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Home Oxygen Services

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New Procurement Process

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Ministry of Health and Long-Term Care

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Vendor Consultation Meetings #1

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Vendor Criteria, Requirements and Performance

8

Teleconference meeting

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May 20, 2009.

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11 SPEAKER:

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13 Sara Dobner - Senior Policy Advisor, Ministry of

14 Health and Long-Term Care

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17 REPORTED BY: Rebecca Halk

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--Upon commencing at 2:04 p.m.

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SARA DOBNER: I think we can start.

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I'm Sara Dobner. I'm a senior policy advisor with

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the Ministry of Health. I'm actually going to

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replace Barbara Cadotte in this session. She was

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called to an important meeting, and she could not

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attend, and she asked me to run it for her, and you

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will have to be very nice to me because it's the

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first time I'm doing it, and I'm sure you'll be

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nice,

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Anyways, we have with us a court

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reporter who will take the meeting record as we

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have done in previous sessions, and they will be

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posted on MERX and on our site.

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We also have Mr. John Campbell who is

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the fairness commissioner, and he was invited to

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observe the process. He will be writing a report

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at the end of the process on the fairness of the

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home oxygen procurement process. He's not here to

20 evaluate the content whatsoever but only to observe
21 on the fairness of the process.

22 We were supposed to have someone from
23 supply chain management, Kathleen Powell, but she
24 hasn't called in yet, so she may join us any
25 minute, and I think we have six vendors altogether

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1 who have called in.

2 So I would like to start by thanking
3 everybody so much for calling in and finding the
4 time. Many of you have already seen probably what
5 we've posted, all the material that we've posted on
6 our site, on MERX, the notes from today will be
7 posted as well.

8 We will be also responding to questions
9 that we receive from today's meeting and post them
10 following the meeting or the teleconference.

11 I don't know if you had a chance but
12 the questions and answers from previous meetings
13 from the first three sessions have been posted as
14 well, just in the last couple of days.

15 So this is actually the last session of
16 the first series of consultation sessions on
17 performance measures and vendors' requirements.
18 The first three sessions took place in Toronto,
19 London, and Ottawa.

20 And since there was no high interest I
21 would say or registration in the north, we've
22 decided to conduct a teleconference instead.

23 I would like to take this opportunity
24 to thank all the 49 vendors who took the time to
25 complete the first vendor consultation survey.

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1 Your input is most valuable and appreciated. It's
2 been reviewed and tabulated and will be shared with
3 you today.

4 The new procurement process is an open,
5 fair, and transparent competitive process where a
6 request for proposal will be issued in order to
7 establish a vendor of record arrangement for home
8 oxygen vendors.

9 The vendor of record arrangement will
10 continue to allow clients to seek home oxygen
11 services from the vendor of their choice.

12 The VOR will be open to all home oxygen
13 vendors who meet the program's criteria. The

14 service model currently in place will remain the
15 same or more or less the same. The current home
16 oxygen services will continue to include
17 professional assessment and re-evaluation, training
18 of users and/or caregivers, follow-up visits,
19 emergency response, education and consultation
20 prescribing physicians or other health care
21 providers.

22 Client eligibility or funded benefits
23 will not change. Fair pricing will be set by the
24 program for the RFP following market research and
25 consultation with the industry and is likely, as
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1 you probably know, likely to include a scaled
2 pricing approach. The terms of the vendor of
3 record arrangement will be for five years plus up
4 to two optional years. And there'll be refreshment
5 periods for new vendors to register and for price
6 reassessment and that these will be set later on.

7 The ADP will be developing and issuing
8 the RFP on MERX to establish the VOR. MERX is the
9 Government of Ontario's electronic tendering source
10 which provides businesses of any size with
11 efficient and affordable access to contracting
12 opportunities.

13 Throughout the competitive process, all
14 qualified vendors who wish to provide service in
15 Ontario and will meet the RFP criteria will have
16 the opportunity to register. We expect the RFP to
17 be posted on October 15th, 2009. The RFP will
18 include a pricing schedule and decision-making
19 criteria.

20 With respect to communications, a
21 dedicated web page on the home oxygen procurement
22 process including all relevant material is
23 available to vendors on the ADP site and also all
24 communications material has been posted and will
25 continue to be posted on MERX. We also share, once
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1 it's posted on MERX and on the ADP site, we share
2 the material with OHRSA and I think they've been
3 posting it on their site as well.

4 In terms of the benefits of this new
5 procurement process, it's moving to an open public
6 vendor of record. It's an open, fair, and
7 transparent process. It's consistent with the

8 Ontario Government procurement directives. It will
9 provide vendors with a longer term contract and
10 give them more stability. And it will also give us
11 an opportunity to refine the eligibility criteria
12 and performance measures in order to improve
13 quality of care.

14 It's important to understand that
15 throughout the procurement process, the Ministry is
16 the sole source of information, and we've already
17 introduced everybody, so I think we can move on to
18 the slides, and this is a slightly different
19 process from what we've done before because we
20 don't have a screen to show you the slides, so
21 hopefully everybody has their slides either on the
22 screen or printed, and I will start with --

23 UNIDENTIFIED SPEAKER: I'm sorry, may I
24 ask where on the website can I access that?

25 SARA DOBNER: Okay. You can ask, and I
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1 will give you the answer. Okay, it's on the ADP
2 site. Yes, I have it here. Have you accessed the
3 ADP site before?

