

IMPLEMENTATION OF THE AGREEMENT TO ADDRESS PHYSICIAN COMPENSATION MATTERS IN RESPONSE TO THE COVID-19 PANDEMIC

Section A – Guidelines

These Guidelines have been established to inform and guide the application and implementation of temporary physician compensation matters established in response to the COVID-19 pandemic. It is understood that the application of these Guidelines resides locally with the hospital CEO and their delegates.

The information set out below is also intended to provide guidance to hospital and medical leadership as to the circumstances in which it is appropriate to apply the hourly rates and EDFAFA funding in the agreement to address significant COVID related hospital patient volume. However, as set out in the OMA Ministry Agreement, the discretion and flexibility to apply these funding parameters resides locally with hospital and medical leadership.

i) Temporary Expansion of EDFAFA Funding (to be paid through EDFAFAs)

Up to 50% EDFAFA funding expansion may occur when, for a period of at least 5 consecutive days, on average the volume of ED visits is equal to 75% or greater of the average volume of calendar months April-July 2019. The EDFAFA funding will be available retroactively to the first day of the 5-day period where the threshold criteria has been met.

The EDFAFA will have access to the additional funding as needed to provide increased staffing required due to COVID-19. This funding will be available for a minimum of four weeks and reviewed every two weeks thereafter to assess whether the COVID-19 surge situation remains in the emergency department ending no later than July 31, 2020, unless otherwise agreed to by the OMA and Ministry.

Rural emergency departments will also be able to work with the Health Force Ontario Emergency Department Locum Program for additional support.

Specific reporting requirements and a reconciliation process will be further communicated to the EDFAFA physician groups.

ii) In-hospital in-patient physician services (\$250 per hour from 7am to midnight and \$300 per hour from midnight to 7am) (to be paid through hospitals)

From April 3, 2020 onwards, in general, hourly rates may be initiated when, on average for a period of at least 3 consecutive days, 60% of a hospital's general medicine census (excluding ALC and other chronic stay patients) are occupied by patients who are COVID+ and/or probable case patients, based on the 00:00 daily census. The hourly rate will be paid to all physicians staffing internal medicine wards for the care provided to COVID+/probable case patients and Non- COVID+/probable case patients (excluding ALC and other chronic stay patients), with no concurrent FFS billings or any other payments allowed for physicians being paid under the hourly sessional. Physicians must be on site to be eligible for the hourly rate.

Under the hourly payment model, it is recommended that, the physician to patient staffing ratio is approximately 1:15 on average over a 24-hour period, recognizing that physician staffing requirements may vary over the course of the day.

For hospitals with <30 general medicine beds they will be eligible for the hourly rate when, on average for a period of at least 3 days, ≥ 10 COVID+/probable case patients are admitted.

Further, where a hospital has created COVID dedicated wards of at least 12 beds and is requiring additional dedicated MD staffing above the normal MD staffing model the physician(s) servicing that ward(s) will be eligible for the negotiated hourly rate in keeping with the terms of the agreement (e.g. must be on site, not receiving other FFS etc). Under this model, the care of non-COVID patients on other wards would not qualify for the COVID hourly rate unless the above criteria of 60% is met.

Once initiated the in-hospital in-patient physician funding rate should be in place for 4 weeks and evaluated at that time, and then re-evaluated every 2 weeks thereafter to assess whether the in hospital COVID+/probable case inpatient occupancy criteria are still met.

iii) In-hospital intensive care physician services (\$385 per hour from 7am to midnight and \$450 per hour from midnight to 7am) (to be paid through hospitals)

From April 3, 2020, in general, hourly rates may be initiated when, on average for a period of at least 3 consecutive days 60% of the daily 00:00 bed census in an ICU is occupied by COVID+/probable case patients, the hourly rate will be paid to all ICU physicians, for the care provided to COVID+/probable case patients and Non- COVID+/ probable case patients.

It is recommended that the physician: patient ratio would be approximately 1:12 under the hourly payment model. There is no concurrent FFS billings or any other payments allowed for these physicians.

In hospitals with ≤ 10 ICU beds they will be eligible when at least 3 ventilated patients are COVID+/probable case or when there are a total of 5 patients who are COVID+/probable case regardless of ventilator status. This will be based on a census taken daily at 00:00. Hospitals with ICUs smaller than 6 beds may require local consideration for triggering of surge planning for ventilated patients being managed locally.

In all above situations it is assumed that the COVID+/probable case patients are ventilated or are admitted to the ICU in accordance with normally accepted clinical standards for ICU admission.

