The Five Fundamentals of Civility for Physicians

OMA Annual General Meeting
Calendar of featured events, Section program listings, registration details

Editorial
Choosing Wisely to ensure high-quality care

Medical Marijuana
Summary of new regulations, information and advice for physicians

Strategic Communications
Ontario’s Doctors Are Making Health Care Better: campaign update

Join OMA ThoughtLounge!
Help shape the health care conversation

Insurance Update
Presenting insurance information in a way that creates value and interest for physicians
Now...Klinix is Microsoft Certified for Windows 8
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Linda Vorano
Administrative Assistant
Div of Genetics and Metabolics
The Hospital for Sick Children

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# Executive, Board, Council, Committee Chairs

## Executive Committee

**President**  
Dr. S. Wooder, Stoney Creek

**President Elect**  
Dr. V. Tandan, Hamilton

**Past President**  
Dr. D. Weir, Toronto

**Chair of the Board**  
Dr. M. Toth, Aylmer

**Honorary Treasurer**  
Dr. V. Walley, Toronto

**Secretary**  
Dr. S. Chris, North York

## Board of Directors

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<th>District</th>
<th>Chair</th>
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<tr>
<td>1</td>
<td>Dr. A. Ng, Windsor</td>
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</table>
| 2        | Dr. M. Toth, Aylmer  
          | Dr. S. Orsini, Komoka |
| 3        | Dr. C. Cressey, Palmerston |
| 4        | Dr. V. Tandan, Hamilton  
          | Dr. R. Tytus, Hamilton |
| 5        | Dr. S. Whatley, Mount Albert  
          | Dr. J. Tracey, Brampton |
| 6        | Dr. J. Ludwig, Peterborough |
| 7        | Dr. A. Steacie, Brockville |
| 8        | Dr. G. Beck, Ottawa  
          | Dr. A. Kapur, Ottawa |
| 9        | Dr. J. Stewart, North Bay |
| 10       | Dr. J. Johnsen, Thunder Bay |

## Committee Chairs

### Agreement (OMA-Ministry of Health and Long-Term Care)

- **Agreement Board Co-ordinating Committee**  
  Dr. A. Kapur

- **Forms Committee**  
  Dr. A. Studniberg

- **Joint Committee on the Schedule of Benefits**  
  Dr. J. Harvey, Co-Chair

- **Medical Audit Oversight Committee**  
  Dr. D. Hellyer

- **Physician Services Committee**  
  Dr. A. Kapur

- **Workplace Safety & Insurance Board Knowledge Transfer and Education Subcommittee**  
  Dr. C. Cressey, Interim Chair

- **Workplace Safety & Insurance Board Steering Committee**  
  Dr. J. Tracey, Interim Chair

### Governance

- **Board Governance Committee**  
  (Board Co-ordinating Committee)  
  Dr. G. Beck

- **Annual Meeting Planning Committee**  
  Dr. D. Weir

- **Audit Committee**  
  Dr. R. Mann

- **Awards Committee**  
  Dr. S. Strasberg

- **Board Insurance Committee**  
  Dr. C. Cressey

- **Board Planning Committee**  
  Dr. L. Colman

- **Budget Committee**  
  Dr. V. Walley

- **Committee on Committees**  
  Dr. R. Mann

- **Council Committee on Structure & Bylaws**  
  Dr. J. Willett

- **Joint Governance Review Working Group**  
  Dr. L. Colman, Co-Chair  
  Dr. J. Willett, Co-Chair

- **Nominations Committee**  
  Dr. D. Weir

### Staffing Committee

- **Dr. A. Steacie**

### Health Policy

- **Health Policy**  
  (Board Co-ordinating Committee)  
  Dr. S. Whatley

- **eHealth Working Group**  
  Dr. S. Chris

### Member Services

- **Member Services**  
  (Board Co-ordinating Committee)  
  Dr. R. Tytus

### Public & Political Advocacy

- **Communications Advisory Committee**  
  (Board Co-ordinating Committee)  
  Dr. V. Tandan