4 UNIDENTIFIED SPEAKER: No, I was -- I
5 was on the Ministry of Health one. Okay, let me
6 just go to that one.

7 SARA DOBNER: Okay, Ministry of Health.
8 It's on the ADP site.

9 UNIDENTIFIED SPEAKER: Okay.

10 SARA DOBNER: I'm not sure I have the
11 actual link here.

12 STACIE WILDMAN: If you go on the
13 procurement on the left-hand side, there's an area
14 for the procurement.

15 UNIDENTIFIED SPEAKER: Home oxygen
16 procurement process?

17 UNIDENTIFIED SPEAKER: That's it.

18 STACIE WILDMAN: That, it will all be
19 there.

20 UNIDENTIFIED SPEAKER: Okay.

21 SARA DOBNER: I think it's the top
22 document. We have an agenda and we have the
23 slides.

24 STACIE WILDMAN: Yes.

25 UNIDENTIFIED SPEAKER: Okay, all right,
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1 that's fine. I will find that. I don't want to

2 hold it up, thank you.

3 SARA DOBNER: Sorry. I just need a
4 minute.

5 We can start with just a brief overview
6 of what we're going to talk about. We're going to
7 go over the disclaimer, talk about the purpose and
8 then the questionnaire overview and the lessons
9 learned, and then the summary of all the responses
10 to the questions.

11 The disclaimer -- and I'm going to read
12 it -- Information presented in the following slides
13 is intended for presentation purposes only and is
14 not legally binding.

15 In the event of inconsistent information
16 between the information in this presentation and
17 the information contained in the future vendor of
18 record, the information in the future vendor of
19 record will prevail.

20 The purpose of this session is to
21 provide home oxygen vendors a summary of the
22 Consultation Survey # 1 key results and to seek
23 additional feedback from vendors.

24 Just a quick overview of the tool that
25 we used and the lessons learned. This is the first
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1 time that ADP, Assistive Devices Program, has used
2 Surveymonkey. This is a tool that has been used
3 successfully by other areas in the Ministry, and it
4 facilitates efficient and quick turnaround of
5 results.

6 We were able to turn around results in a
7 couple of days once the survey was closed. We
8 received 49 responses in total. 47 were online via
9 Surveymonkey and two were faxed to the Ministry.

10 We had some technical issues. Some
11 people, you know, there was a timeout. People
12 started to complete the questionnaire and then
13 wanted to consult with others, et cetera, and left
14 it, and then came back, and they could not go back.
15 And I think they lost all the information. They
16 had to restart, and that's something that happens
17 with Surveymonkey.

18 And then some people complained about
19 frozen screen. I believe that all the problems
20 were solved and everybody was able to respond.

21 We tried to address all the issues that

22 were happening, and we entered actually right at
23 the beginning and we allowed people to access more
24 than once because originally we set the default to
25 allow vendors to access the questionnaire only

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1 once.

2 And then another lesson learned is that
3 if we use this survey in the next series of
4 consultation, we will include a PDF file so that
5 people will be able to print the questionnaire, the
6 whole questionnaire before they actually go online
7 and complete it, so they will have time to consult,
8 to think about it, and then go in and complete the
9 survey, the questionnaire, and we will continue to
10 remind vendors to complete the questionnaire
11 without taking long breaks because that's what
12 happens when you do it with this survey, but we may
13 not use this survey again in the next round.

14 So we move to Question 1 now, and before
15 that, I will ask if anybody has any questions or
16 comments?

17 UNIDENTIFIED SPEAKER: No.

18 SARA DOBNER: Okay, so just one second.
19 Okay, Question No. 1: We asked should it be
20 mandatory for vendors to have all modalities? And
21 65 percent said yes; 34 percent said no.

22 We asked the people who said no, why
23 not? And they thought that it was not cost
24 effective. Not all modalities are required to
25 service patients. Should be up to the vendor and

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1 safety issues for seniors and long-term care
2 patients.

3 You will also notice and I know from
4 previous sessions that people were asking why do we
5 have 29 vendors here responding. Why do we have
6 only 29 responses where we had 49 vendors in total
7 who responded to the questionnaire, and the answer
8 is that not all vendors who completed the
9 questionnaire actually answered each one of the
10 questions, so that is why it doesn't add up to 49.

11 The second question is are portable
12 concentrators a viable oxygen delivery system?
13 And 70 percent said yes; 30 percent said no, and
14 why, we asked everybody why. It is cost
15 prohibitive, safety, up to the vendor to set client

16 needs, if separate funding.

17 Question No. 3: Should portable
18 concentrators be added as a mandatory modality for
19 vendors to have in their inventory?

20 Most of you, 82 percent said no; and
21 17.9 said yes. Why, we asked everybody and the
22 answer was high cost, choice/option, depends on
23 cost.

24 GEORGE LOUVROS: May I ask a question?

25 SARA DOBNER: Sure.

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1 GEORGE LOUVROS: On the first question,
2 just as it relates to the third question, the first
3 question said should it be mandatory for vendors to
4 have all modalities, and then roughly 66 percent
5 said yes.

6 And the second question are portable
7 concentrators a viable oxygen system? 70 percent
8 said yes, but then 82 percent said of them said no
9 to should they be a mandatory product. It doesn't
10 make sense, just the way people answered the
11 question.

12 SARA DOBNER: Mm-hmm.

13 UNIDENTIFIED SPEAKER: If it's a viable
14 option and delivery system and the majority say it
15 is and the majority say that you should have, you
16 know, all systems, and then all of a sudden when
17 you ask if the portable concentrators should be a
18 mandatory system, everybody says no.

19 SARA DOBNER: Well, I think Question 1
20 doesn't cover portable concentrators.

21 GEORGE LOUVROS: No, but it says, you
22 know, should it be mandatory for vendors to have
23 all modalities --

24 SARA DOBNER: i.e. liquid,
25 concentrators, cylinders, so it doesn't --

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1 GEORGE LOUVROS: Yeah, that's just an
2 example, but then you've got portable concentrators
3 which are a delivery modality and 70 percent say
4 yes it should be, it is a viable system, but then
5 in the third question, everybody said, Well, no you
6 shouldn't have to have it as a mandatory modality.
7 It doesn't really make a lot of sense. It's almost
8 like, yeah, it's a viable option, but you know
9 what, let's not make it mandatory.

