

An Important Message **FOR ONTARIO CARDIOLOGISTS**

Our profession has endured a lot. Since 2012, Cardiology has been subjected to attack by misinformation and arbitrary government cutbacks. At every juncture, your association has been there to fight for what is right for cardiologists and their Ontario patients and we have made huge strides. Now, we need to understand the details and consequences of this newly proposed Binding Arbitration agreement before voting on June 17, 2017.

Last year the OAC played a key role in ensuring the temporary Physician Services Agreement (tPSA), which was orchestrated in secret by the Ministry of Health and the past executive of the OMA, was soundly rejected. As part of the Coalition of Ontario Doctors (Coalition) we won the right to Binding Arbitration that we had fought so hard for and now, we need to follow through on very important next steps.

On June 17, 2017, as a member of the OMA you will be asked to vote on a tentative binding arbitration agreement (BA) with the Ontario government. A general meeting has been called for that day to vote on the tentative "framework appendix for

The OAC has fought for and supports Binding Arbitration, which is fair to all doctors. Let's make sure we get this vote right!

negotiations, mediation and arbitration". The result of that vote will have major implications for cardiology (indeed all healthcare) for decades to come. Let's make sure we get it right and vote based on a clear understanding of what this vote is all about.

Recently, the Coalition shared the opinion of Mr. Andrew Lokan, a leading constitutional law expert. He assessed the proposed BA in the context of "how this compares with other BA agreements and how well this proposal would work for Ontario doctors". Mr. Lokan raised 5 key issues that need clarification before OMA members should cast their votes. These issues are:



ANDREW LOKAN:

5 Key Issues that Need to be Answered Before Voting

- ▶ This BA entrenches the OMA as the permanent bargaining agent for doctors. Usually there is a mechanism to remove and change an agent if warranted, but this is not provided in this BA.
- ▶ This BA has the OMA taking on a significant role in the healthcare budgeting baseline. Ask yourself first "Could this generate internal conflicts if cutbacks are forced on a particular group" and second, "what current structure exists within the OMA to deal with this?"
- ▶ This BA envisions mediation and arbitration as a singularity. During the mediation phase, hints may be intentionally (or unintentionally) dropped that later affect arbitration. It's best to clearly separate the roles of mediator and arbitrator.
- ▶ This BA talks about the inclusion of specific criteria for arbitration, including the permanent inclusion of income relativity. Giving prominence to income relativity over other issues has the potential to pit one group of doctors against another, which is divisive and unfair.
- ▶ This BA says "this is good until 2023" which implies the CMPA supplement will most likely be gone after 2023.



Read the Fine Print!

You wouldn't prescribe a new medication without being familiar with its clinical studies and understanding how it may or may not, work for your patients. The June 17 BA agreement needs to be looked at the same way.

– Recent OAC – INITIATIVES AND SUCCESSES

*The OAC exists to stand up for our members and to advocate on behalf of Ontario’s cardiac patients.
The OAC is you ... and it’s your voice and financial support that have allowed these recent successes.*

Coalition of Ontario Doctors

In 2016, we discovered that the OMA was secretly meeting with the Liberal government to attempt to force through a tentative Physician’s Services Agreement (tPSA) that would have affected every doctor in Ontario. These meetings were in contravention of the mandate the OMA had been given by its rank and file members.



The OAC was a driving force behind the formation of the Coalition of Ontario Doctors and by July 2016, we had 20,000 doctors standing in opposition to the OMA’s tPSA. The OAC championed an online video tool-kit that was able to reach all members in a short time frame. Together we exposed serious, process-related flaws and mobilized the profession to overwhelmingly reject a bad deal that had been negotiated in secret. To watch the video, please visit the link below.

<http://bit.ly/2qsU1bl>

Championing Comprehensive OMA Reform

The OAC is a constant and tireless advocate for genuine, far-reaching governance reform within the OMA. The August 2016 defeat of the tPSA has resulted in Executive changes at the OMA and we now have a new, reform-minded President, President-Elect and Board Chair. We are now reminding the new executive that this BA agreement must be done right to ensure the future of Ontario health care.

