To: All Members of the Section on Cardiology
From: OMA President Dr. Sohail Gandhi

I wanted to reach out to all Cardiologists personally and provide important information about recommended fee schedule changes specific to Cardiology that will be in effect on April 1, 2020. This is a long email (apologies) but it does deal with finances, and how decisions were made.

I want to (briefly) recap the process that has led to the decisions on fee code changes. As you are all aware, for the first time in the history of Ontario, physicians were given an Arbitrated Award for a Physician Services Agreement (PSA). This is why there was no ratification vote of the Award by the membership. The Award is binding both on the OMA and the Ministry of Health (MOH).

As part of that process, the Arbitrator agreed that we must deal with the issues of relativity. The official OMA model for relativity is CANDI (the FAIR model you may have heard of is not final yet, it is in development). The government refused to accept CANDI. The official MOH model for relativity is RAANI. The OMA feels that there are serious, significant and unresolvable issues with RAANI, and we refused to accept it. The Arbitrator (acting in this case as a mediator), worked with both sides, and came up with the Hybrid model, and the Hybrid model will be used for all 4 years of the current PSA. *Please note, it has yet to be decided what relativity model will be used in the next PSA (2021-2025)*.

The Hybrid model, as you all likely know, provided a zero per cent allocation for the Section on Cardiology for this PSA. As you are also aware, the MOH position was to cut the allocation for specific Cardiology procedures by 15%. Please note that when I say allocation, I refer to the total amount paid. Growth, however, is excluded. So, if the number of services goes up (due to our aging population), then that will be paid for, but the short, unpalatable news is that there will be no raises overall for the Section of Cardiology.

This Hybrid model is not perfect. It does not address the fact that some services are provided by members in multiple Sections. If those fees go up, then the allocation to that Section will rise automatically.

This is what we were faced with in Cardiology. Some fees that many Cardiologists bill are going up because they are billed by other Sections. In order to keep the total allocation at zero per cent, this means other fees need to go down. To be clear, *the total allocated to the Section on Cardiology will not go down*. There will be *no cuts* to the Section as a whole. But some individual fees will go up, and some

will go down.

In order to come up with the fairest way of making these changes, we tasked the Medical Services Payment Committee (MSPC) with the enormous responsibility of doing this for every Section. The timelines were tight as the MOH insisted they had to have a decision by December 18, 2019, in order to program their computers for April 1, 2020. I ask that you keep in mind that MSPC is a bilateral committee — half OMA and half MOH. For a decision to be made, both sides have to agree. If they don't agree, then we go to arbitration on those issues. By now, I believe all members are keenly aware of just how long arbitration takes.

In July, the MSPC sent letters to all Section executives outlining this process. In August, the MSPC surveyed members of each Section to see what fee codes were in need of change. On September 20, the Section executives were sent the survey results, and asked to provide input by October 14 (as mentioned the timelines were tight). This was to allow the OMA staff to model the effect of proposed changes on the members. It also allowed time for the MSPC to contact Sections as needed, to clarify their submissions. Our goal was to ensure that the fewest possible members had a negative impact.

The majority of Section executives provided feedback to the MSPC. The Cardiology Executive did not. As a result, the MSPC went through multiple modeling exercises, based on the survey results from your Section, and came up with the best possible recommendations they could for Cardiology. The final recommendations indicate that with these changes, in the Section of Cardiology:

- 287 physicians will see an increase in their income (average of $1,489, representing 0.28% of their billing)
- 312 will see a decrease (average of $1,017, representing 0.15% of their billing)
- The total aggregate payments to Cardiology as a Section remains the same
- Keep in mind this decrease would occur AFTER the return of the 4.45% clawback, i.e. if a physician billed $300,000 for services in 2017/18 – they would get $313,972 in 2019/20. IF they were to get an average percentage decrease, they would get $313,506 for those same services in 2020/21
- Additionally, there will be a 3.54% increase to all IHF and office-based technical fees on April 1, 2020. I believe this is of interest to the Section.

All the above numbers assume practice patterns stay static from the base year 2017/18 – i.e., you bill the exact same number and mix of services.

The specific changes recommended by MSPC for your Section are provided below and available online here.

Recommendations for all OMA Sections and Medical Interest Groups, along with background documents related to the MSPC, are available on the OMA website here.

I recognize there will still be some unhappiness with these recommendations. I can only assure you that the Board is committed to doing everything in its power to ensure we don't have to go through a process where any fee codes go down in the future.

As with all fee schedule changes, the MSPC recommendations will be submitted to Cabinet for final approval.

For more information, or if you have any questions, please contact mspc@oma.org.

Ontario's Doctors Rock!

