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Ministry of Health

Ministry of Long-Term Care

Ontario Health Insurance Plan

INFOBulletin

2022-2023 Community Access Pilot for Laboratory Services

The Ministry of Health will continue piloting a list of laboratory services available at no-cost to the patient at community laboratories

To: Ordering Clinicians (Medical Practitioners, Dentists, Midwives, Registered Nurses in the Extended Class, as applicable pursuant to Regulations 682 and 683 under the *Laboratory and Specimen Collection Centre Licensing Act*)

Category: Physician Services, Primary Health Care Services, Dentist Services, Midwife Services, Registered Nurse in the Extended Class

Written by: Laboratories and Diagnostics Branch and OHIP, Pharmaceuticals and Devices Division

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Overview

There is no change to the current ordering practice for the ordering clinician to participate in the Pilot. Any ordering clinician in Ontario [as defined for specimen collection in Regulation 683 and as defined for laboratory testing in Regulation 682 under the *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA)] can request services included in the Pilot by using the existing ordering practices that is currently in-place.

The services that are included in the Pilot are as follows:

- Category 1 Services: Ordering clinician can support patients in their choice to have their specimens collected at a community laboratory for any genetic test (for only those tests performed in a laboratory listed in Table 1);
- Category 2 Services: Ordering clinician can support patients in their choice to have their tests (listed in Table 2) performed by a community laboratory.

Participation in this Pilot is voluntary; however, the ministry encourages ordering clinicians to provide this pathway to their patients when it is appropriate. Any specimen collections requiring specialized or complex ordering and/or handling requirements should continue to be collected in the appropriate setting (e.g., hospital).

Additional details about participating in the Pilot can be found below.

Category 1 Services

For Category 1 Services, there is no change in the current ordering practice for the ordering clinician when completing a requisition form for genetic testing. The only change is that the patient can now take the requisition to a community laboratory (or the Specimen Collection Centre it owns or operates) for any genetic test that will be tested by a laboratory listed in Table 1.

The ordering clinician should only refer patients to have their specimens collected at a community laboratory if it is a routine collection with no special collection methodologies and if all of the services requested fall within either or both of the two categories of services in the Pilot, in order to avoid “requisition splitting”.

The goal of this service is to improve patient choice and increase access to testing services, including specimen collection, closer to home.

Table 1: Molecular Genetics & Cytogenetics Laboratories

#	Hospital/Program Name
1	LONDON HEALTH SCIENCES CENTRE
2	HAMILTON HEALTH SCIENCES CORP
3	TRILLIUM HEALTH PARTNERS
4	UNIVERSITY HEALTH NETWORK
5	THE HOSPITAL FOR SICK CHILDREN
6	SINAI HEALTH SYSTEM
7	SUNNYBROOK HEALTH SCIENCES CENTRE
8	UNITY HEALTH TORONTO
9	NORTH YORK GENERAL HOSPITAL
10	LAKERIDGE HEALTH
11	KINGSTON HEALTH SCIENCES CENTRE
12	THE OTTAWA HOSPITAL
13	CHILDREN'S HOSPITAL OF EASTERN ONTARIO
14	HEALTH SCIENCES NORTH
15	NEWBORN SCREENING ONTARIO (NSO) MOLECULAR LABORATORY
16	THE NATIONAL INHERITED BLEEDING DISORDER GENOTYPING LABORATORY
17	WILLIAM OSLER HEALTH SYSTEM-BRAMPTON CIVIC HOSPITAL
18	LAKERIDGE HEALTH OSHAWA
19	ST. JOSEPH'S HEALTHCARE

Category 2 Services

For Category 2 Services, there is no change in the responsibilities of the Ordering Clinician for completing the requisition for tests on the list of services in Table 2. The only change is that the patients would now have the choice to have these tests performed by a community laboratory, as these tests would be covered under the Pilot.

The ordering clinician should only refer patients to have their specimens collected at a community laboratory according to the criteria in Table 2, and if all of the services requested are included in the two categories of services in the Pilot, in order to avoid "requisition splitting".

The goal of increasing access to these services is to improve patient choice and access to testing services that are appropriate for a laboratory to be providing in the community setting.

Table 2: List of Services

Name of Test	Collection and/or Testing	Clinical Indications for Ordering
Trichomonas (NAAT)	Testing Only	Polymerase Chain Reaction (PCR) test (NAAT) only-no changes to existing clinical guidance.
Gonorrhea (NAAT)	Testing Only	PCR test (NAAT) only-no changes to existing clinical guidance.
Chlamydia (NAAT)	Testing Only	PCR test (NAAT) only-no changes to existing clinical guidance.
C. difficile-EIA stool antigen and Toxin A/B	Testing Only	Enzyme Immunoassay (EIA) as initial screen. If EIA results for antigen and toxin A/B are concordant, confirmatory NAAT is not needed.
C. difficile-Confirmatory NAAT	Testing Only	NAAT for confirmatory testing only.
Apolipoprotein B	Collections and Testing	As per the 2021 Canadian Cardiovascular Society (CCS) Guidelines < https://www.onlinecjc.ca/action/showPdf?pii=S0828-282X%2821%2900165-3 >
Lipoprotein a [Lp(a)]	Collections and Testing	As per the 2021 CCS Guidelines < https://www.onlinecjc.ca/action/showPdf?pii=S0828-282X%2821%2900165-3 >
Celiac tTG-IgA	Collections and Testing	For the purposes of the Pilot, should be ordered for the diagnosis of celiac disease only with the following criteria: • Indicated in patients over 2 years of age. • Should only be tested while patient is on a gluten containing diet. If patient is IgA deficient (see "serum IgA" test below), additional testing required will not be funded through this Pilot.
Celiac serum IgA	Collections and Testing	Used alongside Celiac tTG-IgA to determine whether a patient is IgA deficient.

NT-proBNP	Collections and Testing	Clinically indicated only in patients with suspected heart failure.
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Additional Information

The Pilot will run from April 1, 2022, to March 31, 2023, and the data collected from the Pilot will contribute to healthcare system planning efforts.

The ministry will continue to maintain a Questions & Answers ("Q&A") document to support the implementation of the Pilot. The Q&A document will be updated by ministry staff as needed and shared with community laboratories and implementation partners upon request.

Keywords/Tags

Community Access Pilot; Community Laboratories; Laboratory Services; Patient Access

Contact Information

Do you have questions about this INFOBulletin? [Email the Service Support Contact Centre <mailto:SSContactCentre.MOH@ontario.ca>](mailto:SSContactCentre.MOH@ontario.ca) or call 1-800-262-6524.

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