### Outreach to Women Physicians Committee

- **Dr. R. Forman**

## Elected by Council

- **Chair**  
  Dr. A. Hudak, Orillia

- **Vice-Chair**  
  Dr. E. Barker, Wiarton

## Districts

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<th>Number</th>
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| 11     | Dr. S. Chris, North York  
          | Dr. L. Colman, Etobicoke  
          | Dr. C. Jyu, Scarborough  
          | Dr. C. Pinto, Etobicoke  
          | Dr. A. Studniberg, Scarborough |

## Academic Representative

- **Dr. J.R. Swenson, Ottawa**
Indication & clinical use:
SEEBRI* BREEZHALER* (glycopyrronium bromide) is indicated as a long-term once-daily maintenance bronchodilator treatment in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.
Not indicated for the relief of an acute deterioration of COPD
Can be used at the recommended dose in elderly patients 65 years of age and older
Should not be used in patients under 18 years of age

Contraindications:
Hypersensitivity to glycopyrronium or to any other component of SEEBRI* BREEZHALER*

Relevant warnings and precautions:
Not indicated for treatment of acute episodes of bronchospasm
Not indicated for treatment of acutely deteriorating COPD
Caution in patients with narrow-angle glaucoma
Caution in patients with urinary retention
In severe renal impairment (estimated GFR <30 mL/min/1.73m2), use only if the expected benefit outweighs the potential risk
Risk of paradoxical bronchospasm: discontinue immediately

FEV1 improvement shown 5 minutes after first dose (0.093 L vs. placebo, p<0.001, serial spirometry)^1^
Significantly greater LS mean FEV1 vs. placebo demonstrated at all time points over 24 hours (LS mean FEV1 [L] vs. placebo after first dose, p<0.001; time points were 5 min, 15 min, 30 min, 1 hr, 2 hrs, 3 hrs, 4 hrs, 6 hrs, 8 hrs, 10 hrs, 12 hrs, 23 hrs 15 min, 23 hrs 45 min)^2^§

For more information:
Please consult the Product Monograph at www.novartis.ca/SeebriMonograph for important information relating to adverse events, drug interactions, and dosing information which have not been discussed in this piece. The Product Monograph is also available by calling the Medical Information department at 1-800-363-8883.

LAAC: long-acting anticholinergic; COPD: chronic obstructive pulmonary disease; LS: least square; SGRQ: St. George’s Respiratory Questionnaire; measures health-related quality of life in symptoms, activities and impact on daily life; 5 FEV1: forced expiratory volume in 1 second.
^1^ GLOW2: A 52-week, randomized, double-blind, placebo-controlled parallel-group study of 1,060 patients with COPD. Patients received either SEEBRI* BREEZHALER* (glycopyrronium 50 mcg o.d.; n=525), placebo (n=268), or open-label tiotropium (18 mcg o.d.; n=267) as an active control. Primary endpoint was 24-hour post-dose (trough) FEV1 following 12 weeks of treatment.
^2^ GLOW1: A 26-week, randomized, double-blind, placebo-controlled parallel-group study to assess the efficacy, safety and tolerability of once-daily SEEBRI* BREEZHALER* (50 mcg) in patients with COPD (n=550); placebo (n=267).
§ LS mean FEV1 (L) after first dose; SEEBRI* BREEZHALER* (n=169) vs. placebo (n=83), respectively: 5 min: 1.39 vs. 1.30; 15 min: 1.43 vs. 1.38; 1 hr: 1.47 vs. 1.38; 2 hrs: 1.48 vs. 1.36; 3 hrs: 1.48 vs. 1.35; 4 hrs: 1.48 vs. 1.35; 6 hrs: 1.48 vs. 1.34; 8 hrs: 1.47 vs. 1.34; 10 hrs: 1.46 vs. 1.32; 12 hrs: 1.45 vs. 1.31; 23 hrs: 15 min: 1.37 vs. 1.33; p<0.001 for all time points.

References:

*** SEEBRI and BREEZHALER are registered trademarks. Product Monograph available on request.
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Novartis Pharmaceuticals Canada Inc.
Dollard, Quebec H9S 1A8
www.novartis.ca
514.631.6275 @ 514.631.1867
Editorial: Choosing Wisely

Early April will mark the launch of Choosing Wisely Canada, a national campaign that aims to promote physician-patient conversations about unnecessary medical tests, treatments and procedures, and support both patients and doctors in making wise and effective choices to ensure high-quality care. Choosing Wisely is NOT about cost-cutting or rationing care. Rather, it is about changing medical culture and changing public perceptions. We want to improve the quality of care we give to our patients.

