Uninsured Services: Billing and Block Fees
Online Survey Report

From the General Consultation on the Draft Policy

March – May, 2017

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

QUALITY PROFESSIONALS • HEALTHY SYSTEM • PUBLIC TRUST

Introduction

The College's draft *Uninsured Services: Billing and Block Fees* policy was released for external consultation between March and May, 2017. The purpose of this consultation was to obtain stakeholders' feedback to help ensure that the final policy reflects current practice issues, embodies the values and duties of medical professionalism, and is consistent with the College's mandate to protect the public.

Invitations to participate in the consultation were sent to a broad range of stakeholders, including the entire CPSO membership, and a notice was posted on the CPSO website and social media platforms.

Feedback was collected via regular mail, email, an online discussion forum, and an online survey. In accordance with the College's posting guidelines, all feedback received through the consultation is posted online.

This report summarizes only the stakeholder feedback that was received through the online survey.

Caveats

69 respondents initiated the survey, however, 4 failed to provide responses to any substantive questions (*Table 1*). For the purposes of this report, these four surveys are considered incomplete, and have not been included in the results reported.

Note: *Participation in this survey was voluntary, and one of a few ways in which feedback could be provided. As such, no attempt has been made to ensure that the sample of participants is "representative" of any sub-population.*

Table 1: Survey status

Summary of surveys received	n = 69
Complete or partially complete	65
	94%
Incomplete	4
	6%

- The ***quantitative*** data captured in this report are complete, and the number of respondents who answered each question is provided.
- The ***qualitative*** data captured in this report are a summary of the general themes or ideas conveyed through the open-ended feedback. Where reported, stakeholder feedback to open-ended questions has been paraphrased.

Profile of respondents

7 in 10 survey respondents were physicians (*Table 2*).

And nearly all were residents of Ontario (*Table 3*).

Table 2: Respondent demographics

Are you a…?	n = 65
Physician (incl. retired)	47
	72%
Medical Students	0
	0%
Member of the Public	9
	14%
Other health care professional (incl. retired)	2
	3%
Organization*	1
	2%
Prefer not to say	6
	9%

Table 3: Respondent location

Do you live in…?	n = 65
Ontario	59
	91%
Rest of Canada	3
	5%
Outside Canada	0
	0%
Prefer not to say	3
	5%

*Organization Respondents:
Credit Valley Family Health Team

Part 1: Policy questions

The following questions assess respondents' opinions of key expectations contained in the draft policy.

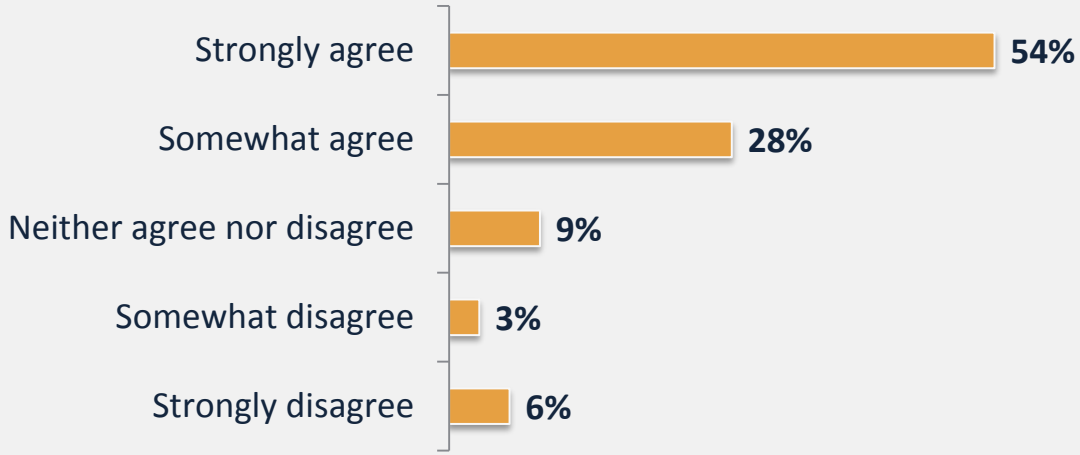
As they did not require respondents to have read the draft policy, the questions in this section were posed to all respondents.

Note: *In some cases, in order to provide respondents with relevant context, additional detail was provided in the survey. For the sake of brevity, this additional contextual detail is not always reproduced in this report.*

Q4. "Please indicate the extent to which you agree or disagree that it is important for physicians to take an active role in educating patients about uninsured services and the fees associated with them."

Overall, respondents agreed (either *strongly* or *somewhat*) that it is important for physicians to actively educate patients about uninsured services and the fees associated with them (*Figure 1*).