10 SARA DOBNER: Yeah, no, I think in
11 Question 1, we didn't include portables in the
12 scope of modalities. It really refers more to the
13 existing modalities that are required.

14 GEORGE LOUVROS: Yeah.

15 SARA DOBNER: But thank you for your
16 comment.

17 UNIDENTIFIED SPEAKER: I thought --

18 UNIDENTIFIED SPEAKER: (Inaudible
19 cross-talk). Question No. 4 kind of clarifies it.

20 SARA DOBNER: So let's move on to
21 Question No. 4, but thanks very much for the
22 comments. If portable concentrators become a
23 mandatory modality, what would be the cost
24 implications initially and over time?

25 And comments were high upfront costs,
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1 capital overlay and over time, service costs
2 related to equipment repair is high, battery life
3 is unknown, longevity of equipment or service
4 costs. More costly than beneficial.

5 So I think overall the cost is an issue
6 and also the unknown in Ontario.

7 Question No. 5: For your total client
8 base, please provide an estimate of the breakdown
9 by modality.

10 So here more than half use stationary
11 concentrator and cylinder, a combination of that.
12 And then the second highest is stationary
13 concentrator and portable concentrator. And then
14 closely after, stationary concentrator and liquid.
15 Liquid only just 3.3 percent and others 10.2
16 percent.

17 And then we asked only for those who
18 said "other" what did they use and they said
19 stationary concentrator with cylinder, home
20 (transfill), no other system, liquid concentrator
21 and cylinder, cylinder only, and cylinder and OCD.

22 Question No. 6: In the current home
23 oxygen manual, regular client follow-up is advised
24 because of possible medical/operational risks
25 occurring with improper use of oxygen. Are there
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1 other relevant risks?

2 And 80 percent of you said yes, and what
3 are they? Safety and maintenance of equipment,

4 changes in patient requirements, and smoking.

5 Question No. 7: How long after the
6 first set-up should the initial visit by a
7 registered health care professional take place?

8 32 percent said within 24 hours, 28
9 percent said within 72 hours, 22 percent a maximum
10 of 48 hours, and 20 percent said one week.

11 MARIO LACUTE: May I ask a question.
12 Is there a definition somewhere in the manual that
13 defines "registered health care professional"?

14 SARA DOBNER: I cannot answer the
15 question, but we will write it down and we'll get
16 back to you.

17 MARIO LACUTE: Thank you.

18 SARA DOBNER: Sorry, I am not part of
19 the program, the assistive devices. I'm the senior
20 policy advisor who provides procurement and
21 administration support to the program. That's why
22 I'm not very familiar with the --

23 MARIO LACUTE: Sara, you're doing fine,
24 no problem.

25 SARA DOBNER: Okay, thank you.

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1 Question No. 8: How many visits after the initial
2 set-up are typical/required to be assured that risk
3 avoidance measures are practiced by the client?

4 12 people, 46 percent, said it varies,
5 it depends on the client; four vendors said two.
6 Two vendors said two to four; five vendors said
7 three; one vendor said six to eight week rotation;
8 one vendor said weekly; and one once a year.

9 Question 9: Who makes this visit to the
10 client?

11 76 percent said a regulated health care
12 professional only. 20 percent a regulated health
13 care professional and a medical gas technician or a
14 combination, yeah. And oxygen technician just one
15 person, vendor said that.

16 Question No. 10: In the current manual,
17 vendors agree to provide 24-hour emergency service.
18 They must return a telephone call from a client
19 within one hour. If a problem cannot be solved
20 over the telephone, the vendor agrees to have an
21 employee attend the client's home within three
22 hours, unless the home oxygen client agrees that
23 attendance is not necessary.

24 In your opinion, are any changes needed
25 to this requirement?

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1 And 84.6 percent said no; 15 percent
2 said yes. And we asked them to tell us what kind
3 of change and people said telephone calls (20 to 30
4 minutes). So not an hour. 20 to 30 minutes.
5 Emergency home visits within three hours. And then
6 remote (rural) 4 hours. No time identified. Just
7 emergency home visits.

8 But anyways, most of the vendors thought
9 that there was no need to change the emergency
10 response requirements.

11 Question No. 11: Some services provide
12 a guarantee of either 4 hours or 12 hours response
13 and also have different levels of "emergency"
14 defined to assist the vendor in assessing the time
15 frame in which to respond. Would this approach
16 work in home oxygen services?

17 36 percent said yes, and 64 percent said
18 no. And we asked everybody why, and most of the
19 comments were around the idea that it's a case by
20 case, it should be assessed on a case-by-case basis
21 and that historically the client depends on
22 immediate response.

23 Question No. 12: If the Ministry were
24 to change the required response time to emergency
25 service, how would this impact your staffing and

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1 costs?

2 Most vendors said it will have no impact
3 to staffing, 64 percent -- it's actually only 16
4 vendors. Seven said they're not sure. One said
5 reduce staffing and one said increase staffing.

6 Question No. 13: In the current manual,
7 vendors will provide a basic home oxygen supply
8 system for the client to use at home.

9 Along with a basic home oxygen supply
10 system, the vendor will provide delivery, set-up,
11 inspection, instruction, education -- it's a long
12 list of all the requirements, and the question is
13 do any of the above -- not the above --
14 But yeah, the ones that I mentioned -- tend to be
15 problematic on a regular basis and 80 percent,
16 representing 20 vendors said no, it's not
17 problematic. 20 percent, which are 5 vendors, said

18 yes, it is.