We want to ensure that the governance changes being made, allow full transparency for OMA grass-root members. The OAC’s ongoing advocacy program is making sure the views of cardiologists are well understood, represented and protected.

OAC Expertise Is In Demand
Government agencies are seeking OAC help to provide clinical input on proposals to fund new health technologies in cardiac care. Through our involvement in these initiatives, OAC is having a direct impact on cardiac patient access to care.



Government Backs Down on Proposed Cuts



The government had planned to cut many cardiology fee codes by a minimum of 10% on April 1, 2017. In a successful presentation to government officials in January, 2017, OAC President Dr. Jim Swan said:

“Ontario’s cardiac care infrastructure cannot withstand any more unilateral cuts. Our services in the community will not be there in the future if you proceed with your plan.”

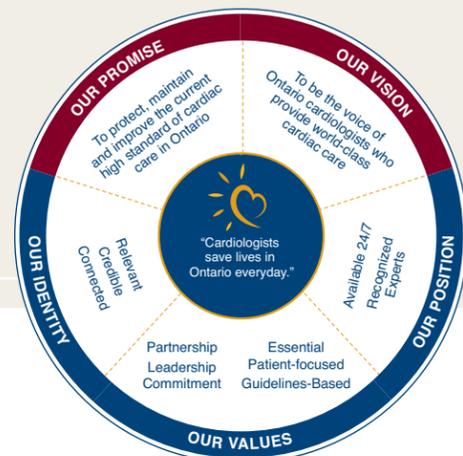
Health and Long-Term Care Minister Eric Hoskins subsequently stated that as long as negotiations are taking place between the OMA and the Ministry, no further unilateral cuts will be implemented.

The OAC Does “Whatever it Takes”

The OAC ensures its members are heard clearly. In June 2016, after being ignored by the MOH & the OMA, the OAC wrote the Auditor General of Ontario directly and posted the letter as a full page in the Globe and Mail. The OAC issue of the abuse of cardiology fee codes within the Schedule of Benefits was immediately front and centre with everyone, as were our concerns related to the proliferation of commercially owned echocardiography facilities.

The Auditor General responded by meeting with the OAC and then verifying in her 2016 Annual Report, that the OAC concerns were real. She made recommendations directing the Ministry of Health to work directly with the OAC (not the OMA) as well as the Cardiac Care Network (CCN) to address the OAC’s legitimate concerns. A new working group (MOH-OAC-CCN) is being created to:

- ▶ assess the effectiveness of the CCN’s EQI program at improving the quality of echocardiography delivery and deterring inappropriate use of echocardiography services in Ontario; and
- ▶ monitor the delivery of echocardiography care by physician specialty, hospitals, and non-hospital facilities, including those owned by nonphysicians and outline corrective actions required when anomalies are identified.



An Open Letter to the Auditor General of Ontario

Re: Ministry of Health and Long-Term Care Misuse of Public Resources

Bonnie Lysyk
CPA, CA, LPA, MBA
Auditor General of Ontario
20 Dundas Street West
Suite 1530
Toronto, Ontario
M5G 2C2

June 7, 2016
Dear Ms. Lysyk,

The Ontario Association of Cardiologists (OAC) is calling on you, as the chief observer of provincial government fiscal accountability, to immediately undertake a review of the Wynne government’s cardiac care spending, through the Ministry of Health and Long-Term Care (Ministry), and to report on what we consider to be the serious misuse of public resources.

As physicians and taxpayers, we are turning to you as a measure of last resort and out of desperation, having exhausted all avenues of reasonable discourse with Ministry officials. Our message to these officials has been clear and consistent. The Ontario government’s unilateral actions of 2012 and 2015 have resulted in lower quality of care at higher cost and increased utilization. These actions threaten the long-term viability of the health care system.

We are asking you to examine two areas specifically. These areas involve cardiac tests, which themselves have been the most glaring example of poor management, by virtue of having been left completely unregulated for decades, despite persistent calls by cardiologists to regulate them.

First, we believe that certain ambulatory cardiac rhythm monitoring tests were and are being inappropriately over-billed to OHIP and paid for without question for a number of years, costing the system millions of dollars, despite cardiologists’ urging the Ministry in July 2015 to stop this practice. The Ministry has failed to recover these fraudulently billed funds and to stop these billings. Because of these inactions, it has encouraged the proliferation of this practice, wastefully increasing the cost and at the same time eroding the quality of cardiac care.