134th OMA Annual General and Council Meeting: calendar of events, registration information

The 2014 OMA Annual General and Council Meeting will take place Thursday, April 24 to Sunday, April 27 at the Toronto Marriott Downtown Eaton Centre Hotel. A complete list of events is provided, including meetings, workshops, the gala dinner and awards presentation, Adam Linton Memorial Feature Luncheon, Council orientation and policy sessions, and Section program listings. To register online, visit www.oma.org/AGM.

Medical Marijuana Update: summary of regulations, new role for physicians and possible concerns

The OMA Health Policy Department has prepared a summary of the new Marihuana for Medical Purposes Regulations — which enable health care practitioners to both dispense medical marijuana and authorize patient access — and a review of the information and advice provided by national physician organizations, the Canadian Medical Protective Association, and the College of Physicians and Surgeons of Ontario with respect to the use of marijuana for medical purposes.

Ontario’s Doctors Are Making Health Care Better: OMA campaign update

The OMA’s long-term strategic integrated communications plan continues to generate a positive response. Our new public-facing website — OntariosDoctors.com — has attracted more than 52,000 unique visitors and 97,000 page views since its launch last November. As well, the OMA has attracted over 1,000 new Twitter followers, bringing the total number of OMA followers to more than 11,400.

Day in Primary Eye Care for Family Physicians: symposium highlights

The recent 36th Annual Day in Primary Eye Care for Family Physicians featured the latest information on practical approaches to the treatment of common eye problems that present to the primary care physician. Key topics included contact lens-related eye disease, an update on age-related macular degeneration, and oculoplastics illusions. A summary of eye treatment tips for family physicians is also provided.
This program helps you find and build on the strengths you didn’t know you had, opening the door to a new world of possibilities.

—Dr. Marisa Finlay
Cohort 2

The Physician Leadership Development Program (PLDP) is a Master’s Certificate Program designed to develop physician leaders as agents of change.

Physicians gain a wealth of new knowledge, a better understanding of their own leadership style, and the support of a network of other physician leaders.

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Application deadline is May 5, 2014

phone: 1.800.268.7215, ext. 2239
email: Physician.Leadership@oma.org
web: www.oma.org/pldp
OMA Insurance Update: presenting insurance information in a way that creates value and interest for physicians

This month’s column describes the multi-faceted approach used by OMA Insurance Services to deliver its message of product quality and service excellence, as well as the challenges faced in striving to increase member awareness of the OMA’s unique advantages as a provider of products designed specifically to address physicians’ changing insurance needs as their careers, and life circumstances, evolve over time.
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<td>Long Term Care &amp; Care of the Elderly</td>
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<td>Medical Students</td>
<td>Mr. N. Punjani, Mr. R. Sharma</td>
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Choosing Wisely to ensure high-quality health care

Early April will mark the launch of Choosing Wisely Canada, a national campaign that aims to promote physician-patient conversations about unnecessary medical tests, treatments and procedures, and support both patients and doctors in making wise and effective choices to ensure high-quality care.

The Choosing Wisely Canada campaign reflects a successful physician-led U.S. initiative, in which 45 leading medical societies each developed evidence-based lists of the top five to 10 tests and treatments that physicians and patients should question.

The focus of the campaign is to ensure that patients get the care they need and to avoid any tests, treatments or procedures that could cause harm. It’s about doing the right thing at the right time for the right patient.

As doctors, we have an important role to play in talking to our patients about what is appropriate and necessary. In doing so, together we can reduce the over-use, under-use or misuse of identified treatments and procedures.

I want to emphasize that Choosing Wisely is NOT about cost-cutting or rationing care. Rather, it is about changing medical culture and changing public perceptions. We want to improve the quality of care we give to our patients.

OMA members may be familiar with the U.S. campaign. Much has been published south of the border. A backgrounder appeared in the November 2012 issue of the OMR, and there has been some Canadian news media coverage related to the pending April launch.