19 And we asked what can be done to fix
20 the situation, to help, so it's very -- it's really
21 very few people, vendors, who said it's labour
22 intensive, pick up of equipment, retention of staff
23 issue, administrative costs not recognized, client
24 declines home visit.

25 Question No. 14: In your opinion, are
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1 any changes needed to this requirement?

2 And 87 percent said no. 12.5, three
3 vendors, said yes. What kind of changes?
4 Electronic renewals, online adjudication,
5 respiratory assessment on admission to service, and
6 fund second concentrator.

7 Question No. 15: Are there other
8 relevant requirements for initial and follow-up
9 visits that should be added?

10 Seven vendors said no; nine vendors
11 said yes. And the comments were regular ongoing
12 assessment. Want increased funding for high-need
13 patients.

14 Additional comments were recommend
15 making assessment schedule more frequent and
16 minimum of frequency for RHCP assessments should be
17 added. There should be minimum timelines in place
18 for this followup.

19 The last question in this section,
20 Question 16: Please specify the type of staff
21 members who provide instructions on the operation,
22 care, and safe use of home oxygen equipment to
23 clients.

24 And all vendors, it was a multiple
25 choice question. That's why we have all vendors
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1 saying registered health professional - I guess
2 it's a requirement and 73 percent also have a
3 medical gas technician with them, and others 19
4 percent.

5 So we just finished the first section,
6 and the first section actually covered all the
7 deliverables that are part of the existing
8 requirements in the home oxygen program. And the
9 next section will cover deliverables or services
10 that are not provided currently by vendors.

11 So before I move on, I wonder if there

12 are any questions or comments?

13 GEORGE LOUVROS: My only comment would
14 be looking at -- and I mean, looking at the first
15 few questions just about type of delivery systems
16 would be that it's almost looking like you're going
17 to get a lot more of what you've got --

18 SARA DOBNER: Mm-hmm.

19 GEORGE LOUVROS: -- right now based on
20 the way people answered those questions, the first
21 three --

22 SARA DOBNER: Right.

23 GEORGE LOUVROS: -- or four questions
24 and I mean, there wasn't a lot of questions about,
25 you know, or more in depth questions about the

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1 different technologies that are available where,
2 you know, for instance you had in the other 10.2
3 percent people had, you know, other systems for
4 their total patient base. You know, other than
5 listing the different types of systems, it almost
6 seemed like you're just getting a lot of the same
7 types of technologies and equipment you're using
8 now.

9 It's like asking the same question, you
10 know, so I didn't really get a sense that, you
11 know -- you're going to get responses to the
12 questions based on what you're asking and you're
13 asking, you know, do you use the standard systems
14 that are out there. It doesn't give you a lot of
15 options to look at what, you know, how the
16 industry's going to evolve going forward, and
17 that's my only thoughts there.

18 I mean a lot of these technologies have
19 been around for a long time and will continue to be
20 around, but there's still a lot of new technologies
21 are coming, have already been put in place, and are
22 being used on a wider basis with large populations,
23 and they really weren't addressed a lot in this
24 survey.

25 And then my other -- my only other

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1 comment would be it's interesting, I don't know how
2 SurveyMonkey works but you said you had 45
3 responses. Now, I don't know if they log on and
4 look at the survey, if that classifies it as a
5 response, but I think there's something like 67 or

6 something home oxygen providers in Ontario or
7 thereabouts.

8 SARA DOBNER: There is 62 vendors.

9 GEORGE LOUVROS: Yeah, there's 62
10 vendors. And then every question there's maybe a
11 third, or you know, 40 percent or in some cases 50
12 percent really took the time to answer all the
13 questions, which you know, it's kind of concerning
14 that from an industry that they wouldn't take the
15 opportunity to respond to and really have input to
16 these questions. That's my only other thought.

17 JOHN CAMPBELL: This is John Campbell
18 speaking. It might be a good idea just to have the
19 court reporter identify maybe those who are making
20 the comments.

21 GEORGE LOUVROS: It's George from
22 MedPro making the comments, sorry.

23 SARA DOBNER: Okay, thank you, George.
24 Thank you, John.

25 To answer your question, George, 49

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1 vendors responded to the survey. They didn't just
2 log in. They completed their identifying
3 information and answered some of the questions but
4 obviously not all, and this was allowed.

5 49 out of 62 is quite a high response
6 rate.

7 GEORGE LOUVROS: But just the fact that
8 on -- when you look question to question, either
9 everybody didn't answer questions -- no, it doesn't
10 matter. It just seems like when you go through all
11 these questions, there's 24, you know, 19, 26
12 answers or responses to specific questions. If
13 there is -- you would think that that would be
14 higher if 45 people responded.

15 SARA DOBNER: Right, 49, yes. Yeah,
16 okay, good comment. I don't have an answer to
17 that. I don't know why not more vendors responded.

18 Okay, any more questions?

19 EARL GARDINER: It's Earl with this
20 question.

21 SARA DOBNER: Sorry, who is it?

22 EARL GARDINER: Earl.

23 SARA DOBNER: Earl, thank you, yes.

24 EARL GARDINER: It's around the
25 portable oxygen concentrator or sort of the

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1 philosophy around the question. As George has
2 said, there's a lot of other new technologies, but
3 the question was specific around portable
4 concentrator, which would lead to me to believe the
5 intent of the question was really more around
6 ensuring that the patient had options, so this is a
7 new type of technology, a battery operated
8 concentrator whereas a home fill system is a
9 machine filling up a conventional cylinder which
10 the patient would carry around. So is that why the
11 focus was on making sure that there was appropriate
12 patient choice, and you wanted to get feedback on
13 that because you're considering putting it in as a
14 mandatory piece versus saying you have to have home
15 fill, which fills a conventional cylinder?

