

PHYSICIAN PAYMENT REVIEW BOARD

Annual Report
April 1, 2015 – March 31, 2016

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**Physician Payment Review
Board**

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**Commission de révision des
paiements effectués aux médecins**

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June 30, 2016

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Minister's Office
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister:

RE: Physician Payment Review Board

On behalf of the Physician Payment Review Board (PPRB), it is my pleasure to submit the Annual Report for the fiscal year 2015/2016.

The PPRB is committed to the initiatives outlined in the report and to ensuring excellence and transparency in the service it provides to the Ontario public.

Yours sincerely,

Ross Male, M.D., M.Sc., CCFP, FCFP
Chair
Physician Payment Review Board

cc: Sara van der Vliet
Senior Manager, Health Boards Secretariat
Registrar, Physician Payment Review Board

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Dr. Ross Male
Chair, Physician Payment Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

May 30, 2016

Dear Dr. Male:

I am pleased to report to you on behalf of the Health Boards Secretariat (the "Secretariat"). The Secretariat continues to provide comprehensive administrative, corporate, fiscal and case management support to the Physician Payment Review Board ("PPRB" or "Board"). In addition, the Secretariat provides similar support functions to other adjudicative tribunals as well as payment processing functions for other health related services.

With respect to the case management of appeals received by the Board, Telephone Pre-Hearing Conferences continue to be held at the intake stage of the appeal process allowing the Board facilitators the opportunity to educate the parties regarding the jurisdiction of the PPRB and mediate/ discuss the issues involved in each individual matter. During the past fiscal year only one matter resulted in a proceeding before the Board. This proceeding was a jurisdictional Motion to determine whether the issues being appealed were within the Board's legislated mandate. The Board's Motion decision in this matter has since been appealed to the Divisional Court of Ontario and the Board will refrain from conducting a hearing in the case until such time as the Divisional Court has issued their decision in the matter. No appeal hearings were conducted during the 2015/2016 fiscal year. Communications and distribution of materials to PPRB facilitators and panel members continues to be transmitted electronically and an increasing number of parties to PPRB matters are corresponding electronically with the Board, supporting the PPRB's commitment to green and efficient operations.

The establishment of a publicly accessible website in 2012 to provide Ontarians with key information about the PPRB, its mandate, procedures and governance structure remains an invaluable tool for the public and the parties. In March 2016 a secure PPRB member's website became operational and contains important information related to the public service responsibilities and expectations of Board members as well as educational resources and presentations from prior Board trainings and meetings. Both portals of the Board's site provide links to websites relevant to the work of the Board so physicians and members may easily locate information relating to the constituting legislation of the Board and its mandate as well as the outcomes of past Board hearings and/or motions.

Funding for the PPRB continues to be directed through the Health Services Branch of the Ministry of Health and Long-Term Care to the Secretariat. As in years past, there are some limitations in detailing expenditures as they relate to the specific agencies supported by the Secretariat. Expenditures such as salaries and facility costs are not included in the financial data on page 11 as many resources are shared with the Secretariat's other adjudicative tribunals and it would be arbitrary to determine what portion of cost should be attributed specifically to any one agency. These costs are, however, incorporated in the fiscal planning cycle by the Secretariat and are reported to the Ministry. The Secretariat remains committed to working collaboratively with the PPRB and its members to ensure access to justice and fiscal responsibility.

I trust that this information is of assistance to you, and I look forward to continuing to lead services providing support to the Physician Payment Review Board.

Yours truly,

A handwritten signature in blue ink, appearing to read 'Sara van der Vliet', is positioned above the printed name.

Sara van der Vliet
Senior Manager, Health Boards Secretariat
Registrar, Physician Payment Review Board

MESSAGE FROM THE CHAIR

As Chair of the PPRB since October 6, 2014, it is my pleasure to report on the PPRB's activity and achievements for the period of 2015/2016. The commitment of the membership of the Board combined with the ongoing contributions of the staff of the Health Boards Secretariat (the "Secretariat") have enabled this Board to continue to provide fair, transparent and timely adjudication in line with the Board's legislated mandate.