Figure 1: Importance of Educating Patients

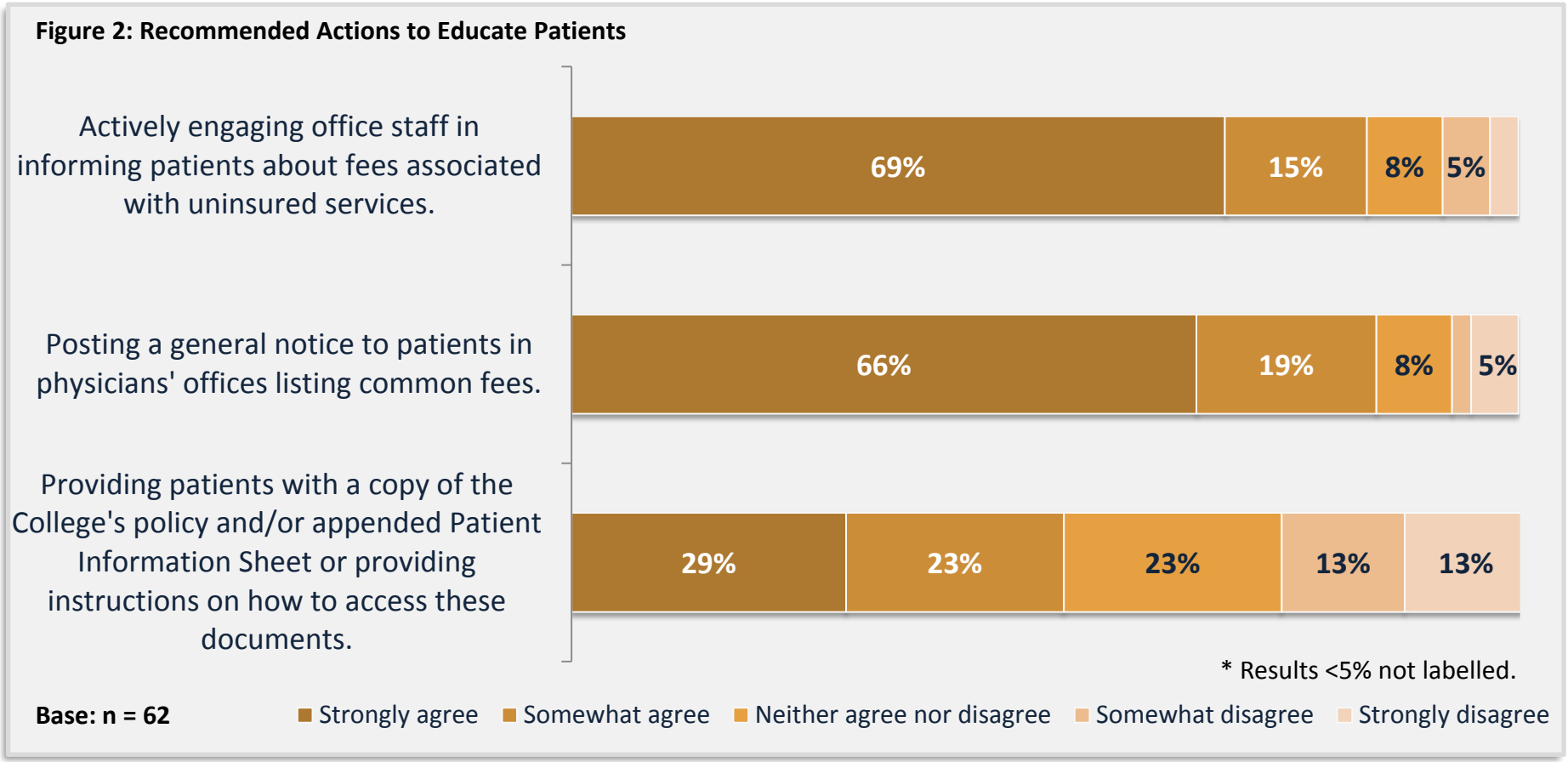


Base: n = 65

Q5. "Please indicate the extent to which you agree or disagree with each of the following recommended actions:"

Over eight-in-ten respondents agree (either *strongly* or *somewhat)* with utilizing office staff to educate patients (84%) and posting a notice in the physician's office (85%), but fewer support physicians providing patients with a copy of the policy or the appended Patient Information Sheet (52%) (*Figure 2*).

Figure 2: Recommended Actions to Educate Patients



Q6. “Please feel free to elaborate on your answers above (Optional).”

22 respondents provided feedback with respect to actions physicians can take to support patient education:

Below is a summary of the key feedback received. Comments have not been reproduced verbatim.

- Providing patients with the College policy was viewed as unnecessary and overly burdensome on physicians.
- Agreement regarding the utilization of staff and posting a notice in the office was offered.
- Physicians should be alive to literacy or comprehension issues when posting information in the office.
- Physicians are not compensated for educating patients. As such, the government or College should be responsible for education.

Q7. "Are there any other steps physicians should take in order to support patient education about uninsured services and fees for those services? (Optional)"

24 respondents provided feedback with respect to additional steps physicians can take to support patient education:

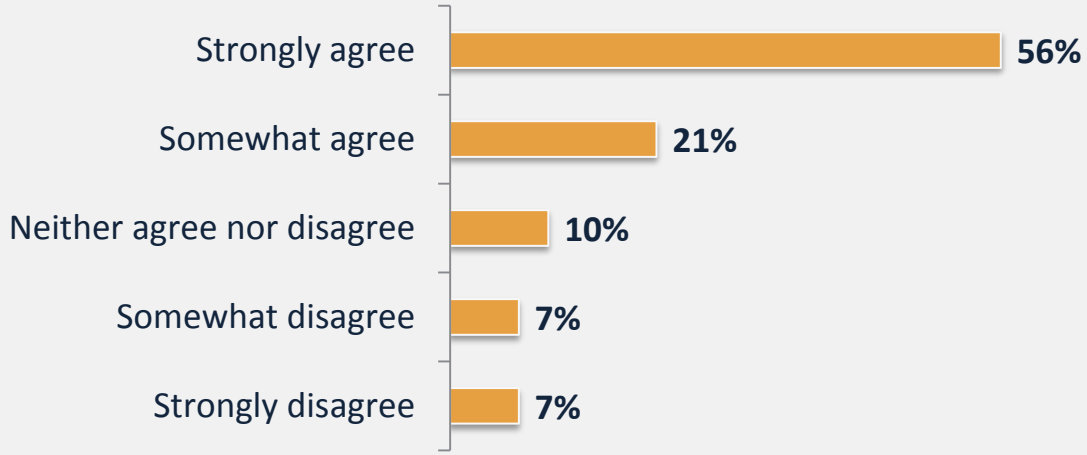
Below is a summary of the key feedback received. Comments have not been reproduced verbatim.

- The value of posting information in the office, utilizing office staff, and informing patients at the point of care were all reiterated.
- Additional proposals included utilizing technology (e.g., social media, website, office television) to communicate fees.
- The responsibility of government to educate patients was also reiterated.

Q8. "To what extent do you agree or disagree with the requirement that fees for uninsured services be reasonable?"

Nearly eight in ten (77%) respondents agreed (either *strongly* or *somewhat*) that fees for uninsured services should be reasonable (*Figure 3*).

Figure 3: Reasonable Fees

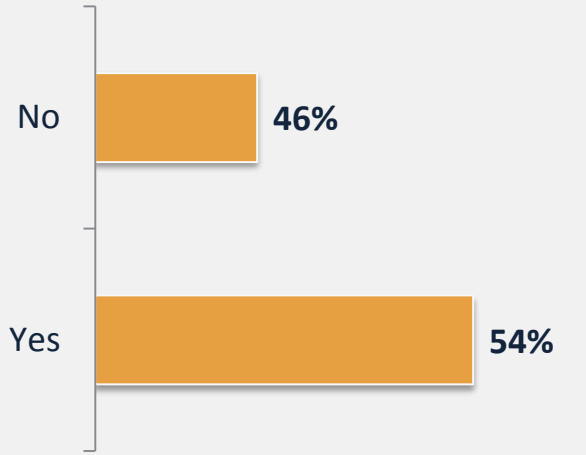


Base: n = 61

Q9. "Are there other factors that play into what constitutes a reasonable fee and that should be captured by the policy?"

Just over half (54%) of respondents felt there were factors in addition to the nature of the services and the patient's ability to pay that should determine what is reasonable (*Figure 4*).

Figure 4: Additional Factors that Determine Reasonableness



Base: n = 61

Some respondents reiterated the importance of considering the patient's ability to pay.

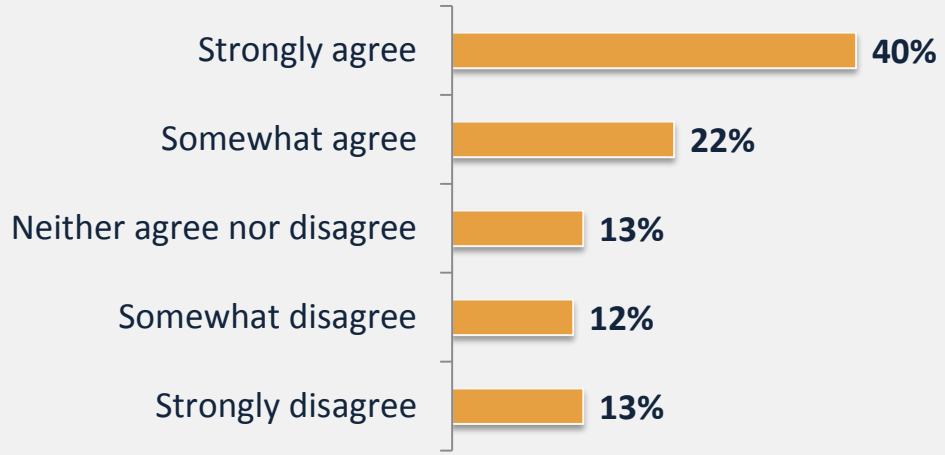
New suggestions included, considering:

- The time involved;
- Whether there is an OHIP comparator; and
- The urgency of the request.

Q10. "To what extent do you agree or disagree with the requirement to consider the patient's ability to pay?"

Six-in-ten (62%) respondents agreed (either *strongly* or *somewhat*) that physicians must consider the patient's ability to pay when charging patients for uninsured services (*Figure 5*).