16 SARA DOBNER: I believe so, yes, but we
17 will confirm the response.

18 EARL GARDINER: Okay.

19 SARA DOBNER: Any more questions?
20 Okay, I'll move on to Question No. 17, and these
21 are now going to be questions covering requirements
22 that are not currently provided by vendors.

23 Question No. 17: Staffing, training,
24 and education. The organization will have in place
25 a staff training and education program for all

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1 staff, which should include training and education;
2 is this a reasonable requirement?

3 76 percent of vendors said yes; 24
4 percent said no. And the reason why not, cost and
5 time, no additional requirements without increase
6 of funding, clinical staff training (free), not
7 applicable to all staff. Another comment here was
8 should be part of the accreditation process.

9 Question 17a on the same topic: If yes
10 to the previous question, what will be a reasonable
11 time frame for implementation?

12 And 30 percent said April 1st, 2010.
13 This is really the beginning of the vendor of
14 record arrangement. 13 percent said October 1st,
15 2010, and 56 percent said April 1st, 2011, so
16 that's a year after the beginning of the new VOR
17 arrangement.

18 Question 18 on the same topic: How
19 should vendors demonstrate their compliance with

20 the implementation of staff training and education
21 program?

22 And 63 percent said vendor records, 17
23 percent said accreditation. 12 percent - that's
24 three vendors - said documentation that will be
25 provided to the Ministry. And yeah, these were
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1 most of the comments.

2 Question 20: Infection prevention and
3 control. Actually, I think I'm missing a slide
4 here. Just one second.

5 Question 19: Infection prevention and
6 control. The organization develops, implements,
7 and updates an infection prevention and control
8 program. The program must adhere to all federal
9 and/or provincially developed infection control
10 guidelines. Is this an appropriate requirement?

11 83 percent said yes; 16 percent said no.
12 And if not, why not? Too costly, time, vendor self
13 audit.

14 Question 20 continuing on the same
15 topic. How should vendors demonstrate their
16 compliance with federal and/or provincially
17 developed infection control guidelines?

18 The vendor maintains own records said
19 eight vendors. Accreditation said five vendors.
20 Audit by Ministry, another five vendors.

21 Question 21: Client record keeping. As
22 the organization has the responsibility to maintain
23 complete and accurate client records, is this a
24 reasonable requirement?

25 88 percent of you said yes, and 12
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1 percent said no. And if not, why not?

2 The reason is maintenance and/or repair
3 records kept separately from client patient
4 records, cost. Not too many comments here.

5 Question 22: Client record keeping. Do
6 you think any additional record keeping
7 requirements should be added?

8 24 percent said yes, and 76 percent said
9 no. And what's the rationale and description for
10 those who said yes. Signed a consent form or
11 maintenance repair records (file).

12 Question 23, continuing on the same
13 topic: How should vendors demonstrate their

14 compliance with implementation of the record
15 keeping requirements?
16 63 percent said audit; 25 percent said
17 vendor responsibility; and two vendors, 10 percent,
18 said accreditation.

19 More comments here were on random,
20 Ministry of Health survey, inspection by Ministry
21 of Health staff.

22 Question 24 on staff screening: The
23 vendor is required to ensure that all staff,
24 including clinical and non-clinical staff members
25 who provide service in the home of individuals
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1 receiving home oxygen therapy undergo a criminal
2 record check every five years. Is this a
3 reasonable requirement and the vast majority, 91.7
4 percent of you said yes. 8.3 percent said no. And
5 the reason for why they said no is cost, it's the
6 college responsibility. May violate collective
7 agreement, and again, cost who will pay for it?

8 Continuing on the same topic of staff
9 screening: How should vendors demonstrate their
10 compliance with the police check requirements noted
11 above?

12 55 percent said the vendors will keep
13 records; 35 percent said the Ministry will do
14 audits; and 5 percent, one vendor, individual
15 reference checks.

16 Question 26 on reporting: In addition
17 to the current mandatory reporting the Ministry
18 receives from vendors, what additional reports can
19 vendors provide that demonstrate outcomes, at
20 either or both the personal or system level, for
21 clients on home oxygen therapy?

22 5 percent said no additional reporting
23 is required -- sorry, five vendors. Two vendors
24 said online/e-filing; two vendors said hospital,
25 ER, and physician visits, et cetera. So I see that
00029

1 not too many people responded to this question.

2 On accreditation, Question 27: In your
3 opinion, should the Ministry's home oxygen vendors
4 be accredited by a recognized accreditation
5 organization?

6 32 percent said yes - that's eight
7 vendors; and 68 percent said no.

8 If yes, which ones? Accreditation
9 Canada said most of the vendors and ISO 9001:2000 -
10 that's one vendor.

11 And the rationale for why yes is
12 accreditation is best suited for -- oh sorry, why
13 not. Accreditation is best suited for large
14 organizations, so it's not suited for small ones.
15 And a couple of vendors I think said that they
16 found little benefit to increasing patient care by
17 doing the accreditation.

18 Question 28 still on accreditation: Are
19 you intending to become accredited in the near
20 future if the Ministry does not make this a
21 requirement of registration?

22 And yes said 52 percent, 12 vendors; and
23 no, 47.8 percent - that's 11 vendors. And if yes,
24 by whom? Accreditation Canada or the hospital.
25 And then some others said that there's no benefits.

00030

1 Here actually there are five additional
2 questions. So we actually completed the survey.
3 This was the summary of the survey results, and the
4 following are five additional questions that --
5 sorry, sorry, sorry. Nobody's saying anything. I
6 haven't finished.

