



Ontario  
Rheumatology  
Association

## Summary of changes to Ontario physician services payments for 2015

The Ministry of Health and Long Term Care will be unilaterally implementing changes to physician services payments commencing Feb 1, 2015. Changes pertinent to the section of Rheumatology include, but may not be limited to, the following:

- 1) The Ministry will apply a **2.65% discount** to all fee for service physician payments (this is over and above the existing **0.5% discount** as per the 2012 Physician Services Agreement). The Ministry will apply the 2.65% discount commencing May 1, 2015 for non-fee-for-service payments.
- 2) The section of Rheumatology will still be eligible for Chronic Disease Assessment Premiums (E078), but physicians must bill using the Rheumatology specialty code 48. Internal Medicine, Cardiology, Gastroenterology, and Nephrology will no longer be eligible.
- 3) Hospital on call coverage (HOCC) funding will be frozen at current levels - this means that new groups (including those waiting approval) will not be approved nor will additions to existing HOCC groups be permitted. In addition, HOCC per diem one time payment to provide additional compensation for HOCC Groups with less than five physicians providing additional coverage above their minimum on call coverage requirements will not be paid.
- 4) The ministry has established a fixed amount of spending on the whole of physician services. If spending is higher than planned, the Ministry intends to recover this money from physicians at the end of the second and third year.

Further information on potential impact of the Ministry action is available at the OMA website, members' section (<https://www.oma.org/Member/Pages/default.aspx>) under the heading "Unilateral Action - Government Imposed Cuts". Alternate Payment Plan/Alternate Funding Arrangement physicians are encouraged to review the background, "Impact on Non-fee-for-Service Payments: APPs, AFAs and Programs".

It is unclear how the Ministry intends to implement all of its changes. Further communication will follow once more information becomes available.

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