

# OMA's Virtual Care Working Group FAQs

November 13, 2019 (Updated – April 28, 2021)

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**Note: This FAQ only includes information about virtual care related to the work of the Ministry-OMA Virtual Care Working Group – in particular, the expansion of direct-to-patient video visits via OTNinvite and changes to the telemedicine premiums, within the Ontario Virtual Care Program beginning in November 2019.**

**The Ontario Virtual Care Program is currently only open to the following physicians:**

- Family physicians in a patient enrolment model (PEM) for their rostered patients
- GP focus practice designated physicians
- Specialists

**For information on the expanded virtual care options in context of COVID-19 (i.e. outside of the Ontario Virtual Care Program, including the new temporary K codes for phone and video visits), please visit <https://www.oma.org/VirtualCare>**

**Please note some of the original timelines detailed in this FAQ may have been impacted.**

## **Introduction & Background**

Virtual visits have been enabled in Ontario since 2006 by the Ontario Telemedicine Network (OTN). The services have been limited to video visits and patients have been required to go to a host site, often at a health care facility.

Physicians and patients have been asking for expanded virtual care opportunities. In 2014, OTN launched a pilot study of video visits via the Home Video Visit pilot (through OTNinvite), where both physicians and patients can connect from any location within Ontario and use their own electronic devices. OTN has also launched pilots to study secure audio calls and electronic messaging.

Given the success of the pilot studies, a Virtual Care Working Group was struck in 2019 between the Ministry of Health (Ministry) and the Ontario Medical Association (OMA), with participation by OntarioMD and OTN, to explore the expansion of virtual care in Ontario.

A multi-phase plan to enhance virtual care in Ontario is being undertaken.

This document deals with Phase I, which enables more physicians and patients to hold direct-to-patient video visits anywhere in Ontario using their own devices via a secure link from OTN. Physicians using virtual video visits will be paid fees commensurate with clinical activity and equivalent to in-person care (i.e. bill the same as you would if the patient came to see you in-person). Given the maturation of video visit technology, use and access – especially physicians' ability to conduct a video visit from their own computer or smart phone – the telemedicine premiums no longer serve their original purpose and are thus being removed (with a time-limited exception to preserve access to care, such as for rural patients at a patient host site).

In Phase II and III, it is proposed that physicians be enabled to deliver a wider range of virtual visits (e.g. via secure electronic messaging and audio calls) and leverage the virtual care technologies that best meet their needs (e.g. technologies other than those currently offered by OTN) within the Ontario Virtual Care Program.

It is anticipated this unprecedented plan will significantly increase access to virtual care for all physicians and patients who seek to use it.

Please note:

- Only Phase I has been discussed by the Virtual Care Working Group and approved by the OMA Board and Minister of Health. Recommendations on Phase I were informed by feedback elicited via consultation with all constituency groups (Sections, Medical Interest Groups and Forums).
- Beginning November 15<sup>th</sup>, direct-to-patient video visits via OTNinvite will be rolled out in a staged approach, starting with family physicians in a patient enrollment model (PEM) for their rostered patients, specialists and GP focused practice designated physicians. The telemedicine premiums will be removed as of April 1, 2020 (with a time-limited exception to preserve patient access to care such as for rural patients at a patient host site).
- These FAQs have been developed to answer questions on Phase I of the virtual care plan. Questions have been grouped by theme or category within two sections: Direct-to-Patient Video Visits and Telemedicine Premiums. These FAQs will be updated as virtual care is developed and implemented.

### ***Key Contacts***

For billing related inquiries, please contact the Service Support Contact Centre at: 1-800-262-6524 or [SSContactCentre.MOH@ontario.ca](mailto:SSContactCentre.MOH@ontario.ca)

For specific questions about conducting direct-to-patient video visits via OTN, please contact: [info@otn.ca](mailto:info@otn.ca).

To register to be eligible to conduct video visits and to register for OHIP billing, please visit: <http://otnhub.ca>

For technical support, please contact: [techsupport@otn.ca](mailto:techsupport@otn.ca) or 1-855-654-0888

## **Direct-to-Patient Video Visits**

### ***A. About Direct-to-Patient Video Visits***

#### **1. What are direct-to-patient video visits?**

Direct-to-patient video visits are the delivery of clinical “visits” via secure videoconferencing (i.e. OTNinvite) to patients at their location of choice (e.g. home, office). The patient does not need to travel to see the physician in person, or to a patient host site (e.g. in a local health care location), and the patient often uses their own electronic device (computer/tablet/smartphone).