7 It's Question 29. So I just did
8 Question 28, and I'm moving to Question 29, yes,
9 and that's the last question:

10 Are there any other deliverables the
11 program should consider?

12 Two vendors said electronic submissions;
13 two vendors said increase clinical visitation; one
14 vendor said price increase; one vendor said
15 increased funding for off hours; one vendor said
16 additional costs to client; and one vendor said
17 additional billing.

18 So this was actually the last question
19 from the survey, and the following are five
20 additional consultation questions that we actually
21 thought about after we completed the survey. And I
22 will read them out to you. They were posted on
23 MERX and actually the deadline for submission of
24 answers has already passed, but I will read you the
25 questions.

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1 So the first question is on client

2 assessment: In our review of Canadian
3 jurisdictions, we reviewed home oxygen programs in
4 British Columbia, New Brunswick, Saskatchewan, and
5 Alberta and compared them to Ontario's model.
6 Three jurisdictions, British Columbia, New
7 Brunswick, and Alberta utilize independent
8 assessments by staff employed by regional health
9 authorities. If such a model was adopted in
10 Ontario, what would be the impact of this approach?

11 The second additional question was on
12 utilization: ABG measurements are required for
13 first-time applicants in Ontario. Are ABGs of
14 significant or marginal value when compared to
15 oximetry studies in terms of their accuracy? Are
16 ABGs significantly costlier than oximetry studies?
17 Should the Assistive Devices Program require ABGs
18 at all reassessments for eligibility for funding
19 for home oxygen? If ADP required ABGs at all
20 reassessments for eligibility for funding for home
21 oxygen, what is the best method for initiating the
22 test and securing the results?

23 ABG done in a medical facility and analyzed in a
24 medical facility? ABG done in the client's home
25 and analyzed in a medical facility? ABG done in
00032

1 the client's home and analyzed utilizing a portable
2 blood gas analyzer?

3 What would be the cost implication to
4 the vendor of purchasing, maintaining, and
5 calibrating a portable blood gas analyzer?

6 Question No. 3 on eligibility: Vendors
7 are not required to submit additional testing
8 reports for clients who meet the general and
9 medical eligibility criteria after 12 months of
10 receiving continuous home oxygen therapy. What
11 would be the impact on vendors of implementing
12 yearly testing and reports for continuing client
13 eligibility? How should results of yearly testing
14 be communicating to the ADP? If a client is
15 reassessed and found not to meet the medical
16 eligibility criteria of the home oxygen program,
17 how should this information be communicated to the
18 physician and what are the next steps?

19 And question on compliance and quality
20 assurance: Two of the four Canadian jurisdictions
21 compared to Ontario (B.C. and New Brunswick)

22 require that vendors be accredited. However, our
23 survey responses indicate a somewhat low level of
24 support for accreditation. How should Ontario
25 ensure that vendors are complying with program
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1 requirements and providing a high quality service
2 to clients if they don't participate in
3 accreditation? ADP develops a specific quality
4 assurance inspection program. ADP increases the
5 number of audits conducted on vendors? Or other?
6 And the last additional consultation
7 question is around recycling: How can Ontario's
8 home oxygen vendors contribute to a reduction in
9 the amount of waste going into landfills associated
10 with home oxygen equipment that is no longer
11 useable? Should the ADP program require that home
12 oxygen vendors demonstrate how they have reduced
13 the amount of waste going into landfills?

14 So actually these questions and the
15 responses to these questions will be analyzed and
16 posted later on on MERX and the ADP site.

17 Now, I'm actually moving to slide 43.

18 That's the original slide from the first session --

19 GEORGE LOUVROS: Excuse me, just a
20 quick question.

21 SARA DOBNER: Sure.

22 GEORGE LOUVROS: It's George from
23 MedPro. Now, are you going to post all the
24 responses, or are you selectively going to filter
25 the responses that came out of that?

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1 SARA DOBNER: You know, I'm not sure.
2 Possibly all the responses, or we may do an
3 analysis and kind of summary as we did here and
4 kind of show just a sample of the responses. I
5 think that Barbara has said previously that we will
6 post all responses to the questions, and they
7 should be coming fairly soon. I know that the
8 record meetings have not been posted yet. They
9 will be posted soon as well.

10 GEORGE LOUVROS: Thank you.

11 SARA DOBNER: Sorry, so are there any
12 questions on what we've talked so far or comments?
13 Sorry, I'm just going to make sure that I covered
14 everything.

15 Yes, actually at this point, I would

16 like to ask for any questions or comments because I
17 have completed the presentation.

18 STACIE WILDMAN: I'm just curious --

19 SARA DOBNER: Sorry, who is talking
20 please?

21 STACIE WILDMAN: Oh Sorry. I'm Stacie
22 from Medigas. I'm just curious as to how big a
23 role accredited vendors, the accreditation process
24 will play in the procurement requirements for the
25 home oxygen program?

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1 SARA DOBNER: Okay, well the Ministry
2 is only now exploring the, you know, accreditation
3 as one possibility, and there has been no decision
4 made yet on that respect.

5 If the Ministry decides that
6 accreditation is a requirement, then it will be a
7 mandatory requirement, so it will not play a
8 factor. It will just be a requirement like all the
9 other mandatory requirements that are part of the
10 vendors's requirement now. Did I answer your
11 question?

12 STACIE WILDMAN: Yeah, no I was just
13 wondering like what impact or like is this going to
14 be a big part of what vendors have to, you know, as
15 aspire to adhere to. I was just curious in regards
16 to that. I just know what a huge undertaking
17 accreditation is and the amount of effort and the
18 amount of detail and time that goes into these, and
19 I just think that there should be some sort of, you
20 know, credence given to that, the amount that
21 companies -- and the cost factor that we go to
22 provide these polices and procedures and safety and
23 quality assurance standards.

