

## A Bilateral MOH-OMA Education and Prevention Committee

### Terms of Reference

<p><b>Background/ Context</b></p>	<p>The Ministry of Health (MOH) and the Ontario Medical Association (OMA) are committed to providing information to physicians to assist with Ontario Health Insurance Plan (OHIP) claims submissions.</p>
<p><b>Working Group Established</b></p>	<p>The MOH and the OMA have established a bilateral standing committee of the Physician Services Committee (PSC) named the Education and Prevention Committee (the “Committee”) to help address education, prevention of inappropriate claims and early identification of claims issues.</p> <p>See Appendix for additional context.</p>
<p><b>Objectives</b></p>	<p>The objective of the Committee is to improve physician awareness and understanding of appropriate OHIP billing by developing and communicating billing education resources.</p> <p>The Committee may make recommendations in areas including, but not limited to:</p> <ul style="list-style-type: none"> <li>• The identification of topics where general billing education would be beneficial, based on billing inquiries as well as difficulties identified by stakeholders as well as other topics relevant to billing (e.g., revisions to the Schedule of Benefits; changes to processes including physician payment audit, etc.),</li> <li>• Development of educational materials of benefit to individual physicians, specialty groups, medical trainees and billing staff/agents,</li> <li>• Options and methods to provide such education based on best pedagogical practices (e.g., foundational online materials on reading and applying the Schedule of Benefits; a combination of generalist and specialty-focused billing briefs; etc.),</li> <li>• Alignment of educational resources and recommendations with those of related professional organizations (e.g., CPSO; CMPA), and promotion of linkage of billing education to Continuing Medical Education (CME) credits,</li> <li>• The adoption of additional communication channels to improve physician awareness and understanding of billing issues, and,</li> <li>• Evaluation of effectiveness of billing education.</li> </ul>

<p><b>Membership</b></p>	<p>The committee will be composed of up to 4 representatives from each party plus appropriate technical support staff. One representative from each party will be identified as the co-chair.</p> <p>Committee meetings require a quorum of at least 2 representatives from each party. Parties may temporarily substitute or permanently replace representatives or support staff without notice. Attending members of the Committee will be noted in the minutes/action items of each meeting.</p> <p>The parties will be responsible for expenses related to their own representatives and staff.</p> <p>Administrative support for the purposes of meeting scheduling and coordination will be shared by the MOH and OMA.</p> <p>The Committee may consult with outside parties and experts such as professional colleges, review committees, other associations and jurisdictions.</p>
<p><b>Logistics</b></p>	<p>The Committee will meet quarterly or as required.</p> <p>The Committee will provide a report and workplan to the PSC on an annual basis in June of each year.</p>

## General Matters

<p><b>Confidentiality</b></p>	<p>No member of the Committee shall disclose or publicize any information related to the work of the Committee, including the content of any of its discussions, advice, or recommendations, unless the member has received prior authorization from the MOH or the OMA to make a specific disclosure.</p>
<p><b>Dispute Resolution</b></p>	<p>The parties will make every effort to resolve matters within the Committee between members.</p> <p>If the Committee is unable to resolve a dispute, the parties will attempt to resolve it bilaterally at the PSC or between PSC co-chairs.</p>
<p><b>PSC and Subcommittee Work</b></p>	<p>While the PSC functions independently of the negotiations process and all discussions are non-binding and not considered part of negotiations, the insights and analysis from the PSC and its subcommittees may be used by its members to inform the negotiating positions of their respective organizations.</p>

	<p>That said, the parties agree that any discussions or documents shared in the course of PSC activities cannot be relied upon or filed as evidence of the position of either party in any future arbitration pursuant to the Binding Arbitration Framework (BAF). For clarity, this does not include decisions that are made/policies that are implemented; however, it does include discussion and rationale leading to those decisions.</p>
<p><b>Commitment to Respectful Engagement</b></p>	<p>As an extension of the PSC, the Physician Services Agreement (PSA) working groups/committees are committed to fostering and sustaining a respectful relationship amongst its members and expects its respective committee members to be guided by the same principles. In addition, all committees will be accountable under the relevant policies and procedures defined by their respective organization.</p> <p>Committee members will foster and sustain a respectful relationship that values diversity and inclusion, dignity, courteous conduct, fairness, positive communication, and professional relationships.</p> <p>Specifically, interactions that are discriminatory (based on dimensions of diversity, including ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, record of criminal offences, marital status, family status, disability, and language) are not acceptable conduct.</p> <p>In the event of a formal complaint arising from Committee activities, each organization will rely on its own processes in place to address those complaints for their members. The Co-Chairs of the PSC will be made aware of the complaint and determine the steps, if any, to be taken to consider the complaint including determining which organization has jurisdiction. The parties agree to cooperate with one another during an investigation as required.</p>

## Appendix

### Committee Historical Context

In 2000, the MOH and the OMA established a Joint Committee on the Medical Review Committee. The committee's final report included recommendations to improve physician awareness and understanding of billing issues.

In 2005, former Justice Peter Cory recommended in his "Medical Audit Practice in Ontario" report that, "The Education and Prevention Committee should encourage and enhance initiatives to educate physicians and their staff about the billing and audit processes, including on-line, self-directed learning programs adapted to different types of practice."

The parties established the Education and Prevention Committee to deal with the education, prevention, and early identification of claims issues.

Approved by PSC: [Date]

DRAFT