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MINISTRY OF HEALTH AND LONG-TERM CARE ASSISTED  
DEVICES TELECONFERENCE

HELD: Thursday, July 2, 2009 at 2 p.m.  
  
AT: 5700 Yonge Street  
Third Floor  
Toronto, Ontario

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A P P E A R N C E S:  
  
In Person:  
Barbara Cadotte

5 Sara Dobner  
6 Ann Weir  
7 Chris Beynon  
8  
9 Telephonically:  
10 Bob Varga  
11 Prem Arumugam  
12 Melissa Huehn  
13 Jodie Evans  
14 Missinda Mohring-Westecott  
15 Joel Millage  
16 Jim Crooks  
17 Jan Forrest  
18 John Hunter  
19 Miriam Turnbull  
20 Liz Parker  
21 Elise Chien  
22 John Campbell  
23 Heather Nichol-Morrison  
24 Cathy Chapman  
25

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1 BOB VARGA: My name is Bob Varga, I'm  
2 with PricewaterhouseCoopers, and we have been in  
3 engaged to participate in the support and  
4 development of the pricing model for the Ministry  
5 of Health and Long-Term Care Assisted Devices  
6 Program.

7 So, welcome everybody. I'm just going  
8 to turn it over to Barbara Cadotte with the  
9 Ministry, and if she could make some opening  
10 remarks that would be great.

11 BARBARA CADOTTE: Thank you, Bob. And,  
12 again, I want to thank everyone who has been able  
13 to join us today on such short notice. We will be  
14 posting our document on this by Monday, and also  
15 there will be another session on Tuesday for those  
16 who are not able to be here.

17 So I just wanted to, quite quickly, go  
18 over the project objectives and scope before we do  
19 our round of introductions in the room here.

20 As people are aware, the objective of  
21 our pricing survey is to review, confirm and update  
22 the cost drivers that will impact the cost of home  
23 oxygen service delivery, to identify the change in  
24 cost drivers over the last 10 years and provide  
25 advice on potential changes over the next seven

3

1 years.

2 We would like to review and test the  
3 Ministry's proposed pricing model for home oxygen  
4 services and Pricewaterhouse will provide the  
5 Ministry advice and recommendations in support of  
6 the development of a fair pricing schedule.

7 The other objective of the project is  
8 support the development of the pricing schedule by  
9 providing independent and expert advice to the  
10 Ministry in its research into detailed pricing  
11 components and the consultation with health care  
12 experts.

13 The scope is to confirm and update the  
14 cost drivers impacting the cost of home oxygen  
15 service delivery, report on the changes to those  
16 cost drivers over the last 10 years, provide advice

17 on potential changes over the next seven, provide  
18 advice on fair and reasonable pricing for home  
19 oxygen services and the potential impact of the  
20 implementation of a scaled pricing approach. The  
21 scope is also to determine what the conditions  
22 would be to refresh the price during the period of  
23 the vendor of record and to provide advice with  
24 respect to the pricing consultation meeting with  
25 home oxygen vendors.

4

1 So this is the first of the two  
2 interactive teleconference sessions that the  
3 Ministry and Pricewaterhouse are holding to answer  
4 any questions that vendors might have on completing  
5 the survey.

6 As I said, we will be posting the  
7 responses from this session to Merck so that others  
8 who have been unable to join the call will be able  
9 to receive the answers and to complete the survey  
10 in a consistent way.

11 I'm Barbara Cadotte, the manager of the  
12 assisted devices program. With me I have Sara  
13 Dobner, Ann Weir and Chris Beynon in the room. We  
14 also have an individual here who is completing our  
15 transcript. And so if we could do a call out  
16 on-line to find out who we have on-line, beginning  
17 with Pricewaterhouse.

18 BOB VARGA: Yes, it's Bob Varga from  
19 PricewaterhouseCoopers.

20 PREM ARUMUGAM: Prem Arumugam from  
21 PricewaterhouseCoopers.

22 MELISSA HUEHN: Melissa Huehn from

23 PricewaterhouseCoopers.  
24 BARBARA CADOTTE: And vendors on-line?  
25 JODIE EVANS: Jodie Evans, Home Care

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1 Oxygen Service.  
2 MISSINDA MOHRING-WESTECOTT: Missinda  
3 from Huronia/Med-E-Ox Ltd.  
4 MR. MILLAGE: Joel Millage, Shoppers  
5 Home Health Care.  
6 MR. CROOKS: Jim Crooks, Shoppers Home  
7 Health Care, Thunder Bay.  
8 MS. FORREST: Jan Forrest, Medigas.  
9 JOHN HUNTER: John Hunter, VitalAire.  
10 MIRIAM TURNBULL: Miriam Turnbull.  
11 LIZ PARKER: Liz Parker with Homestead  
12 Oxygen.  
13 ELISE CHIEN: Elise Chien from Praxia  
14 Information.  
15 BARBARA CADOTTE: Heather, did I hear  
16 you as well?  
17 SARA DOBNER: Is Heather on the line?  
18 BARBARA CADOTTE: Okay.  
19 BOB VARGA: She was earlier.  
20 BARBARA CADOTTE: I know. Anyone else  
21 who registered and who hasn't indicated they are  
22 here yet? All right.  
23 BOB VARGA: So, I just wanted to give  
24 you a little bit of context. Barbara was  
25 indicating the session right now is to basically

6

1 respond to any of the technical questions to  
2 provide some guidance based on the survey as people  
3 are completing it.

4 PricewaterhouseCoopers, in relation to  
5 the objectives that were identified by Barbara and  
6 the Ministry, receive feedback from interested  
7 parties to the survey. So based on that input  
8 we've already incorporated those survey that's  
9 on-line.

10 However, in the limited feedback that  
11 we received to date from survey respondents, there  
12 were some areas that we thought would be suggested  
13 to -- and be more efficient to have an on-line  
14 health session so we can clarify specific survey  
15 questions and that way we'd be able to convey them  
16 more quickly through as many other survey  
17 respondents as we can.

18 So just as a starting point, I think,  
19 it would be helpful, Prem, if you would able to  
20 just identify some of those kinds of things that  
21 people have flagged to date and maybe we can  
22 pre-empt some of the questions that the callers  
23 on-line will have, and then we'll open the floor to  
24 the additional questions that people have had so  
25 far in completing the survey.

7

1 PREM ARUMUGAM: Hello, everyone. This  
2 is Prem Arumugam from PWC.

3 With respect to the survey, we've  
4 already received a couple of questions from people  
5 like you responding to the survey. One of the  
6 questions was actually with relation to part A and

7 part B of the survey.

8 So part A of the survey relates to  
9 people that are currently providing oxygen services  
10 to the HOP program. Part B of the survey, for  
11 those that may choose to provide services in the  
12 future but are not currently providing them today.  
13 So if you are a participant in the HOP program  
14 today, you will be only answering questions in part  
15 A. So we divide the survey for that.

16 If you identify yourself as a current  
17 provider, you will be only answering questions up  
18 to I believe 140 -- let me just get the last  
19 session here -- 155. Part B would start at 156 all  
20 the way to 198, is only for those that are not  
21 currently providing services today but may choose  
22 to in the future.

23 Another question that did arise, and it  
24 was a specific question, question number 13, and  
25 the question reads as follows. Question 12

8

1 actually is: "In 2008, did you provide home oxygen  
2 to clients who are approved for palliative care  
3 funding?" And that was a yes or no question.