Figure 5: Patient's Ability to Pay



Base: n = 60

Q11. “Please feel free to elaborate on your answers above. (Optional)”

32 respondents provided feedback on the requirement that physicians consider the patient’s ability to pay:

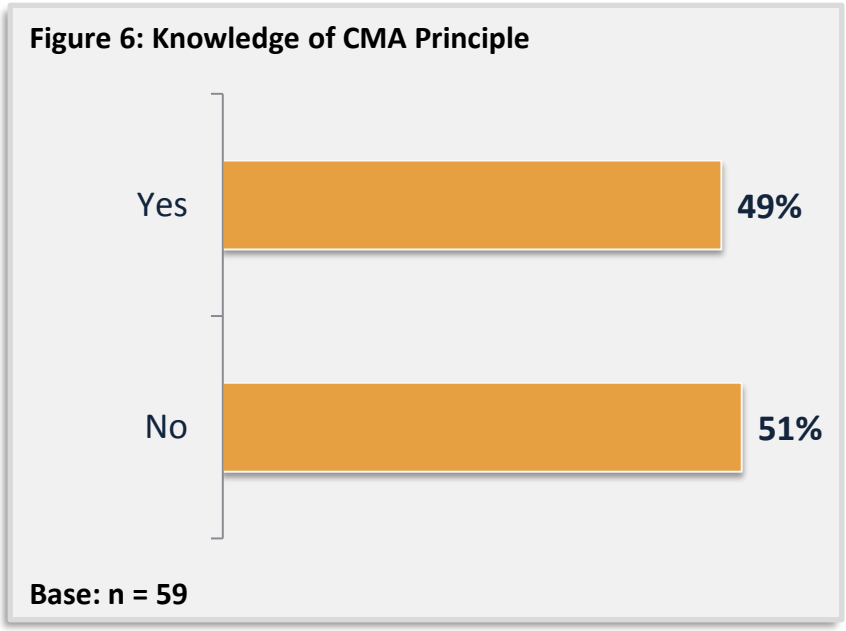
Below is a summary of the key feedback received. Comments have not been reproduced verbatim.

- Respondents expressed concern over physicians’ ability to judge their patients’ ability to pay.
- Fairness to physicians was also identified as a concern, as it may be inappropriate to ask professionals to work for free.
- Some reiterated that fees should be adjusted for those patients who need care, but are simply not in a position to pay for it.
- Concern was raised about those who abuse the system or that may abuse the system if fees are reduced or if they know that fees can be reduced.

Q12. "The Canadian Medical Association's Code of Ethics states that "In determining professional fees to patients for non-insured services, consider both the nature of the service provided and the ability of the patient to pay." Before today, were you aware that the Canadian Medical Association sets out this ethical principle?"

Respondents are nearly equally divided in terms of their knowledge of Canadian Medical Association's ethical principle relating to fees for uninsured services (*Figure 6*).

Figure 6: Knowledge of CMA Principle

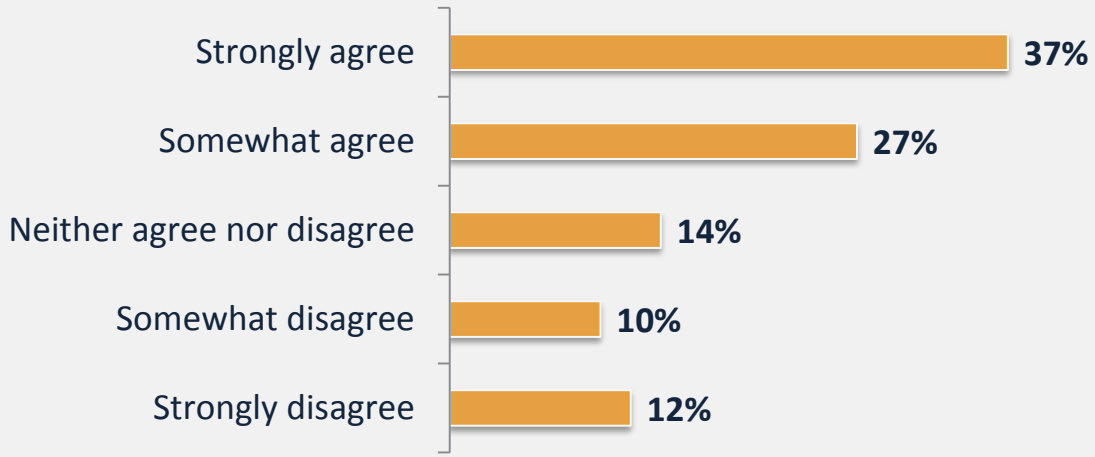


Base: n = 59

Q13. "In light of the Canadian Medical Association's position, please consider again the extent to which you agree or disagree with the draft policy requirement that physicians consider the patient's ability to pay."

Informing respondents of the CMA principle had little impact on agreement with the requirement that physicians consider the patient's ability to pay, as just over six-in-ten (64%) still agree (either *strongly* or *somewhat*) with this requirement (*Figure 7*).

