

June 21, 2007

BUILDING ON THE AGREEMENT WITH ONTARIO'S DOCTORS

The Physician Services Framework Agreement, signed in 2004 by the Ontario Medical Association (OMA) and the Ministry of Health and Long-Term Care (MOHLTC), includes a commitment to address issues identified during a reassessment process to take place in the fourth year of the agreement. The MOHLTC and OMA began discussions in early 2007 and jointly agreed to a package of recommendations on May 31, 2007.

The reassessment includes recommendations and investments in the following areas:

- Health Human Resources
- Access to Primary Care Services
- Access to Hospital Care
- Community Care
- Medical Services Payments
- Physician Services Committee

HEALTH HUMAN RESOURCES

ATTRACTING PHYSICIANS

- Implement a relocation support program through the government's HealthForceOntario initiative to encourage physicians who have a connection to Ontario or Canada to return to practice in Ontario.

RETAINING PHYSICIANS

- Consolidate existing Ministry and OMA Locum Programs at HealthForceOntario.
- Expansion of OMA administered Continuing Medical Education in 2008.
- Establish a joint Retention Incentive Committee to exploring opportunities for a Retention Incentive Program in Ontario that will maintain existing physician resources and attract new physicians.
- A Service Recognition Payment to physicians for practicing in Ontario based on the number of years of continuous service. Physicians will be eligible for a payment every five years with 29 or fewer years of service, and every three years with 30 or more years of service.
- Continue the Northern Physician Retention Initiative
- Expand coverage of the Pregnancy and Parental Leave Benefit Program for physicians.

ACCESS TO PRIMARY CARE SERVICES

A significant number of patients who would otherwise be orphaned now have access to a physician because of incentives introduced under the 2004 agreement between the ministry and the OMA.

Additional initiatives will further reduce the number of orphan patients and assist those in areas of high need, and include:

- Doubling the new patient fee incentive threshold (which pays \$100 per patient) from 150 patients to 300 patients per year for new physician graduates
- Increasing the new patient fee incentive to sign up older patients from \$110 to \$120 for patients 65 to 74 years of age and from \$120 to \$180 for patients 75 years of age and older
- Increasing the new patient fee incentive threshold of 50 patients per physician per fiscal year to 55 patients in 2007-2008 and to 60 patients in 2008-2009

Improvements in access to primary care services are also being made in the following areas:

- Obstetrical bonus fee for physicians who provide a minimum of five deliveries per year from \$3,200 to \$5,000
- Provision of obstetrical deliveries outside of regular office hours will be counted towards the Family Health Group physician's commitment for after hours service
- After hours premium increased from 10 per cent to 20 per cent for comprehensive care physicians.

A one-time payment to recognize physicians participating in capitated primary care models.

ACCESS TO HOSPITAL CARE

The MOHLTC and OMA agreed to enhance the delivery of health care in hospitals through the following initiatives:

- One-time payment before April 1, 2008 to surgical physicians who have facilitated the introduction of the Wait Time Information System;
- Recommendations from a new subcommittee to support the role of physicians in managing access to wait times services;
- Develop a program for most responsible physician services which includes recommendations for payment of full-time hospitalists and community GPs.

COMMUNITY CARE

The MOHLTC and OMA have agreed to improve the level of patient care provided in the community with respect to palliative care services. This includes implementing a weekly management fee that will pay physicians who are managing the care of palliative care patients.

MEDICAL SERVICES PAYMENT

The MOHLTC and OMA have agreed to a number of fee schedule changes that reflect the needs and economics of modern health care, promote patient access to appropriate medical care, and offer competitive compensation.

- A package of fee code recommendations will be implemented during 2007/2008 that will address services in a variety of areas including: cancer surgery, transplant surgery, sinus surgery, paediatric psychotherapy and paediatric surgery.
- Recommendations will be developed to deal with issues of relativity including work that has begun on surgical procedures.

PHYSICIAN WORK ENVIRONMENTS

The MOHLTC and OMA agree that reducing the administrative burden to physicians may result in additional resources available for the assessment and treatment of patients. During 2007-2007, the following initiatives to address administrative burden will move forward:

- Hospital Standardized Bookings – review hospital surgical/diagnostic/medical booking processes and make recommendations on standardization and streamlining
- Education package – develop education packages for physicians, employers and insurers on best practices
- Offer recommendations to eliminate, consolidate, simplify or streamline forms used by the MOHLTC, Ministries of Transportation and Community and Social Services.

PHYSICIAN SERVICES COMMITTEE

The joint ministry/OMA Physician Services Committee will establish a tripartite committee that includes membership from the OMA, MOHTLC and Local Health Integration Network (LHIN) chief executive officers. The committee will act as a liaison between LHINs and Parties about issues of province-wide interest.

The Physician Human Resources Committee will make recommendations to the Physician Services Committee on how to develop and implement the following:

- A program that defers or pays interest payments on Canada Student Loans for medical residents during the period they are in training
- Options to reduce or eliminate the student loan repayment for Ontario-educated medical students over a number of years of practice in Ontario
- A mentorship program to provide opportunities for experienced physicians to transfer their skills and knowledge to other physicians with a focus on areas of higher need
- An evaluation of the repatriation program proposed components.

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