#### **2. What is OTNinvite?**

OTNinvite is a feature of OTN’s eVisit, a videoconferencing system that provides a mobile alternative to traditional OTN studio-based videoconferencing. Through OTNinvite, physicians can have a virtual video visit with their patients anywhere in Ontario. Patients receive an email invitation from their physician with a link to access at the scheduled date and time to begin their private video appointment. Both the physician and patient use their personal electronic device (computer/tablet/smartphone), which means the virtual video visit can take place from any convenient and secure location – a home or office – and there is no need to travel to a patient host site.

### ***B. Physician Use of OTNinvite***

#### **3. How do I conduct a direct-to-patient video visit?**

Physicians who are OTN members can access OTNinvite on the OTNhub. OTN membership and associated services are free for physicians who receive 50 per cent or more funding from the Ministry, a LHIN or OHIP. Physicians must register with the Ontario Virtual Care Program before they are eligible for the billing and payment of virtual care services via the claims processing system of OHIP. To register, physicians must complete the [OHIP Virtual Care Registration Form](#).

Physicians can begin delivering video visits in line with the Ontario Virtual Care Program requirements the day after this form is submitted to OTN. However, all claims must be held until you have received confirmation from OTN that you may start submitting claims to the Ontario Virtual Care Program via the OHIP claims processing system. Any claims submitted prior to receiving this confirmation will be rejected by the claims system and require re-submission.

Visit <https://otnhub.ca/> to join OTN and access video visits via OTNinvite.

To initiate a video visit via OTNinvite, a physician would send a patient an email invitation with a link to access at the scheduled date and time to begin their private video appointment. Physicians can also give the patient a unique “guest” PIN to use when joining the videoconference, as an additional security measure (only those with the PIN can join). At the time of the appointment, the patient would click on the link, insert their name (and PIN if given) and then join the videoconference.

The video visit must be conducted within Ontario – i.e. both the physician and patient must be physically within Ontario at the time of the virtual consultation.

For helpful resources, training and step-by-step guidance on conducting a video visit via OTNinvite: <https://support.otn.ca/en/connect-help>

#### **4. Do I have to use OTNinvite to provide video visits to my patients?**

OTNinvite is currently the only technology permitted for the delivery of direct-to-patient video visits within the Ontario Virtual Care Program. However, the Virtual Care Working Group is actively exploring enabling the use of other technologies.

#### **5. Am I eligible to conduct a direct-to-patient video visit?**

Eligibility for direct-to-patient video visits will be rolled out in a phased approach.

1. Currently, only the following physicians are eligible to provide direct-to-patient video visits:
  - i. Family physicians in patient enrollment models (PEM) for their rostered patients;
    - Any physician in the PEM can see any patient rostered to the PEM by direct-to-patient video visits.
  - ii. All specialists, including GP focused practice designated physicians when providing services associated with their designation (e.g. addiction medicine, pain management)<sup>1</sup>.
    - The GP focused practice designated physician must not be providing direct-to-patient video visits for routine primary care unless they are a PEM physician delivering care to patients rostered to their practice.
2. Following this initial phase, which will last approximately six to nine months<sup>2</sup>, eligibility for direct-to-patient video visits will open up to include:
  - iii. Other family physicians, if there is an established physician-patient relationship with an in-person, OHIP-insured visit in the last 24 months.
    - This will apply to all primary care scenarios other than PEM physicians with their rostered patients (i.e. non-rostered patients of family physicians in a PEM, patients of non-PEM physicians).

#### **6. Why are direct-to-patient video visits being implemented in a phased approach in primary care?**

Primary care direct-to-patient video visits are being enabled within established physician-patient relationships to support continuity of care. The OMA does not support fragmentation of care, which is why this program is being rolled out in this manner. The phased approach provides family physicians and rostered patients in a PEM who want to use virtual care, the opportunity for

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<sup>1</sup> For information on GP focused practice designation see: <https://www.oma.org/uploadedfiles/oma/media/member/membermappedpdfs/practice-professional-support/learning--development/gpfocuspackage.pdf>

<sup>2</sup> Please note some of the original timelines detailed in this FAQ may have been impacted.

sufficient uptake and establishment of virtual care as part of the primary care relationship so that these rostered patients will be less likely to seek outside use of virtual care.