Second, in October 2015, the Ministry unilaterally decided to waive the longstanding requirement for a qualified physician to be present during the performance of cardiac ultrasound services. Quite predictably, this action has boosted overnight the profits of commercial labs, which provide services without a physician being present, and without regard to the appropriateness of these tests. Worse still this Ministry decision has unleashed a flurry of new commercial interests whose sole aim is to drive up utilization and maximize profits, further burdening the limited provincial health care budget.

The people of Ontario need to be concerned that the Wynne government’s mismanagement of health care is resulting in higher costs and lower quality care. We therefore request that you review these ill-conceived decisions that endanger lives and the sustainability of cardiac care in Ontario.

Respectfully,

James Swan, MD, F.R.C.P.(C) F.A.C.C.
President, Ontario Association of Cardiologists

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The Ontario Association of Cardiologists is a voluntary professional organization representing Ontario cardiologists. Our board and members work each day with the provincial government, the Ontario Medical Association and the Ministry of Health and Long-Term Care to advocate for the specialty of Cardiology, to maintain and improve the quality of cardiac care in Ontario.

ontarioheartdoctors.ca

There’s more! Visit your OAC website at ontarioheartdoctors.ca to see what the OAC has done recently to protect members from significant, facilities-liability claims and how the OAC is helping evaluate new heart-health technologies like remote monitoring.

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Staff

Tim Holman

Executive Director, Toronto

OAC Membership

Membership runs from July 1 – June 30.

Fee: \$1,500 (tax deductible)

Visit us online or submit the enclosed form to join or renew your membership.

Members-Only Information Webinars are held monthly from September – June. They available on the OAC website.

The OAC exists because the OMA does not provide the financial resources or support services necessary to protect patient access to cardiac care in Ontario and ensure cardiologists are fairly remunerated in the process.

PROTECT THE FUTURE OF Ontario Heart Doctors

OAC Website

Please use and contribute to your website. The OAC is the only full-time voice for cardiologists in Ontario. Our promise is to look after our membership and protect, maintain and improve the current high standard of cardiac care for Ontario patients. The OAC already represents the majority of academic and community-based cardiologists in Ontario and we want to have you involved in our common future.

Our website was developed to be very easy to use, both as a public facing information resource, as well as having a secure password protected section available only for members. Here you can initiate or join a discussion or take part in monthly information webinars. Your password will be forwarded as part of your membership package.

Please remember that June 17, 2017 is a pivotal moment for Ontario cardiologists and their patients. Decisions will be made that day that impact the next decade of cardiac care. Please, let's all add our voices, pay attention to the FINE PRINT and make the right decisions.



**Please renew your membership
or join the OAC now!**

You can pay by cheque, PayPal or credit card and it's tax deductible. Membership is open to all Ontario cardiologists (code 60) and internal medicine specialists (code 13) who specialize in cardiology care. Visit us online or submit the enclosed membership form.



ontarioheartdoctors.ca

Name: _____

PLEASE PRINT CLEARLY

Office Address: _____

Note: If you were a member in 2016 -17, and there are no changes to your contact information, billing code, or preferred method of communication, please write "same as 2016-17" in the boxes below.

Office Phone: _____ Home Phone: _____

Cell: _____ Fax: _____

Email: _____

Preferred Method of Communication: Phone Fax Email

Hospital Affiliation(s): _____

University Affiliation: _____

Billing Code: 60 13

\$1,500 cheque payable to "Ontario Association of Cardiologists" enclosed for active practicing cardiologists/ internist-cardiologists for 2017-2018 membership year. To pay the membership fee via PayPal, log-on to the Members Site of ontarioheartdoctors.ca

I am currently enrolled in an Ontario Cardiology Fellowship program and am interested in joining the OAC for \$100. Please send me information.

I am not interested in joining the OAC. Reason: _____

Please return the
completed form to:

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Suite 410,
Toronto, ON M4R 2H6

Contact Us:

Tel: 416-487-0054
Fax: 866-554-4347
Toll-Free: 877-504-1239
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