Choosing Wisely Canada lead Dr. Wendy Levinson, Chair of the Department of Medicine at the University of Toronto, has been working tirelessly with her team to consult with physicians and health care stakeholder organizations in Ontario and across Canada. Dr. Levinson presented an overview of Choosing Wisely Canada to OMA Council last November.

The rollout of the campaign will begin with a press conference in Ottawa, led by the Canadian Medical Association, eight national medical specialty societies who represent the first wave of participant organizations, as well as patient and community representatives.

The eight specialty societies will release their evidence-based lists of five tests, treatments or procedures that may be overused in their particular specialty. The initial participants include the Canadian Cardiovascular Society, Canadian Association of Radiologists, Canadian Society of Internal Medicine, Canadian Rheumatology Association, Canadian Geriatrics Society, Canadian Orthopaedic Association, the CMA Forum on General and Family Practice Issues and the College of Family Physicians of Canada.

An additional 21 national specialty societies are expected to join the campaign at a later date.

The Choosing Wisely Canada campaign will feature print and radio advertising, web banners, social media support, and brief online videos. Tailored information will be made available to physicians and the public.

Each provincial and territorial medical association will be active in advancing the Choosing Wisely message. Our implementation partners in Ontario include the Ministry of Health and Long-Term Care, Ontario Hospital Association, Ontario College of Family Physicians, Ontario Association of Medical Laboratories, Institute for Clinical Evaluative Sciences, Health Quality Ontario, Council of Ontario Faculties of Medicine, Council of Academic Hospitals of Ontario, and the College of Physicians and Surgeons of Ontario.

The OMA will play a prominent leadership role in ensuring that our members are well informed and have access to patient education resources and campaign materials. This information will be available on both the OMA website and the Choosing Wisely Canada site (www.choosingwiselycanada.org).

I encourage all members to engage in Choosing Wisely and to initiate this important conversation with patients. We will be circulating extensive information to members via our various communications channels, and we welcome member feedback and input to advance the initiative.

Dr. Scott Wooder
OMA President
# SUMMARY OF EVENTS

## Thursday, April 24
- 0730 – 1700
  Annual Meeting and Council Registration
  (see page 9 for details)

- 0830 – 1630
  15th Annual Women’s Health Care Seminar
  (see ad on page 11 for details)

- Throughout the Day
  Section Annual Meetings
  (see page 10 for details)

## Friday, April 25
- 0730 – 1700
  Annual Meeting and Council Registration
  (see page 9 for details)

- Morning and Evening
  Section Annual Meetings, Seminars and Workshops
  (see page 10 for details)

- 1200 – 1400
  Adam Linton Memorial Feature Luncheon
  (see page 9 for details)

- 1400 – 1700
  Council Policy Session
  (see page 9 for details)

- 1730 – 1830
  Council Orientation Session
  (see page 9 for details)

## Saturday, April 26
- 0730 – 1700
  Annual Meeting and Council Registration
  (see page 9 for details)

- 0900 – 1700
  Annual Meeting of Council

- 1230 – 1330
  Council Luncheon

- 1830 – 2400
  Awards Presentations, Presidential Installation, Gala Dinner/Dance
  (see page 9 for details)

## Sunday, April 27
- 0730 – 1200
  Council Registration
  (see page 9 for details)

- 0900 – 1700
  Annual Meeting of Council

- 1230 – 1330
  Council Luncheon
FRIDAY, APRIL 25
Primary Care Billing Seminar: Presented by Dr. Darren Larsen (0900-1200)
Are you currently practising in a Primary Care Model and would like to learn more about billing? Focusing on the FHO and FHG models, this billing seminar reviews Q codes, preventive care bonuses, comprehensive care obligations and much more. A question and answer period will be available for specific items not covered during the presentation.

Retirement Planning Seminar: Presented by Dr. Tom Faloon, OMA Insurance and MD Physician Services (1400-1800)
Are you thinking of winding down your practice? Our Retirement Planning Seminar will ensure your transition to retirement is an easy and well-planned process. Topics include: “Insuring” a healthy financial retirement, investment planning and the fundamentals of winding down your practice. This session features a retired Ontario physician who will guide you through the transition process.