Once initiated the ICU physician hourly payment rate would remain in place for 4-weeks and be evaluated at the end of that time, and then be re-evaluated every 2 weeks thereafter to assess whether the ICU COVID+/probable case patient occupancy criteria are still met.

iv) In-hospital Protected Code Blue or Pre-Emptive Protected Code Blue physician services (\$275 per hour from 7am to midnight and \$325 per hour from midnight to 7am) (to be paid through hospitals)

At the discretion of the hospital CEO or delegate, as operationally necessary based on COVID related demand, engage dedicated physician services for in-hospital protected code blue or pre-emptive protected code blue physician services. Generally, only one physician at a given time per hospital site to deliver these services, except where a demonstrated demand exists, in which case there will be maximum of two physicians. Per the agreement the physicians must be in-hospital and not billing any other fee for service activity or receiving any of the other hourly rates established in this agreement or any other agreement. Will be effective April 3, 2020 and will cease no later than July 31, 2020 unless otherwise agreed to by the parties.

Section B: Implementation Timing of Other Items

i) Infectious disease hospital-based specialists will be paid on the basis of 1.0 FTE equivalent, where the hospital has an existing hospital-based infectious disease specialist who is not already at 1.0 FTE equivalent and the Ministry will provide sufficient funding for such purpose. (to be paid through hospitals)

Effective March 2, 2020 and ending no later than July 31, 2020, unless otherwise agreed to by the OMA and Ministry.

ii) Physicians performing temporary non-clinical assignments approved by hospital CEO or their delegate for COVID-19 related work - \$165 per hour (to be paid through hospitals)

Includes CEO or delegate approved Education and Training in relation to hospital planning for the care of COVID patients. A maximum of 40 hours will be funded per physician from March 2, 2020 to April 10, 2020 consistent with the hospital's pandemic plan in place on or before April 10, 2020. Training after April 10, 2020 would be for training not initially provided, but needed to respond to a change in circumstances that arises after April 10 in relation to meeting the hospital's pandemic plan for the care of COVID patients.

Also includes CEO or delegate defined administrative and leadership activities related to COVID planning and care delivery beginning March 2, 2020 and ending no later than July 31, 2020 unless otherwise agreed by OMA and Ministry. This does not apply to or otherwise supplement that portion of time for which a physician already receives funding support for administrative and leadership activity.

iii) Temporary fees for the identified AGMP procedures (rates as identified in Appendix A) (to be paid through medical claims payment system)

Will be effective April 3, 2020 and will cease no later than July 31, 2020 unless otherwise agreed to by the parties. These fees will be applied only to the AGMP procedures that involve a COVID+ patient or a patient who is treated as at risk of being COVID+ under local hospital policy.

iv) Residents on CPSO restricted registration certificates- \$125 per hour (to be paid through hospitals)

At the discretion of the hospital CEO or delegate, as operationally necessary based on COVID related demand, engage Residents on CPSO restricted registration certificates for work outside of their residency training programs. Will be effective April 3, 2020 and will cease no later than July 31, 2020 unless otherwise agreed to by the parties.

