Physician Payment Review Board

Commission de révision des paiements effectués aux médecins

Annual Report 2016-17

Physician Payment Review Board

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Ontario

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

June 30, 2017

Dear Minister:

RE: Physician Payment Review Board Annual Report

On behalf of the Physician Payment Review Board, it is my pleasure to submit the 2016-17 Annual Report.

Yours sincerely,

Dr. Ross Male
Chair, Physician Payment Review Board

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Chair's Message

On behalf of the Physician Payment Review Board (PPRB), it is my pleasure to submit our Annual Report for the fiscal year of 2016-17.

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*.

100% of the requests for appeal received in 2016-17 were resolved between the parties either by way of withdrawal or settlement prior to a hearing, or were found not to be within the Board's jurisdiction. Two hearings were held in 2016-17 that were related to requests for appeal received in previous fiscal years.
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.

The PPRB is supported by physician and public members and staff who are committed to excellence in the service we provide to Ontarians. I look forward to the year ahead and contributing to the ongoing work of the Board as an important part of an accountable and transparent physician payment audit framework in Ontario.

Dr. Ross Male, Chair
Physician Payment Review Board

Legislative Authority and Mandate

The Physician Payment Review Board (PPRB) is an independent adjudicative agency established in Section 5.1 of the *Health Insurance Act* (HIA). The Board 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* and delegated authority under the *Public Service of Ontario Act*.

The PPRB conducts hearings regarding payment disputes between physicians and the General Manager of the Ontario Health Insurance Plan (OHIP). Where a billing dispute between a physician and the General Manager cannot be resolved through the provision of education and other assistance, the PPRB provides an appeal process that is at arm's length from the Ministry of Health and Long-Term Care and the Minister of Health and Long-Term Care.

Mission

The Physician Payment Review Board is committed to providing the highest quality service to the public, and to being valued partners in the delivery of health care in Ontario for all stakeholders in accordance with the Board's mandate above.

Operational Highlights

Board Election

An election for the Chair position, two Vice Chair positions and other positions on the Executive Committee was held during the PPRB's 2016 Annual General Meeting. The outcome of the election resulted in Dr. Ross Male being elected for a second term as Chair of the Board, the election of two Vice-Chairs (one public member and one physician member) and five Executive Committee members (including public and physician members).

Board Governance

During the PPRB's 2016 Annual General Meeting, the Board's Governance Terms of Reference were amended. The Governance Terms of Reference provides a framework and process for the Board to manage and resolve governance issues that are not addressed in the HIA. The changes included a stipulation that the Executive Committee have no more than eight, and no less than four members, and that best efforts will be made to fill the two Vice-Chair roles with one physician and one public member.

Member Recruitment

In 2016-17, two new physician members were appointed to the PPRB. The appointments support the Board's effort to meet its legislatively required membership composition. Further recruitment will take place in 2017-18 to include additional public members and ensure a broad range of physician specialties continue to be represented on the PPRB.

Professional Development

The PPRB's 2016 Annual General Meeting provided an opportunity to educate and inform the membership about Board activity and Board expectations as it relates to adjudicative practices, member obligations, responsibilities and best practices.

In addition, panel member training was conducted prior to the adjudication of two matters in 2016-17. Training is always provided to PPRB panels prior to adjudicating a matter due to the Board's low active caseload and minimal adjudicative experience of the Board's members.

In November 2016, the chair of the PPRB attended the annual conference of the Society of Ontario Adjudicators and Regulators (SOAR) in Toronto. The mission of SOAR is to advance administrative justice through education, advocacy and innovation.

Updated Memorandum of Understanding

In 2016-17, the Memorandum of Understanding between the Chair of the PPRB and the Minister of Health and Long-Term Care was finalized. The Memorandum of Understanding establishes accountability relationships, roles and responsibilities, an ethical framework, reporting requirements, administrative arrangements, etc.

Participation in Review of Physician Billing in Ontario

In 2016, the PPRB participated in a review of physician billing in the province that was being conducted by the Office of the Auditor General of Ontario. The PPRB provided information regarding activity levels and outcomes of appeals. The Annual Report of the Auditor General was tabled in the Legislative Assembly on November 30, 2016 and included an overview of the mandate of the PPRB.

