Physician Payment Review Board

Commission de révision des paiements effectués aux médecins

Annual Report 2017-18

Physician Payment Review Board

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Ontario

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
Minister's Office
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto ON M7A 2C4

June 29, 2018

Dear Minister:

RE: Physician Payment Review Board Annual Report

On behalf of the Physician Payment Review Board, it is my pleasure to submit the 2017-18 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 2017-18.

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, but to adjudicate the appeals that are brought to it in accordance with the *Health Insurance Act*.

The number of requests for appeal received by the Board in 2017-18 was the highest level since 2014-15, and over 96% of the matters resolved this year were by way of withdrawal or settlement prior to a hearing.

The Board's activities in 2017-18 included a focus on recruitment of physician and public members to ensure that the Board is constituted and able to hold hearings in Ontario's two official languages, English and French. In 2017-18, two new members were recruited, both being French-speaking members. The Board is currently continuing to recruit members, with an emphasis on French-speaking members, and is confident that in 2018-19 it will be constituted and able to conduct hearings in both official languages.

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 leading 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

Member Recruitment

In 2017-18, two new public members were appointed to the PPRB. The appointments support the Board's effort to meet its legislatively required membership composition. The new members appointed in 2017-18 are French-speaking members, who are also fluent in English. With the appointment of three physician members in 2018-19, the Board has the capability to conduct hearings in both English and French, as well as provide quality French services, as required under the *French Languages Services Act.* Further recruitment will take place in 2018-19 to include French-speaking physicians, to ensure a broad range of physician specialties continue to be represented on the PPRB, and to include additional public members.

Professional Development

The PPRB's 2017 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 one matter in 2017-18. 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 2017, one of the Vice Chairs 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.

Divisional Court Decision

In 2017-18, a Divisional Court of Ontario decision was released involving a motion heard before the PPRB. The Divisional Court upheld the decision of the PPRB.

Gender Diversity

Provincial gender diversity targets were announced in 2016 to ensure that more women have the opportunity to reach top leadership positions on provincial boards and agencies. The target set was that by 2019, women would make up at least 40 per cent of all appointments to every provincial board and agency, including the PPRB. As of March 31, 2018, 48 per cent of PPRB members are women, and 67% of the leadership positions are occupied by women.

Mandate Review

The *Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009*, requires that all adjudicative tribunals participate in a mandate review once every six years. The purpose of a mandate review is to ensure that the tribunal's mandate continues to be relevant, its governance structure and management systems continue to be appropriate to its mandate and functions, and to ensure that it is accountable, transparent, and efficient in its operations while remaining independent in its decision making. A mandate review also examines whether the functions performed by the tribunal are best performed by the tribunal, and whether they could be better performed by a ministry, another agency or entity. In 2017-18, PPRB participated in a mandate review led by the Ministry of Health and Long-Term Care and looks forward to receiving information on the outcomes of the review from the ministry.

Process Review

In 2017-18, 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 (MEC), began to put into effect the recommendations that it received from a process review, that took place in 2016-17, of the operations of the Secretariat. The operational process review, which

was undertaken by the Business Innovation Office of the Ministry of Health and Long-Term Care, provided recommendations to update the Health Boards Secretariat's processes in order 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 32 requests for appeal in 2017-18.

The Board generally experiences fluctuating levels of active appeals, and the requests received in 2017-18 was the highest level since 2014-15. 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.

	2013-14	2014-15	2015-16	2016-17	2017-18
Appeals Received	7	53	13	10	32
Case Conferences Convened	16	93	17	3	41
Matters Heard[1]	0	0	1	2	1
Matters Resolved[2]	8	33	15	25	32
Decisions Issued	1	0	1	2	1

[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.

Service Standards

The PPRB's goal is to meet the below service standards 80% of the time. Both of the service standards were met more than 80% of the time in 2017-18.

Service Standard	Achievement for 2017-18
New requests for appeal will be acknowledged within 10 business days	• 91% of appeals were acknowledged within 10 business days upon receipt of the request to appeal and the decision being appealed[3]
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 closed in 2017-18 were resolved within less than 10 months • The average length of time for appeals from intake to final disposition was less than 3.5 months

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.

[3] Acknowledgement of an appeal requires that the PPRB has received a copy of the decision of the General Manager of OHIP. Where there is a delay in receiving this decision, the PPRB's acknowledgement may be delayed. The service standard achievement is calculated based on the date that the PPRB has both a request for an appeal and the decision of the General Manager of OHIP.

As of March 31, 2018, there were 17 physician members and 8 public members. In 2018-19, the PPRB will be recruiting to ensure that the Board is constituted.

All PPRB members are part-time appointees.

Physician Members (March 31, 2018)

Name	Practice	First Appointed	Term Ends
Melanie Beaton	Internal Medicine, Gastroenterology	April 2010	April 2020
Lesley Barron (Vice Chair)	General Surgeon	June 2016	December 2018
David Bridgeo	Family Physician	April 2010	December 2018
John Davidson	Plastic Surgery	April 2010	December 2018
Samir Gupta	Dermatology	April 2010	April 2018
Shawn Kao	Pediatric Medicine	April 2010	April 2020
Robert Lane	General Surgeon	July 2012	July 2022
Helena Lau	Gastroenterology	April 2010	December 2018
Ross Male (Chair)	Family Physician	April 2010	December 2018
Marianna Mitchell	Pediatric Medicine	April 2010	April 2018
Naveed Mohammad	Emergency Medicine, Trauma	April 2010	April 2020
Anthony Naassan	Hematology & Oncology	October 2014	October 2019
Barry Nathanson	Internal Medicine	January 2017	January 2019
Michael Nicolle	Neuromuscular & Electrodynamic Medicine	April 2010	April 2020
Navdeep Nijhawan	Ophthalmology	January 2013	January 2023
James Waddell	Orthopaedic Surgery	April 2010	December 2018
Mark Voysey	Psychiatry	June 2016	December 2018

Public Members (March 31, 2018)

Name	First Appointed	Term Ends
Tammy Balitsky	April 2010	April 2020
Louise Belanger-Hardy	February 2018	February 2020
Marilyn Boltman	April 2010	December 2018
Suzanne Craig	April 2014	April 2019
Catherine Egerton (Vice Chair)	April 2010	April 2020
Sandra Goldstein	April 2010	December 2018
Jaqueline Gumienny	April 2010	April 2018
Sonia Ouellet	February 2018	February 2020

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	2013-14	2014-15	2015-16	2016-17	2017-18
Part-Time Per Diem Payments	15,924	16,465	21,128	27,502	15,805
Travel[4]	515	2,315	1,991	2,643	374
Legal Services	15,092	34,900	14,436	8,486	12,230
Other Services, Supplies, etc.[5]	3,462	4,006	3,246	12,189	13,755
Total	**34,993**	**57,686**	**40,801**	**50,820**	**42,164**

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