Figure 7: Patient's Ability to Pay

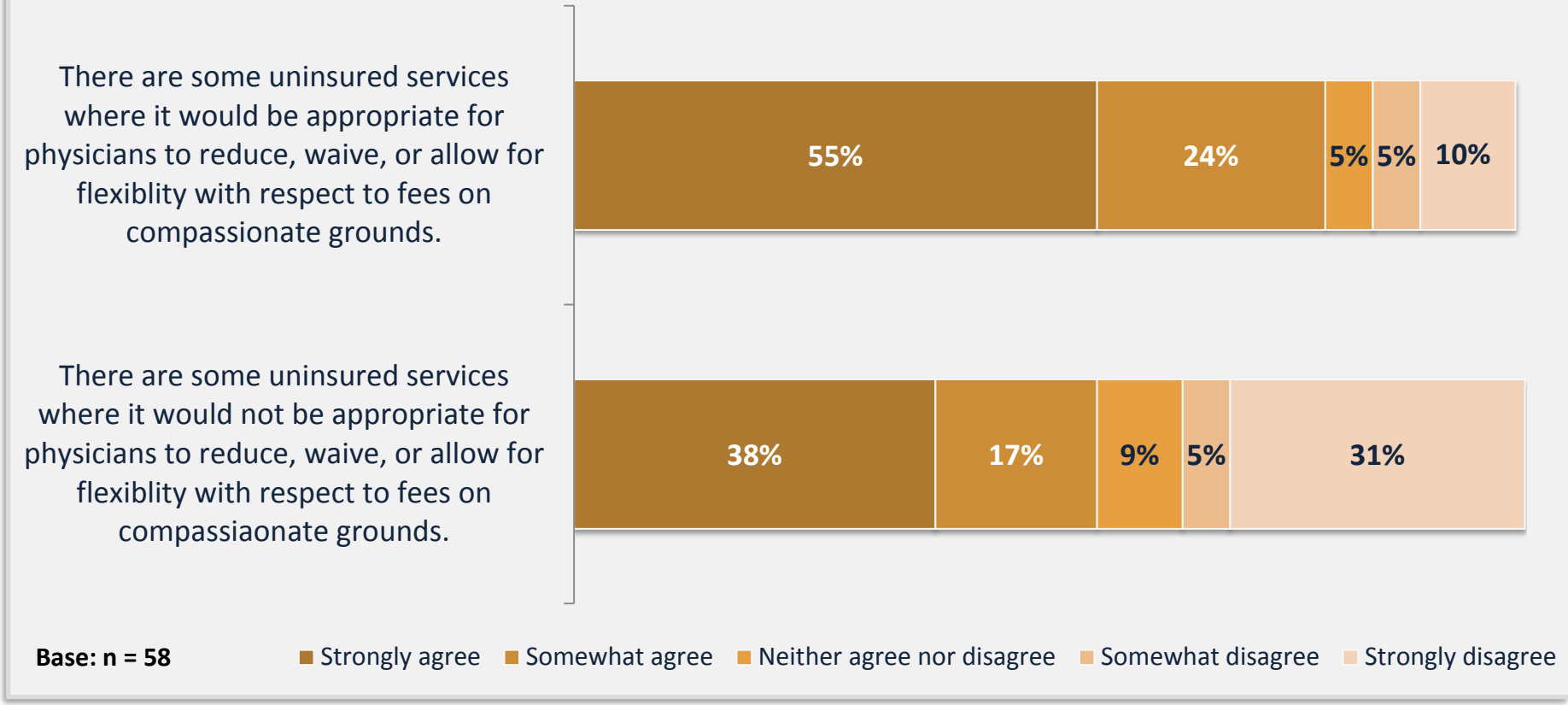


Base: n = 59

Q14. "To what extent do you agree or disagree with each of the following statements:"

Nearly eight-in-ten (79%) agree that there are uninsured services where it would be appropriate to reduce fees and over half (54%) agree that there are uninsured services where it would not be appropriate (*Figure 8*).

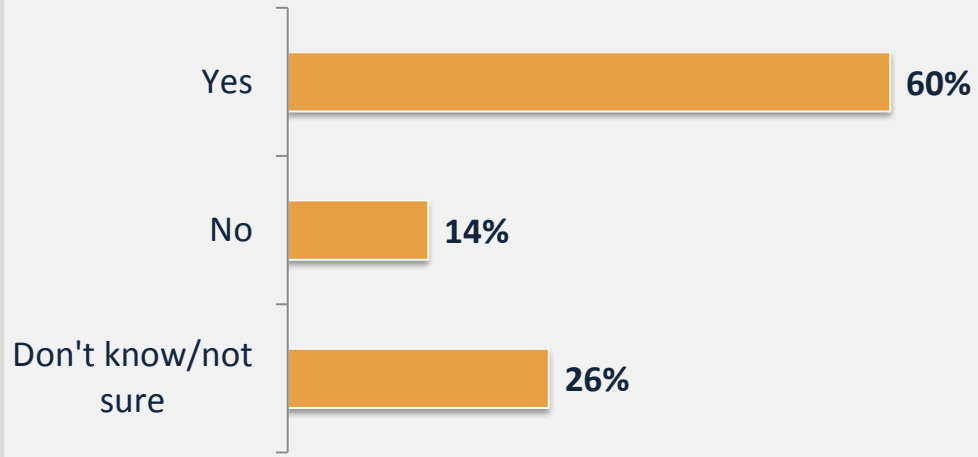
Figure 8: Context Dependency of Considering Patient's Ability to Pay



Q15. "There may be some uninsured services where it would not be appropriate for physicians to reduce, waive, or allow for flexibility with respect to fees on compassionate grounds. Is the draft policy clear that physicians must use their judgement to make this determination on a case-by-case basis?"

A majority (60%) of respondents agree that the draft policy is clear that assessing whether to reduce, waive or allow for flexibility with respect to fees is a determination that is made on a case-by-case basis (*Figure 9*).

Figure 9: Importance of Educating Patients

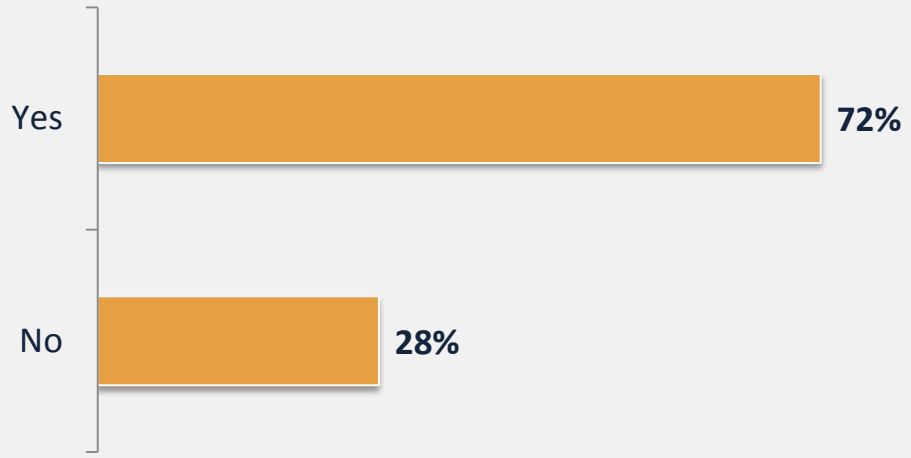


Base: n = 57

Q16. "Before today, did you know that physicians (with the exception of psychotherapists) are only permitted to charge patients for cancelled appointments where less than 24 hours notice is given?"

Over seven-in-ten (72%) respondents knew that physicians are only permitted by law to charge for cancelled appointments when less than 24 hours notice is given (*Figure 10*).

Figure 10: Knowledge of Legal Restrictions on Charging for Cancelled Appointments