4 Question 13 was -- is where the  
5 question came from another respondent was: "If  
6 yes, in 2008, what percentage of your HOP clients  
7 were clients covered under the palliative care  
8 funding?"

9 And the person asked if it related to  
10 percentage of the average monthly client total or  
11 if it was related to the number of new clients for

12 2008.

13 What we are looking for is with respect  
14 to the total for the year. So not just new  
15 clients. So I guess the way they phrase it, the  
16 average monthly client total.

17 Is that clear?

18 VENDOR QUESTION: Well, I already  
19 calculated that average to the start at the  
20 beginning of the year and look at each month and  
21 then take the average for that --

22 PREM ARGUMUGAM: -- find it in ours was  
23 just a beginning of the year, end of the year,  
24 divide by two.

25 VENDOR QUESTION: So it's a rough,

1 rough average then? 9

2 PREM ARUMUGAM: Yeah. Are you  
3 experiencing strong growth in clients every month?

4 VENDOR QUESTION: No, but it's  
5 definitely not static.

6 PREM ARGUMUGAM: No, I understood that,  
7 but if you were to do the beginning of the year and  
8 end of the year and divide by two, you are going to  
9 be basically at what it was around June of the  
10 year, so I'm just trying to get a sense of what it  
11 was around June of the year. I'm just trying to  
12 get a sense for what the growth has been. I know  
13 it's not static, but I'm assuming it's not growing  
14 at 20 percent.

15 VENDOR QUESTION: -- within a year as  
16 well.

17 PREM ARGUMUGAM: But we're looking at

18 over a course of a year so --

19 VENDOR QUESTION: You are looking at  
20 January and December, are you not? So that's two  
21 months next to each other.

22 PREM ARGUMUGAM: Yeah. We're looking  
23 at -- so what it was at the beginning of the  
24 January and what it is at the end of December 31st,  
25 or whenever your fiscal year is.

10

1 VENDOR QUESTION: I guess it's also  
2 difficult because palliative patients tend not to  
3 be on for a number of months.

4 PREM ARUMUGAM: That's right. They're  
5 only there at most three months, right?

6 VENDOR QUESTION: Or even less than a  
7 month, too.

8 PREM ARUMUGAM: Okay. I mean, at the  
9 end of the day what we're looking for is an  
10 estimate as to what the number of palliative  
11 patients are with respect to the overall dates.  
12 For example, we want to make sure that in your  
13 specific organization you are not 30, 50 percent  
14 palliative clients. We're just trying to get a  
15 rough sense for that. Like, how your clients are  
16 divided across the range of life cycle, or the life  
17 cycle of the client's health.

18 VENDOR QUESTION: I would think if you  
19 are looking for the rough estimate, the better  
20 figure would be monthly averages within the month,  
21 and taking that for the average of the year, it's  
22 just that there is a fair amount of variability  
23 within the course of the year.

24                   PREM ARUMUGAM: So you are suggesting  
25                   to go with a monthly average. So January average,

11

1                   February average, and then add it all up and divide  
2                   by 12.

3                   VENDOR QUESTION: I think, as bad as  
4                   that is, it's a little bit more accurate than  
5                   January and December divided by two.

6                   PREM ARUMUGAM: We're happy with that.  
7                   We were trying to minimize the workload and we  
8                   weren't sure how many of you were actually going to  
9                   be able to calculate monthly averages. If there is  
10                  consensus that everyone can do that, we're happy to  
11                  do that. We were going with a relatively easy  
12                  approach for the vast majority of the participants.

13                  ELISE CHIEN: This is Elise Chien  
14                  speaking. I've been talking with some of the  
15                  vendors and I think that is probably a better way,  
16                  because a lot of people have said that there is a  
17                  lot of patients who start and then stop a program.  
18                  So if you take it from January -- a yearly average  
19                  it's not -- it will not be as accurate, I don't  
20                  think as -- sorry -- what the gentleman said,  
21                  taking monthly average would be better.

22                  PREM ARUMUGAM: So, Elise, did you find  
23                  that they are comfortable with being able to  
24                  generate monthly averages?

25                  ELISE CHIEN: I think the point was

12

1                  that they want to be able -- they want to make a

2 distinction between actual client base and the  
3 people, the clients who are served. Because the  
4 clients who are served, generally the number tends  
5 to be a lot higher than the client's base because  
6 of the number of starts and stops.

7 PREM ARUMUGAM: I'm not quite sure I  
8 understand what you are getting to there.

9 ELISE CHIEN: So in terms of the  
10 question before on the client base, you are asking  
11 people to identify a client base for the fiscal  
12 year. However, the vendors who I've spoken to have  
13 said that there are clients who start the home  
14 oxygen program but end before the year is finished.  
15 So the client served would, in fact, be higher than  
16 the average client base for the year.

17 PREM ARUMUGAM: So, for example, you  
18 are saying like a palliative person that starts in  
19 March may be done by June and -- in January to  
20 December number. Is that your point?

21 ELISE CHIEN: Yes.

22 PREM ARUMUGAM: Yes.

23 ELISE CHIEN: The point is I think  
24 whoever suggested to do the monthly average and  
25 then do average of those monthly averages is a

1 better way.

2 PREM ARGUMUGAM: And the people who  
3 have been talking to you, Elise, are they  
4 comfortable that they can actually calculate  
5 monthly averages? Because if they are, we don't  
6 have a problem in making the data better.

7 VENDOR QUESTION: The only challenge I  
8 would have in getting this is I have a number of  
9 staff who are on vacation who do the statistics and  
10 crunching the numbers. But if this is -- actually  
11 you have the same objective and scope as  
12 identified at the beginning, then I don't see any  
13 choice.

14 PREM ARUMUGAM: As I said, we are  
15 completely open to a more refined number, so we  
16 initially took the approach that it will be hard  
17 for everyone to calculate those numbers. But if  
18 everyone is willing we are happy to change it to a  
19 monthly average.

20 MR. VARGA: Any disagreements from the  
21 callers?

22 PREM ARGUMUGAM: So I guess we are  
23 going to a monthly average.

24 ELISE CHIEN: Are you going to -- after  
25 these information sessions are you going to put a

1 revised survey?

2 BOB VARGA: Yeah, we can change it to  
3 survey and we'll also be posting the responses or  
4 any items or changes as a result of these help  
5 sessions for those that could not attend. So it  
6 will be broadcast widely and it will be edited in  
7 the survey.

8 PREM ARGUMUGAM: Those were two  
9 questions that have come up now. Just some more  
10 clarification on additional questions.

11 In your feedback to the survey  
12 initially, there were some questions where you  
13 thought it was very difficult for the people to  
14 actually calculate the numbers so we have allowed  
15 in specific cases to be able to indicate that you  
16 don't know what the number is.

17 So for example -- I'm choosing one  
18 here, question 10. Based on the Canada Post system  
19 for generating postal codes, codes starting with  
20 the letter P are northern. "In 2008 what  
21 percentage of your HOP clients lived in the north?  
22 If data is not available, use your best estimate."

23 So we'd love if you could actually make  
24 an effort if you could give us an estimate. If  
25 it's unknown, so you have absolutely no way of

15

1 doing this, then you can enter negative one.

2 So the negative one actually applies in  
3 several other questions as well, and you can see  
4 that is indicated as such. We would really love if  
5 you could actually make every effort to give us the  
6 best estimate. But if you absolutely cannot,

7 negative one is a feasible answer in some of these  
8 questions.

9 There are other questions where you may  
10 not be able to answer a negative one because we are  
11 trying to get the best estimates from you. So if  
12 there are specific questions that you have in mind  
13 right now, you can bring those up and we can talk  
14 about the intent and see how we can help facilitate  
15 you in getting some of those numbers.

