

MEDICAL REFORM

Newsletter of the Medical Reform Group of Ontario

Medical Reform Group of Ontario, P.O. Box 366, Station J, Toronto, Ontario M4J 4Y8 (416) 588-9167

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Is There a Future for Fee-for-Service?

The Medical Reform Group's Fall General Meeting will look at the difficult issue of fee-for-service and what future there is for it.

The fall meeting will be on Wednesday November 18 at the Davenport-Perth Community Health Centre in Toronto (1900 Davenport Road).

The agenda for the meeting will appear in the October issue of *Medical Reform*, but it has been determined that the meeting will be from approximately

6:30 to 10 p.m., with dinner being catered in.

Both the Resource Allocation and the Primary Care Working Groups have been asked to present their views on the future of fee-for-service.

Other members of the MRG are also asked to make their views known, either in the newsletter, or at the meeting. (The deadline for the next issue of the newsletter is Monday October 26.)

The MRG, McMaster University, and Direct Billing of Patients

The Problem

The Regional Medical Associates (RMA) is an administrative organization that handles billing for the medical faculty at McMaster University. On February 17 a memo came from Thekla Soar, an employee of RMA, to all full-time and part-time university physicians and support staff at McMaster.

The central message of the memo is contained in the following excerpts.

"PATIENTS WITHOUT A HEALTH NUMBER

...the M.O.H. has advised that we can bill patients direct if we do no (sic) wish to wait until they obtain a health card...INDICATE ON THE RMA BILLING FORM THAT THE PATIENT HAS NO HEALTH COVERAGE AND BILL PATIENT DIRECT."

The MRG Response

Four members of the MRG who are McMaster Faculty members (Brian Hutchison, Haresh Kirpalani, Andy Oxman, and I) responded to this memo with a letter to John Bienenstock, Vice-President of the Faculty of Health Sciences. Excerpts from this letter follow.

"Dear Dr. Bienenstock:

We are writing on behalf of members of the Medical Reform Group who are also McMaster Health Sciences Faculty members. The (RMA) memo states that as of March 1 patients without a health number should be billed directly.

We believe this policy is unacceptable. We all contribute to funding health care through our taxes. Our system of universal access without direct payment has been instituted to eliminate financial disincentives to receiving care. The policy of direct billing will create financial hardship to some patients, and some people are likely to avoid seeking needed care because of financial penalties.

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De-listing gets further examination

The last two issues of *Medical Reform* contained articles on the proposed "de-listing" of certain medical procedures, i.e. removing them from OHIP coverage.

Following up on this issue, Rosana Pellizzari and I met a Ministry representative, Larry Korea.

He confirmed what seemed to be the more recent view that the Ministry does not see de-listing as a solution to the pressing problems of the province's health care system.

In fact, the list had arisen as a compilation of those services not covered by the fee schedule of at least one provincial health care plan.

He acknowledged it to be somewhat arbitrary and agreed with our three most serious concerns: that any decision about de-listing services must be arrived at only after discussion and full consideration of **all** situations of medical necessity (we emphasized our concern that the process also be democratized beyond the Ministry and OMA); that it would not save the system money (physicians continuing to bill the plan for other procedures that would substitute); and the risk of privatization of those procedures de-listed.

He remarked on the amount of active lobbying engendered by the issue and agreed to keep us informed on the outcome of the Joint Management Committee's late summer meeting, which would address this issued (OMA/Ministry of Health Joint committee).

Mimi Divinsky

The appropriate policy is quite different from that suggested in Thekla Soar's note. Patients should receive help in obtaining Health Cards. When they have a Health Card, billing using that Health Card number can be done for outstanding payments. If there is a problem receiving payment by this route then pressure should be put on the Ministry to ensure payment to the university. Under no circumstances should the patient suffer.

We hope to hear back from you promptly regarding this issue."

The Faculty Response

In his reply, Dr. Bienenstock reminded us that RMA is not under the management of the Faculty of Health Sciences. He informed us that the Executive of the Regional Medical As-

sociates was expecting to pass a motion recommending that bills are not forwarded to patients per se but rather a letter that states RMA's need for a billing number, as well as the values of services provided would be sent to such patients. He directed us to make further inquiries to Dr. John Hewson, the elected faculty head of the RMA executive.

The four of us wrote to John Hewson, essentially restating the concerns of our first letter to Bienenstock. The next response came for Mr. John McCutcheon, Executive Director of RMA.