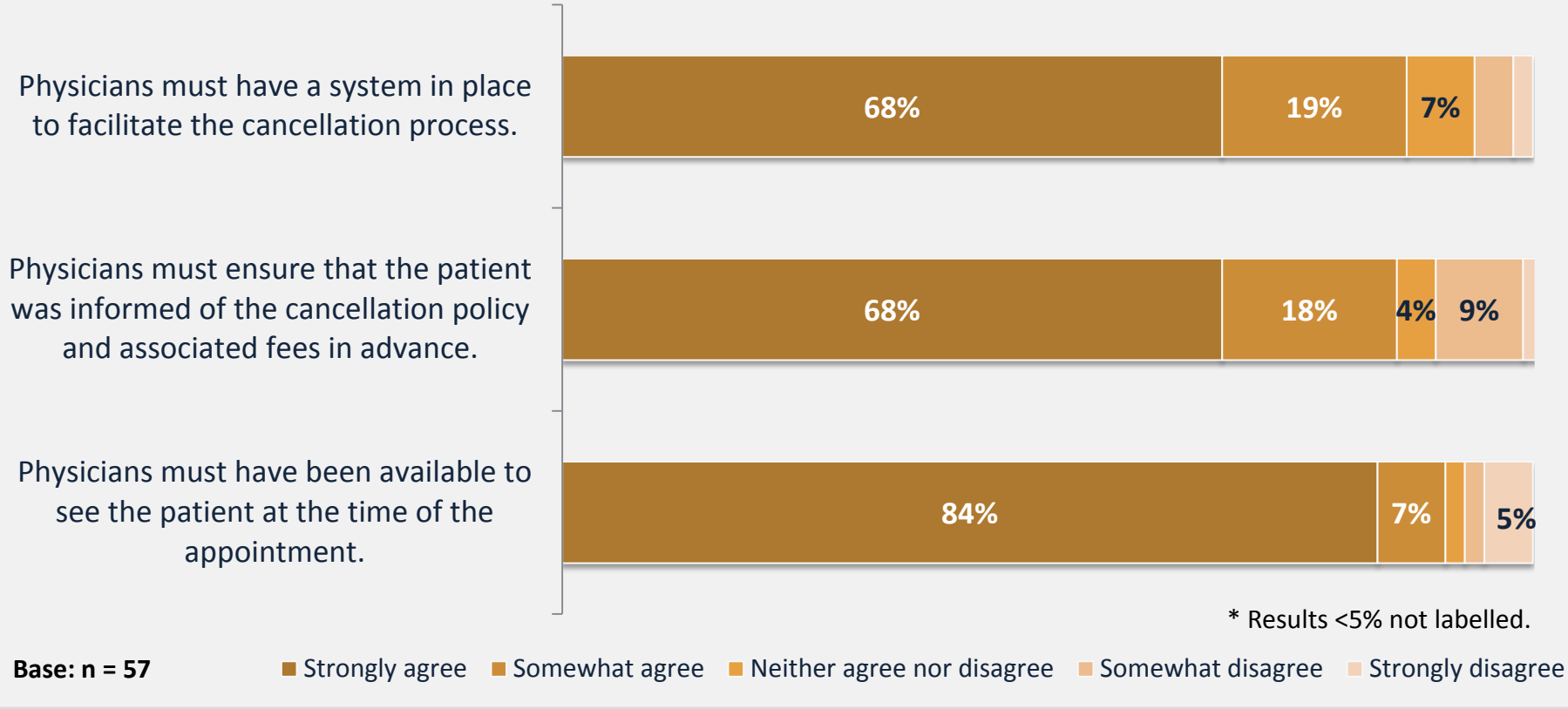


Base: n = 57

Q17. "The draft policy sets out additional requirements that physicians must satisfy if they intend to charge patients for missed or cancelled appointments without the required notice. Please indicate the extent to which you agree or disagree with each additional requirement:"

Respondents overwhelmingly agree (either *strongly* or *somewhat*) with the draft policy requirements that must be met before charging for a missed or cancelled appointment without the required notice (*Figure 11*).

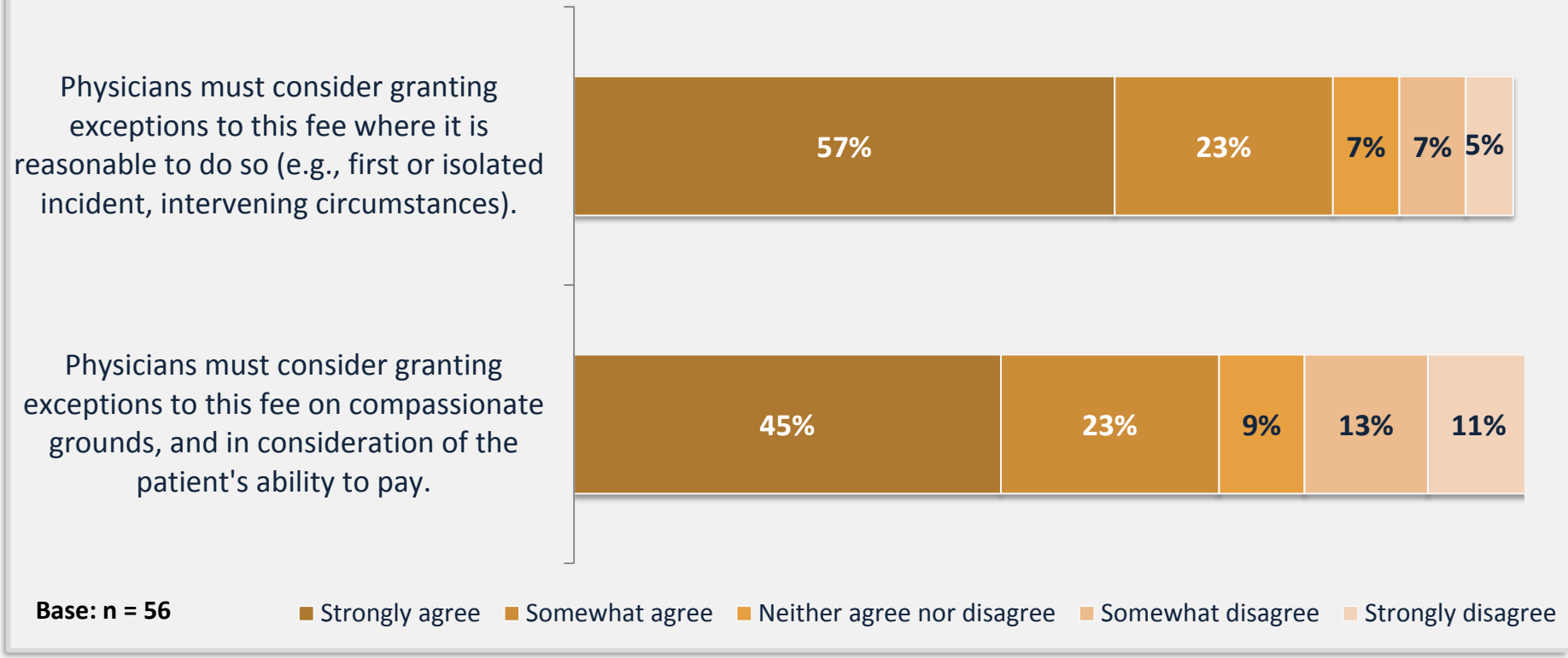
Figure 11: Requirement for Charging for Missed of Cancelled Appointments



Q18. "The draft policy also requires physicians who intend to charge patients for missed or cancelled appointments without the required notice to consider the specific circumstances of the patient and the reason for missing or cancelling the appointment. Please indicate the extent to which you agree or disagree with each of the following requirements:"

The majority of respondents agree (either *strongly* or *somewhat*) with the requirement that physicians consider granting exceptions when charging patients for missed or cancelled appointments without the required notice (*Figure 12*).

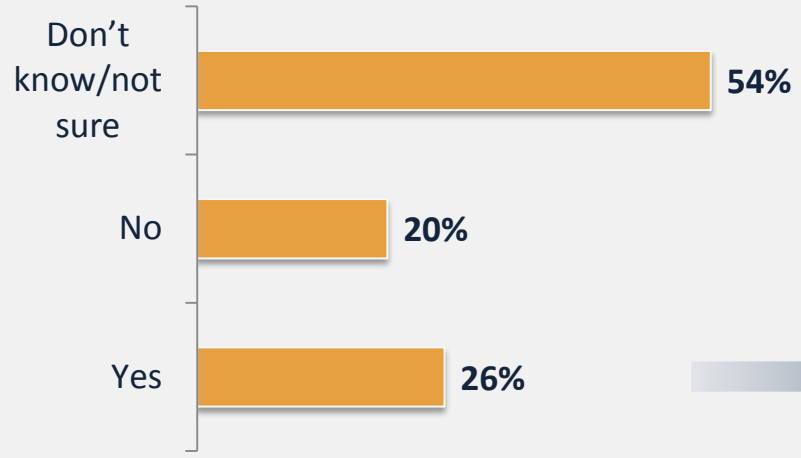
Figure 12: Considering Exceptions for Missed or Cancelled Appointments



Q19. "The draft policy includes the requirement that a block fee cover a period of not less than three (3) months and no more than twelve (12) months. Do you think a 3 month minimum is too short?"

Only one-quarter (26%) of respondents felt that 3 months was too short a period of time for a block fee (*Figure 13*).