24 SARA DOBNER: Right. No, I know. The
25 Ministry is aware of the cost and the effort and

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1 requirements that's involved with accreditation.

2 MARIO LACUTE: This is Mario. Sara,
3 let me just comment on that as well. I've looked
4 at the Accreditation Canada website and looked at
5 the client list.

6 SARA DOBNER: Yes?

7 MARIO LACUTE: And it certainly appears
8 that it is very, very facility driven so it
9 would -- my comment would be that unless

10 Accreditation Canada were to segregate or create a
11 new level of standard for this type of service,
12 in-home service, that the accreditation process
13 although it would be a cumbersome and whatever, it
14 may just be prohibitive, that it may not fit into
15 their box.

16 SARA DOBNER: Okay, thank you.

17 EARL GARDINER: Sara, it's Earl with
18 the next question.

19 SARA DOBNER: Yes, hi, Earl.

20 EARL GARDINER: We looked over the
21 documents, the document that you read first when it
22 was talking about the new procurement process. It
23 uses some terms that I probably don't understand in
24 the context that you're using them, so I'd like to
25 ask a couple of questions around that.

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1 SARA DOBNER: Sure.

2 EARL GARDINER: It talks about an RFP
3 being issued later in the process and normally
4 request for proposals is used as a tendering
5 document. It also makes reference later on that
6 "throughout this competitive process."

7 SARA DOBNER: Right.

8 EARL GARDINER: So I don't actually --
9 it appears to me that what is being worked on is a
10 set of criteria which will dictate who can become
11 vendors and then what price you're going to get
12 paid, but I just don't understand what the role of
13 an RFP and reference to a "competitive process"
14 means.

15 SARA DOBNER: Right, because
16 competitive is usually there is a winner and a
17 loser, and I think that RFPs usually use -- and
18 John, correct me if I'm wrong because John is the
19 procurement expert -- but you know, RFP is
20 usually -- you know, the reason RFP and then the
21 organization selects one winner and the others
22 lose.

23 This is an RFP for a vendor of record so
24 the RFP will include mostly mandatory requirements
25 for vendors who will be -- for home oxygen vendors.

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1 So all home oxygen vendors who will be able to meet
2 this requirement, this mandatory criteria, will be
3 eligible to provide home oxygen services, so there

4 is no limit on the number of vendors that --
5 JOHN CAMPBELL: I can just provide a
6 little bit of broader context. The Ontario
7 Government like a lot of other large public
8 organizations has moved over the last several years
9 to the use of what they call vendor of record
10 lists, and it's kind of like a shortlisting
11 process. It wants to be assured that the
12 organizations that respond to its procurement
13 opportunities meet certain basic qualifications,
14 and so it's an attempt to streamline the
15 procurement process, and so that when it goes out
16 for a specific procurement opportunity that it
17 knows that it's dealing with a field of performance
18 that are pre-qualified, and so it's providing that
19 pre-qualification opportunity in an open, fair, and
20 transparent manner, and so that means that the
21 opportunity will be broadly advertised, and it
22 means that both present vendors that provide oxygen
23 related services, as well as perhaps new entrants
24 to the field have equal knowledge of the
25 opportunity and have equal knowledge to

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1 participate. And as has been indicated, it's not
2 meant to exclude people particularly. What it's
3 meant is to provide assurance that those people
4 that make the list have achieved a minimum level of
5 qualification.

6 EARL GARDINER: So when it makes
7 reference to "refreshment period," so I understand
8 the first go round, this is the RFP will be used to
9 describe the process that the applicant will have
10 to meet, and you've described that. When it talks
11 about the refreshment period, will there be certain
12 periods of time when another -- an RFP will go out
13 again and give people the opportunity to apply?

14 SARA DOBNER: No, we will not have an
15 RFP in the refreshment period. We will just allow
16 new vendors to come in and prove that they're
17 eligible and register.

18 EARL GARDINER: But why would there
19 be -- why would there be two different processes
20 for the original ones versus people that come in
21 later?

22 SARA DOBNER: Oh, sorry. So we post
23 the RFP on October. We expect to post it on

24 October 15th, and we register vendors, and then a
25 year later, there is a new vendor in the market,
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1 and they want to join the program. Then we may
2 have, you know, this will be said upfront, and
3 there'll be a period when they can come in and
4 register.

5 EARL GARDINER: But you have to go
6 through the same process that those that went
7 through the original RFP process went through?

8 SARA DOBNER: That's right.

9 EARL GARDINER: Okay. Maybe I'm just
10 hung up on the term --

11 UNIDENTIFIED SPEAKER: (Inaudible
12 cross-talk).

13 EARL GARDINER: It's really an
14 application process? I know those are terms that
15 the Government has set up RFP --

16 SARA DOBNER: Right.

17 EARL GARDINER: -- but that's
18 essentially what it's doing is you're establishing
19 your qualification.

20 SARA DOBNER: Can we say that, John?

21 JOHN CAMPBELL: Yeah, I can't -- I mean
22 the process that the Ministry is developing is
23 still in development. I mean that's why we're
24 having this consultation process so the details
25 have yet to be announced, but certainly if it
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1 follows the pattern of existing VOR arrangements
2 which I'm sure it will, those windows of, I'll call
3 it refresh, those windows of opportunity for
4 vendors who are not on the VOR to attain status on
5 the VOR are usually -- there's a window of
6 opportunity offered, you know, within a reasonable
7 time frame, say every two years or something like
8 that. And it's well publicized, and as you've
9 indicated, those new entrants or potential new
10 entrants would have to -- would have to achieve the
11 same level of qualification as those that have
12 already attained membership on the list so it
13 certainly is a significant, a rigorous process.