16 BOB VARGA: I think I'll open it to the  
17 floor. So if any caller has a specific question or  
18 set of questions they would like clarification or  
19 some feedback, if you could ask that now. So this  
20 is the interactive part of the session.

21 JAN FORREST: Hi, it's Jan Forrest from  
22 Medigas.

23 For questions 14 and 15, are you  
24 looking for an aggregate number?

25 PREM ARUMUGAM: Are you referring -- 14

16

1 and 15. So how many fall visits were required  
2 under the completed -- by role? Is that what you  
3 are referring to?

4 JAN FORREST: Yes.

5 PREM ARUMUGAM: In this specific  
6 instance, what we are really hoping for is that you  
7 can give us -- so, for example, if you are dealing  
8 with a specific client, for that specific client  
9 how many follow-up visits were required.

10 JAN FORREST: So this is one individual  
11 client?

12 PREM ARUMUGAM: Yes.

13 VENDOR QUESTION: I really don't  
14 understand.

15 PREM ARUMUGAM: If you are dealing with  
16 a typical client, after your initial visit where  
17 you've done the assessment, within the first 90  
18 days you are going to have to go back to the client  
19 either to, one, do delivery of additional oxygen,  
20 or if you have to go back in to help them through  
21 some education or training, those were types of  
22 things that we were thinking of here. So how many  
23 times on average you have to go back to visit the  
24 client again.

25 JAN FORREST: That's a difficult number

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1 to average, though, because you could have a client  
2 that you are sending clinical services in on a  
3 regular basis but perhaps they are not requiring  
4 delivery of equipment. You could have a client  
5 that requires liquid fills two or three times a  
6 week. So you have -- you have somebody going in  
7 three times a week to provide non-clinical services  
8 in addition to your clinical services. So it's a  
9 really hard thing, I think, to give an average  
10 because --

11 PREM ARUMUGAM: Which is why we're  
12 asking you to break it down based those that are  
13 clinical work. So for example, if it's an RT  
14 that's going in, we would like to know that versus  
15 if it's a delivery person going in. I realize it's  
16 hard and I know it's not an easy number to  
17 calculate, but we are asking for your typical

18 client.

19 Part of reason we are asking this, by  
20 the way, is just at the end of the day when we are  
21 going to that new pricing model where the scale's  
22 pricing approach that Barbara Cadotte was referring  
23 to, ultimately at the end of the day we need to be  
24 able to say, you know, typically you're dealing  
25 with -- when you are dealing with a client you have

18

1 to go back to visit the client, you know, four or  
2 five times. And every trip to you, in effect, is a  
3 cost to you because, one, you are paying for the  
4 gas for the trip, you are paying for the time that  
5 the person is taking spending in the car going to  
6 visit the client. Those are all additional costs  
7 that you would have to incur. So what we are  
8 trying to do is basically get a sense for that.

9 VENDOR QUESTION: In this very  
10 question, though, where we don't routinely collect  
11 this information, we have a couple choices. One is  
12 to guess at the number, but I hate to do that  
13 knowing the implications of providing the number.  
14 The other is to do a bit of a sampling to find out  
15 what we do over a period of time. But given that  
16 it's due July 15th, the sample would be biased.  
17 Can we put minus one on that one? Does that seem  
18 like the best of the three options?

19 PREM ARUMUGAM: We would prefer not to  
20 have a minus one here. Because if you can't  
21 provide us the numbers here, what we would have to  
22 do is basically make some assumptions, and we would

23           rather not make assumptions going into this. I  
24           would rather have your collaboration and input into  
25           what the numbers should be.

19

1                   JOHN HUNTER: That's why -- I know in  
2           the case OF VitalAire we would to have put a  
3           considerable amount of time in order to analyze  
4           this on a perspective basis because I simply cannot  
5           mine the data to find out this answer for you.

6                   VENDOR QUESTION: It's a time-consuming  
7           question on the ones preparing the report, that you  
8           really need to allow for that timewise.

9                   BARBARA CADOTTE: I think Ann Weir  
10          would like to contribute something. Ann?

11                   ANN WEIR: I was just wondering, times  
12          may have changed from when I worked in the field  
13          but I know we always kept records for our clients.  
14          And in their records the respiratory therapist  
15          would document visits to emergency and otherwise,  
16          and that was for all patients, whether it was  
17          palliative patients or regular patients or  
18          long-term care patients. And, also, for the number  
19          of visits for the no clinical you would have your  
20          delivery slips which clearly identified the numbers  
21          visits that takes place for delivery of things that  
22          do not need a professional.

23                   So I would have thought that would have  
24          been in your client records for all of your  
25          clients.

20

1                   JOHN HUNTER: Certainly each of the  
2                   client records, but then as go through all of your  
3                   client records over time, month by month, and to  
4                   look through all the them individually, that's an  
5                   option for sure. But we don't have it automated  
6                   today.

7                   VENDOR QUESTION: Also, I think it's  
8                   important that we're looking in the middle of  
9                   summer when a lot of staff who would do this job  
10                  aren't available right now.

11                  BARBARA CADOTTE: Well, I'm wondering  
12                  if one of the easiest ways of getting at this  
13                  information is to maybe pull a limited number of  
14                  client files of clients who have newly come on the  
15                  program, on the long-term program. Maybe clients  
16                  who have been on past their nine-month assessment  
17                  and clients who are on the very long term and do a  
18                  quick and dirty comparison of their service  
19                  delivery needs.

20                  VENDOR QUESTION: It also would be  
21                  embellished in the fact that we will be getting  
22                  multiple responses from multiple vendors so that  
23                  sampling is not going to be just one individual  
24                  agency. It will be a cross section from all of the  
25                  respondents that participate in the survey.

21

1                   VENDOR QUESTION: Can that not skew the  
2                   data even further, if you got a small sample from  
3                   multiple sources?

4                   PREM ARUMGUUM: Sorry?

5                   VENDOR QUESTION: Is that not a

6 statistical error if you get a small sample --

7 PREM ARUMUGAM: If we don't have enough  
8 responses, it's going to be statistically  
9 insignificant anyways, so in which case we are  
10 going to have to resort to other means to provide  
11 the Ministry with a pricing model.

12 VENDOR QUESTION: Sure, but to get the  
13 pricing models, based on that assumption, if there  
14 are multiple sources coming from a very limited  
15 sample that would be a statistical error, would it  
16 not?

17 PREM ARUMUGAM: I'm not sure what you  
18 are referring to. Are you suggesting that --  
19 statistically insignificant just because we are  
20 going to have smaller responses?

21 VENDOR QUESTION: No, I'm just saying  
22 on that recommendation, that that one  
23 recommendation may not hold. That if you take a  
24 small sample from each of the different home care  
25 providers who collect the information and then you

22

1 gather that across a wider stream, but it doesn't  
2 provide greater clarity, it actually distorts the  
3 data even further.

4 PREM ARUMUGAM: Why would that be?

5 VENDOR QUESTION: It's just that  
6 statistical anomaly I would have thought.

7 PREM ARUMUGAM: Really, taking away the  
8 sample across a wide set of respondents, so  
9 actually I think that would be more statistically  
10 sound.

11 VENDOR QUESTION: I mean, statistical

12 significance here is going to be bound by the  
13 number of responses we get and how many clients it  
14 essentially covered. So if we cover 80 percent --  
15 I'm not sure what the actual number is going to be  
16 for statistic significance because we haven't  
17 crunched that data yet. But if we get enough  
18 responses across the board, then essentially the  
19 more accurate this is going to be.