The Auditor General's report included recommendations to strengthen the oversight of fee-for-service payments to physicians to ensure that taxpayer dollars are fully recovered in situations of inappropriate billings and to ensure that the fees on the Schedule of Benefits reflect current medical practice and the needs of the health-care system. At this time, it is unclear whether action taken by the Ministry of Health and Long-Term Care to address the Auditor General's recommendations will have an impact on the PPRB.

Physician Advisor for Hearing

In 2016-17, the Board encountered its first instance requiring the use of a physician advisor as permitted by Schedule 1 of the HIA because the physician appointed to the PPRB of the same specialty was a party to the matter under appeal.

Process Review

In 2016-17, the Health Boards Secretariat, which provides case management and administrative support for the PPRB, as well as the Health Professions Appeal and Review Board (HPARB), Health Services Appeal and Review Board (HSARB), Ontario Hepatitis C Assistance Plan (OHCAP) Review Committee, and Medical Eligibility Committee, began a process review of the operations of the Secretariat. The operational process review is being undertaken by the Business Innovation Office of the Ministry of Health and Long-Term Care and will provide recommendations to update the Health Boards Secretariat's processes, if necessary, to strengthen the protection of personal health information of patients where there is a dispute between a physician and the General Manager of OHIP regarding payment for a patient's medical services.

Caseload Statistics

Summary of Activity

The PPRB received 10 requests for appeal in 2016-17.

The Board generally experiences fluctuating levels of active appeals, and in the past year experienced a minimal number of requests for appeal. The onus is on a physician or the General Manager of OHIP to initiate an appeal of an OHIP decision with the PPRB.

Please note in regard to the statistics provided below, a physician may submit several appeals to the PPRB dealing with the same billing issue and these appeals may be grouped for the purposes of a case conference or hearing. For example, the higher than average total caseload experienced in 2014-15 was a result of multiple requests for appeal from a single physician relating to a service(s) provided to multiple patients.

Please also note that the Board may conduct multiple pre-hearing case conferences in the same matter when narrowing the issues before the hearing, or while resolving the billing dispute.

	2012-13	2013-14	2014-15	2015-16	2016-17
Appeals Received	9	7	53	13	10
Case Conferences Convened	22	16	93	17	3
Matters Heard[1]	2	0	0	1	2
Matters Resolved[2]	5	8	33	15	25
Decisions Issued	1	1	0	1	2

Service Standards

The PPRB's goal is to meet the below service standards 80% of the time.

The service standard for acknowledgement of new requests for appeal was not met in 2016-17 as the Health Boards Secretariat was training Case Officers on case management processes for matters before the PPRB. Previously, there was only one Case Officer assigned to the PPRB. In order to support succession planning, additional Case Officers were training on PPRB processes in 2017-18.

Service Standard	Achievement for 2016-17
New requests for appeal will be acknowledged within 10 business days	• 40% of appeals were acknowledged within 10 business days • New requests for appeal were acknowledged within an average of about 16 business days
The average length of time for appeals from intake to final disposition will be less than 10 months, unless the Board allows additional time on request of a party	• 100% of appeals were resolved within less than 10 months • The average length of time for appeals from intake to final disposition was less than 2.5 months

[1] Includes both motion hearings (e.g. in regard to the jurisdiction of the PPRB) and appeal hearings.
[2] Refers to those matters closed due to decision issuance or that did not proceed due to appeal withdrawal, no jurisdiction or administrative closure.

Membership

The PPRB is made up of physician and public members, appointed by the Government of Ontario.

The PPRB must be composed of no fewer than 26 and no more than 40 members who shall be appointed by the Lieutenant Governor in Council on the recommendation of the Minister, as follows:

- No fewer than 20 and no more than 30 members who are physicians, one-half of whom are to be selected by the Minister for the Minister's recommendation, and one-half of whom are to be selected by the Ontario Medical Association for the Minister's recommendation. If there are not sufficient nominees put forward by that Association to permit the minimum number of 20 physicians to be appointed, the Minister may recommend sufficient physicians to meet or exceed the minimum requirement.
- No fewer than six and not more than 10 members who are not physicians and who are selected from the public.