RMA Response

Mr. McCutcheon called me and in an informal conversation defended the RMA position. He noted that there were faculty members who, in contrast to the MRG position, were encouraging RMA to get more aggressive in attempting to obtain payment. Mr. McCutcheon followed up with a memo, once again to the entire faculty and to part-time university physicians. The essence of the memo is reflected in the following passages.

"Patients without a Health Number - RMA Memorandum February 17/92

...some concern has been expressed that we are advising physicians to bill directly all patients who present for medical services and who do not have a health card or number with them at the time of service. Let me assure you this is definitely not the case...

In fact, RMA's policy is to attempt to secure a health number in every possible way and this includes calling referring

doctors, hospital, other medical institutions, and even the patients...If telephone calls fail, we then are sending a letter out to the patients advising that we do not have such a number and advising them how they must go to the local Ministry office to apply for one as quickly as possible...

To date we have not billed one single patient because of the lack of a new ten digit health number."

The final chapter in the saga came in the form of a memo from John Hewson, directed to the four of us who had sent the original letter. In the memo he told us that RMA will never bill patients. Rather, the patients will be informed of the costs of their services and the need for a health card number for the university to be reimbursed. Patients will subsequently receive a letter indicating that failure to obtain a health card number will leave them liable for payment for services. They will never be told that they must pay, and no attempt will be made to extract money from them.

Reflections

In the end we were satisfied that patients neither have, nor will be, billed inappropriately. Perhaps the most important outcome of the interaction was raising the issue for the faculty, and alerting them to the risk of direct patient billing. Those who in the future might support such an option will be aware that there are people within the academic medical community who will oppose them.

Gord Guyatt

Medical Reform

Medical Reform is the newsletter of the Medical Reform Group of Ontario. Subscriptions are included with membership, or may be purchased separately at \$25/year. Arrangements to purchase multiple copies of individual newsletters or of annual subscriptions at reduced rates can be made.

Articles and letters on health-related issues are welcomed. Submissions should be typed (preferably double-spaced), or submitted on IBM-compatible computer disks (any program, but tell us which program you used.)

Correspondence should be sent to Medical Reform, P.O. Box 366, Station J, Toronto M4J 4Y8. Phone: (416) 588-9167 Fax: (416) 588-3765.

Opinions expressed in *Medical Reform* are those of the writers, and not necessarily those of the Medical Reform Group of Ontario.

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The **Medical Reform Group of Ontario** is an organization of physicians, medical students, and others concerned with the health care system. The Medical Reform Group was founded in 1979 on the basis of the following principles:

1. Health Care is a Right

The Universal access of every person to high quality, appropriate health care must be guaranteed. The health care system must be administered in a manner which precludes any monetary or other deterrent to equal care.

2. Health is Political and Social in Nature

Health care workers, including physicians, should seek out and recognize the social, economic, occupational, and environmental causes of disease, and be directly involved in their eradication.

3. The Institutions of the Health System Must Be Changed

The health care system should be structured in a manner in which the equally valuable contributions of all health care workers in recognized. Both the public and health care workers should have a direct say in resource allocation and in determining the setting in which health care is provided.

It's membership renewal time

The arrival of fall means membership renewal time for the Medical Reform Group. You will be receiving your renewal notice shortly for the year beginning October 1, 1992, and running through to September 30 1993.

This year will hold many challenges for those concerned about the future of the health care system. Decisions are being made that will fundamentally affect the shape of the system for years to come. It is important the voice of progressive physicians be heard in these debates. The MRG has played a strong role advocating progressive positions in the past, and its voice will be needed for than ever in the time ahead. That voice is only as strong as our membership.

Please write out your cheque and send it back as soon as possible. The MRG runs on a tight budget, and it helps a great deal if funds come in early in the fiscal year.

The fee for full-time physicians was set at \$195 at the Spring General Meeting. If you can afford to pay more, in the form of a Supporting Member donation, please do so. The amount contributed by Supporting Members has meant the difference between being in the black and being in the red in many a year. If, however, you are unable to afford the full fee, then you may pay what you feel you can afford. It is important to us that you remain a member regardless of the level of fee you are able to pay.

Physician Resource management: A debate which is crucial to future of health care

As a result of our current regular contact with the Ministry of Health, the MRG was one of a small number of groups invited by the Ontario Ministry to attend the recent National Conference on Physician Resource Management in Ottawa on June 22 and 23, 1992. I attended the conference on behalf of the MRG.