20 VENDOR QUESTION: As long as there is  
21 no inter-rater (ph) lack of reliability for sure  
22 there would be. But if there is any sort of  
23 different scores doing different techniques, then  
24 for sure there would be the error. I just even  
25 wonder for individual companies what would be the

1 satisfactory number of the sample. 23

2 PREM ARGUMUGAM: What do you mean by  
3 individual company?

4 VENDOR QUESTION: Well, for each of the  
5 respondents you would like have to a number of  
6 their patients. So what percentage of their file  
7 and over what period would be appropriate?

8 VENDOR QUESTION: So are you talking  
9 about -- are you referring to now as the sampling  
10 of the client records themselves?

11 VENDOR QUESTION: Yes.

12 PREM ARUMUGAM: It partly depends on  
13 how many clients each of the vendors had, right.

14 VENDOR QUESTION: -- 20 or 30 or 50  
15 percent sample size of each area, and then we try  
16 to all do the same things so that at least you are  
17 getting similar sample size.

18 PREM ARUMUGAM: What do you believe  
19 would be realistic given your time constraints?

20 VENDOR QUESTION: I'm more concerned  
21 about giving accurate information than the time  
22 constraints. If this is going to be used for the  
23 very objective of developing something that is  
24 going to determine scale for reimbursement, I think  
25 it's probably more important to be accurate as

24

1 opposed to quick.

2 JOHN CAMPBELL: This the John Campbell  
3 speaking. I've been on the line for about 15  
4 minutes or so. I didn't want to interrupt the  
5 flow. I did want you to know I was here.

6 PREM ARUMUGAM: Thank you. I  
7 appreciate that. John, you are from which  
8 organization?

9 JOHN CAMPBELL: I'm with Knowles  
10 Consultancy. I'm the fairness commissioner on this  
11 project.

12 PREM ARUMUGAM: We're going to come  
13 back with a recommendation. If we agree that we  
14 can sample client records, we are going to come  
15 back with a recommendation on it. Is everyone okay  
16 with sampling the client records after Barbara's  
17 suggestion?

18 VENDOR QUESTION: From my perspective,  
19 I think that's a fair recommendation. I do think  
20 this is one of the key questions of the exercise,  
21 so it is one of the most important ones.

22 PREM ARUMUGAM: So we are going to come  
23 back with a recommendation on what percentage of

24 your client records you want to sample for the  
25 answering of this question. Is that a fair

25

1 statement?

2 VENDOR QUESTION: That's very fair. At  
3 least -- your business size is kind of irrelevant  
4 almost. You're getting the same sample size by  
5 business.

6 PREM ARUMUGAM: Okay. Other  
7 questions?

8 VENDOR QUESTION: I had a reflection on  
9 a number of the questions throughout. Would that  
10 be a fair -- because it talks about taking  
11 assessments, all of those things. If we decide on  
12 a sample size, would we use that same sample size  
13 throughout the document?

14 PREM ARUMUGAM: Are you referring to  
15 question --

16 VENDOR QUESTION: Like, in the  
17 twenties.

18 PREM ARUMUGAM: 24, 25. You're asked  
19 to give how many minutes it takes to do something?

20 VENDOR QUESTION: Yes.

21 PREM ARUMUGAM: I guess you can do it  
22 at the same time you are doing that.

23 VENDOR QUESTION: Is the minus one  
24 acceptable on the question? Because that's  
25 something that we certainly don't track, is what

26

1 percentage is spent on not-HOP versus HOP clients.

2                   PREM ARUMUGAM: Where are you looking  
3 at now?

4                   VENDOR QUESTION: In the twenties as  
5 well. Just in general, the question is talking  
6 about staffing. How many full-time equivalents  
7 used to conduct HOP services and what portion was  
8 done on customer service, sales and marketing,  
9 things like that. It's certainly a breakdown that  
10 we don't do in our business.

11                  PREM ARUMUGAM: Question 20, how many  
12 full-time employees for each resource type? Did  
13 the employ conduct -- you are saying --

14                  VENDOR QUESTION: In that portion we  
15 do, but then as we go further into the question.  
16 "For a typical client in long-term funding, how  
17 many are required?" We don't have a breakdown into  
18 those things. I'm wondering what questions through  
19 this section?

20                  PREM ARUMUGAM: Is it actually  
21 important for you to be able to give us information  
22 related to HOP, because what we're interested in is  
23 pricing our HOP services. So if I don't get the  
24 specific number of minutes related to providing HOP  
25 services then I'm not really getting any

27

1 information that would be meaningful for pricing of  
2 the HOP program.

3                  VENDOR QUESTION: You asking us to  
4 estimate?

5                  PREM ARUMUGAM: But -- I guess somebody  
6 else on the call was saying that the sample that  
7 you've defined for questions 14 and 15, while you

8 are looking through the client records you could  
9 essentially do the things there. Is that fair?

10 VENDOR QUESTION: Yeah.

11 VENDOR QUESTION: That's something to  
12 look at anyway when you are determining the percent  
13 sample size, to at least look and see if you  
14 believe that will give you enough accuracy  
15 throughout the rest of all those questions that  
16 relate to the number of minutes. I mean, I think  
17 in general that's how people are going to do it  
18 anyway unless you only serve 50 clients, because  
19 you can't go through umpteen client records  
20 manually and have this done by the 16th of July.

21 So if that sample size will give you  
22 enough accuracy in relation to -- because it is  
23 important, as John as eluded, very important that  
24 we have this as accurate as possible. So, you  
25 know, true to sample size is reflective enough, and

28

1 then we use that same amount, you know, after  
2 analyzing those files, and we analyze them for all  
3 this information and try and keep even continuity  
4 in the document, if you will.

5 VENDOR QUESTION: But when you are  
6 analyzing the files, we certainly don't record by  
7 minutes so it really comes down to your best guess.  
8 And even the word "typical" -- looking at the first  
9 activity in question 24, which is "determination of  
10 an option delivery system", this could be as short  
11 as literally seconds or this could involve having a  
12 therapist go out and have to assess somebody and

13 determine the proper modality at that point.

14 PREM ARUMUGAM: Why would therapists go  
15 out to determine modality? Wouldn't the  
16 prescription already be created?

17 VENDOR QUESTION: Prescription doesn't  
18 necessarily mean that modality is suitable for that  
19 particular individual.

20 VENDOR QUESTION: Modality isn't always  
21 prescribed either.

22 VENDOR QUESTION: You need to test the  
23 person as well to make sure they can tolerate the  
24 specific -- and activate it, so there is no way  
25 that prescription could be that directed. That's

29

1 why the therapist has to see the patient directly,  
2 and not only do the clinical assessments but do  
3 physiological assessments with equipment that they  
4 would use.

5 VENDOR QUESTION: Is it fair to say,  
6 though, that if we use a decent sample size and you  
7 average that information -- I'm not trying to stand  
8 in anybody's court here -- but ultimately it's  
9 going to be an average. So the two-minute decision  
10 will be averaged into the one that takes you multi  
11 -- takes you an hour-and-a-half because you  
12 physically go, you change it out, you do whatever  
13 you need to do. And at the end of the day you are  
14 going to come up with the average client. And  
15 there is -- we work in health care, nothing is  
16 typical, but yet it is.

17 So I think we have to somehow come to  
18 consensus here. This information has to be

19 provided. We, as an industry, want it accurate.  
20 So I do think if we do choose a decent sample size  
21 we'll get a decent average number.