14 EARL GARDINER: Okay, thank you. The
15 second part of the question was though it makes
16 reference to "throughout this competitive process,"
17 what's intended to be meant by that?

18 JOHN CAMPBELL: Well, it's competitive
19 in that there is a standard and people have to
20 demonstrate that they're able to meet that
21 standard, and to the degree that some may not be
22 able to do that, then it's, you know, it's
23 comparing people to a standard, so the use of the
24 word "competitive" in this instance is a little bit
25 of a misnomer.

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1 EARL GARDINER: Okay.

2 JOHN CAMPBELL: I think that it would
3 probably be better to say that it's really a
4 broader qualification process.

5 EARL GARDINER: Thank you.

6 GEORGE LOUVROS: And just a question
7 from George. I also take it then that in that
8 qualification it will be qualification to provide
9 the service at the price that the ADP sets for
10 specific service.

11 SARA DOBNER: That is correct.

12 GEORGE LOUVROS: Or modality or flat
13 rate.

14 SARA DOBNER: That is correct. The
15 price will be set by the Ministry and will be part
16 of the RFP.

17 EARL GARDINER: It's Earl with another
18 question. Has there been any consideration to
19 dividing the province up into territories and
20 having a maximum number of vendors per territory?

21 SARA DOBNER: No. This has not been
22 discussed. Sorry, I should be more accurate.
23 There is no discussion about limiting the number of
24 vendors, but as you know, currently we do pay
25 different rates in different parts of the province,

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1 so this approach may remain, but there has never
2 been discussion about limiting the number of
3 vendors.

4 JIM CROOKS: It's Jim in Thunder Bay,
5 and I'm wondering what geographic boundaries will
6 be set up, if any, within the Province of Ontario
7 for regional? Will there be -- I mean if there's
8 any regionalization of this program?

9 SARA DOBNER: I really can't say
10 anything at this point. It's really just still
11 under review and analysis.

12 EARL GARDINER: It's Earl again.
13 Fundamentally, what's the intended outcome of this
14 process? I made a couple of observations. It
15 appears that you're looking at wanting a higher
16 level of service and the other one is likely a
17 lower cost. Are there any other goals from this?

18 SARA DOBNER: Well, actually the main
19 drive of this process was to make this program
20 fully transparent and open and fair through this
21 process, through posting an RFP on MERX so that
22 everybody will have access to it, and so this was
23 really the key driver.

24 But we also thought that another benefit
25 would be that if we, you know, previously there
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1 were -- there was a MOU, memorandum of
2 understanding, that was signed with representatives
3 of the vendors and the term was three years, and it
4 just didn't give enough stability to the vendors.
5 Right now the plan is to have a five-year agreement
6 plus two optional years, so it will just help
7 vendors plan better, which will benefit the program
8 as well.

9 And as we are doing this and as you
10 notice, we also look at some other aspects of the
11 program in order to improve the client service,
12 yes, health care, client care.

13 GEORGE LOUVROS: Just out of
14 curiosity -- it's George -- have you looked at the
15 outcomes of your patients and your client base over
16 other jurisdictions in evaluating quality of life,
17 life expectancy, that sort of thing, to ensure that
18 the money you're paying is generating better
19 outcomes?

20 SARA DOBNER: You know, I'm not sure I
21 have all the research that has been done by the
22 program, but you know, just from general knowledge,
23 I -- you know, I can't comment on this. We'll get
24 back to you later. I just think that in terms of
25 outcomes, there are probably so many factors that
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1 affect people's health, so I don't know how easy it
2 would be to isolate the health care -- the home
3 oxygen services that we provide here and its impact
4 on the health of our clients, but you know, I --
5 this is really not an official response. We will

6 provide an official response later.

7 Are there any more questions or
8 comments?

9 EARL GARDINER: Earl again. The last
10 statement on page 43 makes reference to
11 "Consultation Meetings #2 re: pricing." Can you
12 elaborate on that?

13 SARA DOBNER: Yes. So we just
14 completed the first series of the vendor
15 consultation meetings on performance and vendor
16 requirements and the second and the last series of
17 consultations will be on pricing. We are
18 finalizing now a contract with the consultant who
19 will conduct a pricing review of the home oxygen.
20 We will with the consultant do an analysis of the
21 market and actually another questionnaire on
22 pricing and this is being started now and you know,
23 it will hopefully be posted in May, but I don't
24 want to say anything because it's just being
25 finalized, and we will post information on the plan
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1 for the consultation meeting on pricing very soon.

2 We did post one note -- a fact sheet on
3 our pricing approach on MERX and on our site and so
4 it just gives an idea about the approach to
5 pricing, and soon we will post actually more
6 information that will give you more idea about the
7 consultation and how it will take place and when,
8 in a similar way, in a very similar way to what
9 we've done with the first consultation meetings.

10 So there'll be a survey online probably
11 and then followed by similar meetings after we have
12 the results. It will take place in May/June.

13 Can I assume that there are no more
14 questions or comments?

15 Okay, so I would like to conclude.
16 Thank you all very much. The meeting record will
17 be posted on MERX and the ADP site and probably the
18 OHRSA site, and if you don't have any more
19 questions and...

20 Okay, thanks so much everybody.

21 --adjourned at 3:11 p.m.

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1 REPORTER'S CERTIFICATE.

2

3

4 I, REBECCA HALK, Shorthand

5 Reporter, certify;

6 That the foregoing meeting was

7 taken before me at the time and place therein set

8 forth;

9

10 That the meeting was recorded stenographically by

11 me and thereafter transcribed;

12

13 That the foregoing is a true and correct transcript

14 of my shorthand notes so taken.

15

16 Dated this 22nd day of May, 2009.

17

18

19

20

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21

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PER: REBECCA HALK, SHORTHAND REPORTER

23

24

25