The PPRB is mandated to conduct hearings regarding payment disputes between physicians and the General Manager of the Ontario Health Insurance Plan ("OHIP"). The role of the PPRB is not to advocate for changes to the physician billing model in Ontario, it is to adjudicate the appeals that are brought to it in accordance with the *Health Insurance Act* (the "Act").

While the PPRB has received appeals from physicians since the time of its inception in 2010, no hearings were conducted in the past fiscal year as all matters initiated within the fiscal year of 2015/2016 continue to be adjudicated prior to hearing at the request, or with the consent of the parties. One jurisdictional motion was conducted and the Board's decision is available to the public on the Canadian Legal Information Institute (CanLII) website at www.canlii.org. Just over half of the requests for appeal received within the fiscal year of 2015/2016 were resolved between the parties either by way of withdrawal or settlement prior to a hearing, or were not found to be within the Board's jurisdiction. We consider the Board's ability to successfully resolve matters through dialogue and exchanges of supporting documentation between the parties to be indicative of a comprehensive payment system that is aligned with the recommendations of the Honourable Peter Cory and designed to be educational rather than adversarial.

During this past fiscal year membership recruitment was continued in an effort to ensure the Board met its required composition as outlined in Section 5.1 of the Act. The Board is awaiting the appointment of these prospective members, by the Lieutenant Governor in Council following a supportive recommendation by the Minister of Health and Long-Term Care. Further recruitment may take place in 2016/2017 to ensure a broad range of physician specialties continue to be represented on the Board.

I am pleased to work with fellow members and staff who endeavor to provide high quality service to the public of Ontario in this important area of the health care field. I look forward to the year ahead and contributing to the ongoing establishment of the Board as an important part of an accountable and transparent physician audit framework in Ontario.



Ross Male, M.D., M.Sc., CCFP, FCFP
Chair
Physician Payment Review Board

MANDATE OF THE PHYSICIAN PAYMENT REVIEW BOARD

The PPRB is an independent adjudicative agency established in Section 5.1 of the *Health Insurance Act* (HIA). The PPRB exercises its powers and responsibilities in accordance with the HIA and Schedule 1 to the HIA, as well as under the *Statutory Powers and Procedures Act*, R.S.O. 1990 and delegated authority under the *Public Service of Ontario Act*, R.S.O. 2006.

The PPRB conducts hearings regarding payment disputes between physicians and the General Manager of OHIP (the G.M.). Where a resolution to a billing dispute between a physician and the G.M. cannot be resolved through the provision of education and other assistance, the PPRB provides an appeal process that is independent from the Ministry of Health and Long-Term Care and the Minister of Health and Long-Term Care.

MISSION STATEMENT

The Board is committed to providing the highest quality service to the public in line with the Board's mandate, and to being valued partners in the delivery of health care in Ontario.

ACHIEVEMENTS OF THE PHYSICIAN PAYMENT REVIEW BOARD

In 2015/2016 the PPRB has continued to deliver high quality service to the public of Ontario. In line with the Board's mandate and its authority under the *Health Insurance Act*, the following achievements have been made:

Case Management

- The majority of appeals received by the PPRB continue to be resolved without proceeding to hearing, supporting the educational and discussion forum attributes of Pre-Hearing Conference methodology.
- Of the 13 matters received in this reporting year, 3 were closed due to a lack of Board jurisdiction or were opened in error and 5 were resolved prior to hearing. Of the remaining 5 active matters, 1 proceeded to a jurisdictional motion and 4 matters continue to benefit from the open discussions and mediation available through Pre-Hearing Conference.
- Of the new requests for appeal received this year 3 were initiated by the General Manager of the Ontario Health Insurance Plan. Although more commonly it has been a physician requesting an appeal of an OHIP decision by the PPRB, either party may initiate an appeal on payment matters that cannot be resolved through OHIP provision of education and other assistance.
- Requests for appeals continue to be received which relate to situations where multiple decisions were issued by the General Manager of OHIP pertaining to individual patients, but may relate to a single appeal issue (a particular fee code, for example). In such cases, a physician may put forward multiple requests for appeal, which in essence relate to a single issue.

