

Term:

- ❖ A 4-year term for new PSA, from April 1, 2017 to March 31, 2021

Physician Services Budget (PSB):

- ❖ NO cap
- ❖ This means government, and not doctors, will be responsible to fund the physician services that Ontarians require

Normative Compensation Increases:

- ❖ Effective April 1, 2017 – 0.75% global payment increase (excluding only hospital technical fees and OPIP)
- ❖ Effective April 1, 2018 – 1.25% global payment increase (excluding only hospital technical fees and OPIP)
- ❖ Effective April 1, 2019 – 0.5% global payment increase (excluding only hospital technical fees and OPIP)
- ❖ Effective April 1, 2019 – 0.5% used to remove the 0.5% payment discount from the 2012 PSA*
- ❖ Effective April 1, 2020 – 1.0% global payment increase (excluding only hospital technical fees and OPIP)
- ❖ **Allocation to Specialties to occur in Phase II**

- ❖ **The above increases are on top of any increases in spending resulting from utilization**

Redress:

- ❖ Effective April 1, 2019 – elimination of the unilateral 2015 2.65% non-fee for service and 3.95% fee-for service payment discounts*
- ❖ No changes to previous targeted unilateral cuts

* **For clarity – this means that all payment discounts (4.45% FFS and 3.15% NFFS) will cease effective April 1, 2019**

Appropriateness:

- ❖ Bilateral committee to discuss and agree on reducing the provision of medically unnecessary or inappropriate medical services without compromising patient access to medically necessary services.
- ❖ Identify \$100M in changes by May 1, 2019 for the 2019/20 fiscal year
- ❖ Identify \$360M in changes by September 30, 2019 for the 2020/21 fiscal year
- ❖ Fees can NOT be set, changed or reduced to address appropriateness.
- ❖ If parties cannot agree on whether a service is appropriate or the total value of the inappropriate services, the board of arbitration will decide
- ❖ No tracking of potential savings resulting from appropriateness changes, i.e. no adverse consequences for the profession under the 2017-21 PSA if government claims that the appropriateness changes do not achieve the estimated value of the changes

Primary Care:

- ❖ Status quo – no change to any PEM agreements including FHO agreements; no change to managed entry (remains at 20 per month in areas of high needs)
- ❖ Multi-Stakeholder Primary Care Working Group to examine and make recommendations regarding access and quality issues, walk-in clinics and complexity modifiers for both capitated and non-capitated practices to PSC by July 1, 2020

Other issues:

- ❖ AHSC AFP Innovation Fund to be increased by an additional \$7.5 million effective April 1, 2019, and by a further \$2.5 million effective April 1, 2020
- ❖ The parties to continue to mediate on the OMA's additional technical fees proposal, and NOSM and AHSC proposals for rightsizing the teaching and clinical repair funds
- ❖ All other proposals by either party, including governments' proposal for cuts due to technological change, are dismissed.