

Bilateral MOH-OMA Emergency Department Working Group

Terms of Reference

Background/ Context	<p>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).</p> <p>The 2021 PSA outlines the commitment by both Parties to establish a bilateral Emergency Department Working Group to review and recommend amendments to Emergency Department Alternative Funding Agreement (ED AFA) models.</p>
Working Group Established	This document establishes the Bilateral MOH-OMA Emergency Department 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 to review and recommend amendments to the ED AFA models. This includes an agreement to conduct a Ministry of Health funded updated Predictor of Workload in the Emergency Room (POWER) study.
Objectives	<p>The POWER study will occur when the parties, in consultation with the Emergency Services Advisory Committee, agree there is a sufficient change in the COVID-19 pandemic impacts on Ontario’s emergency departments such that it is safe for researchers to proceed and conditions return to a more stable baseline.</p> <p>The Working Group is seized with concluding its work by October 1, 2023, or such other date that will allow the work to be completed so that the parties may then immediately hold discussions regarding any issues that either party may have with respect to implementation.</p>
Membership	<ul style="list-style-type: none"> • 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. • For the purposes of the POWER Study implementation an Advisory Board will be struck to provide a table who can give advice to the research team on challenges and questions that arise during the study, and to provide stakeholders with a forum to give input to the research team. (See Appendix for details)

	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Dr. Angela Marrocco (co-chair), Emergency Medicine Section Chair, Medical and System Advisor, Ontario Medical Association; • Dr. Adam Exley, Medical and System Advisor, OMA • Dr. Candace McNaughton, Medical and System Advisor, OMA • Voytek Roszuk, Senior Director, Negotiations and Implementation, OMA • Phoebe Tian, Manager, Negotiations and Implementation, OMA • Shaun Shaikh, Senior Economist, Economics Policy and Research, OMA • George Marusic, Senior Director, Economics Policy and Research, OMA • Lesley Freiberg, Legal Counsel, OMA • Lou Vedovat, Project Manager, Finance & Operations
Ministry Members	<ul style="list-style-type: none"> • Dr. Howard Ovens, Co-Chair, Ministry of Health • Nicole Williams, Director, Negotiations Branch, Ministry of Health • Lilly Whitham, A/Director, Hospitals Branch, Ministry of Health • Jeremy Netto, Manager, Hospitals Branch, Ministry of Health • Derrick Legere, Team Lead, Negotiations Branch, Ministry of Health • Sean Kuan, Senior Program Consultant, Negotiations Branch, Ministry of Health • Sufia Tayab, Program Analyst, Negotiations Branch, Ministry of Health • Caitlyn Salisbury, Senior Negotiator, Negotiations Branch, Ministry of Health • Amber Bielecky, Senior Data Specialist, Health Analytics Branch, Ministry of Health
Logistics	<ul style="list-style-type: none"> • The Working Group will begin by meeting monthly; after three months the Working Group can re-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.

	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Scheduling meetings ○ Creating agendas with co-chairs and working with members to identify emerging issues/new agenda items as needed ○ Developing meeting minutes to be circulated to Working Group members ○ Developing and/or consolidating materials to support each meeting.
Dispute Resolution	<p>The parties will make every effort to resolve matters within the Working Group between members.</p> <p>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.</p> <p>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.</p>
Confidentiality	<p>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.</p>

Appendix A

POWER Study Advisory Board, Proposal (DRAFT)

The purpose is to provide a table who can give advice to the research team on challenges and questions that arise during the study, and to provide stakeholders with a forum to give input to the research team.

The body is advisory, not a governance group, does not have any decision making authority, and gives advice to the Ministry, the research team, and / or the PSC.

The leadership of the Board consist of the ED Working Group Co-Chairs and a co-chair (or two) from MOH and OMA.

Membership should include;

- 2-3 interested OH Regional Leads from ESAC

- Representatives from the hospitals that comprise the study sites (I'd offer each to provide a member, not all may wish to do so)
- Rep from the Section of Emergency Medicine at the OMA
- Reps from MOH - Negotiations Branch and Hospitals Branch
- OMA leadership or staff as they request
- Methodology experts may be considered on advice of Drs. McLeod and Dreyer
- Like to consider 2 -3 emergency medicine community representatives from sites not included (there has been considerable interest in the methodology as discussed)
- Other members as proposed by the membership

Members would be volunteers and will need to sign confidentiality agreements to participate. Meetings would likely start as monthly and frequency adjusted as study requires. Smaller sub-groups can be struck as need arises.