Member Development

- Completion of the reappointments process for members whose Order-in-Council appointment expired on April 27, 2015 was initiated at the end of the 2014 calendar year with a majority of members being reappointed for 2-3 year terms.
- Membership recruitment was ongoing during the 2015/2016 fiscal year in an effort to ensure the Board met its required membership composition as stipulated by the *Health Insurance Act* (the Act). The Board is awaiting the appointment of these prospective members and further recruitment may take place in 2016/2017 to ensure a broad range of physician specialties continue to be represented on the Board.
- On October 15, 2015, the PPRB convened its Annual General Meeting (AGM) during which members were updated regarding Board caseload and activities. Members were also provided with ongoing training related to their role and the Board's mandate and polled to indicate their preference regarding an election for a recently vacated Vice-Chair position on the Board's Executive Committee. The members overwhelmingly indicated a further election was unnecessary as the two other Vice-Chair positions on the Executive Committee continued to be filled.
- Additional member education and training was conducted on May 27, 2015 in anticipation of an upcoming jurisdictional motion and training was made available to the full membership.

- The Board anticipates a second Executive Committee meeting will be conducted during 2016/2017 to discuss potential Board initiatives and to support the Chair with any action requests or project leadership required on his behalf. The Executive Committee members were elected by their peers during the October 6, 2014 AGM and is made up of physician and public members.

Stakeholder Outreach

- In March 2016 a secure PPRB member's website was established which contained important information related to the public service responsibilities and conduct expectations of Board membership. The member's website also includes educational resources and presentations from prior trainings and meetings as well as information relating to methods for member claims for work related expenses.
- During the past fiscal year the Chair of the Board has communicated with the Ontario Medical Association (OMA) regarding the mandate of the Board and to advise of upcoming Board member recruitment. The Act stipulates that half of the physicians appointed to the Board must be nominated by the Minister of Health and Long-Term Care and half by the OMA. The OMA then encourages its nominees to apply for Board membership through the Public Appointment Secretariat website.

Governance

- The *Adjudicative Tribunal Accountability, Governance and Appointments Act, 2009* (ATAGAA) aims to increase efficiencies and transparency in the tribunal's operations while maintaining independence in their decision-making. In compliance with the stipulations of ATAGAA, the PPRB has updated all required governance and accountability documents. Once they have been approved by the Minister and the Conflict of Interest Commissioner they will be made available on the PPRB public website at www.pprb.on.ca.
- The Board finalized its Public Complaints Policy in the fall of 2015. The Policy was formulated by the Board's Executive Committee and has been posted publically on the PPRB's French and English websites. The document outlines the Board's policies and procedures as it relates to complaints received from the public regarding Board members or staff.

PERFORMANCE OF THE PHYSICIAN PAYMENT REVIEW BOARD

Operational Performance

The PPRB is an independent adjudicative tribunal that conducts hearings and renders decisions on payment disputes that arise between Ontario physicians and the OHIP General Manager. The following information reflects the appeal activity of the PPRB since the Board was established in 2010.

Caseload Summary	Apr 1, 2010 – Mar 31, 2011	Apr 1, 2011 – Mar 31, 2012	Apr 1, 2012 – Mar 31, 2013	Apr 1, 2013 – Mar 31, 2014	Apr 1, 2014 – Mar 31, 2015	Apr 1, 2015 – Mar 31, 2016
Active Caseload at beginning of period	0	4	2	6	5	25
Intake of New Appeals	9	5	9	7	53	13
Total Caseload	9	9	11	13	58	38
Total Matters Resolved ¹	5	7	5	8	33	15
Active Caseload at end of period	4	2	6	5	25	23

While the Board has been case managing appeals since its inception in 2010, it was not until 2012/2013 fiscal year that the Board's first hearing was conducted. The higher than average total caseload experienced in 2014/2015 was a result of multiple requests for appeal from a single physician relating to a service(s) provided to multiple patients.