22 PREM ARGUMGAM: That's fair comment,  
23 and that would be -- typical client to deal with.  
24 With the recognition that there are anomalies or  
25 outliers in the continuum of care for these

30

1 services, but that collectively, in an aggregate  
2 that we would be settling on an average that would  
3 be representative of incorporating those.

4 VENDOR QUESTION: When we're looking at  
5 things when it involved an out-of-office activity,  
6 are we including travel time?

7 PREM ARGUGAM: Yes.

8 VENDOR QUESTION: For everyone?

9 PREM ARGUGAM: For everyone.

10 VENDOR QUESTION: Because you only  
11 mention delivery or -- I assume the delivery means  
12 your travel time. You only mentioned that once.

13 PREM ARUMUGAM: No, please. We realize  
14 that is time, so absolutely go ahead and include  
15 that.

16 JOHN HUNTER: Again, John Hunter.

17 I would have great difficulty in  
18 calculating this with any degree of accuracy. Even  
19 on an average basis, because there is such variance  
20 from patient to patient. Because we don't  
21 routinely collectively collect this information.  
22 We can't do this sort of activity-based accounting  
23 that you are looking for. And then I'm also

24 concerned that that for something that is going to  
25 essentially affect the price, that we are rushing

31

1 this too soon, given that I don't have the accuracy  
2 on the information I could provide.

3 ANN WEIR: Getting back to what Miriam  
4 said. If you are doing a random sample and you are  
5 trying to come up with -- you've got the low end  
6 and the high end and when you average it all  
7 together maybe with a 20 percent sample, you should  
8 be coming out with something that's reasonable.

9 VENDOR QUESTION: But we don't collect  
10 the minutes. So it's really nothing to do with  
11 your chart audit where you are looking at the  
12 various clients. It really comes down to your best  
13 guess.

14 VENDOR QUESTION: I mean, I understand  
15 your point, John, and I see where you are going.  
16 But the end of the day, this is really -- if you  
17 just look at the loading of the FTEs that are doing  
18 the job today, you should be able to come up with an  
19 average that is representative.

20 So what I mean is, let's say you have  
21 two RTs in your work force and they are now  
22 supporting a hundred clients. Over a period of  
23 time -- so over a period of time of a year -- they  
24 have a certain amount of capacity that they can  
25 handle. So if they are handling all the hundred

32

1 clients, then essentially let's say over a year  
2 they are not working during the weekend. They have

3 statutory holidays, they have vacation days. They  
4 trip all that out. They have a certain amount of  
5 time they can actually do work.

6 If you then look at, okay, during that  
7 amount of time that they are doing work, what are  
8 they doing? They are now supporting a hundred  
9 clients. They go visit X number of doctors, so  
10 that should be included for the purpose of doing  
11 the determination of oxygen deliveries, but you can  
12 actually break down the activities. It just  
13 requires somebody on your end with a financial bend  
14 that can do that for you. It is possible.

15 VENDOR QUESTION: But to get to a level  
16 of -- I guess two things. One, to get to a level  
17 of granularity where you are looking at minutes per  
18 person, I don't think it's that accurate, and it  
19 becomes just an exercise to work backwards to say  
20 we've got this many patients, this many RTs and,  
21 therefore, what is the number.

22 But it also doesn't take into  
23 consideration the fact that -- where the RT may not  
24 be doing one of these specific activities which you  
25 need to have them anyway. And in the case of in

1 the north where you are going to have a limited  
2 number of patients but you must have an RT  
3 assessing services. So in some areas they would be  
4 providing this and doing these things. In other  
5 areas you need to have them and they may not be  
6 working every single minute. So there could be  
7 uncounted minutes.

8 VENDOR QUESTION: And I absolutely  
9 understand all of that concern. But the end of the  
10 day, like the only other way to do this is -- and  
11 even this isn't accurate necessarily -- but you  
12 could basically take -- if you just take -- if you  
13 look at one person in your work force today and see  
14 how they spend their time today, that's essentially  
15 a sample of one. But you could do this for two or  
16 three people in your work force over a period of a  
17 week and just get an estimate that way too. It is  
18 feasible.

19 At the end of the day, we have to have  
20 something to go into. So we would rather you do it  
21 as opposed to us making up a number here.

22 PREM ARUMUGAM: I entirely understand,  
23 and I can understand the dilemma you are in with  
24 such a tight time frame. So when the impact of  
25 this is so great to each of the home care providers

1           which will then have an impact directly on how they  
2           would be able to resource the patient, I'm very,  
3           very concerned about having to do a very quick  
4           back-to-the-end-growth analysis without doing a  
5           thorough review of the numbers with the proper  
6           people on staff to assist me in doing this.  
7           Because at the end of the day, the objective might  
8           have been deliberate but the assumptions would be  
9           wrong, and that would be my fault I'm bearing  
10          because I haven't done the due diligence.

11                         BARBARA CADOTTE: Hi, it's Barbara  
12          here --

13                         MIRIAM TURNBULL: Do we have to just --  
14          back the time line? Because my understanding is it  
15          has to be done. I'm not sure that pushing back on  
16          time is going to change anything. If there is an  
17          option there then it bears further discussion. If  
18          there is not an option, we have to find some ways  
19          to get you the information you need. I think  
20          that's what it comes down to.

21                         John, I hear you loud and clear and,  
22          trust me, there's not one provider, maybe a  
23          different situation than you are with VitalAire --  
24          I'm just trying to cut to the chase on -- if this  
25          has to be done, if there is no way out, because the

1 Ministry has to have information that they can rely  
2 on for October as that timeline rolls out over the  
3 course of getting this new contract negotiated, or  
4 in place, then, maybe -- I don't know. We just  
5 need to hear loud and clear. If the timeline is  
6 what it is, that's what it is and how do we get you  
7 reasonably accurate information?

8 PREM ARGUGAM: Sorry, who is that?

9 MIRIAM TURNBULL: Miriam Turnbull.

10 VENDOR QUESTION: I guess I'm concerned  
11 about the accuracy. If I put my name to something  
12 and submit it and the impact that it will have on  
13 all the home care providers and to eventually the  
14 patient, I can't see how a timeline is more  
15 important than doing what's right and doing it  
16 accurately, in my humble opinion.

17 HEATHER NICHOL-MORRISON: It's Heather  
18 from OHRSA.

19 I've been hearing this from a whole  
20 bunch of people. The real concern is the data that  
21 is submitted, the factual. And from the onset some  
22 of the smaller vendors have stated they had wished  
23 they had a year that they knew what the Ministry  
24 needed, given the year, to kind of collect the data  
25 because they don't collect it and they are very

1           uncomfortable with the fact they are being asked to  
2           estimate.

3                   PREM ARUGUGAM: Just out of curiosity,  
4           if you were actually going to collect them for a  
5           year, you realize you wouldn't be paid for the year  
6           to do this.

7                   VENDOR QUESTION: I don't understand.  
8           We wouldn't be paid?

9                   PREM ARUGUGAM: Exactly. So what we  
10          are asking you to do is --

11                  VENDOR QUESTION: You won't get paid  
12          what?

13                  PREM ARUGUGAM: You won't get paid to  
14          do the data collection.

15                  VENDOR QUESTION: I don't understand.  
16          You are --

17                  PREM ARUGUGAM: No.

18                  VENDOR QUESTION: I don't understand  
19          the comment.

20                  PREM ARUGUGAM: I guess my point is  
21          that -- we had one of the comments early on stating  
22          that, you know -- this is actually feedback from  
23          the survey. But somebody made a comment with  
24          respect to if you were actually tracking all this  
25          information and the Ministry required us to track

1 all this information, that there was an expectation  
2 that you would be paid because it was a lot more  
3 administrative work.

