Bilateral MOH-OMA New and Expanded APP Working Group

Terms of Reference

Background/ Context	On March 27, 2022, the OMA membership voted to ratify the 2021 Physician Services Agreement (PSA). As agreed to by the parties, the term of the agreement is April 1, 2021 to March 31, 2024 (3 years). The 2021 PSA outlines the commitment by both Parties to establish a bilateral New and Expanded APP Working Group to address the expansion of APPs either through the creation of new APPs or the expansion of existing APPs through increases in full-time equivalents (FTEs). Currently, the ministry notifies the OMA of any APP requests through the monthly Expression of Interest process. The ministry also provides the OMA with the completed business case that is received from the APP group for FTE requests or the requesting party for a new APP.
Working Group Established	This document establishes the Bilateral MOH-OMA New and Expanded APP Working Group ("Working Group"), which shall be comprised of MOH and OMA representatives.
Duration	The term of the Working Group will be for the duration of the 2021 Physician Services Agreement. The Working Group will report to the Physician Services Committee (PSC) throughout its term.
Mandate	The mandate of the Working Group is evaluate and determine the incremental additional cost of proposals for new APPs, and of proposals for adding physicians into existing APPs, for the purposes of recommending allocation of funding set out for APPs under the terms of the PSA.
Objectives	Requests for the expansion of existing APPs or the creation of new APPs will be submitted to the Ministry. The Ministry will include OMA contact information to assist in the development of an APP request application in the instructional materials provided to groups. Further, the Ministry will, once all documentation has been received, send the complete request to the OMA, and will advise the group accordingly.
	Factors to consider in making a determination on the merits of the creation of a new

	APP or the expansion of an existing APP include:
	a. The changes in demand for physician services under the APP (volume and
	acuity)
	b. Wait times and changes in wait times over time
	c. Alignment with hospital volume projections
	d. Changes in practice and new technologies
	e. A multi-year HR plan for the Group
	f. Alignment with clinical needs
	g. Alignment with community needs
	h. Sustainability and appropriateness of current compensation model
	Each approved APP will include the following:
	i. Number of FTEs approved
	ii. Funding per FTE
	iii. Incremental Cost (Funding per FTE minus FFS billing)
	In carrying out its mandate, the Ministry and OMA may consult with other relevant health sector stakeholders, such as Ontario Health, as it deems appropriate.
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 (e.g. Ontario Hospital Association, Ontario Health)
OMA Members and Support Staff	Voytek Roszuk, Executive Director, Negotiations and Implementation, OMA
	Phoebe Tian, Manager, Negotiations and Implementation, OMA
	Lynette Katsivo, Director, Negotiations and Implementation, OMA
	George Marusic, Senior Director, Economics Policy and Research, OMA
	Adam Farber/Murray Wilson – Legal Counsel, OMA
Ministry	Nicole Williams, Director, Negotiations Branch, Ministry of Health

Members Fawne Stratford-Devai, Manager, Negotiations Branch, Ministry of Health Derrick Legere, Team Lead, Negotiations Branch, Ministry of Health Levi Pombeiro, Senior Program Consultant, Negotiations Branch, Ministry of Health Caitlyn Salisbury, Senior Negotiator, Negotiations Branch, Ministry of Health Marty Ochman, Primary Health Care Branch, Ministry of Health Logistics • The Working Group will begin by meeting monthly; after three months the Working Group can evaluate the regularity of meetings to best suit the work and needs of the Working Group, with meetings scheduled no less frequently than every two months. 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 as requested. • Secretariat support shall be contributed as in-kind resources from the MOH and OMA, which will include: Scheduling meetings o Creating agendas with co-chairs and working with members to identify emerging issues/new agenda items as needed o Developing meeting minutes to be circulated to Working Group members o Developing and/or consolidating materials to support each meeting.

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 cochairs.

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.

This confidentiality clause is not intended to prevent the Ontario Medical Association from consulting its membership.