As of March 31, 2017, there were 19 physician members and 6 public members. In 2017-18, the PPRB will be recruiting to ensure that the Board is constituted.

All PPRB members are part-time appointees.

Physician Members (March 31, 2017)

Name	Practice	First Appointed	Term Ends
Melanie Beaton	Internal Medicine, Gastroenterology	April 2010	April 2017
Lesley Barron (Vice Chair)	General Surgeon	June 2016	June 2018
Marie Elizabeth Blunt	Obstetrics & Gynecology	April 2010	April 2017
David Bridgeo	Family Physician	April 2010	April 2018
John Davidson	Plastic Surgery	April 2010	April 2018
Samir Gupta	Dermatology	April 2010	April 2018
Shawn Kao	Pediatric Medicine	April 2010	April 2017
Robert Lane	General Surgeon	July 2012	July 2017
Helena Lau	Gastroenterology	April 2010	April 2018
Ross Male (Chair)	Family Physician	April 2010	April 2018

Name	Practice	First Appointed	Term Ends
Marianna Mitchell	Pediatric Medicine	April 2010	April 2018
Naveed Mohammad	Emergency Medicine, Trauma	April 2010	April 2017
Anthony Naassan	Hematology & Oncology	October 2014	October 2019
Barry Nathanson	Internal Medicine	January 2017	January 2019
Michael Nicolle	Neuromuscular & Electrodynamic Medicine	April 2010	April 2017
Navdeep Nijhawan	Ophthalmology	January 2013	January 2018
Vivek Rao	Cardiothoracic Surgery	April 2010	April 2017
Kevin Smith	Anesthesiology	August 2012	August 2017
James Waddell	Orthopaedic Surgery	April 2010	April 2018
Mark Voysey	Psychiatry	June 2016	June 2018

Public Members (March 31, 2017)

Name	First Appointed	Term Ends
Tammy Balitsky	April 2010	April 2017
Marilyn Boltman	April 2010	April 2018
Suzanne Craig	April 2014	April 2016
Catherine Egerton (Vice Chair)	April 2010	April 2017
Sandra Goldstein	April 2010	April 2018
Jaqueline Gumienny	April 2010	April 2018

Staff

The PPRB is supported by 21 staff in the Health Boards Secretariat of the Ministry of Health and Long-Term Care. The Health Boards Secretariat is led by a Registrar and includes an executive support team, case management team, administrative support team, and information technology team.

The Health Boards Secretariat's staff also provides support to four other adjudicative bodies – the HPARB, HSARB, OHCAP Review Committee and MEC. The PPRB's office space and Toronto hearing rooms are also shared with the other adjudicative bodies. The Health Boards Secretariat also processes per diem and expense claims to public members of the health regulatory colleges.

The shared resource structure provides financial and operational efficiencies, including the ability to shift resources in line with what can be a variable appeal volume to the adjudicative bodies. This shared resourcing model is consistent with recent trends in the administrative justice sector in Ontario towards clustering of agencies.

Financials

The below financial information does not include salary and wages for Health Boards Secretariat staff or facilities as these expenditures are shared between the PPRB, HPARB, HSARB, OHCAP Review Committee, and MEC and also support the Health Boards Secretariat's function of processing per diem and expense claims to public members of the health regulatory colleges.

Expenditure Category	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**
Part-Time Per Diem Payments	19,837	15,924	16,465	21,128	27,502
Travel[3]	1,679	515	2,315	1,991	2,643
Legal Services	26,334	15,092	34,900	14,436	8,486
Other Services, Supplies, etc.[4]	7,297	3,462	4,006	3,246	12,189
Total	**55,147**	**34,993**	**57,686**	**40,801**	**50,820**

[3] May include transportation, accommodation and/or meals.
[4] May include translation services, services to covert public documents into an accessibility compliant format, access to a legal database, signage etc.