Ontario Medical Association

Submission to the College of Physicians and Surgeons of Ontario's Consultation on The Uninsured Services policy

May 2017

Submission to the College of Physicians and Surgeons of Ontario's Consultation on "Uninsured Services: Billing and Block Fees"

The OMA appreciates the opportunity to comment on the CPSO's draft revised policy, "Uninsured Services: Billing and Block Fees." Please see our comments below.

1. Reference to practicing altruistically by helping patients understand their options regarding payment (line 20-21):

The OMA believes that it is inaccurate to describe the duty a doctor has to a patient as altruistic. Altruism speaks to acting charitably versus providing a professional service. Physicians must practice in the best interests of their patients with respect to care, but should not be expected to equate this with a charitable act in terms of their job and livelihood.

2. Reference to physicians being required to describe the differences between uninsured and insured options line (100-102).

The OMA submits that Section1(1)(13) of the Professional Misconduct Reg. is not meant to address the offering of uninsured services to patients. It speaks more generally to the professional obligation to provide factually accurate information to patients. Hence, we don't understand the connection between s. 1(1)(13) and this policy.

3. Reference to medical appliances and products (line 103).

The OMA does not believe that this reference relates to a service. It should not be included here, as it confuses the difference between the provision of an uninsured service and the selling of a product or device.

4. Reference to physician availability to answer questions and offer explanations regarding fees (line 17-108)

The OMA submits that this is an unnecessarily onerous administrative obligation for physicians. There is no reason why the physician's staff cannot provide this information to patients. Staff can provide this information as agents of the physician.

5. Reference to informing patients about fee options (lines 109-111)

The OMA submits that "informing" is not the appropriate word to use here. Answering questions when required is more appropriate phrasing. Physicians do not have the time or administrative capacity to personally explain the uninsured services policy to each patient.

6. Reference to a system that facilitates the cancellation process (lines 120-13).

The OMA finds this unclear and confusing. We do not understand what this means. For example, what type of cancellation system is being contemplated here? Why wouldn't calling the office be sufficient? Also, what does "have been available to see the patient at the time of the appointment" mean? This process should be clarified and outlined in detail.

7. Reference to fees reflecting the cost incurred and being able to justify the amount billed (line 125).

The OMA is confused and unclear about the phrase “cost incurred.” What is meant by cost incurred? Does it include the lost opportunity to bill for the service that was cancelled? This should be clarified.

8. Reference to physicians collecting fees with sensitivity and tact and in accordance with privacy legislation (lines 135-137)

The OMA believes this reference to “sensitivity” and “tact” is unnecessary and unhelpful. It may be perceived by physicians as inflammatory as it questions their professionalism.

9. Reference to the nature of the patient-physician relationship (lines 146-148).

The OMA is unsure what this means and requests clarification.

10. Reference to “terminating” a patient at line 162.

The OMA requests that this be changed to "terminate the physician-patient relationship."

11. Reference to the physician being personally available to discuss the policy (Footnote 33).

The OMA submits that the physician’s office staff, as agents of the physician, are qualified to answer these questions in most circumstances. Physicians do not have the time or administrative capacity to answer all questions personally.

12. Reference to physician availability regarding a discussion as to whether payment is in patient’s best interest.

The OMA believes this is an excessive responsibility as the physician is not in a position to assess each individual’s financial circumstances nor their needs for block fee services in a given year. For example, how would a physician know how many doctor’s notes a patient may need in a year to justify a block fee versus paying for each item? It is also an inappropriate use of the physician’s time, taking the physician away from providing clinical care.

As a general comment, OMA would like to point out that this is an area that generates many questions from physicians. The current guide provides insufficient guidance on the specifics of charging and collecting fees for uninsured services and block fees. We are concerned that the new policy continues to be vague in terms of specifics. Although the new policy provides more detail regarding uninsured services and block fees generally, we are concerned that the new detail does not provide concrete, specific guidance in terms of answering legitimate physician confusion and questions on these issues.

Thank you for considering these comments.