Adam Linton Memorial Feature Luncheon (1200-1400)
The 22nd annual Adam Linton Memorial Feature Luncheon and lecture will be presented on Friday, April 25 from 1200 – 1400, as part of the Annual General Meeting. The lecture honours the memory and accomplishments of Dr. Adam Linton, OMA President from June 1991 to January 1992. Dr. Linton was a nationally renowned educator who spent much of his time working to improve Ontario’s health care system. The lecture will be presented by Uwe Reinhardt, PhD, a professor of economics and public affairs at Princeton University. Dr. Reinhardt authoritatively puts into perspective the issues tied to health care, illuminating the economic impact of reform, while giving audiences a more complete understanding of the state of health care now and in the future. There is no charge for this event, thanks to a generous contribution from the Canadian Medical Association and its subsidiary, MD Management.

Council Policy Session (1400-1700)
The OMA is holding a Council Policy Session that will focus on a single emerging policy issue: the importance of moving beyond physician engagement to a position of constructively fostering respectful relationships between physicians and system stakeholders — relationships that lead to physician partnership in efforts to optimize system resources, contribute to the transformation agenda, and enhance outcomes. Two key applications will be utilized to prompt discussion: hospital and physician relationships, and the Health Links initiative. There are several current and upcoming issues that require meaningful dialogue and partnership between hospitals and physicians, including service movement, community clinics, quality-based procedures, hospital funding and hospital mergers. The Health Links initiative is characterized by integration efforts that are from the ground up, with physicians playing a pivotal role in their success and relationships being at the core of the effort. Health Links will be utilized in this session as a real-life, current application of the concept of more meaningful and respectful physician/system relationships.

Orientation Session For New And Returning Council Delegates (1730-1830)
The Chair and Vice Chair of Council will be holding an Orientation Session for new and returning Council Delegates. This brief informational session will focus on your role as a Council Delegate and how to get your voice heard at Council.

SATURDAY, APRIL 26
Awards Presentations, Presidential Installation and Gala Dinner/Dance (1830-2400)
OMA members are invited to join in celebrating the many contributions and accomplishments of our medical colleagues at The Carlu, 444 Yonge Street, 8th Floor, Toronto. The evening commences at 1830 with the awards presentations and presidential installation. A brief reception will follow at approximately 1930, and dinner will be held at approximately 2000. A dance will take place after dinner. The gala dinner is presented, in part, by a generous contribution from the Canadian Medical Association and its subsidiary, MD Management.

GENERAL INFORMATION
Registration
To register online for all meetings, including Council, please visit www.oma.org/AGM. You may also register for Council by contacting Jennifer Csamer, OMA Conference Planning, at 416.599.2580 or 1.800.268.7215, ext. 3461, or by email (jennifer.csamer@oma.org).

Registration Desk: Thursday April 24 and Friday April 25
The registration desk for Council will be open on Thursday, April 24 and Friday, April 25, 2014. Delegates and observers do not have to wait until Saturday morning to check in. Members who attend meetings on Thursday and Friday will not have to register twice.

Hotel Reservations
Rooms have been reserved at the Toronto Marriott Downtown Eaton Centre Hotel at the rate of $199 for either single or double occupancy. You may phone the hotel directly at 416.597.9200 or 1.800.905.0667. When reserving, please indicate that you are attending the meetings of the Ontario Medical Association to ensure you receive the preferred rate. The deadline for reservations is March 31. After this date, reservations will be accepted on a space-available basis only.

Notice Of 2014 Fall Council Meeting
Pre-registration is required for all meetings (www.oma.org/AGM). This schedule is preliminary and may be amended. All Section flyers outlining agenda items were recently distributed.

ANNUAL OMA COLLABORATIVE SESSION ON MENTAL HEALTH
Thursday, April 24
1800 – 2130

Friday, April 25
• Executive Meeting (Executive Members Only) 0730 – 0830
• Annual OMA Collaborative Session on Mental Health 0900 – 1100
• Section on Primary Care Mental Health Annual General Meeting 1100 – 1200
• Annual OMA Collaborative Session on Mental Health 1400 – 1700

CLINICAL HYPNOSIS
Thursday, April 24
• Executive Meeting (Executive Members Only) 1730 – 1830
• Annual General Meeting 1830 – 1930
  Emerging Trends and New Directions in Clinical Hypnotherapy
  Dr. Adam Stein

