mandate is to recommend a RBRVS to replace the current OHIP Schedule of Benefits. In the RBRVS, each medical service will be assigned a value, expressed in units, that will form the basis for setting fees.

The Commission has just released a draft report for consultation and feedback.

This is a draft report only.
Its purpose is to report our findings to date to the OMA, the Ministry and the profession and to stimulate further discussion and feedback. Over the next few months, the Commission will be consulting widely and once any necessary revisions are made, a final report will be submitted.

I encourage you to read the report and familiarize yourself with the RBRVS methodology. Examine the data that has been gathered to date. Communicate with your Section and write to the Commission with your feedback.

The full report is available on the Commission Web site at www.rbrvs.on.ca.

Implementation details have not yet been determined.
Once a final report has been submitted, likely early next year, the logistics of implementation will be the responsibility of the OMA and the Ministry. As you will read in the draft report, the Commission strongly recommends a staged process to minimize disruption to physicians and their patients while ensuring a timely transition to the new Schedule.

This draft report is based on the direct input of Ontario physicians.
Since 1997, extensive consultations, surveys and data-gathering exercises have been conducted across the province. Almost all of the OMA Clinical Sections have been actively involved, representing their members' interests at every stage of the process.

Updates

2001

September 7

2000

September 22

August 29

June 1

May 15

April 3

1999

November 24

October 13

September 3

July 23

February 15

1998

November 18

October 6

September 25

September 18

September 9

July 3

May 29

April 8

March 30

February 4

1997

November 19

October 23

September 4

August 7

July 29

July 2

Thousands of Ontario physicians have participated in evaluating medical services. Revenue Canada and OHIP data were also used and technical and other expert physician panels have reviewed and collated all of the data and information.

At this point, over 800 medical services have been evaluated.
These services comprise approximately 77% of total professional (i.e. excluding technical fees) payments to Ontario physicians. The draft report includes the evaluated services, the preliminary RBRVS units that have been assigned to them and the methodology used for deriving those units. All codes will be assigned RBRVS units as part of the Commission's final report.

The concept of a relative value schedule is not new as a method for determining the value of medical services. The OMA has been actively considering it for the past ten years. It is in place in the United States and is in the process of being implemented in Alberta and Australia. This approach is also used by other professions, including dentistry and optometry, and is widely viewed as an objective and transparent way to evaluate professional services and their relative value.

For Ontario's RBRVS for physician services, the resources measured in assigning relative value to a service are:

- the typical **time** it takes for a physician to perform the service;
- the relative **intensity** of the service; namely, the knowledge and judgment, technical skills, communications and interpersonal skills and risk and stress required of a physician to perform the service; and,
- the **practice costs**, or overhead costs, assigned to the service based on the OHIP specialty(ies) predominantly billing the service.

Again, I encourage you to read the report. The deadline for written submissions is Wednesday, October 31. Consultations with the OMA Clinical Sections will take place during November.

Please call 1-866-807-8072 if you have questions about accessing the report or making a written submission.

Sincerely,

John G. Wade
Chair