Appendix A Temporary fees for the identified AGMP procedures

	Descriptor	April 2020 price	COVID patient daytime surge price (set at 30% increase)
Anaesthesia	Anaesthesia unit fee	\$15.29	\$19.88
E600	Larynx - Endoscopy- Laryngoscopy- Using operating microscope - To charges for laryngoscopy add	\$33.60	\$43.68
M012	Nose - Reconstruction - Septoplasty	\$293.95	\$382.14
M054	Accessory Nasal Sinuses - Endoscopic approach - Intranasal maxillary antrostomy -unilateral -by endoscopic or endonasal approach	\$123.70	\$160.81
M055	Accessory Nasal Sinuses - External Or Endonasal Approach - Maxillary - Caldwell-Luc (includes intranasal antrostomy) - Unilateral	\$247.35	\$321.56
M056	Accessory Nasal Sinuses - Maxillectomy - Partial or complete	\$971.75	\$1,263.28
M061	Accessory Nasal Sinuses - External Or Endonasal Approach - Sphenoid - Trans-Septal sphenoidectomy for tumour or radical exenteration of disease	\$355.65	\$462.35
M081	Larynx - Excision - Laryngectomy - Total	\$838.90	\$1,090.57
M083	Accessory Nasal Sinuses - Ethmoidectomy/antrostomy - Intranasal ethmoidectomy including maxillary antrostomy, with endoscope -unilateral (not eligible for payment with M061 or M054)	\$350.00	\$455.00
M084	Larynx - Excision - Laryngectomy - Segmental, including reconstruction	\$888.85	\$1,155.51
M086	Accessory Nasal Sinuses - Ethmoidectomy/antrostomy - Trans- Nasal endoscopic repair of CSF rhinorrhea (includes harvesting of graft material) with or without 3D CT/MRI image guided system	\$822.45	\$1,069.19
M105	Chest Wall and Mediastinum - Excision - Chest wall tumour, resection of 2 or 3 ribs or cartilages	\$650.00	\$845.00
M135	Lungs and Pleura - Incision - Major decortication of lung for empyema or tumour	\$800.00	\$1,040.00
M137	Respiratory /Cardiovascular Surgical Procedures - Lungs and pleura - Incision - Multi - Thoracotomy with or without biopsy	\$390.65	\$507.85
M142	Lungs and Pleura - Excision - Pneumonectomy, may include radical mediastinal node dissection, sampling or pericardial resection requiring repair	\$1,400.00	\$1,820.00
M143	Lungs and Pleura - Excision - Lobectomy, may include radical mediastinal node dissection or sampling	\$1,285.00	\$1,670.50
M145	Lungs and Pleura - Excision - Wedge resection of lung	\$818.45	\$1,063.99
M149	Lungs and Pleura - Excision - Pleurectomy, and/or apical bullectomy for pneumothorax	\$525.00	\$682.50
M151	Lungs and Pleura - Excision - Bullectomy for major bullous disease	\$725.00	\$942.50
N111	Cranial - Skull Base Surgery - Resection of lesion(s) - Endonasal Approach - Pituitary lesion(s) - Transsphenoidal microscopic resection of lesion(s) originating in the sella turcica requiring simple closure, repair and/or reconstruction of surgical defect(s)	\$1,879.00	\$2,442.70
N112	Cranial - Brain - Skull Base Surgery -Surgical Access - Endonasal Approach - Surgeon not rendering resection of lesion(s) - Endonasal endoscopic or microscopic approach for surgical access to sella turcica - Includes when rendered middle turbinate reductions, maxillary antrostomies, ethmoidotomies, ethmoidectomies, sphenoidotomies, septotomy, septoplasty and septal mucosal flap(s) harvest associated with septotomy or sphenoidal mucosal flap(s)	\$1,360.00	\$1,768.00
N114	Cranial - Skull Base Surgery - Resection of lesion(s) - Endonasal Approach - Pituitary lesion(s) - Transsphenoidal endonasal endoscopic resection of lesion(s)	\$1,742.45	\$2,265.19

	Descriptor	April 2020 price	COVID patient daytime surge price (set at 30% increase)
	originating in the sella turcica requiring simple closure, repair and/or reconstruction of surgical defect(s)		
N116	Cranial - Skull Base Surgery - Resection of lesion(s) - Endonasal Approach - Non-Pituitary lesion(s) - Endonasal endoscopic resection of non- Pituitary lesion(s) not originating from pituitary tissue requiring simple closure, repair and/or reconstruction of surgical defect(s)	\$2,243.45	\$2,916.49
R181	Respiratory Surgical Procedures - Nose - Excision of nasopharyngeal or oropharyngeal lesion - With palatal split	\$508.20	\$660.66
S018	Oral Cavity and Pharynx - Excision - Glossectomy - Partial	\$197.45	\$256.69
S043	Salivary Glands and Ducts - Excision - Parotid gland - Total (with preservation of facial nerve)	\$885.75	\$1,151.48
S063	Oral Cavity and Pharynx - Excision - Branchial - Tonsillectomy and may include adenoidectomy	\$178.35	\$231.86
S065	Oral Cavity and Pharynx - Excision - Branchial - Adenoidectomy	\$101.25	\$131.63
S068	Oral Cavity and Pharynx - Excision - Closure of fistula - Pharyngo- Laryngectomy	\$1,155.45	\$1,502.09
Z292	Laryngoscopy Direct without biopsy	\$61.30	\$79.69
Z293	Laryngoscopy Direct with biopsy	\$61.30	\$79.69
Z296	Nose - Endoscopy - Fiberoptic endoscopy of upper airway (nose, hypopharynx or larynx) (IOP) - With flexible endoscope - If only operative procedure performed	\$20.10	\$26.13
Z299	Nose - Endoscopy - Fiberoptic endoscopy of upper airway (nose, hypopharynx or larynx) (IOP) - With rigid endoscope, for Diagnostic evaluation, or to facilitate biopsy or surgical treatment of pathology in the posterior nasal cavity, hypopharynx or larynx	\$8.55	\$11.12
Z301	Nose - Incision - Drainage of abscess or haematoma	\$55.60	\$72.28
Z305	Nose - Excision - Nasal polyp - Multiple or involving general anaesthetic - Unilateral	\$55.60	\$72.28
Z311	Nose - Excision - Removal of foreign body - Local anaesthetic	\$10.55	\$13.72
Z312	Nose - Excision - Removal of foreign body - General anaesthetic	\$50.90	\$66.17
Z314	Nose - Treatment of epistaxis (nasal Haemorrhage) - Cauterization - Unilateral	\$11.50	\$14.95
Z315	Nose - Treatment of epistaxis (nasal Haemorrhage) - Anterior packing - Unilateral	\$15.35	\$19.96
Z316	Nose - Treatment of epistaxis (nasal Haemorrhage) - Posterior packing - Unilateral or bilateral	\$35.50	\$46.15
Z317	Nose - Endoscopy - Fiberoptic endoscopy of upper airway (nose, hypopharynx or larynx) (IOP) - Examination under anaesthesia (EUA) of nose including suction cautery for posterior epistaxis - Unilateral or bilateral	\$112.05	\$145.67
Z322	Larynx - Endoscopy - Direct - With removal of foreign body	\$106.45	\$138.39
Z323	Larynx - Endoscopy - Direct - With removal of lesion(s)	\$226.35	\$294.26
Z324	Larynx - Endoscopy - Indirect - With biopsy or removal of foreign body	\$44.70	\$58.11
Z325	Trachea and Bronchi - Incision - Emergency tracheotomy	\$474.65	\$617.05
Z326	Trachea and Bronchi - Tracheo - Bronchial aspiration - Change of tracheostomy tube	\$12.50	\$16.25
Z327	Trachea and Bronchi - Endoscopy - Bronchoscopy - Flexible or rigid, with or without bronchial biopsy, suction or injection of contrast material	\$124.90	\$162.37
Z329	Chest Wall and Mediastinum - Endoscopy - Mediastinoscopy	\$380.00	\$494.00
Z331	Lungs and Pleura - Introduction - Thoracentesis - Aspiration for Diagnostic sample	\$32.45	\$42.19