Sohail Gandhi
OMA President

Section on Cardiology

April 1, 2020 Recommended OHIP Schedule of Benefits Fee Changes

Highlighted Fee Changes

Fee Code	Description	Current Fee Value	New Fee Value	Percent Change
G112	ECG - Stress Testing - Dipyramidole Thallium stress test - professional component	$75.00	$74.25	-1.00%
G319	ECG - Stress Testing - Maximal stress ECG - professional component	$62.65	$62.05	-0.96%
G262	Cardiovascular - Angiography - Transluminal coronary angioplasty - Each additional major vessel add	$212.45	$210.40	-0.96%
G263	Cardiovascular - Angiography - Selective coronary catheterization - With other drug interventional studies add	$97.40	$96.45	-0.98%
G297	Cardiovascular - Angiography - Angiography - Angiograms (only two angiograms may be billed - One per right heart catheterization and one per left heart catheterization) irrespective of the number of chambers injected.	$118.70	$117.55	-0.97%
Z434	Cardiovascular - Angiography - Transluminal coronary angioplasty - one or more sites on a single major vessel	$471.60	$467.05	-0.96%
Z440	Cardiovascular - Haemodynamic/Flow/Metabolic Studies - Left heart - Retrograde aortic	$210.55	$208.50	-0.97%

Fee Code	Description	Current Fee Value	New Fee Value	Percent Change
Z442	Cardiovascular - Angiography - Selective coronary catheterization - Both arteries	$289.55	$286.75	-0.97%

Critical Care fee changes

The MSPC recommends decreasing the value of the three Ventilatory Support codes G405, G406 and G407 by 5% and applying the savings as well as its virtual allocation to the three comparable Comprehensive Care codes G557, G558 and G559.

Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
G405	Critical Care - Ventilatory support (ICA) physician-in-charge - 1st day	$193.45	$183.80	-4.99%
G406	Critical Care - Ventilatory support (ICA) physician-in-charge - 2nd to 30th day, inclusive per diem	$101.55	$96.45	-5.02%
G407	Critical Care - Ventilatory support (ICA) physician-in-charge - 31st day onwards per diem	$67.60	$64.20	-5.03%
G557	Critical Care - Comprehensive Care (Intensive Care Area) - Physician-in-charge - 1st day	$325.40	$374.35	15.04%
G558	Critical Care - Comprehensive Care (Intensive Care Area) - Physician-in-charge - 2nd to 30th day, inclusive per diem	$213.50	$223.50	4.68%
G559	Critical Care - Comprehensive Care (Intensive Care Area) - Physician-in-charge - 31st day onwards per diem	$85.35	$113.00	32.40%

New Premium for Weekend and Holiday Subsequent Visits to Hospital Inpatients by the MRP, add 45%

When subsequent visits are provided on weekends and holidays by the MRP, the physician is eligible to claim Exxx for a 45% premium; This premium is to act as a substitute to using the current MRP premium E083 (30% premium).

The physician must be registered with OHIP as having one of the following designations:

00(Family Practice and Practice in General), 02(Dermatology), 07(Geriatrics), 12(Emergency Medicine), 13(Internal Medicine),15(Endocrinology & Metabolism), 16(Nephrology), 18(Neurology), 19(Psychiatry), 22(Genetics), 26(Paediatrics), 28(Pathology), 31(Physical Medicine), 34(Therapeutic Radiology), 41 (Gastroenterology), 44(Medical Oncology), 46(Infectious Disease), 47(Respiratory Disease), 48(Rheumatology), 60 (Cardiology), 61(Haematology), 62(Clinical Immunology).

<u>Other Fee Changes of Interest</u>

- **IHF and office-based technical fees –** to be increased by 3.54% (across the board)

- **Hospital inpatient MRP subsequent visits fees (C122, C123, C124, C142 and C143)** – to be increased by 4%.
- **GP/FP Time Based K-code fee increases** – to be increased between 8% and 25%.
- **Various Pulmonary Function Studies (J304/J306/J307/J310/J327/J332)** – to be increased by about 5.00%.
- **Surgical Assistant base unit fee** – to be increased by 1.74%.

Note: These codes represent fee codes most commonly billed by your Section. A comprehensive list of ALL recommended fee code changes is available on the OMA website here.

Notes:

1. The Schedule of Benefits changes listed above are recommended by the bilateral OMA-MOH Medical Services Payment Committee — Cabinet approval is pending.

2. Best efforts have been made to ensure the accuracy of information contained in this document. In the event of any errors, the Schedule of Benefits to be published April 1, 2020 is the definitive source. Further details about the Schedule will be available on the Ministry of Health OHIP Bulletins webpage here.

3. This update was sent to you based on your primary affiliation with an OMA Section. Fee code recommendations for all OMA Sections and Medical Interest Groups are available on the OMA website here.

Questions? Please email mspc@oma.org