

Questions & Answers

Keeping health care providers informed of payment, policy or program changes

To: Physician Services and Independent Health Facilities (IHF)
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Re: Amendment to O. Reg. 114-94 - General - made under the *Medicine Act, 1991*

1. What are the regulatory changes?

Part XI of the General Regulation under the *Medicine Act, 1991* provides the College of Physicians and Surgeons of Ontario (CPSO) with the authority to carry out inspections under the Out-of-Hospital Premises Inspection Program (OHPIP) of premises in which CPSO members perform certain procedures under most forms of anaesthesia and sedation.¹ Under the OHPIP regulation, “premises” is defined as any place where a member performs such procedures but does not include a health care facility governed by or funded under certain specified Acts, including the *Independent Health Facilities Act* (IHFA).

This regulation amendment removes IHF facilities governed under the IHFA from the list of facilities that are exempt from the definition of “premises” in Part XI of the General Regulation. The regulation amendment is intended to bring new and existing IHFs performing certain procedures involving the administration of most forms of anaesthesia and sedation under the OHPIP, while continuing to be subject to joint assessments/inspections under the IHFA and OHPIP.

2. What is the Regulatory Impact on Physicians and IHFs?

The amendment strengthens the oversight of CPSO members and IHFs by ensuring a comprehensive approach to regulating both premises and physicians, as appropriate, where concerns regarding quality and standards are identified.

¹ Procedures performed under anaesthesia and sedation includes parenteral sedation, general, regional and local anaesthesia with some exceptions. For a full definition, please refer to Regulation 114/94 of the *Medicine Act, 1991*.

Members of the CPSO providing certain procedures at an IHF involving most forms of anaesthesia and sedation are affected by the regulatory change as they must comply with inspection requirements under the OHPIP regulation while the licensee of a facility governed by the IHFA must comply with the quality assurance regime set out in the IHFA (the “Joint Program”). However, it is anticipated that the impact on affected IHFs and physicians will not be overly burdensome as facilities will typically be subject to a joint assessment/inspection as part of the Joint Program and will only pay the OHPIP fee.

3. How will the Joint Program be implemented?

The Joint Program permits the CPSO to use the regulatory authorities available to it under the *Medicine Act, 1991* to inspect and take action against members who perform certain procedures involving most forms of anaesthesia and sedation at IHFs, as appropriate, while preserving the authorities available to the Director appointed under the IHFA (IHF Director) to take appropriate action against the facilities governed by the IHFA. This allows the two quality assurance regimes to operate in a coordinated manner to better promote and protect the health and safety of patients.

4. How will a Joint Program provide greater public protection?

The implementation of a Joint Program will permit the CPSO to use the regulatory authorities available to it under the *Medicine Act, 1991* to inspect and take action against members who perform certain procedures involving most forms of anaesthesia and sedation at IHFs, as appropriate, while preserving the authorities available to the IHF Director to take action against the facilities governed by the IHFA, enabling the two assessment/inspection regimes to operate in a coordinated manner to better promote and protect patient safety.

5. What are the roles and responsibilities of a Quality Advisor in an Independent Health Facility (IHF)?

The position of Quality Advisor in an IHF is legislated under O. Regulation 57/92 of the *Independent Health Facilities Act*. The regulation requires that a licensee of an IHF appoint a quality advisor who is a health professional who ordinarily provides insured services in or in connection with an IHF. The regulation also requires that the licensee appoint an advisory committee to advise the quality advisor. The ministry requires that the Quality Advisor and the licensee co-sign a Quality Advisor Acknowledgement form indicating that they are aware of the responsibilities of the quality advisor. The form is a compilation of the roles and responsibilities of a quality advisor outlined in the Clinical Practice Parameters and Facility Standards (CPPs) for a specific modality. You can find a link to the regulation, the Quality Advisor Acknowledgement form and the CPSO CPPs on the Independent Health Facilities Program webpage at:

<http://www.health.gov.on.ca/en/public/programs/ihf/default.aspx>

6. What are the roles and responsibilities of the Medical Director under the Joint Program?

The position of the Medical Director is a requirement for all out-of-hospital premises, as outlined in the Out-of-Hospital Premises Inspection Program (OHPIP) Standards. The Medical Director is the main contact for any information related to the premises. Any reports pertaining to the inspection/assessment are directed to the Medical Director for review and response. Each premise must have a Medical Director who is a physician. It is an expectation that facilities under the joint program must have both a Medical Director, to satisfy the requirements of the OHPIP core Standards; and a Quality Advisor to satisfy the requirements of the IHFA. The Medical Director will be invoiced for all associated costs of an inspection carried out under the joint regime. The OHPIP Standards outlines in detail the roles and responsibilities of the Medical Director which can be found at:

http://www.cpso.on.ca/uploadedFiles/policies/guidelines/office/ohp_standards.pdf

7. Can the Quality Advisor and Medical Director be the same individual?

Yes, the Quality Advisor and Medical Director can be the same individual since they are both required to be a physician. If this is the same individual, they must perform the roles and responsibilities outlined in the OHPIP Standards as well as the responsibilities outlined as per Regulation 57/92 of the IHFA.

8. What Are the Fees under the Joint Program?

In existing and new IHFs governed by the quality regime in the IHFA and now also subject to OHPIP (e.g., cataract clinics) the Medical Director will be required to pay the higher OHPIP fee as this facility will now be subject to inspection under OHPIP. Where the IHF is subject to inspection under OHPIP, the IHF licensee will not be charged an additional fee for the cost of the assessment (typically conducted at the same time as the OHPIP inspection) under the IHFA.

The fees that will be charged for the cost of an inspection conducted under OHPIP will depend on the level of premise (i.e. level 1, 2 or 3). Please refer to the CPSO's Frequently Asked Questions (FAQs) for the new Fees Model. These are located at the following links:

OHPIP Fees FAQ:

http://www.cpso.on.ca/CPSO/media/documents/CPSO%20Members/OHPIP/OHP-FAQs_FeesSept2013.pdf

IHF FAQ:

http://www.cpso.on.ca/CPSO/media/documents/CPSO%20Members/OHPIP/OHP-FAQs_FeesSept2013.pdf

IHF's where physicians do not perform procedures involving most forms of anaesthesia and sedation are not part of the Joint Program (e.g., diagnostic facilities for X-ray and ultrasound) and will continue to be regulated under the quality assurance regime set out in the IHFA. These clinics will continue to pay the IHF fees.

9. Why are the annual fees under the OHPIP higher than the fees under the IHF program?

The higher inspection fee, in part, covers additional costs associated with the inspection and the review of findings by the CPSO Premises Inspection Committee.

CPSO implements its programs, including the OHPIP, on a cost-recovery basis so that fees are set at a level to sufficiently cover program costs. To ensure economic sustainability of its programs, the CPSO balances out any surpluses or deficits over time to provide a long-term cost recovery model.

The CPSO is committed to delivering all quality assurance programs at the lowest cost possible, while still providing a valuable service to its members.

10. When will the new fees come into effect?

The new fees will come into effect with the next CPSO billing cycle. IHFs affected by the change will see a change in their invoicing from the CPSO with the next billing cycle (in that IHF licensees will no longer be charged for the costs of an assessment but the Medical Director of the facility will be charged under the OHPIP).

11. Do the new fees apply to all physicians at a facility (i.e. each physician is charged the fee) and all types of physicians (i.e., anaesthetists)?

The Medical Director will be charged for the costs of an inspection carried out under the OHPIP. Each physician providing services at the facility will not be charged the annual fee.

12. Where can I find information on the new Joint Program?

In addition to the information provided in this “Questions & Answers” document, an INFOBulletin is available to provide a summary of the amendment to Part XI of the General Regulation and the new Joint Program under the OHPIP and the IHFA. If you require additional information, please contact the IHF Program or CPSO (see contact details below). Any questions regarding applicable fees should be directed to the CPSO.

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For information on what procedures and forms of anaesthesia and sedation must be provided at an IHF to fall under this Joint Program, please refer to Part XI of the General Regulation made under the *Medicine Act, 1991* published on the ministry's website at:

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_940114_e.htm