Bilateral MOH-OMA Acuity Modifier Working Group
Terms of Reference

Background/ Context	The Family Health Organization primary care model is based on an age-sex adjusted capitation payment for enrolled patients. In the 2021 PSA the OMA and MOH agreed to develop and implement a diagnostic risk-adjusted capitation payment to replace the existing age-sex adjusted capitation payment. The agreement provides an increase of $48.68M to the current capitation rates by: • Repurposing preventative care bonuses for colorectal cancer screening, mammography, and pap smears for FHN and FHO. • Prorating the preventative care bonuses for influenza and childhood immunizations for FHN and FHO physicians with rosters less than 1,000 patients. • Changing the FHN and FHO maximum FFS pooling from groups to individual physicians.
Working Group Established	This document establishes the Bilateral MOH-OMA Acuity Modifier Working Group ("Working Group"), which shall be comprised of MOH and OMA representatives.
Duration	The term of the Working Group will be until the new capitation rate is implemented. The Working Group will report to the Physician Services Committee (PSC) throughout its term.
Objectives	The objective is to implement the risk-adjusted capitation payment by April 1, 2023. This bilateral working group shall: • Develop a measure of patient acuity and a new capitation rate for FHN and FHO based on the CIHI grouper • Provide recommendations to PSC on how to adjust FHN and FHO capitation payments to account for the new patient acuity modifier • Prepare education and communication material to help physicians understand the basis for the updated capitation rates. • Develop a plan to annually review the new capitation rates and report to PSC
Membership	• The Working Group membership will be composed of representatives from the OMA and MOH.

	• The OMA and MOH will each appoint a co-chair from its members. • Additional subject matter experts may be invited, as appropriate. • The Working Group will consult with relevant stakeholders, as appropriate
OMA Members and Support Staff	• Dr. Nikolina Mizdrak (co-chair) • Dr. Gordon Schacter • Dr. Cathy Mastrogiacomo • Benu Sethi • Jasmin Kantarevic • Steve Nastos • Yin Li • Adam Farber
Ministry Members	• Greg Powers, Manager, Primary Health Care Branch, Ministry of Health (co-chair) • Dr. Michael Klar, Medical Advisor • Kate Jackson, Program Manager, Negotiations Branch, Ministry of Health • Trevor St. Lawrence, Business Consultant, Negotiations Branch, Ministry of Health • Ying Jiang, Senior Health Analyst, Health Analytics & Insights Branch, MOH • Claire Munhall, Senior Health Analyst, Health Analytics & Insights Branch, Ministry of Health • Bahram Rahman, Senior Policy Advisor, Primary Health Care Branch, Ministry of Health
Logistics	• The Working Group will meet monthly, or as appropriate • Additional/ad hoc meetings may be required to complete work according to PSA timelines. • The co-chairs will set the agenda one week prior to scheduled Working Group meetings. • The co-chairs will report to the PSC quarterly, or more frequently as needed • Secretariat support shall be contributed as in-kind resources from the MOH and OMA, which will include: o Scheduling meetings (MOH) o Distribute agendas with action items from the previous meeting and circulate them to members of the working group one week prior to the meeting, or as soon as feasible (co-chairs) o Record action items for each meeting and provide project management support (OMA)

	○ Developing and/or consolidating materials to support each meeting (OMA and MOH).
Dispute Resolution	The parties will make every effort to resolve matters within the Working Group between members. If the Working Group is unable to resolve a dispute, the parties will attempt to resolve it bilaterally at the Physician Services Committee (PSC) or between PSC co-chairs. William Kaplan, acting as sole mediator/arbitrator, is seized to resolve any dispute between the parties, including any disputes over costing, without prejudice to either party's position otherwise on the arbitrability of these kinds of issues under the Binding Arbitration Framework.
Confidentiality	No member of the Working Group shall disclose or publicize any information related to the work of the Working Group, including the content of any of its discussions, advice or recommendations, unless the member has received prior authorization from the Ministry or the OMA to make a specific disclosure.

General Matters

PSC and Subcommittee Work	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. 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.
Commitment to Respectful Engagement	As an extension of the Physician Services Committee (PSC), the PSA Working Groups 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. Working Group members will foster and sustain a respectful relationship that values diversity and inclusion, dignity, courteous conduct, fairness, positive

	communication and professional relationships. 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. In the event of a formal complaint arising from Working Group 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.
Guiding Principles	In fulfilling its objectives and mandate, the Working Groups will be informed by the following guiding principles: • In recognition of the terms outlined in the PSA, the Working Groups will work diligently to remain within its mandate and agreed upon scope of work. As such, it may not be possible to agree on all aspects of workplans or initiatives but subject to any dispute resolution provided under the PSA the Working Group will do its best to charge forward and not wait for perfection. o Parties will work together to mutually agree to seek the advice of external experts as required. This does not preclude the parties from independently consulting with experts and presenting that advice to the table. • The Working Group will use data, where available, to make evidence-based decisions. • The Working Group will work together in a timely fashion on realistic timelines and goals. • If a quorum is reached then Working Group meetings should proceed. • Evaluation methods should involve minimal burden for physicians and should ensure differences in impact between sub-groups of physicians can be identified. • Solutions should be implemented with sub-group variability in mind, if required, and research should be undertaken as needed to better understand these differences where they apply. • Any changes or additions to the mandate must be approved by the PSC • Working groups will report back bi-annually to the PSC as per the timelines agreed to by the Parties