	Descriptor	April 2020 price	COVID patient daytime surge price (set at 30% increase)
Z332	Lungs and Pleura - Introduction - Thoracentesis - Aspiration with therapeutic drainage with or without Diagnostic sample	\$59.15	\$76.90
Z334	Lungs and Pleura - Introduction - Thoracentesis - Total unilateral lung lavage with or without bronchoscopy using Double Lumen Tube and single lung anaesthesia	\$304.60	\$395.98
Z335	Thoracoscopy (pleuroscopy) with or without pleural Biopsy , suction, etc.	\$242.35	\$315.06
Z336	Lungs and Pleura - Incision - Biopsy of pleura, needle - Including Diagnostic aspiration	\$59.15	\$76.90
Z338	Lungs and Pleura - Excision - Biopsy of pleura or lung - With limited thoracotomy	\$202.80	\$263.64
Z340	Lungs and Pleura - Incision - biopsy of lung, needle	\$137.85	\$179.21
Z341	Lungs and Pleura - Incision - Closed drainage effusion or pneumothorax	\$76.80	\$99.84
Z342	Trachea and Bronchi - Limited bronchoscopy with placement of endobronchial blocker and/or double lumen tube	\$112.55	\$146.32
Z343	Larynx - Endoscopy - Direct - With dilatation of larynx, to include bronchoscopy if necessary	\$202.35	\$263.06
Z344	Trachea and Bronchi - Tracheo - Bronchial aspiration - First procedure	\$45.95	\$59.74
Z345	Trachea and Bronchi - Tracheo - Bronchial aspiration - Subsequent procedures performed by same physician	\$18.60	\$24.18
Z346	Trachea and Bronchi - Tracheo - Bronchial aspiration - Transtracheal aspiration	\$22.35	\$29.06
Z355	Trachea and Bronchi - Quadroscopy or panendoscopy - With or without biopsy (nasopharyngoscopy, laryngoscopy, bronchoscopy, oesophagoscopy with or without gastro-duodenoscopy) using separate instruments in search of malignant disease	\$321.45	\$417.89
Z356	Trachea and Bronchi - Tracheo - Bronchial aspiration - Closure of persistent tracheostoma	\$133.95	\$174.14
Z359	Trachea and Bronchi - Repeat bronchoscopy for tracheobronchial toilet when performed within one week of another bronchoscopic procedure	\$56.65	\$73.65
Z360	Trachea and Bronchi - Endoscopy - Bronchoscopy - Emergency rigid bronchoscopy for obstructed airway	\$474.65	\$617.05
Z361	Lungs and Pleura - Incision - Chronic indwelling pleural catheter for palliative management of malignant pleural effusion - Insertion of indwelling catheter	\$200.00	\$260.00
Z524	Oral Cavity and Pharynx - Incision - Drainage of haematoma or deep neck abscess (external approach)	\$271.05	\$352.37
Z738	Trachea and Bronchi - Incision - Insertion of Montgomery "T" Tube or similar laryngeal or tracheal stent	\$216.10	\$280.93
Z741	Trachea and Bronchi - Incision - Tracheotomy	\$273.15	\$355.10