**7. Will all patients need to be seen in-person once every 24 months to qualify for video visits?**

No, only patients who are not rostered in a PEM must be seen in-person within the last 24 months. Rostered patients of PEM physicians and all speciality visits (and GP focused practice designated physicians practicing within their designation) are not required to have an in-person visit in the last 24 months prior to the direct-to-patient video visit for the direct-to-patient video visits to be eligible for remuneration. This requirement will come into effect once video visits are enabled for non-rostered patients in six to nine months<sup>3</sup> and does not apply during this initial phase of rollout.

**8. Why is the time limit for seeing a patient in-person set at 24 months?**

The time limit of 24 months aligns with the recommendation by Health Quality Ontario that adults should have a physical checkup every two years.

**9. What are the benefits of direct-to-patient video visits?**

Direct-to-patient video visits allow physicians to connect with patients anywhere in Ontario from the convenience of their own computer in their office/clinic/home. Likewise, direct-to-patient video visits are convenient for patients, saving them travel time and allowing them to access care from anywhere.

A study of direct-to-patient video visits via OTN's Home Video Visit pilot found that both patients and providers were generally satisfied (70 per cent) with video visits, and providers believed the quality of care is the same or somewhat better than in-person care. Other benefits included avoiding missed or cancelled appointments.

**10. How will virtual care via video visits ensure continuity of care?**

Direct-to-patient video visits in primary care are being enabled initially only for rostered patients in a PEM and later (i.e. six to nine months<sup>4</sup>) for other situations where there is an established primary care physician-patient relationship. The specific patient must have been seen by the specific physician in-person within the last 24-months if they are not a rostered patient with a PEM seeing a physician in that PEM practice.

Ongoing monitoring and evaluation will also be undertaken to assess any unforeseen impacts and make any changes to the program if needed.

**11. Do I have to provide a patient with a direct-to-patient video visit if they request one?  
What if I believe the patient's condition is not suitable to have a video visit?**

Physicians are not required to provide virtual care services. A physician can decide whether to offer virtual care services to all their patients, or specific patients, or for specific clinical situations, or not at all. It is the physician's professional obligation as per [CMPA guidance](#) and the [CPSO Telemedicine policy](#) to determine if virtual care is appropriate for the specific patient encounter.

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<sup>3</sup> Please note some of the original timelines detailed in this FAQ may have been impacted.

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Even if a patient asks for a virtual visit, a physician can insist the patient come in for a visit if the physician believes that is clinically appropriate.

Video visits are a viable alternative for follow-ups or consultations with patients in specific situations, i.e. when an in-person physical exam by the physician is not needed.

### **12. How do I document a direct-to-patient video visit?**

Similar to an in-person visit, the virtual patient encounter must be documented into the patient's medical record as per the CPSO's [Medical Records policy](#) and [Telemedicine policy](#) and relevant legislative requirements.

## **C. Physician Compensation**

### **13. Will I be compensated for conducting a direct-to-patient video visit?**

Yes, physicians can claim the equivalent of the in-person service fee listed in the Schedule of Benefits for a direct-to-patient video visit via OTNinvite. This would be done in line with existing contracts.

There are, however, exceptions to the services physicians can claim as per the list of OHIP Schedule fee codes excluded from the Ontario Virtual Care Program.