EMERGENCY MEDICINE
Friday, April 25
• Annual General Meeting & Dinner 1900 – 2200

EYE PHYSICIANS & SURGEONS OF ONTARIO (EPSO)
Friday, April 25
• Annual General Meeting & Dinner 1800 – 2000

GENERAL AND FAMILY PRACTICE
Friday, April 25
• Annual General Meeting & Dinner 1730 – 1900
• Reception & Dinner 1900 – 2200

GENERAL INTERNAL MEDICINE
Friday, April 25
• Annual General Meeting & Dinner 1900 – 2100

HOSPITALIST MEDICINE
Friday, April 25
• Scientific Session 0900 – 1100
• Annual General Meeting 1100 – 1200

HSO PHYSICIANS
Friday, April 25
• Annual General Meeting 1900 – 2100

NEUROLOGY
Friday, April 25
• Annual General Meeting 1900 – 2100

NUCLEAR MEDICINE
Thursday, April 24
• Annual General Meeting & Dinner, and Scientific Session 1830 – 2100
  Application of DXA Technology for Fracture Risk Assessment — What is New in 2014
  Dr. Aliya Khan

PHYSICAL MEDICINE AND REHABILITATION
Friday, April 25
• Scientific Session 0800 – 1200
  - 0800 – 0900 Multiple Sclerosis: A Management Update
    Dr. Tania Bruno
  - 0900 – 1000 Chronic Low Back Pain: Non-Specific or Misdiagnosed?
    Dr. Michael Gofeld
  - 1000 – 1100 Cervical Radiculopathy: A Practical Approach to Electrodiagnostic Assessment and Clinical Management
    Dr. Timothy Doherty
  - 1100 – 1200 Modern Cervical Spine Fracture Management in a High Volume Level One Trauma Centre
    Dr. Howard Ginsberg
• Annual General Meeting 1400 – 1500
15th Annual Women's Health Care Seminar

HEALTH, HAPPINESS AND HAVING IT ALL:
Wellness for Women Physicians in the 21st Century

April 24, 2014 | 8:30 a.m. – 4:30 p.m. | Toronto Marriott Downtown Eaton Centre Hotel

Topics Include

- NUTRITION
- BALANCE
- SUBSTANCE USE
- LEADERSHIP

The 15th annual Women's Health Care Seminar is complimentary to OMA members, and has been accredited in previous years for CME credits. To register, visit www.oma.org/AGM, or contact Jennifer Csamer at 1.800.268.7215, ext. 3451, or via email at jennifer.csamer@oma.org.
The OMA Physician Health Program is a confidential service for physicians, residents, medical students and their family members. Our caring, helpful, health-care professionals offer assistance to those who may be experiencing problems ranging from stress, burnout, emotional or family issues, through to substance abuse and psychiatric illness.

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physician health

the five fundamentals of civility for physicians: initiating an important conversation — series introduction

by michael kaufmann, md
oma physician health program

A senior medical student on a surgical rotation walks into the emergency department of a teaching hospital in response to a page from the attending ER physician. Seeing the student approach, the ER doc rolls his eyes and says: “If your resident isn’t right behind you, turn around and leave now.”

A freshly graduated family doctor attending his patients in a community hospital general ward is having trouble finding a stethoscope that works properly. He gathers them all up, marches into the office of the purchasing officer, drops them on her desk and sharply states: “How am I to do my job if none of these things are any good?”

A senior physician, convinced of his own good ideas and certainty of perspective, talks over his colleagues at a departmental meeting, diminishing their contributions.

I recognize these kinds of behaviour. The medical student, the young family doctor, the senior physician: they are all me. Are these examples of disruptive behaviour? Possibly. Unprofessional behaviour? That might be a stretch. But it’s easy to identify these kinds of behaviour as lacking in civility.

The Definition Of Civility
What do we mean by “civility?” The dictionary is brief and constricted, defining civility simply as polite, or courteous behaviour. Civility is that, no doubt, but it is more. Civility is not just a synonym for politeness or courtesy. Perhaps civility is most easily recognized by its absence. An interaction characterized by uncivil behaviour leaves one feeling uncomfortable, fundamentally disrespected, diminished and ostracized. Civility, then, achieves the opposite effect.

