2008 Physician Services Agreement

E NEWSLETTER Spring 2010

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Principles Supporting the 2008 Physician Services Agreement

- Patients first
- Innovation and the need for ongoing flexibility to meet public needs
- Performance – a focus on results including quality and access
- Transparency and accountability to the taxpayer
- Sharing the risks for controllable results and being able to show returns on the government's investments

Message from Susan Fitzpatrick

Assistant Deputy Minister, Negotiations and Accountability Management Division

By April 2010, we will be at the mid-point of the 2008 Physician Services Agreement. A great deal has been accomplished during the past year.

This edition of the newsletter reviews what we have accomplished in 2009/10, highlights mental health initiatives that will be implemented over the next few months and looks ahead at our work plan for the 2010/11 fiscal year.

The status of all the initiatives emerging from the 2008 Agreement is available for you in the Implementation Status Summary Chart.

I encourage you to share your thoughts with us about how the initiatives already implemented are affecting your operations. I also welcome your ideas on how we can invest our funds to best support the health care system as we prepare to implement our 2010/11 commitments and as we look ahead to the future. Send your input to 2008PSAnews@ontario.ca.

Mental Health Initiatives

Investment in the mental health and addictions sector was a significant priority in the 2008 Physician Services Agreement and continues to be a significant priority of government today. Section 7 of the Agreement contains a number of initiatives that will enhance and support the provision of mental health and addictions services across the province and achieve greater equity and parity among providers.

Ontario Psychiatric Outreach Program: In April 2009, rates paid to psychiatrists participating in the Northern Ontario Francophone Psychiatry Program, University of Toronto Psychiatry Outreach Program and

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Ontario

2009/2010 Accomplishments

- Implemented increases to the OHIP Schedule of Benefits, e.g.
  - cancer surgery
  - burn surgery/care
  - complex musculo-skeletal cancer surgery
  - after hour visits to home, nursing home and emergency rooms

- Increased salary ranges for public health physicians to support the recruitment efforts of Boards of Health

- Reached an Alternate Funding Agreement between the ministry, the Northern Ontario School of Medicine, Physician Clinical Teachers' Association in the North and the Ontario Medical Association; this Agreement will be central to creating a true academic culture in the North

- Implemented a number of primary care initiatives, including: incentives to encourage physicians to roster individuals who do not currently have a family physician; and salary support for registered nurses through an application process from physicians and physician groups

- Established and communicated targets for two of four collaboration initiatives – the Emergency Department and Unattached Patients initiatives – and a plan to implement the Most Responsible Physician initiative is nearing completion

- A working group, with members drawn from the ministry, the Ontario Medical Association and the LHINs, has completed a review of the alignment of Community Health Centre physician compensation with services provided. The compensation model has been realigned accordingly.

University of Western Ontario Psychiatry Outreach Program were aligned with the current mental health sessional rate.

Divested Provincial Psychiatric Hospitals and Assertive Community Treatment Teams: Work is in the final stages to bring the compensation for physicians providing psychiatric services in the former provincial psychiatric hospitals and as part of Assertive Community Treatment Teams to the target ranges established in the Agreement. This funding will help to improve equity among physicians working in these settings. This increase will take effect this spring.

Sessional Fees and Sessional Fee Supplements: The rates applicable to psychiatric sessional fees and sessional fee supplements are being increased. The fees will compensate physicians for indirect services not covered as insured physician services or components of insured physician services, hospital global budgets, or where no other sources of funding have been identified. Set to take effect in the 2010/11 fiscal year, this increase will be retroactive to October 1, 2009.

The Agreement also provides for an overall increase of 40 per cent to the number of allowable sessionals and sessional fee supplements applicable to community mental health agencies, addiction agencies and non-Schedule 1 hospitals. Slated to take effect in the 2010/11 fiscal year, the goal of this investment is to strengthen access to community mental health services for high-risk individuals.

As part of the allocation process, the ministry will be looking to each Local Health Integrated Network to create a plan and make recommendations on what programs would most benefit from sessional funding while supporting the provincial goals of reducing the number of unattached patients and emergency department congestion, and furthering the provincial strategy on mental health and addictions.

Harmonizing Mental Health Programs: The Agreement includes a commitment to harmonize and streamline the current mental health funding programs. The Ministry of Health and Long-Term Care is establishing a technical advisory group to provide advice on the best way to do this.

The Mental Health Working Group, comprised of members from the ministry and the Ontario Medical Association, continues to oversee the design and implementation of the mental health initiatives.

Initiatives Coming in 2010/11

Investments in Fee for Service, Alternate Payment Plans and Primary Care Models: Investments in services and programs are a significant financial investment in 2010/11. The ministry is consulting broadly and identifying areas that need investment. The ministry's proposals will be brought to the Medical Services Payment Committee, where a joint ministry and Ontario Medical Association proposal will be developed for 2010/11.