Further information on virtual care billing is available in the Ministry's INFOBulletin [#4731](#) and [#4750](#) and [Billing Information Manual](#)

### **14. How do I bill for a direct-to-patient video visit?**

Physicians must register for virtual care billing privileges. To register, physicians must complete the [OHIP Virtual Care Registration Form](#)

Once they are authorized, physicians may submit claims via the OHIP claims system for video visits to be paid by the Ontario Virtual Care Program. Claims must:

- a) be from a physician who has submitted the registration form and been registered with the ministry for billing privileges in the OHIP claims system;
- b) be for services rendered where all participating physicians and patients are in attendance via an approved OTN video solution in Ontario;
- c) include the "OTN" SLI code to indicate that a consult was done as a video visit;
- d) include the applicable Virtual Care Program B-code (i.e. B103A or B203A); and
- e) not include fee codes for services excluded from the Virtual Care Program

Further information on virtual care billing is available in the Ministry's INFOBulletin [#4731](#) and [#4750](#) and [Billing Information Manual](#)

**15. Can a physician charge extra fees on top of the service fee for the video visit under the Ontario Virtual Care Program?**

The CPSO's policy on Uninsured Services: Billing and Block Fees states that physicians must not charge a block fee in order to cover administrative or overhead costs associated with providing insured services.<sup>5</sup> As such, this prohibition on block fees applies only to insured services. As virtual care within the Ontario Virtual Care Program is an uninsured service, this means that physicians may be able to charge a block fee or extra fee on top of the service fee for the video visit. However, it is not explicitly clear if it is permissible or prohibited. The CPSO policy and corresponding law does state, however, that any fees charged for uninsured services must be reasonable, and the physician must inform the patient of the fee prior to providing the uninsured service. What will be deemed "reasonable" is currently a grey area.

Further, please note the Ministry has not clarified whether the introduction of the temporary K codes as an insured service has rendered OTN (historically, an uninsured publicly funded service) as an insured service – in which case, user fees would not be permitted under the CPSO policy. As such, given the uncertainty of what is permitted at this time, there may be potential risk to charging user fees to patients.

**For Family Physicians in a Patient-Enrollment Model (PEM) with Rostered Patients – e.g. FHO, FHG, FHN, CCM, etc.**

**16. Can PEM physicians provide direct-to-patient video visits via OTN to non-rostered patients within the Ontario Virtual Care Program?**

Yes, PEM physicians will be able to provide direct-to-patient video visits to their non-rostered patients once eligibility is opened up following the initial phase for rostered patients.

**17. What happens if another physician provides direct-to-patient video visit to a rostered patient? Will this affect the PEM physician's access bonus, and if so, why?**

For at least the first six months following implementation, only family physicians in a PEM with rostered patients (in addition to specialists and GP focused practice designated physicians) are eligible to provide direct-to-patient video visits. As such, during this period, there will be no impact to the PEM physician's access bonus.

Following this initial phase and once eligibility is opened up to all other family physicians in six to nine months<sup>6</sup>, if another physician outside the practice provides video visits to a patient rostered to another physician, the access bonus will be reduced for PEM physicians whose rostered patients are seen by other family physicians virtually (through OTN). This is the same as when another physician now sees a rostered patient in-person.

However, unlike for an in-person visit, for a non-PEM physician to be paid for a virtual visit (and impact the access bonus of the PEM physician), the specific patient would have had to have been seen by the specific physician in-person within the prior 24 months.

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<sup>5</sup> <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Uninsured-Services-Billing-and-Block-Fees>

<sup>6</sup> Please note some of the original timelines detailed in this FAQ may have been impacted.

Further, if a patient rostered to a PEM has a direct-to-patient video visit with another physician within that PEM practice, there is no access bonus impact.

The OMA had requested that the Ministry revise the monthly Outside Use Report to allow PEM physicians to track outside use of virtual visits and assist them in managing their roster and deciding whether to offer virtual care. As of April 2020, the SLI column on the Outside Use Report will now show "OTN" for any core service accessed by an enrolled patient through an OTN virtual visit. For more information, see [Ministry INFOBulletin #11236](#).

Impacts on the access bonus of PEM physicians will be closely monitored throughout the evaluation period. A targeted review of the impact of the policy changes on the access bonus of PEM physicians will be conducted six months after non-PEM physicians, and PEM physicians with non-rostered patients, are allowed to deliver direct-to-patient virtual visits to patients they have seen in person in the last 24 months.

#### **18. Will patients who are seen virtually by GP focused practice designated physicians impact PEM physicians' access bonus?**

As with face-to-face encounters, virtual visits by GP focused practice designated physicians will not cause negation to the access bonus. Also, as with face-to-face encounters, virtual claims for in basket services provided by physicians who do not have a GP focused practice designation will result in negation to the access bonus.