Each new request for appeal results in one additional matter in the "Intake of new appeals" of the above table. This factor led to a high number of Pre-Hearing Conferences being conducted where a number of cases are discussed in a single telephone Pre-Hearing Conference but each case is reflected as individual and separate events in the "Pre-Hearing Conferences conducted" column in the table on top of page 10.

¹ Resolved refers to those matters closed due to decision issuance or that did not proceed due to appeal withdrawal, no jurisdiction or administrative closure.

Caseload Summary	Apr 1, 2010 – Mar 31, 2011	Apr 1, 2011 – Mar 31, 2012	Apr 1, 2012 – Mar 31, 2013	Apr 1, 2013 – Mar 31, 2014	Apr 1, 2014 – Mar 31, 2015	Apr 1, 2015 – Mar 31, 2016
Pre-Hearing Conferences Conducted	1	18	22	16	93	17
Motion Hearings Conducted	0	0	1	0	0	1
Appeal Hearings Conducted	0	0	1	0	0	0
Decisions Issued	0	0	1	1	0	1

Motion Hearings are proceedings prior to an Appeal Hearing which may be initiated by the Board or a party to a proceeding to address contested Pre-Hearing matters, such as the disclosure of documents or the legislative jurisdiction of the Board as it relates to specific appeals. Motion Hearings to date before the Board have related to the jurisdiction of the Board where the parties (the physician and the General Manager, OHIP) disagree on whether the Board has the jurisdiction to consider an appeal. If the Board determines the issues of appeal are within the legislated jurisdiction of the Board, the appeal will move forward to an Appeal Hearing (unless the Motion decision of the Board finds the appeal is not within the Board's jurisdiction or is appealed to the Divisional Court). In general, the jurisdiction of the Board is set out under s.18(2) of the Act. The Board has various powers following an Appeal Hearing, including determining whether the General Manager of OHIP must pay certain physician accounts or whether a physician must reimburse OHIP. Motion and Appeal Hearing decisions are publically available on the Canadian Legal Information Institute website.

Financial Performance

Description	Apr 1, 2010 – Mar 31, 2011	Apr 1, 2011 – Mar 31, 2012	Apr 1, 2012 – Mar 31, 2013	Apr 1, 2013 – Mar 31, 2014	Apr 1, 2014 – Mar 31, 2015	Apr 1, 2015 – Mar 31, 2016
Per Diem Honouraria						
Attendance at Proceedings ²	0	0	5,459	3,638	0	8,986
Preparation for Proceedings	0	0	2,383	2,064	0	1,859
Decision Writing	0	0	982	982	0	2,123
Education, Administration & Travel	32,559	2,888	11,013	9,240	16,465	8,160
Other Expenses						
Court Reporting & Transcripts	0	0	731	1,738	0	200
Legal Services	25,681	4,320	26,334	15,092	34,900	14,436
Communications ³	434	1,868	6,566	1,724	4,006	3,046
Travel	2,295	0	1,679	515	2,315	1,991
TOTAL	\$60,969	\$9,076	\$55,147	\$34,993	\$57,686	\$40,801

² Includes attendance at Pre-hearing Conferences, Motion Hearings and Appeal Hearings. Attendance Honouraria may not always be reimbursed in the same fiscal year that the proceeding took place.

³ Includes language and sign interpretation, assistive listening devices, translation, printing, copying, access fees, mailing, telephone, teleconference and office supplies. As of 2013-14, mailing charges are no longer reflected in the description 'Communications' but are captured in the Health Boards Secretariat overall operating costs.