4 And my point is that we're actually  
5 avoiding that now. We're asking you to make your  
6 best estimate because at the end of the day it's a  
7 best estimate and it avoids some of the  
8 administrative stuff that you are talking about.  
9 You don't have to do this for a year.

10 VENDOR QUESTION: But at the end of the  
11 day if our data isn't accurate that we provide you  
12 with, then you base your pricing model on that?  
13 It's the clients are the ones that are eventually  
14 impacted, because if the funding is based on  
15 inaccurate information we may not be able to  
16 provide the services as intent.

17 PREM ARUGUGAM: Whenever we write  
18 contracts and get into any contracts, we work with  
19 our IT group to make sure the data can be collected  
20 that could billed properly. In order for it to  
21 billed properly we need to collect certain  
22 parameters. Now, if those parameters change we  
23 need to be able to work in a proactive basis. I  
24 would sit down with my IT director, who happens to  
25 be taking the next four weeks off, I would sit down

1 with him and say, how do we collect this  
2 information on a prospective basis so that I can  
3 give accurate information to all these questions.

4 But to go back behind -- I'm modeling  
5 a number on so many assumptions that may or may not  
6 be right.

7 VENDOR QUESTION: But if you can hear  
8 what I'm trying say, which is ultimately you're in  
9 the business today. If you were to make those  
10 assumptions you would be a lot closer than if I had  
11 to make those assumptions today.

12 VENDOR QUESTION: I agree.

13 PREM ARUGUGAM: So ultimately at the  
14 end of the day this is about you having how this is  
15 determined.

16 VENDOR QUESTION: That, I think, is the  
17 very point. I think it's the very point that the  
18 consequences are not just for the next year. They  
19 are for, what did we say, the next seven years. 10  
20 years you are looking for cost drivers. But this  
21 is a serious analysis that is being done. As one  
22 of the participants, contributor, I want to make  
23 sure we are contributing accurate information to  
24 the best our ability. Not rushing to meet a  
25 timeline that is strapped right in the middle of

1           our summer holidays and many staff missing and  
2           -- it's too rushed.

3                   BARBARA CADOTTE: Well, thank you. I  
4           think you've made your point and I think we need to  
5           move on to other technical questions on the survey.

6                   I understand your concerns and I also  
7           believe that with all vendors participating that  
8           we're going to get data that will be pointing us in  
9           the appropriate direction to make our pricing  
10          decisions.

11                   This is one of our approaches in  
12          determining prices. We're also doing  
13          jurisdictional work and additional work to validate  
14          the pricing work. So bear with us and please  
15          provide us your best efforts, and because we've  
16          only got about 10 minutes left on the survey I'm  
17          hoping we'll be able to focus in other technical  
18          questions on the survey itself.

19                   PREM ARUMUGAM: Are there any callers  
20          that have a specific question on a particular area  
21          of survey?

22                   VENDOR QUESTION: Question number 6,  
23          identifying the number of patients who aren't with  
24          HOP.

25                   PREM ARGUGAM: Number 6 is, "In 2008

1           how many new clients did you serve under the HOP?"

2           Are you referring to question number 7?

3                       VENDOR QUESTION:  Actually 8 maybe.

4                       VENDOR QUESTION:  Sorry, 7 and 8.

5                       PREM ARGUGAM:  "Did you provide home  
6           oxygen to clients that are not part of the HOP?"

7                       So what we're thinking of here is  
8           basically clients that are not funded by HOP.

9                       HEATHER NICHOLSON-MORRISON:  It's  
10          Heather.  If I could speak to that issue.

11                      Right up to today, I took three phone  
12          calls from members of non-OHRSA members that -- and  
13          I have to put this bluntly -- think that really  
14          goes beyond what is the business of this survey.  
15          They have told me quite openly they will not be  
16          responding to that question because they do not see  
17          as it part of the survey.

18                      And while I'm at it, the other issue  
19          that I had brought up today, too, is the fact  
20          within the survey there seems to be questions  
21          regarding items like bonuses for staff.  Again, two  
22          of the callers were non-members of OHSRA, one was  
23          an OHSRA member, and they will not be answering  
24          that question either because they do not believe it  
25          is anybody's business about those particular

1 aspects within the survey. And they asked me how  
2 they should answer and I suggested they come  
3 on-line today to hear what you have to say. But  
4 those are both huge concerns.

5 PREM ARGUMUGAM: Can I address -- which  
6 ones were they, 7, 8 and 9? So 7, 8 and 9 are  
7 actually optional questions anyway, so if you  
8 choose not the answer you can actually proceed. -

9 ELISE CHIEN: This is Elise. Is it  
10 possible to revise on-line survey for the mandatory  
11 questions that are marked with an asterisk?  
12 Because I don't think there is any indication which  
13 ones are mandatory and which ones are not.

14 VENDOR QUESTION: That's right.

15 PREM ARUMUGAM: Yeah, I guess we could  
16 do that.

17 ELISE CHIEN: I think that would be  
18 probably more beneficial for the vendors.

19 PREM ARUMUGAM: We could do that. So  
20 all mandatory questions are going to be tacked with  
21 an asterisk. Is that right?

22 VENDOR QUESTION: Right.

23 BOB VARGA: That will be indicated in  
24 some fashion.

25 PREM ARUMUGAM: We could do that.

1                   ANN WEIR: In keeping with that --  
2                   maybe I'm out of line here -- but the minus one.  
3                   When people try to put a minus one in as an answer,  
4                   I think you said in some questions it would be  
5                   acceptable, in others it wouldn't be. Is that  
6                   true?

7                   PREM ARUMUGAM: That's right. What you  
8                   don't want to have happen is somebody goes in and  
9                   puts negative one all the way through the survey,  
10                  because it really then becomes an irrelevant  
11                  response. So we're trying to --

12                  BOB VARGA: -- instances where a  
13                  participant really would have no way of being able  
14                  to gather the data and come up with a reasonable  
15                  estimate where it was possible we indicated that  
16                  they could identify it as unknown by entry negative  
17                  one.

18                  ANN WEIR: How many questions can they  
19                  answer negative one to?

20                  VENDOR QUESTION: I have to look  
21                  through the survey.

22                  BOB VARGA: We won't count now.

23                  HEATHER NICHOLSON-MORRISON: Actually,  
24                  it's Heather again.

25                  I had spoken to Natalia I guess on

1 Monday with these exact questions. I had forwarded  
2 a question to you folks regarding being able to  
3 enter one question, the next doesn't apply, and can  
4 you get to the third question.

5 She, at that point, had told me about  
6 the idea of negative one, but also told me she was  
7 forwarding this information to you. And I'm glad  
8 to hear about it today because I've not yet sent a  
9 note out to people advising them just because I was  
10 waiting for contact back from Pricewaterhouse on  
11 this.

12 BOB VARGA: Well, we were going to be  
13 responding but then we elected to have these  
14 interactive sessions first in order to be able to  
15 gauge all of the questions so we could send out a  
16 collective response.

17 We were aware of your question,  
18 Heather, and we've been working on it but we wanted  
19 to prepare for this set of interactive sessions to  
20 supercede your individual response.

21 PREM ARGUMUGAM: Perfect. Somebody was  
22 saying -- I think it's what Heather. You mentioned  
23 something about bonuses?