Civility has many dimensions that involve oneself, others, as well as the community and culture we share. According to Forni: “Although we can describe the civil as courteous, polite and well-mannered, etymology reminds us that they are also supposed to be good citizens and good neighbors.”

Davetian says that civility is characterized by: “The extent to which citizens of a given culture speak and act in ways that demonstrate a caring for the welfare of others as well as the welfare of the culture they share in common.”

My favourite definition of civility comes from the U.S.-based Institute for Civility in Government: “Civility is about more than just politeness, although politeness is a necessary first step. It is
about disagreeing without disrespect, seeking common ground as a starting point for dialogue about differences, listening past one’s preconceptions, and teaching others to do the same. Civility is the hard work of staying present even with those with whom we have deep-rooted and fierce disagreements. It is political in the sense that it is a necessary prerequisite for civic action. But it is political, too, in the sense that it is about negotiating interpersonal power such that everyone’s voice is heard, and nobody’s is ignored.3

Spath and Dahnke, founders of the Institute for Civility in Government, remind us that civility is about self-care as well: “Civility is claiming and caring for one’s identity, needs and beliefs without degrading someone else’s in the process.”

For the purpose of discussion in this and subsequent articles, an uncivil behaviour is one which lacks the attributes of civility, and incivility refers to a condition characterized by the absence of civility in social interactions.

The Consequences Of Incivility
Michael Leiter has written extensively on workplace incivility and its consequences. In his book, Analyzing and Theorizing the Dynamics of the Workplace Incivility Crisis, he describes the negative impacts of incivility in health care and other workplaces.4

Individuals experience incivility as personal stress, distress, anxiety, depression, psychosomatic disorders and burnout. Naturally these individuals are hard pressed to live up to their productivity potential. Some individuals experiencing uncivil behaviour may, in turn, retaliate by directing unwanted and unhelpful behaviours towards co-workers and the organization itself.

I once interviewed a doctor who was referred for help with his workplace behaviour. One complaint lodged against him came from a nurse who was offended when the doctor said something like: “I’ve only asked you to do one thing, and you can’t even get that right.”

I used that situation as an example for a group of residents that I was teaching about respectful workplace behaviour. One resident earnestly asked me to explain what was wrong with the comment made in this example. He said, “That nurse deserved what she got. She should go home, have a good cry, and perform better at work after that. That’s how I have learned.”

I am concerned by that response. Even if it has been a part our medical culture, is shaming learners or co-workers ever an effective teaching strategy?

Organizations, as well as individuals, pay a price for incivility. Costs to the organization are employee absenteeism, diminished engagement and increased turnover as workers leave the organization prematurely. Persisting, even subtle, incivility in the workplace creates an environment that is psychologically unsafe and difficult to endure — one that creates worker unhappiness and under-performance at the least, and drives people away at the worst. Along with the psychological costs, incivility can have striking fiscal costs to the organization, although precise calculations can be difficult to obtain.

Even small acts of incivility can contaminate the culture of a workplace. Unaddressed and uncorrected, there can be an insidious infusion of risk and insecurity into the social environment at work, creating a spiral of uncivil behaviours, reactions, and retaliations. The unstated, but actual, code of conduct becomes a code of incivility.

Five Fundamentals Of Civility

1. Respect Others and Yourself
   Treat everyone in the workplace, regardless of role, with respect — even those we barely know, disagree with, or dislike. Respect for others requires inclusivity while observing healthy boundaries. Self-respect is key.

2. Be Aware
   Civility is a deliberate endeavour, requiring conscious awareness of oneself and others. Mindfulness and reflective practice enhance awareness.

3. Communicate Effectively
   Civil communication is more about how we say it as much as what we say. Or do. Effective communication is critical at times of tension or when the stakes are high.

4. Take Good Care of Yourself
   It’s hard to be civil when personally stressed, distressed, or ill.

5. Be Responsible
   Understand and accept personal accountability. Avoid shifting blame for uncivil behavioural choices. Intervene when it’s the right thing to do.
If this condition is repeated in a sufficient number of related workplaces, such as health care institutions, entire professions can be culturally “tarred” as being uncivil.