The conference was organized in response to the Barer-Stoddart report. This massive report, which has been endorsed by the MRG, includes recommendations that the number of physicians in medical schools and residency programs be decreased by 10 per cent, and that funding for academic medical centres should be restructured and fee-for-service eliminated within this setting.

The conference began with a series of plenary sessions covering five main topic areas. The participants then broke into small groups for detailed discussions, each group focusing on one of the five areas. The conference concluded with the small groups reporting back to the plenary.

Frances Lankin began the proceedings with a speech that outlined the familiar problems of the system: not enough funds, inefficient delivery of services, maldistribution of physicians. Her solutions focus on an increase in efficiency and a reallocation of resources to community-based care. The Globe and Mail report of the proceedings focused on the rather minor part of Ms Lankin's speech that outlined possible "draconian" measures that would be necessary to control payments to doctors if they did not co-operate in improving the system.

The speakers addressing "Quality Improvement" focused on the need for practice guidelines and quality control that ensures these guidelines find their way into clinical practice. The continuing problems of physician maldistribution and inadequate resources devoted to rural and especially isolated native populations was emphasized in the talks on "Underserved Populations". It was evident from the talk on "Postgraduate Education" that leading medical educators in Canada acknowledge the

need for curricula that reflect social needs and for an approach that teaches evidence-based medicine. An exciting talk in the "Alternative Service Delivery" section related the experience of community health centres in Ontario. The most striking story was of a health centre helping to organize a food co-op in response to the exorbitant prices at local food markets.

The workshop that I attended was devoted to the future of "Academic Medical Centres". The group included three current medical school deans and a fourth ex-Dean (all from Quebec), Carol Kushner (a health care consultant and Michael Rachlis' co-author of *Second Opinion*) and Jodey Porter, the Assistant Deputy Minister associated with the "Health Strategies Group".

It was evident from the discussion that the leaders of academic medicine are being charged with (and appear to be accepting) a new set of responsibilities. These include a responsibility to service provision in a geographic area and teaching trainees to practice cost-effective medicine. Perhaps less readily accepted, but certainly desired by at least the Ontario Ministry, was assumption of leadership in health services assessment and planning.

I asserted MRG positions in advocating a move away from fee-for-service reimbursement and a statement by our group deploring the cuts in transfer payments to the provinces. I found a ready ally in both issues in Carol Kushner. Our group ultimately accepted both positions.

I also had the opportunity to personally congratulate Frances Lankin on her contribution to the relatively positive outcome of the Health and Treasury Ministers meeting the previous week. Her response suggested that she feels the threats have been staved off with great difficulty, and only for now.

At the end of the conference, I was more impressed than ever about provincial governments' determination to respond to their budgetary crisis with a fundamental reorganization of health care delivery. The issues that were raised, and the relatively thoughtful way they were addressed, suggest an honest

attempt to try and forge a more efficient health system that protects universal, high-quality care. Representatives of organized and academic medicine present at the conference seemed open to the absolute need for changes, and the sort of proposals being raised.

Nevertheless, it is evident that there is a tremendous risk of blunt cut-backs that compromise care and set the stage for the introduction of user fees. Reintroduction of user fees will quickly result in a system in which high-quality care is maintained for those who can pay, but is sacrificed for those who cannot pay.

It was gratifying to see that the Ontario Ministry sees that the MRG has an important contribution to make in ongoing discussions on the direction of health care delivery. There is no question that, along with allies in consumer groups and organized labour, the MRG must continue as an active voice to ensure that the ultimate outcome of budgetary hysteria is not sacrifice of universal high-quality care and reintroduction of a two-tiered system of care.

Gord Guyatt

Documents and Publications Available

The Medical Reform Group has produced a number of briefs, position papers, analyses and other documents. These publications are available at the following prices:

MRG History and Policies	\$2
Constitution of the MRG	\$2
Brief on Canada Health Act	\$2
Submissions on Ontario Health Professions Legislation (1987-9)	\$2
Maternal Health Care	\$4
Complete Edition of MRG Newsletters, 1979-1991	\$35
Annual subscription to <i>Medical Reform</i>	\$25

Send orders with your name and address to: Medical Reform Group, Box 366, Stn J, Toronto M4J 4Y8.

