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

I wanted to reach out to you personally and provide important information about recommended fee schedule changes specific to Internal Medicine 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. 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 about 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)*.

As a result of the award and the Hybrid process, the Section on Internal Medicine was awarded a 3.9% normative increase.

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.

In order to come up with the fairest way of making 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, including the Section Executive for Internal Medicine, provided feedback, which helped inform the MSPC recommendations. I thank the Section Executive for all their hard work.

The MSPC went through multiple modeling exercises and came up with the best possible recommendations they could for Internal Medicine. The final recommendations indicate that with these changes, in the Section on Internal Medicine:

- 1,725 physicians will see an increase in their income (average of $12,173, representing 3.92% of their billing).
- 39 physicians will see a decrease (average of $852, representing 0.20% of their billing). Keep in mind that 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 dollar decrease, they would get $313,334 for those same services in 2020/21.

The specific changes recommended by MSPC for your Section are provided below and also posted 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.

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

If you have any questions, or require additional information, please contact mspc@oma.org.

Ontario's Doctors Rock!

Sohail Gandhi
OMA President

Section on Internal Medicine

April 1, 2020 Recommended OHIP Schedule of Benefits Fee Changes

Highlighted Fee Changes

Hospital subsequent Visit Fee Increases

Fee code	Description	Current Fee Value	New Fee Value	Percent Increase
C132	Subsequent visits – first five weeks	$31.00	$32.65	5.32%
C137	Subsequent visits – sixth to thirteenth week inclusive (maximum 3 per patient per week)	$31.00	$32.65	5.32%
C139	Subsequent visits – after thirteenth week (maximum 6 per patient per month)	$31.00	$32.65	5.32%
C138	Concurrent care	$31.00	$32.65	5.32%
C122	Subsequent visits by the MRP – day following hospital admission assessment	$58.80	$61.15	4.00%
C123	Subsequent visits by the MRP – second day following hospital admission assessment	$58.80	$61.15	4.00%
C124	Subsequent visits by the MRP – day of discharge	$58.80	$61.15	4.00%
C142	Subsequent visits by the MRP following transfer from an ICU – first visit	$58.80	$61.15	4.00%
C143	Subsequent visits by the MRP following transfer from an ICU – second visit	$58.80	$61.15	4.00%

Automatic Premium for Office Assessments

A 12% premium for office assessments will be created and applicable to the following assessment codes:

- A133 Medical specific assessment
- A134 Medical specific re-assessment
- A131 Complex medical specific re-assessment
- A138 Partial assessment

The service must be provided in one of the following locations:

- Physician office
- Outpatient department located in hospital (other than the emergency department)

The premium is only applicable to physicians who are **singly** certified in Internal Medicine (13) and will be **automatically** applied to an eligible physician's claim for the identified assessment code.

Automatic Premium for Hospitalists

Physicians who provide a significant level of service to hospital inpatients, as a hospitalist, will be eligible for a premium.

Eligible physicians are identified with the following criteria:

- Provision of at least 1,500 core services, per annum; and
- Provision of at least one core service on at least 110 days of the year.

Core services consist of the following services:

- C122, C123, C124 (Subsequent visits by MRP)
- Subsequent visits C002 or the relevant subsequent visit code for the physician's specialty (e.g., C132 for Internal Medicine)
- C142, C143 (Subsequent visits by MRP following transfer from an ICU)
- Subsequent visits C007 and C009 and their comparable specialist codes for the sixth to thirteenth weeks and after the thirteenth week (e.g., C137 and C139 for Internal Medicine)
- A/C933 On-call admission assessment;
- C882/C982 palliative care subsequent visit
- E082 Admission Assessment by the Most Responsible Physician (MRP) Premium; and
- E083 Subsequent visit and palliative care visit by the MRP premium

Eligibility will be determined in a similar manner as focused practice psychotherapy premium. Eligible physicians will receive an additional 17% on their FY20/21 claims for the codes that are used to identify a hospitalist in the context of this premium.

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).

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%

Fee Code	Description	Current Fee Value	New Fee Value	Percent Increase
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%

Other Fee Changes of Interest

- **Various GP/FP Time Based K-code fee increases** – to be increased between 8% and 25%.
- **G700 Basic fee-per-visit premium for procedures marked(+)** – to be increased by 9.80%.
- **G512 Palliative Care case management fee** – to be increased by 8%.
- **G208 Allergy provocation testing and G197 Allergy skin testing (professional component)** – to be increased by 12% and 10%, respectively.
- **Various Pulmonary Function Studies** – to be increased by approximately 5%.
- **G382 Chemotherapy monthly telephone supervision fee** – to be increased by 3.76%.

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