### ***D. Digital Requirements, Privacy & Security***

#### **19. What technical specifications do I need on my phone/tablet/computer to conduct a video visit? Will I need to upgrade my technology?**

OTNinvite works with most software. However, OTN recommends that both you and the patient use Chrome or Firefox as your browser for the service.

The minimum requirements to use OTNinvite are:

- A reliable Internet connection
- A device for video calls. This includes either:
  - A PC or MAC computer with a camera, microphone, and speaker (either embedded or attached), or
  - An iPhone/iPad or Android smartphone/tablet with the [Pexip Infinity Connect app](#) installed

Note: Before scheduling video visits with your patients, test your device and ensure it meets OTNinvite system requirements. [Check OTN Video Visits Technical Requirements \(pdf\)](#).

#### **20. What about privacy and security issues?**

OTN's video visits are fully encrypted and secure to allow for private and secure video visits.

For further privacy and security recommendations: <https://dropbox.otn.ca/pcvc-help/otn-evisitv-privacy-security.pdf>

### ***E. Monitoring and Evaluation***

#### **21. Will there be monitoring and evaluation of direct-to-patient video visit use?**

Yes, a pilot study of direct-to-patient video visits, the Home Video Visits pilot, has been conducted and evaluated. In addition, there will also be ongoing monitoring and evaluation to understand the impact, including use, benefits and unintended consequences/issues that may arise from this policy change. This will inform reviews of the policy.

### ***F. Supports for Physicians***

#### **22. Who do I contact if I have issues with conducting a direct-to-patient video visit? / Where can I learn more about direct-to-patient video visits?**

OTN provides a full suite of resources on direct-to-patient video visits:

<https://support.otn.ca/en/connect-help>.

For step-by-step instructions, watch the [OTN video on creating and sending an OTNinvite](#)

For questions about direct-to-patient video visits, please contact: [info@otn.ca](mailto:info@otn.ca)

For technical support, please contact: [techsupport@otn.ca](mailto:techsupport@otn.ca) or 1-855-654-0888

#### **23. What resources are available for patients?**

Patients can be given the following link to inform them of direct-to-patient video visits via OTNinvite: <https://otn.ca/patients/evisit/>

### ***G. Other***

#### **24. Are patient host sites being removed/eliminated?**

No. Those patients who do not have access to a smartphone/computer, or who require support, such as a nurse or medical devices, can still use patient host sites.

#### **25. Is providing virtual care within the Ontario Virtual Care Program an insured service?**

No, since 2006, when virtual visits were made available via OTN, virtual care within the Ontario Virtual Care Program (previously called the Telemedicine Program) has been a publicly funded service. It is not part of OHIP/Schedule of Benefits and is thus technically considered uninsured (yet still publicly funded).

*Please note the Ministry has not clarified whether the introduction of the temporary K codes as an insured service has rendered OTN (historically, an uninsured publicly funded service) as an insured service.*

**26. Will video visits be included in the Schedule of Benefits?**

No changes are being made to the OHIP Schedule of Benefits for the introduction of direct-to-patient video visits via OTNinvite. See question 14 for how to bill for a direct-to-patient video visit.

**27. What if I want to use non-OTN technology instead and bill the Ministry?**

OTNinvite is currently the only video visit technology permitted for video visits that are to be remunerated within the Ontario Virtual Care Program. Claims should not be submitted to the Ontario Virtual Care Program if OTN video visits have not been used. However, the Virtual Care Working Group is actively exploring allowing video visits by other technologies in the near future.

**28. What about electronic messaging and audio call modalities?**

The Virtual Care Working Group is actively exploring enabling virtual visits by electronic messaging and audio call in the near future.

**Telemedicine Premiums**

**29. What are the telemedicine premiums?**

The telemedicine premiums were introduced more than 10 years ago to account for the extra time required for physicians to travel to an OTN telemedicine studio. They were paid to physicians on top of the OHIP service fee codes and billed separately as a flat fee (a "B" prefix code billed at \$35 for the first patient encounter and \$15 for subsequent patient encounters in a day). Premium codes were also available for cancelled/missed appointments and technical difficulties.