24 HEATHER NICHOLSON-MORRISON: Yeah,  
25 there's a question somewhere. I don't have the

1 survey in front of me at this minute. But the  
2 question somewhere -- it that regards like a staff  
3 bonuses, et cetera.

4 PREM ARGUMUGAM: Are you referring to  
5 question 143, per chance.

6 HEATHER NICHOLSON-MORRISON: I don't  
7 know.

8 PREM ARGUMUGAM: It's under general --  
9 in G&A, and you can actually enter zero for that if  
10 you choose to.

11 HEATHER NICHOLSON-MORRISON: Well, I  
12 think that's the kind of information that we could  
13 send out because, as I say, I have question today  
14 about it.

15 ELISE CHIEN: The question is also in  
16 question 121.

17 PREM ARUMUGAM: 21?

18 ELISE CHIEN: Just that included  
19 monetary bonuses --

20 PREM ARUMUGAM: Ideally we would like  
21 it if you would include monetary bonuses because  
22 ultimately at the end of the day, the way I feel  
23 about it is that, to some degree people do get paid  
24 out on their bonuses, right. Like, they are  
25 getting paid for that and it ultimately is a cost

1 to you.

2 ANN WEIR: Just for clarification.  
3 Would that be included in parts of, like, the cost  
4 of doing business? Like, people that aren't HOP,  
5 like to me that always was bad debt. You got  
6 people that you lost money for. And where I used  
7 to work it was two percent of your overall budget.  
8 You actually had to budget for the money that you  
9 were going to lose.

10 Now, bonuses you are not losing but  
11 it's money you know that are going to have to pay  
12 out if you do well. And staff are part of that.  
13 So that's the cost of doing business. That's  
14 somewhere in the overhead probably but maybe it  
15 doesn't have to be identified as bonuses. It could  
16 be administrative cost but it's dollars you have to  
17 spend in order to do business, right?

18 ELISE CHIEN: So what's the difference  
19 between monetary bonuses in question 21 and then  
20 the bonuses that are listed in question 143?

21 PREM ARUMUGAM: Well, question 21  
22 relates to specific functions whereas question 23  
23 is related to the other -- everyone else, right.  
24 Like, it's basically GNA. Question 21 relates to  
25 specific functions. Questions 143 relates to GNA.

1           You may not have -- may have -- stuff too.

2                         At the end of the day, if you look at a  
3           financial statement, typically the way -- the way  
4           bonuses are included -- is in a end-of-salary and  
5           benefits line. They typically have salary line  
6           that would have effectively your pay and then  
7           another piece, which is usually your variable pay,  
8           and then usually have a separate line for benefits.  
9           So that's what we're trying to get to here. I  
10          don't know if that's clear to everybody.

11                        VENDOR QUESTION: Basically you want to  
12          know the cost.

13                        PREM ARGUGAM: Yeah.

14                        VENDOR QUESTION: Does that include the  
15          overtime? Where do we factor in the overtime that  
16          naturally comes, because people don't just work the  
17          regular scheduled hours that allotted through the  
18          year. We often get into situations where they have  
19          overtime, whether it's for on-call activity or  
20          perhaps the fact the day goes longer, then we do  
21          have this component. I'm not sure where to include  
22          that in because it's not simply salary.

23                        PREM ARGUMUGAM: You could include it  
24          in 21 if you have overtime.

25                        VENDOR QUESTION: Salary?

1                   PREM ARGUMUGAM: Yeah.

2                   VENDOR QUESTION: Because ultimately

3                   at the end of the day we're looking at overtime.

4                   We didn't really mention overtime here that much,

5                   but you can include it in salary.

6                   VENDOR QUESTION: That's a huge one.

7                   That's a huge one. So let's say you are paying be

8                   somebody \$20,000. Are they really taking in 30 to

9                   \$40,000 in overtime?

10                  VENDOR QUESTION: I can't give our --

11                  PREM ARUMUGAM: -- as well, but it --

12                  the overtime component, a significantly material

13                  cost in relation to the salary.

14                  VENDOR QUESTION: Overtime is material.

15                  VENDOR QUESTION: Is it?

16                  VENDOR QUESTION: Yeah.

17                  VENDOR QUESTION: I'm sure we're not

18                  the only ones who would say that.

19                  PREM ARGUMUGAM: Does everyone feel

20                  overtime is significant component?

21                  VENDOR QUESTION: Yes.

22                  VENDOR QUESTION: Yes, it is

23                  absolutely.

24                  VENDOR QUESTION: What I've heard, yes.

25                  PREM ARGUMUGAM: If it's significant

1 across the board, this is not something that was  
2 raised specifically. So we can actually capture  
3 the sub-question if you like.

4 VENDOR QUESTION: Why don't you just  
5 put it under "other"?

6 VENDOR QUESTION: I don't think it  
7 would sit under "other". Should it be under  
8 "salary" or should we have it as a separate?

9 PREM ARGUMUGAM: I mean, I can make a  
10 separate question if that's what everyone wants.

11 VENDOR QUESTION: Put it under  
12 "overtime" where "other" is and move "other" down.

13 PREM ARGUMUGAM: Just add another  
14 outline item to the question.

15 VENDOR QUESTION: The problem with that  
16 is because you've got different costs for each  
17 area, right --

18 PREM ARUMUGAM: One person at a time.  
19 We'll make it a separate question, keep it clean.

20 I'm conscious it's 3 o'clock so there  
21 are people -- have a specific question they would  
22 like to ask before we close up?

23 VENDOR QUESTION: Just one. With the  
24 changes that are going to be made with other  
25 things, is the timeline going to be changed

1 significantly and will there be a completely new  
2 survey distributed or accessible on-line?

3 BOB VARGA: We'll be able to make the  
4 changes on-line today. I don't anticipate the  
5 changes we've discussed today are going to be  
6 significant enough that we can't get them posted  
7 probably by tomorrow morning.

8 VENDOR QUESTION: So for people who  
9 have already done lion's share of the work, they  
10 will be notified that there are additional  
11 questions now. But no one has actually -- I  
12 believe no one has actually responded to the survey  
13 yet.

14 BOB VARGA: We haven't received the  
15 first submission.

16 VENDOR QUESTION: And is deadline -- I  
17 got an e-mail from OHRSA saying it had been  
18 expended to 16th. Is it going extended beyond  
19 that?

20 BARBARA CADOTTE: No, it's not. July  
21 16th is the final extension.

22 VENDOR QUESTION: Barb, when this is  
23 changed tomorrow, or whenever, can I please get a  
24 copy of it?

25 BARBARA CADOTTE: Absolutely.

1                   VENDOR QUESTION: Just one question.  
2                   Staffing costs. Up to I think question 20. I just  
3                   want to make sure I don't miss anything.

4                   PREM ARGUMUGAM: The question was with  
5                   regard to overtime and where to include it. And we  
6                   initially said you could include it in 21, but  
7                   everyone is saying it's material. So we're now  
8                   going to create a separate question to capture  
9                   overtime.

10                  VENDOR QUESTION: We've got 198  
11                  questions on the survey. I'm just interested to  
12                  make sure any of the questions or clarifications so  
13                  that we're all on the same page.

14                  PREM ARGUMUGAM: What was your last  
15                  comment?

16                  VENDOR QUESTION: We've all done 20, it  
17                  appears, or maybe 25 of the 198 questions. And  
18                  there's a lot of questions on each of the specific  
19                  questions from many different vendors in order to  
20                  make sure that is representative information. I  
21                  think it's important to review all the questions.  
22                  And I just want to make sure that we've only  
23                  covered up to, say, question 25 out of the 198  
24                  questions.