Therapist sues patient

A Toronto therapist has successfully sued a patient for a cancelled appointment. Dr. Stephen Sibalis, (9 Sultan Street, Toronto, (416) 923-8666 (W), (416) 461-9655 (H)) a member of the Committee of Concerned Physicians, won in court because he had required his patient to sign a contract in which she agreed to pay for appointments whether she used them or not. The contract also stipulated that she would pay for additional services not covered by OHIP, and that she would be charged compound interest on any missed bill. The contract stipulated that she would have to pay for a cancelled appointment no matter how much in advance it was cancelled, and no matter what the reason for the cancellation was. Asked to comment, Mimi Divinsky of the Medical Reform Group said that contacts put patients at a disadvantage because of the obvious power imbalance. "It isn't a contract between equals", she said.

MEETINGS AND EVENTS

Health Promotion

Ryerson is offering a series of interdisciplinary courses on health promotion in the fall and winter terms. Topics include Introduction to Health Promotion, Health Promotion Strategies, and Special Projects in Health Promotion. For more information contact Martha Ireland, (416) 979-5183. For registration information contact Registration Services, 350 Victoria Street, Room L-70, Toronto, (416) 979-5024.

MRG Steering Committee

The next meeting of the Medical Reform Group Steering Committee will be in Toronto on Thursday October 1, in the evening. Members of the MRG are invited to attend Steering Committee meetings. For the exact time and location, call (416) 588-9167.

Bio-ethics meeting

The fourth annual meeting of the Canadian Bioethics Society will be held October 29-31, 1992 in Toronto. The theme will be "Money, Power, and People: Social Dimensions of Bioethics". For more information contact Micheline Cox at the Hospital for Sick Children, (416) 813-5000.

MRG General Meeting

The fall general meeting of the Medical Reform Group will be held on the evening of Wednesday November 18 at the Davenport-Perth Community Health Centre in Toronto. The theme of the meeting will be "Is There a Future for Fee-for-Service."

PUBLICATIONS

Street Health Report

"The Street Health Report", written by Eileen Ambrosio, Dilin Baker, Cathy Crowe, and Kathy Hardill. The report begins by asking "Who are the homeless?", and then goes on to look at health status issues, including chronic health conditions, mental health, alcohol use, and substance use as they affect the homeless. Another section looks at access to health care, identifying the barriers which face the homeless in getting health care, and the use and availability of services. A section of women's health issues looks at physical violence, sexual abuse, and mental health issues. In the section "In Their Own Words", homeless people describe their experiences. The report includes a glossary, references, bibliography, and several pages of recommendations.

Towards Justice in Health

The newsletter of the Nurses for Social Responsibility group has been turned into a magazine. The first issue of *Towards Justice in Health* appeared earlier this year, with articles on "What does it mean to be socially responsible?", "On resisting the corporatization of health care", "Professional organizations: the silent elite", and "Working for justice in hospitals: is it possible?" *Towards Justice in Health* is \$3 per issue, or \$12 per year, from Nurses for Social Responsibility, 555 Bloor Street West, Toronto M5S 1Y6.

Use and Provision of Medical Services

The Task Force on the Use and Provision of Medical Services has delivered its final report to Health Minister Frances Lankin and OMA President Dr. Michael Thorburn. The report, titled "Quality Assurance and Resource Management - The Medical Services Challenges for the 1990s", is available from the Ontario Ministry of Health.

Part-time Physician Required

A part-time physician is required for Clinic 504 - a birth control and sexually transmitted disease clinic in the City of York (Toronto). Hours are Mondays 3:30 to 8:30, and Thursdays 4:30 to 8:30. For further information contact Donald McCabe, (416) 394-2808.

Primary Care Physician

A full-time position is available at the Regent Park Community Health Centre, a community-based alternative to fee-for-service, funded by the Ministry of Health. As part of a clinical team serving a diverse population in downtown Toronto, the successful candidate will experience clinical practice that is comprehensive, challenging, and satisfying.

Requirements include:

- License to practise in Ontario (CPSO),
- CCFP an asset,
- experience of 2 years at a community health centre of equivalent,
- commitment to community-based health care,
- interest in multicultural and multi-disciplinary practice, and
- a second language, especially Spanish and Vietnamese an asset.

Salary range: Competitive salary, excellent benefits

Closing date: October 10, 1992

Apply in confidence to:

Carolyn Acker, Executive Director
Regent Park Community Health Centre

19 Belshaw Place

Toronto, Ontario M5A 3H6

Telephone: (416) 364-2261

Fax: (416) 364-0822