Figure 13: Minimum Time Period for Block Fees



Base: n = 54

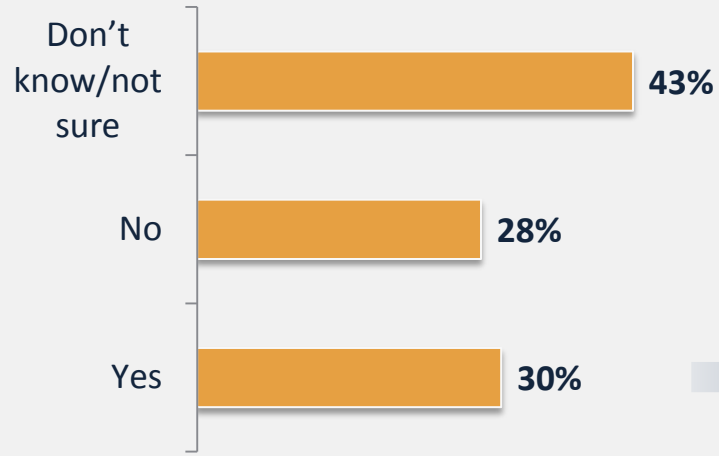
Comments provided include:

- Worry that there is too much paperwork involved for such a short period of time;
- Setting these limits is too prescriptive of the College;
- Personal reflections on own practice (e.g., "I offer them on a yearly basis").

Q20. "Do you think that it should be required that block fees cover a period of 12 months?"

Three-in-ten (30%) respondents reported that it should be required that block fees cover a period of 12 months (*Figure 14*). However, an analysis of the open ended feedback suggests that this may be an overestimation as much of the feedback provided in explanation of this response did not address the issue.

Figure 14: Requirement of 12 months



Base: n = 54

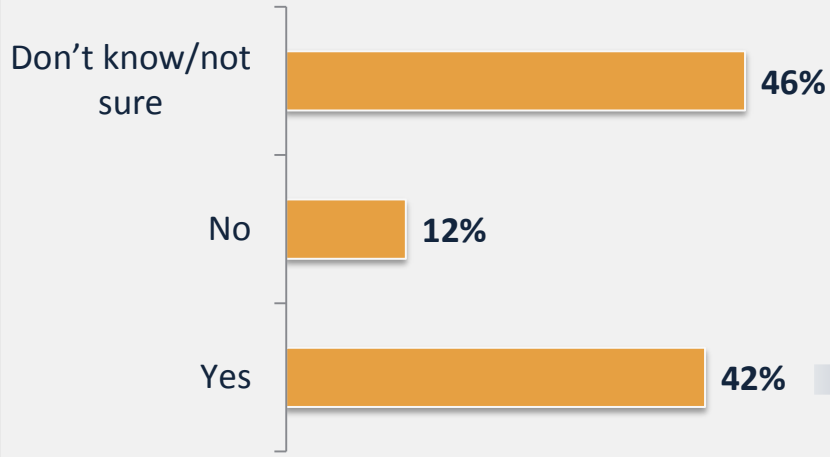
Comments provided include:

- Disagreement with block fees in general;
- Allowing physicians to decide;
- The need to prorate for some patient populations (e.g., vacationers).

Q21. "The draft policy notes that block fees may not be appropriate in all practice settings and that appropriateness may depend on, but is not limited to, the nature of the physician-patient relationship. In addition to family practice settings, are there other settings or areas of practice where you think a block fee might be appropriate?"

Four-in-ten (42%) respondents felt there were practice settings other than family practice where a block fee would be appropriate (*Figure 15*).

Figure 15: Appropriate Practice Settings



Base: n = 52

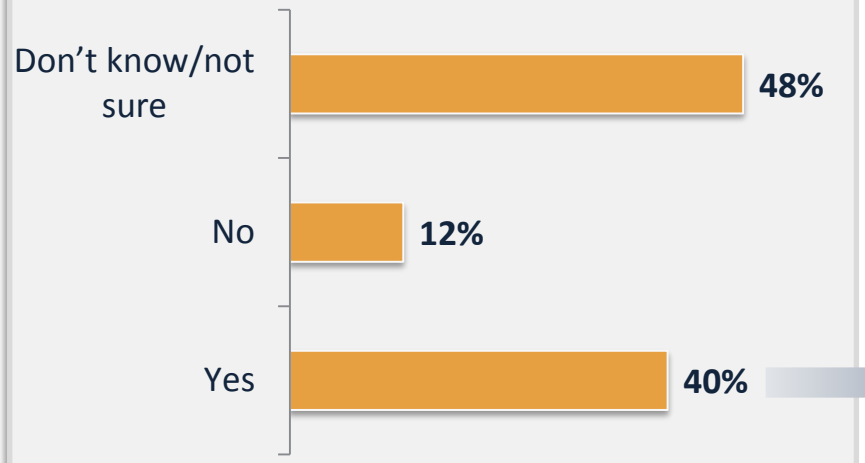
A variety of practice settings were mentioned, including:

- Paediatrics
- Geriatrics
- Psychotherapy
- And any specialist providing ongoing care

Q22. "Are there any practice settings where you think a block fee would be inappropriate?"

Four-in-ten (40%) respondents felt there were some practice settings where a block fee would be inappropriate (*Figure 16*).

Figure 16: Inappropriate Practice Settings



Base: n = 52

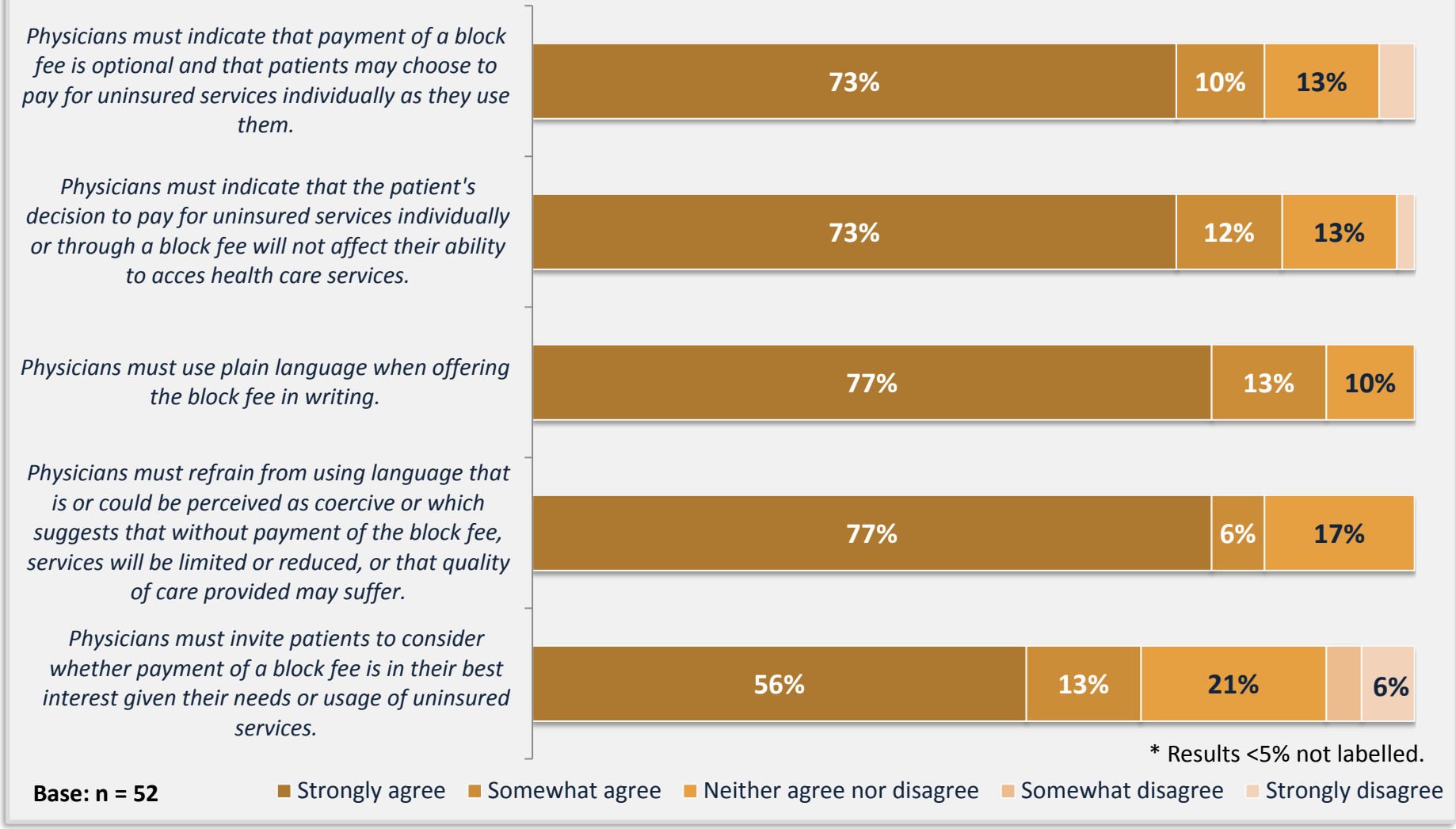
A variety of practice settings were mentioned, including:

- Specialists who see patients once or who provide limited follow-up
- Walk-in clinics
- Family Health Teams
- Hospital based practices

Q23. "The draft policy includes expectations regarding how block fees are offered to patients or portrayed to patients. Please indicated the extent to which you agree or disagree with each of the following:"

A strong majority of respondents agree (either *strongly* or *somewhat*) with each of the draft policy requirements relating to how block fees are offered or portrayed to patients (*Figure 17*).

Figure 17: Requirements when Offering or Portraying a Block Fee



Q24. “Please feel free to elaborate on your answers above (Optional).”

20 respondents provided feedback on the requirements for physicians when offering or portraying a block fee to patients:

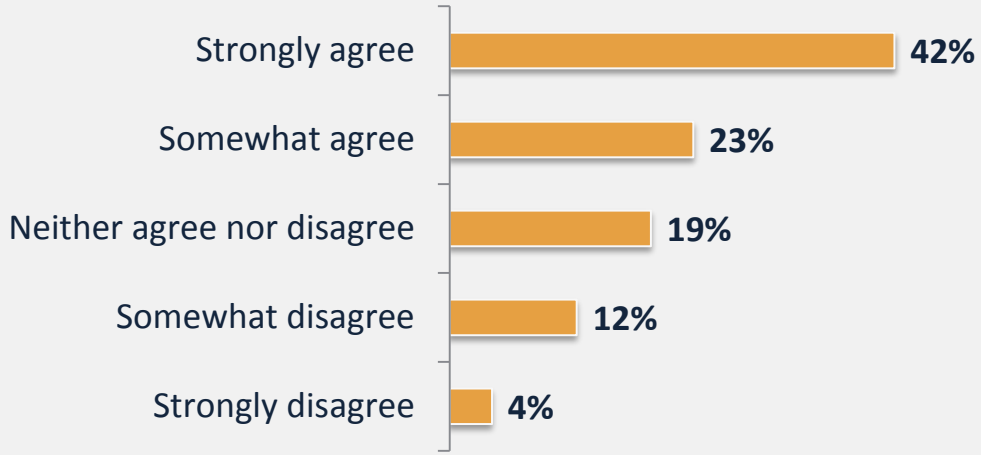
Below is a summary of the key feedback received. Comments have not been reproduced verbatim.

- Disagreement with block fees in general or with specific fees for uninsured services was voiced by some respondents.
- Patients’ ability to pay a block fee was raised as a concern.
- The difficulty of determining in advance whether a block fee will be of benefit was raised.
- A “cumulative cap” was offered as an alternative to a block fee where patients agree to pay a small amount per visit up to a maximum, and get all their uninsured services covered.

Q25. "A block fee creates a financial link to a particular physician that may limit the patient's ability to seek care from a different physician or that may, for example, penalize patients financially for leaving the geographic area. Similarly, if the patient is terminated or the physician ceases to practice, a patient who had paid a block fee would be penalized financially. For these reasons, the draft policy advises physicians to consider whether it would be reasonable to refund a portion of a block fee if the patient leaves a practice, is terminated from a practice, or the physician ceases to practice. Please indicate the extent to which you agree or disagree with this advice."

Nearly two-thirds (65%) of respondents agreed that physicians should consider returning a portion of a block fee when patients are terminated, physicians cease to practice, or the patient leaves the practice (*Figure 18*).

Figure 18: Refunding Block Fees



Base: n = 52

Q26. "Please feel free to elaborate on your answers above (Optional)."

20 respondents provided feedback on the advice that physicians consider returning a portion of the block fee when patients are terminated, the physician ceases to practice, or the patient leaves the practice:

Below is a summary of the key feedback received. Comments have not been reproduced verbatim.

- The administrative burden or challenges that arise when figuring out how much to refund were raised as problems with this advice.
- Some restrictions on when it would be appropriate to refund a portion of the block fee were offered (e.g., only if no uninsured services were used, only if the physician leaves, only if the patient leaves, etc.).

Part 2: General Perceptions of the Policy

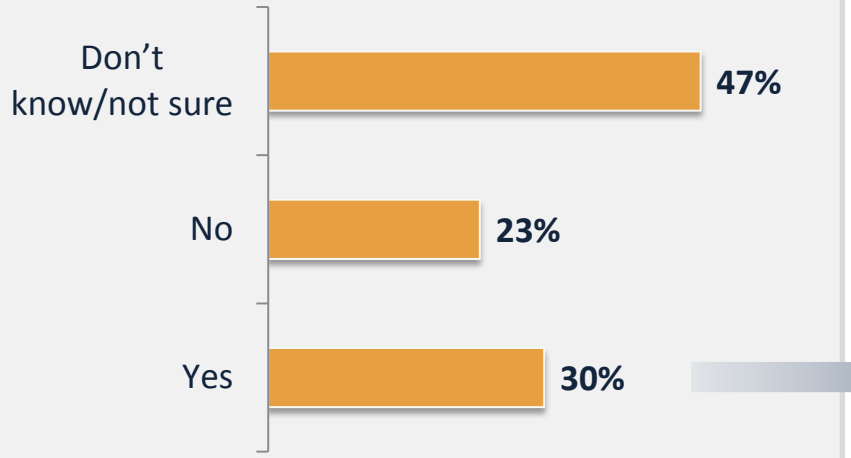
The following questions assess respondents' general opinions of the draft policy.

As such, the questions in this section were only posed to those respondents who indicated that they had read the draft policy.

Q28. "While we recognize that there are significant variations between practice areas and specialties in terms of how uninsured services are offered, provided, charged for etc., the intention of the draft policy is to set principles or expectations that apply broadly regardless of practice area or specialty. Are there any specific expectations in the draft policy that in your view do not apply to particular types of uninsured services, practice areas or specialties?"

Many respondents (47%) did not know or were not sure whether the draft policy set out expectations that would not apply broadly. Three-in-ten (30%) said there were instances where expectations set out would not apply (*Figure 19*). However, an analysis of the open ended feedback corresponding to this response option suggests this may be an overestimation as very few examples were actually provided.