PHYSICIAN PAYMENT REVIEW BOARD MEMBERSHIP AS OF MARCH 31, 2016

Physician Payment Review Board - Physician Members as of March 31, 2016				
Last Name, First Name	City	Occupation	Start Date	Expiry Date
Beaton, Melanie	London	Internal Med., Gastroenterology	28-Apr-10	27-Apr-17*
Bested, Alison	Toronto	Clinical Haematology	28-Apr-10	27-Apr-17*
Blunt, Marie Elizabeth	Sarnia	Obstetrics & Gynecology	28-Apr-10	27-Apr-17*
Bridgeo, David	Windsor	Family Physician	28-Apr-10	27-Apr-18*
Davidson, John	Kingston	Plastic Surgery	28-Apr-10	27-Apr-18*
Goldberg, Ronn	Thornhill	Diagnostic Radiology	28-Apr-10	27-Apr-16*
Gupta, Samir	Toronto	Dermatology	28-Apr-10	27-Apr-18*
Kao, Shawn	Etobicoke	Pediatric Medicine	28-Apr-10	27-Apr-17*
Lane, Robert	Newcastle	General Surgeon	18-Jul-12	17-Jul-17*
Lau, Helena	Oakville	Gastroenterology	28-Apr-10	27-Apr-18*
Male, Ross	Paris	Family Physician	28-Apr-10	27-Apr-18*
Mitchell, Marianna	Whitby	Pediatric Medicine	28-Apr-10	27-Apr-18*
Mohammad, Naveed	Mississauga	Emergency Medicine, Trauma	28-Apr-10	27-Apr-17*
Naassan, Anthony	Pickering	Hematology & Oncology	22-Oct-14	21-Oct-16
Nicolle, Michael	London	Neurology	28-Apr-10	27-Apr-17*
Nijhawan, Navdeep	Richmond Hill	Ophthalmology	09-Jan-13	08-Jan-18*
Rao, Vivek	Toronto	Cardiothoracic Surgery	28-Apr-10	27-Apr-17*
Smith, Kevin	Toronto	Anesthesiology	29-Aug-12	28-Aug-17*
Waddell, James	Toronto	Orthopaedic Surgery	28-Apr-10	27-Apr-18*
Physician Payment Review Board - Public Members as of March 31, 2016				
Balitsky, Tammy	Toronto	Social Work	28-Apr-10	27-Apr-17*
Boltman, Marilyn	Toronto	Human Service Counseling	28-Apr-10	27-Apr-18*
Craig, Suzanne	Markham	Law	30-Apr-14	29-Apr-16
Egerton, Catherine	London	Financial Account Manager	28-Apr-10	27-Apr-17*
Forsythe, Wendy	Inverary	Adjudication	19-Nov-14	18-Nov-16
Goldstein, Sandra	Ottawa	Alternative Dispute Resolution	28-Apr-10	27-Apr-18*
Gumienny, Jacqueline	Kingston	Law	28-Apr-10	27-Apr-18*

*Where expiry dates are marked with *, member has been reappointed in accordance with ATAGAA waiver.*

HEALTH BOARDS SECRETARIAT STAFF AS OF MARCH 31, 2016

Health Boards Secretariat Staff List as at March 31, 2016		
Last Name	First Name	Position
van der Vliet	Sara	Registrar
Evora	Sandra	Deputy Registrar
Dunscombe	Anna	(A) Executive Assistant and Researcher
Chutkaë	Kamyla	Scheduler and Administration Assistant
Demyanenko	Natalya	Case Management Coordinator
Aberra	Alpha	Bilingual Case Officer
Baker	Maureen	Case Officer
Bolinas	Margaret	Case Officer
Clifford	Andrew	Case Officer
Cull	Randi	Case Officer
Moskowitz	Natalie	Case Officer
Sequeira	Glenn	Case Officer
Persaud	Shanti	Administrative Coordinator
Ashton	Desiree	Administrative Assistant
Ing	Ann	Administrative Assistant
Sarfo	Tiffany	(A) Administrative Assistant
Steele	Joy	(A) Administrative Assistant
Bhavsar	Suketu	(A) Sr. Technology/Business Systems Administrator
Patel	Ketan	Systems Analyst/Programmer
Watin	Aldeen	Sr. Systems Analyst/ Lead Programmer