25                  BOB VARGA: I don't believe we've been

1 going in any particular order.

2 PREM ARGUMUGAM: We've left it to you  
3 to address specific questions you have on the  
4 survey. We're not planning on going through every  
5 single question here. If you have a question on a  
6 specific one that's in the survey, you can hammer  
7 it out now.

8 CATHY CHAPMAN: It's Cathy from  
9 Shoppers Home Healthcare.

10 One area I don't see addressed at all  
11 on this survey is the time spent on assessments  
12 requested for home oxygen services that are a no  
13 go, where clients do not meet criteria. But we  
14 still have to go out to see the client and devote  
15 all of that time. Is there anywhere here that this  
16 could be fit in?

17 BOB VARGA: I'm going to turn that over  
18 to Barbara.

19 BARBARA CADOTTE: Thanks. Is that a  
20 significant amount of time?

21 CATHY CHAPMAN: It is a significant  
22 amount of time. It's the same amount required on  
23 your initial visit, but it is also a significant  
24 number for us last year in that we did one-third of  
25 what were take-ons as the people that did not come

1 on. So a quarter of our total visits last year  
2 were dedicated to no go.

3 PREM ARUMUGAM: How do you determine  
4 that it's a no go?

5 CATHY CHAPMAN: Don't meet criteria.

6 PREM ARUMUGAM: And you to do make the  
7 assessment to determine it's a no go?

8 CATHY CHAPMAN: That's correct.  
9 Assessments that are sent to us care of clinics and  
10 doctors offices where we have to go out to do the  
11 initial assessment to find out they don't meet and  
12 turn around and say, you know what, oxygen is not  
13 required here, but we still invested all of that  
14 time.

15 BARBARA CADOTTE: We'll discuss this  
16 off-line and determine how we can approach this and  
17 we'll make that part of the summary of the call  
18 that we post tomorrow.

19 CATHY CHAPMAN: The last thing I have  
20 for you is, question 3 is dedicated to revenue  
21 generated in 2008. What it doesn't include here  
22 and where I can't figure how to include it, are the  
23 cases that are still pending, appeal or review, and  
24 they are dollars that were accruing. But I can't  
25 put them anywhere.

1                   PREM ARUMUGAM: Can you clarify what  
2                   you mean by "pending review"?

3                   CATHY CHAPMAN: Well, cases that  
4                   clients who were set up in 2008 where we don't have  
5                   the decision yet.

6                   PREM ARUMUGAM: When you say don't a  
7                   decision yet from the Ministry. Whether they fund  
8                   it?

9                   CATHY CHAPMAN: That's correct.

10                  BARBARA CADOTTE: From 2008?

11                  CATHY CHAPMAN: Correct.

12                  PREM ARUMUGAM: -- like December 15th?  
13                  Is that what you are referring to?

14                  CATHY CHAPMAN: Clients -- under appeal  
15                  that we don't have a clear decision yet as to  
16                  whether we are allowed to bill or not bill. So we  
17                  are accruing those dollars in the interim. But I  
18                  have no where to put those accrual dollars.

19                  BARBARA CADOTTE: We'll also discuss  
20                  that off-line and include it in our summary.

21                  CATHY CHAPMAN: Thank you.

22                  PREM ARUMUGAM: Any other sections of  
23                  the survey that need clarification?

24                  JOHN HUNTER: This is VitalAire. We  
25                  need to check out at this point. It's after 3

1 o'clock. We're going to join on the next one. I  
2 just want to review it. We did cover question 13.  
3 You guys brought up question 13 as a specific  
4 question, then you opened it up to the floor. And  
5 we've got many, many, many more questions about the  
6 survey on this specific question.

7 PREM ARUMUGAM: The only ones that we  
8 have actually been asked to comment on was 13 and a  
9 couple -- what was optional and what was not, so  
10 we've discussed those.

11 BOB VARGA: Those were the ones that  
12 have been submitted today.

13 JOHN HUNTER: We've got many more  
14 questions on these, and I don't even know how to  
15 handle this, because within the next  
16 teleconference, which is one hour long, I don't  
17 know how one vendor is asked questions, let alone  
18 consensus in being fair to all the other vendors,  
19 and be accurate at the same time. I don't know how  
20 it's -- to do that.

21 BARBARA CADOTTE: I'm wondering if  
22 you've actually been contacting PWC up until today  
23 with your questions, because that information was  
24 available, that PWC was available to respond to  
25 questions on the survey.

1                   BOB VARGA: So on the survey there was  
2                   a contact individual, Natalie Lobach, so we would  
3                   be receive any questions that any of the vendors  
4                   have had and, as Heather was pointing earlier, had  
5                   been submitted. So part of what we had began our  
6                   as discussion with are some of those questions that  
7                   we have received and developed some responses to  
8                   that we shared with the group.

9                   BOB VARGA: Well, I'm conscious it's  
10                  3:07, and so I'm hoping the session was helpful for  
11                  everyone to better understand how to complete the  
12                  survey. We are going to have another session on  
13                  Tuesday, July 7th at 2 p.m.

14                 BARBARA CADOTTE: Thank you, Bob. And,  
15                 again, I just want to reiterate that we will post  
16                 our -- well, obviously there will be a quick  
17                 turnaround with any revisions to the survey itself  
18                 for tomorrow. We will have a transcript and our  
19                 answers posted by Monday, July 6th. And the second  
20                 session, as Bob indicated, will be at Tuesday, July  
21                 7th at 2. And, again, following that session we'll  
22                 post any responses that were not covered in this  
23                 meeting so that you have guidance and information.

24                 So, again, to remind you that the  
25                 on-line survey is administered completely by PWC,

1           that they receive the individual responses and  
2           their analysis will be shared with us, the  
3           Ministry, only on an aggregate level. Vendor  
4           identifying information will not come to the  
5           Ministry, and again we've extended the deadline for  
6           the survey to 5 p.m. on Thursday, July 16th.

7                     Any other questions that we should  
8           cover off before we complete the call?

9                     LIZ PARKER: Barb, the only thing I'm  
10          thinking is that if you are going to have another  
11          teleconference on July 7th, there may be more  
12          changes to be made to the survey. It's Liz from  
13          Homestead.

14                    BARBARA CADOTTE: Yes, I realize that,  
15          Liz, and we're trying to be both responsive and  
16          fair at the same time. So if there are changes  
17          we'll certainly communicate those as quickly as  
18          possible. And, again, what we're hoping is that  
19          before the next teleconference that any additional  
20          questions can certainly come forward separately  
21          before that teleconference so that we're -- we try  
22          and resolve any technical concerns as quickly as  
23          can we.

24                    LIZ PARKER: My second question is then  
25          on July 7th people that are now on can come back?

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BARBARA CADOTTE: Absolutely. You're  
welcome to join in to the next teleconference as  
well. Thank you.

BOB VARGA: Have a great afternoon.

--- Whereupon at 3:10 p.m. the teleconference  
concluded

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REPORTER'S CERTIFICATE

I, SANDRA M. BRERETON RPR, CSR,  
Certified Shorthand Reporter, certify;

That the foregoing proceedings were  
taken before me at the time and place therein set  
forth, at which time the witness was put under oath  
by me;

That the proceedings were recorded  
stenographically by me and were thereafter  
transcribed;

That the foregoing is a true and  
correct transcript of my shorthand notes so taken.

Dated this 2nd day of July, 2009.

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