Figure 19: Importance of Educating Patients



Base: n = 43

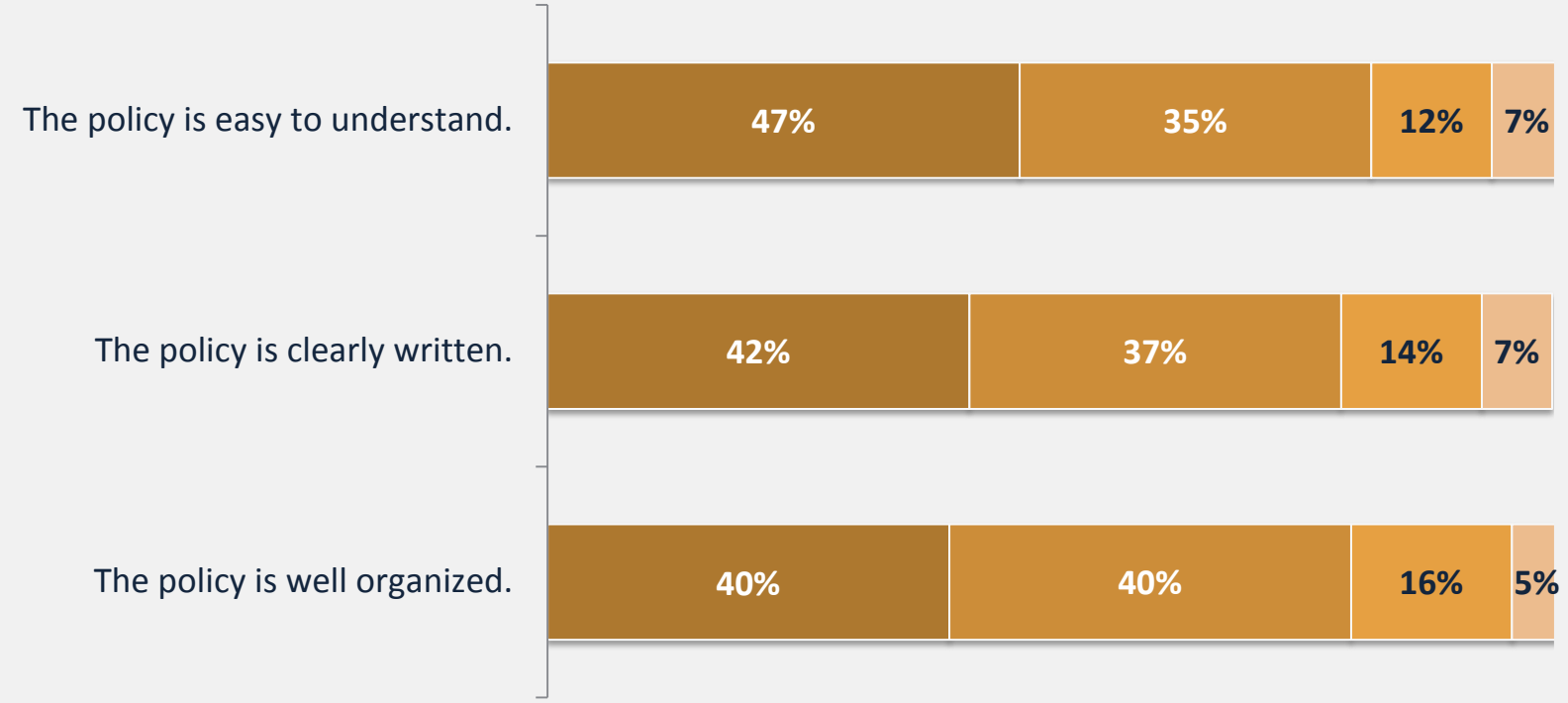
Responses touched on a number of unrelated issues. Including, disagreement with block fees in general, advice to keep the policy broadly applicable, or comments that that draft policy is too prescriptive.

Elective cosmetic surgery was identified as an area where the policy might not apply. Some also questioned the applicability of the policy in psychotherapy practices.

Q29. "We'd like to understand whether the draft policy is clear. Please indicate the extent to which you agree or disagree with each of the following statements regarding the clarity of the draft policy."

Around eight-in-ten respondents felt the policy was easy to understand (85%), clearly written (79%), and well organized (80%) (*Figure 20*).

Figure 20: Clarity



Q30. "How can we improve the draft policy's clarity? (Please feel free to elaborate on your answers above or touch on other issues relating to clarity) (Optional)"

15 respondents provided feedback with respect to how the clarity of the draft could be improved:

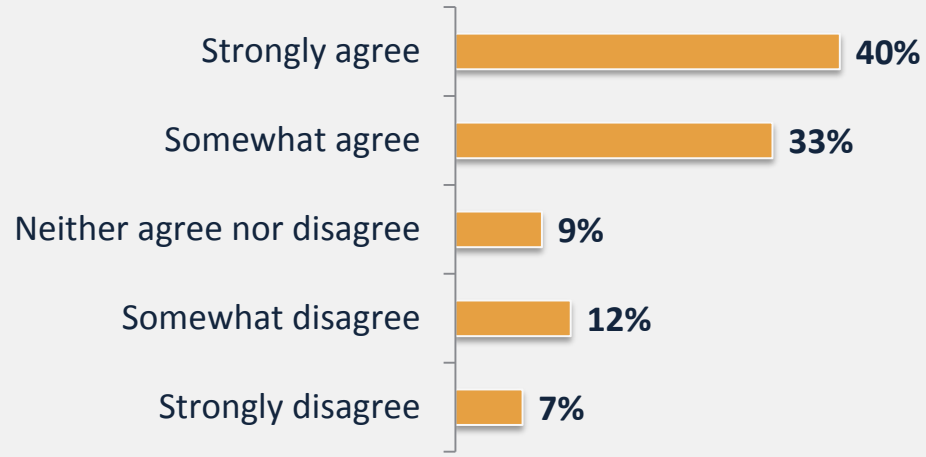
Below is a summary of the key feedback received. Comments have not been reproduced verbatim.

- Some felt that the policy was too general and that there are nuanced differences between different practice types, noting in particular that there are differences between cosmetic surgery, minor dermatological procedures, and psychotherapy.
- Others worried the policy is too general and leaves too much to the discretion of the physician. This may put physicians at risk as they are unsure how to proceed. Similarly, it was suggested that the policy include more examples.

Q31. "We'd like to understand whether the draft policy is comprehensive. That is, it addresses all of the relevant or important issues related to uninsured services, including block fees. Please indicate whether you agree or disagree with the following statement: *The draft policy is comprehensive*."

Most respondents (73%) agreed that the draft policy was comprehensive (*Figure 21*).

Figure 21: Comprehensiveness



Base: n = 43

Q32. “How can the draft policy be made more comprehensive?”

9 respondents provided comments on the comprehensiveness of the draft policy:

Below is a summary of the key feedback received. Comments have not been reproduced verbatim.

- Strict guidelines or a schedule of fees should be provided.
- A list of all uninsured services should be provided.
- A provincial level alternative to block fees and fees for uninsured services should be developed.

Q33. "If you have any additional comments that you have not yet provided, please provide them below, by email or through our online discussion forum. (Optional)"

14 respondents provided additional feedback:

Below is a summary of the key feedback received. Comments have not been reproduced verbatim.

- Some thanked the College for its work on the policy or commented on its usefulness.
- One respondent commented that the policy was too long.
- Concerns with the legal requirements regarding missed or cancelled appointments were raised by some respondents.
- The importance of preserving access despite outstanding fees was offered by one respondent.

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