bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4317	**July 30, 1998**	**Ministry of Health Processing Office** *(address below)*
Distribution: **Physicians, Hospitals, Clinics, and Laboratories**		

Subject **FACT SHEETS IN SUPPORT OF CHANGES TO MINISTRY OF HEALTH SCHEDULE OF BENEFITS FOR PHYSICIANS' SERVICES, EFFECTIVE JULY 1, 1998.**

The Schedule of Benefits for physician services will be amended effective July 1, 1998. To assist in explaining the changes to patients, fact sheets have been developed on selected topics for patient use.

The enclosed four fact sheets are the results. They are intended as "originals" which you can copy for patient use as needed:

1. Papanicolaou Smears

2. Travel Medicine Services

3. Ultrasound for Pregnancy

4. Sleep Studies

The Fact Sheets are also available on the Ministry's web site.

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FACT SHEET: PAPANICOLAOU SMEARS

Ontario Health Insurance Plan

What does OHIP cover?

OHIP covers one normal Papanicolaou (or Pap) smear per year. When the results are not normal, follow-up Pap smears at more frequent intervals are also covered by OHIP. In addition, Pap smears that are included in the consultation or assessment fee will continue to be covered.

What is not covered?

Beginning on July 1, 1998, OHIP will no longer pay for repeated screening Pap smears within one year for healthy patients at low risk for cervical cancer. Only the first one will be reimbursed. Physicians sometimes include a Pap smear as part of a different billing, i.e., consultation or assessment, and that is not affected.

Why?

Pap smears are a screening test for cervical cancer. Like many other forms of cancer, annual screening is recommended for certain age groups because early detection and treatment are important.

Screening more frequently than once annually has not been shown to improve the rate of early detection, except for patients with a preceding abnormal smear or other risk factor. Repeated in-year normal pap smears are therefore not medically necessary.

While only a small percentage of women are receiving pap tests more often than necessary, in fact a large number of women do not receive adequate testing according to guidelines. Check with your doctor and make sure you are receiving this life-saving test at regular intervals.

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Ontario Ministry of Health and Long-Term Care

FACT SHEET:
TRAVEL MEDICINE SERVICES

Ontario Health Insurance Plan

What does OHIP cover?

OHIP covers physician fees pertaining to medically necessary services that an Ontario resident would be entitled to notwithstanding plans to travel outside of Canada. This includes assessment and treatment of existing medical conditions, renewal of prescriptions or administration of vaccines to prevent infectious disease which may be contracted in Canada eg. tetanus boosters or flu shots for high risk patients. Similarly, OHIP provides limited out-of-country benefits for emergency health services while outside Canada (refer to OHIP fact sheet "Travelling Outside of Canada" for conditions and details) and will provide full coverage for treatment of conditions upon return to Canada.

What is not covered?

Beginning July 1, 1998, pre-departure travel medicine services that travellers obtain solely for the purpose of travel outside Canada will no longer be covered by OHIP. This includes assessments, counselling or administration of vaccines or drugs for prevention of communicable diseases not endemic to Canada. The actual cost of such drugs has never been insured by OHIP. Travellers who elect to obtain the above services will now assume the full costs.

Why?

Travel for business or pleasure is considered voluntary in nature. Many vaccinations are only required by destination countries to avoid importation of disease. It is therefore considered reasonable that, in comparison with the overall cost of international travel, the traveller assume the cost of associated pre-departure services. Ontario residents who intend to travel outside of Canada should discuss their pre-departure needs with either their family physician, staff at private travel medicine clinics or at travel immunization clinics available at some public health units across the province. As well, travellers should review the Ministry's companion fact sheet regarding out-of-country emergency coverage and consider obtaining appropriate private insurance coverage before departure.

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Ontario Ministry of Health and Long-Term Care

FACT SHEET:
ULTRASOUND FOR PREGNANCY

Ontario Health Insurance Plan

What does OHIP cover?

Ultrasound for pregnancy is covered in two ways: a complete prenatal ultrasound and a limited prenatal ultrasound. In a normal pregnancy OHIP pays the physician for a maximum of one complete and one limited ultrasound. This limit does not apply to high risk pregnancies.

What is not covered?

Beginning July 1, 1998, OHIP will not pay for additional ultrasounds for a normal pregnancy. After one complete and one limited ultrasound, any others conducted for a normal pregnancy are not medically necessary. Patients may request extra ultrasounds at their own expense.

Why?

Prenatal ultrasound is commonly used for routine screening in prenatal care and in the management of complications of pregnancy.

The Canadian Task Force on Periodic Health Examination has concluded that there is fair evidence to justify the inclusion of a single prenatal ultrasound in routine prenatal care. In addition to the one complete ultrasound that is clinically necessary in a normal pregnancy,

OHIP will cover the cost of a limited ultrasound in support of the Maternal Serum Screening Program.

The new conditions on the use of ultrasound for pregnancy are consistent with good clinical practice and current standards for quality of care.

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Ontario Ministry of Health and Long-Term Care

FACT SHEET:
SLEEP STUDIES

Ontario Health Insurance Plan

What does OHIP cover?

Sleep studies will continue to be paid for by the Ministry of Health; the only changes being introduced are in the legal structure under which payment is made. Patients should not experience any adverse impact on access to these services.

What is not covered?

Starting on July 1, 1998, privately owned sleep study centres, those not operated by hospitals, will be required to seek a licence as an Independent Health Facility in order to bill the Ministry for these services. Sleep studies in these Facilities and in hospitals are fully covered.

Why?

Sleep studies are one of the fastest growing services billed to OHIP in recent years, which raises questions about funding, quality, and medical necessity of services.

In addition, the lack of consistency in standards for the service is a concern. To resolve these questions and to regulate the quality of the service, the Ministry will require these diagnostic tests to be performed in regulated facilities.

The requirement for licensing privately owned facilities allows for planned and rational expansion of services, as needed, and for the regulation of service quality.

Privately owned facilites will be inspected to ensure that services are provided according to standards established by the College of Physicians and Surgeons of Ontario.

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