**30. When were the telemedicine premiums removed?**

The telemedicine premiums have been discontinued as of April 1<sup>st</sup> 2020 (see question 34 and 36 for exceptions).

**31. Why were the telemedicine premiums removed?**

The telemedicine premiums were introduced more than 10 years ago to account for the extra time required for physicians to travel to an OTN telemedicine studio.

Given the maturation of video visit technology, use and access – especially physicians' ability to conduct a video visit from their own computer or smart phone – the telemedicine premiums no longer served their original purpose.

**32. Have the telemedicine premiums been replaced with another code?**

Yes, as of April 1, 2020, the only eligible Ontario Virtual Care Program B-codes are the following two tracking codes:

- B103A: \$0.00 Hosted Video Visit – patient attending at a patient host site
  - Synchronous video visits with a patient who is physically located and supported at a patient host site during the clinical encounter.

- B203A: \$0.00 Direct-to-Patient Video Visit
  - Synchronous video visits with a patient in the home or another location of their choice (i.e. the patient is not at a patient host site).

All previous Virtual Care Program codes (i.e. B100A, B101A, B102A, B200A, B201A, B202A, B099A) have been discontinued, and are invalid for services delivered post April 1, 2020. Claims submitted with the old codes will only be successful if the video visit occurred on or before March 31, 2020.

Claims for direct-to-patient video visits should be submitted with the appropriate OHIP Schedule of Benefit service fee code, the Virtual Care Program B203A tracking code, and the Service Location Indicator (SLI) set to "OTN". For further information, see [Ministry INFOBulletin #4750](#).

### **33. Are there be any exceptions to the removal of the premiums? (Updated)**

To smooth the transition from the telemedicine premiums and maintain patient access to care:

- Physicians delivering hosted video visits to rural patients (i.e. rural patients at a patient host site) will receive a \$15 premium payment per completed hosted video visit for one year (i.e. until March 31, 2022, extended for another year, instead of ending March 31, 2021) to allow for a longer transition phase for those providing hosted video visits to rural patients. See question 34 for more information.
- Physicians were invited to send their feedback to the Ministry-OMA Virtual Care Working Group through the Telemedicine Premium Removal Feedback Form (November 15, 2019 – January 24, 2020) which informed consideration of further mitigation. See question 36 for more information.

### **34. What about the adverse impacts of the premium removal on vulnerable patient populations, such as rural patients? (Updated)**

Given the feedback from many OMA constituency groups that removal of the premium could disproportionately impact vulnerable patients in rural communities, a transitional rurality exception has been developed. Physicians delivering hosted video visits to rural patients (i.e. rural patients at a patient host site) will receive a premium payment per completed hosted video visit for one year (i.e. until March 31, 2022, extended for another year, instead of ending March 31, 2021). This a time-limited exception to give physicians the opportunity to transition their virtual care practice to operate without the premiums. This payment will be delivered as batch payments, which means that B103A will pay at \$0.00, but there will be periodic payments of the premium to physicians. Further details will follow by the Ministry prior to the first batch payment.

A rural patient is defined as a patient from a community that has a Rurality Index of Ontario (RIO) score of 45+, as identified by their postal code. The RIO score of a postal code can be found here: [OMA RIO Postal Code Look-Up](#).

It is anticipated this time-limited exception will significantly reduce the unintended consequences of the premium removal on rural patients and will support continued access to care during this time of transition.

**35. How do I know if my patient lives in a community eligible for the premium exception?**

The rurality exception applies to patients from a community that has a Rurality Index of Ontario (RIO) score of 45+, as identified by their postal code. The RIO score of a postal code can be found here: [OMA RIO Postal Code Look-Up](#).

**36. I submitted concerns that the premium removal would have significant impact access to care for my patients via the feedback form. What are next steps?**

Based on extensive feedback from OMA constituency groups, a mitigation process was established to manage concerns that the premium removal will significantly impact patient access to care (that is not already covered by the rurality exception).

Physicians were invited to send their feedback to the Ministry-OMA Virtual Care Working Group through the Telemedicine Premium Removal Feedback Form (November 15, 2019 – January 24, 2020) which informed consideration of further mitigation.

Physicians who provided feedback will be informed by the Ministry regarding the outcome of their submission.