Proposed Physician Services Agreement: Core Components

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Prepared on: March 24, 2022

SEAMO

Southeastern Ontario Academic Medical Organization

Core Components of 3-year Agreement

- Rate increases
- Hospital On-Call Coverage (HOCC) Program
- APP agreements
- Virtual care
- Primary Care
- Other provisions

Rate Increases – Year 1 and 2

Year 1 (2021) – 1% lump sum payment (paid in Feb.2023)

Year 2 (2022) – 2.01% lump sum payment (begins April 2022)

Permanent 2.01% increase effective April 1, 2023

- 25% of the increase applied to all groups
- 75% of the increase allocated to address relativity (CANDI/RANNI score)
- Ranges from 0.51% (Ophthalmology) to 3.34% (GP-FFS)
- AHSC funding increased by 2.01%

Rate Increases – Year 3

Year 3 (2023) - TBD - formula used to determine increase

- OMA estimating increase of between 2.1% and 3.6%
  - 25% of the increase applied to all groups
  - 75% of the increase allocated to address relativity (CANDI/RANNI score)
  - AHSC funding increased by general rate
- Lump sum payments expected in August 2024 & April 2025
- Permanent increase effective April 2025
- No cap on Physician Services Budget

Formula used to determine Year 3 increase

Based on difference between actual and presumed expenditures

- If actual cost is between $15.86 and $16.18 billion, all funds allocated to physicians
- If actual cost is less than $15.86 billion, then 75% of the difference between actual cost and $15.86 will be allocated to physician payments

HOCC Program

Effective April 1, 2023, $12.5M in new funding

- Lift existing moratorium on new on-call groups
- Fund HOCC groups <5 physicians at the rate of groups with 5 or more where uninterrupted call is provided

Up to 1/5th of the Year 3 increase, to a maximum of $75M, will be used to fund a new burden based HOCC Program, designed by OMA-MOH working group

Alternate Payment Plans (APPs)

Up to 1/10th of the Year 3 increase, to a maximum of $50M, will be used to fund new APPs and expand existing APPs

Other initiatives:

- Design a Hospitalist APP
- Establish APPs for Genetics, Geriatrics and Infectious Diseases
- Continue work on developing a permanent APP for Laboratory Medicine
- Establish bilateral Emergency Department Working Group
  - amendments to EDAFA models / update POWER study

IMPORTANT: According to our AFP Agreement, SEAMO shall receive funding that reflects any province-wide alternative funding initiative (academic or otherwise) provided the SEAMO physicians and circumstances fit within the parameters of the review or initiative

Virtual Care Framework – effective Oct.1, 2022

Comprehensive virtual care (ongoing relationship)

- Care provided by video – paid at same rate as in-person visit
- Care provided by phone – paid at 85% of rate for same in-person visit
- Care provided by phone for certain mental health treatments – paid at 95%

Limited virtual care service (virtual walk-in / on-demand)

- When provided by video, will be paid at $20
- When provided by phone, will be paid at $15
  - Only permitted if patient can't participate via video
- Priced to disincentivize this style of practice

K codes remain in force until September 30, 2022

Secure Messaging Proof of Concept Pilot

Primary Care

Managed Entry expanded by 480 physicians per year, 40 per month

- In 2022, an additional 20 physician per month for priority stream

Complexity

- Risk adjustment added to capitation rate
- Funded through repurposing some preventive care bonuses ($32M) and eliminating group pooling fee for service limits ($16M)

After Hours

- Number of evening and weekend blocks based on number of docs the group
- Each FHO must provide 1 block per night each weekday night (Monday to Thursday) for scheduled and unscheduled visits, three hour block starting between 5 and 7 pm

Primary Care cont'd

Aspirational Parameters

- For every 1,300 enrolled patients , FHOs are encouraged to have 88 face to-face and virtual encounters weekly, with 60% or more of the visits in person

Weekend Access

- New code will permit FHO physicians to bill outside the basket for unscheduled patients

Increase Mandatory Group Size to a minimum of 6 physicians

Maximum Roster Size - no greater than 2,400 patients per doc

Primary Care cont'd

CCM and FHN Migration

- Existing physicians can continue in these models but may only recruit to replace departing physicians (who will assume patient roster)
- Commitment to CCM model for those waiting for entry to FHO model

Walk-in Clinics

- Will be required to communication information to the patient's primary care physician on diagnosis and treatment for both in person and virtual visits

Primary Care cont’d

Change in Maximum FFS Pooling (effective April 1, 2023)

- FFS limits will apply at the individual physician level, not the group – funds will be reinvested in complexity payments

Time Sensitive Access

- Enrolled patients whose FHO physician is not available will be offered the opportunity to see another FHO physicians the same day, next day or after hours as medically appropriate for time-sensitive conditions
- Service may be provided face-to-face or virtually
- Allied health professional affiliated with the FHO may provide care if clinically appropriate

Other provisions

Change to Claim Submission Timelines – effective Apr.1, 2023

- Time for submitting OHIP claims reduced from 6 to 3 months

Improvements to Pregnancy and Parental Leave Benefit Program

Agreement to modernize Schedule of Benefits

Commitment to implement OMA's FAIR relativity model

Enhanced funding for Physician Health Benefits Program

CMPA reimbursement extended

For Additional Information

Visit the OMA website:

- Read the Proposed Physician Services Agreement
- Watch videos that explain the core components
- Review Q&A material

Voting is now open and will be available until the close of the meeting on Sunday, March 27, 2022

Visit the OMA website for details on how to vote