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Keeping you informed

This newsletter has been developed to keep you informed about the Agreement – particularly where it affects you. The next issue will be posted in summer 2010.

Where can I learn more?

Go to the 2008 Physician Services Agreement on the Ministry of Health and Long-Term Care website, your one-stop point for information about the 2008 Physician Services Agreement. Look for:

- the LHIN-Physician Collaboration Fund
- frequently asked questions
- an implementation status chart
- the Agreement

What if I have questions?

If you have questions about the Agreement or the newsletter, please send an email to 2008PSAnews@ontario.ca.

How can I share my story?

When you see the Agreement improve your ability to deliver health, let us know so we can share your story in the newsletter. You can send your story to 2008PSAnews@ontario.ca.

We welcome your ideas on how we can best invest funds available for physician compensation to address gaps and support the health care system. Send your ideas to 2008PSAnews@ontario.ca.

Resident Loan Interest Relief Program: This program, which will support trainee physicians through the end of their residency by providing relief from the interest portion of their student loans, will be launched in late spring of 2010; it is expected to assist with the attraction and retention of new graduates in Ontario.

Collaboration Initiatives: First-year performance incentives will be paid out to physicians and physician groups who meet established targets for the Emergency Department, Most Responsible Physician and Unattached Patients collaboration initiatives. The Physician-LHIN Tripartite Committee will set the targets for the Hospital On-Call Coverage initiative, for payment in the 2011/12 fiscal year.

Enhanced Care for the Frail Elderly*:* A ministry and stakeholder working group has been meeting since the fall of 2009 to develop a funding model for an enhanced interdisciplinary team-based model to provide specialized health services for the frail elderly for implementation in 2010/11. This funding model will support the recruitment of geriatricians to participate in the enhanced model.

Recruitment Funding for Laboratory Physicians: Additional funding is being provided to support hospitals in their efforts to recruit laboratory physicians. The ministry and the Ontario Medical Association have been working together to develop an investment strategy. Hospitals will begin to receive this funding by the spring of 2010.

Geneticists and Infectious Diseases: The ministry will provide a funding contribution to support compensation for services provided by geneticists, and an alternate payment plan will be put in place for pediatric and internal medicine specialists engaged in infectious disease prevention and control. Both of these investments are effective as of October 2010.

Hospital On-Call Coverage Program: The administration of the Hospital On-Call Coverage Program will be moving from the Ontario Medical Association to the ministry this spring.

In addition, the Physician-LHIN Tripartite Committee will conduct a review of the Hospital On-Call Coverage Program, with a final report expected in October 2010. The focus of the review is on the effectiveness of the program, the value received for the money invested and the provision of regional coverage.

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What the Northern Ontario School of Medicine Alternate Funding Agreement Means to the North

The development of the first alternative funding agreement for the Northern Ontario School of Medicine is an important step towards creating an academically oriented medical culture across the North, according to Dr. Dave Mutrie, president of the Physician Clinical Teachers' Association.

The Agreement makes substantial funding available to support teaching, research, recruitment, leadership, innovation and administration, based on the proportion of students who are enrolled at the Northern Ontario School of Medicine.

"The Agreement will enable us to research the unique medical needs of populations living in the North," noted Mutrie, who participated in six months of discussions with the ministry to work out the details such as accountability, transparency and organizational structure.

"We're interested in supporting the development of geographically distinct research networks across northern Ontario over the next five to 10 years," he said. "The North has relatively small and widely distributed populations. If smaller communities become part of a larger regional strategy, they can enroll patients in a much larger and more comprehensive research program that can draw on significant populations of 40,000 or 50,000 patients."

Dr. Janice Willett is another representative of the Physician Clinical Teachers' Association who participated in discussions with the ministry. She sees long-lasting benefits for physicians and communities in the North.

"In our first five years at the Northern Ontario School of Medicine, a lot of hard work went towards making sure that the first cohort, the first class got out and did well – and they've done extremely well," she says. "Now we have to look at sustainability. Although the physicians are definitely going to benefit from this Agreement, I think the big winners are the communities that are going to have this sustainable model."

One breakthrough coming out of the Agreement is the development of Local Educational Groups. These groups bring together different types of practitioner to assume the responsibility of teaching a unit to a group of students. The practice plan model used in other medical schools in Ontario brings together groups of one type of practitioner to share the work of teaching the next generation of physicians. The North, however, doesn't have the critical mass of practitioners to make the practice plan model work.

"The concept of Local Educational Groups is an academic deliverable that the medical community itself is going to embrace," David Mutrie predicts, adding, "People want to see this Agreement succeed."

"Although the physicians are definitely going to benefit from this Agreement, I think the big winners are the communities that are going to have this sustainable model."

Dr. Janice Willett, a representative of the Physician Clinical Teachers' Association