The Impact Of Civility

Leiter reminds us that positive social interactions allow the development of strong and effective connections to others, inspiring confidence in the group prospects. Civil interactions at work identify co-workers as supportive and helpful resources and are therefore associated with increased professional efficacy. Civility among colleagues is associated with lower rates of professional burnout. Civil collegial relationships foster inclusivity, co-operation, and can be energizing and empowering. It is much easier to enjoy one’s work in a civil environment.

One might argue that there is no need to discuss the benefits of civil behaviour in the workplace, or anywhere, for that matter. Everyone wants to be treated well. No one wants to feel hurt by an interaction with a friend, colleague or co-worker. We all appreciate a workplace that is comfortable and supportive. Yet, hundreds of doctors have been referred to the OMA Physician Health Program for help with workplace behaviour that has been uncivil, labelled as “disruptive.”

At a presentation for a community hospital about managing so-called “disruptive behaviour” in doctors, a surgeon spoke up saying that crude, off-colour jokes and other forms of commentary that might be seen as offensive by some were the norm in the operating room environment. He suggested that given the traditional OR culture, perhaps they ought to have their own, rather more permissive, code of conduct. All I could think to say in response was: “If we expect to treat one another well at Tim Hortons, is it OK to do otherwise in the OR?”

But the surgeon raised a good question: Is the medical culture different?

When I ask medical audiences if incivility is ever justified, often I hear opinions that it is. A frequent example is the doctor who is sharp with a co-worker in an urgent situation, perhaps in the OR, ICU or ER.

Again, questions must be asked: Is it ever necessary to adopt an uncivil approach to a colleague at work (e.g., swearing at a co-worker in a pressurized situation to get their attention)? Are there ways to achieve a better clinical outcome, even in a tense situation, without resorting to incivility? Should all doctors be expected to behave in a civil fashion all the time? Is civility being sufficiently taught and modelled in medical training programs and beyond?

Embracing Civility

It appears, then, that a civil approach to relationships in the workplace has merit, but there are many questions to explore. While most doctors interact with others in a civil manner most of the time, anyone can experience lapses occasionally. And based upon referrals to the OMA Physician Workplace Support Program, it appears that some doctors lapse more often than others.

When the many dimensions of civility are considered more closely, it appears that there is much that can be learned about the causes of incivility and the strategies that can be adopted to foster civil behaviour, even at times of risk.

As such, I offer the following as Five Fundamentals of Civility for Physicians:

1. Respect Others and Yourself
2. Be Aware
3. Communicate Effectively
4. Take Good Care of Yourself
5. Be Responsible

Subsequent articles will examine each of these fundamentals in greater detail.

Dr. Michael Kaufmann is Medical Director of the OMA Physician Health Program (http://php.oma.org/) and Physician Workplace Support Program.

References

Don’t let the chilly weather get you down this winter!

OMA members have access to special offers and savings from OMA Advantages vendors this winter:

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Amidst claims of abuse and illegal activity, the federal government sought to improve the program and to create a new commercial industry with quality-controlled production. Consequently, new federal regulations were introduced in June 2013, and will be fully implemented effective April 1, 2014.

The new Marihuana for Medical Purposes Regulations (MMPR) substantially change how patients obtain medical marijuana and the roles Health Canada and physicians assume in this process. Health Canada will no longer produce or sell dried marijuana to patients, and personal production by patients will not be permitted. The only legal source of medical marijuana will be designated producers licensed as such by Health Canada.

Furthermore, patients will no longer apply to Health Canada for authorization to possess. The patient must now consult with a prescribed health care practitioner and obtain a signed medical document, analogous to a prescription. The medical document must include specific physician information such as name, profession, licence information, business address, etc. In addition, the daily amount to be used (in grams) and the period of use must also be included. The period of use cannot exceed one year. A sample medical document can be found on the Health Canada website.

Scientific Evidence

The medical document is akin to a physician prescription, which poses some unique concerns with respect to dried marijuana. According to Health Canada, cannabis is not an approved therapeutic product. However, federal rules and regulations indicate that research and testing must be undertaken to establish safety and efficacy before a substance can be prescribed.
This places physicians in the precarious position of being asked to prescribe a drug that has not undergone the same rigorous testing as other pharmaceuticals. The MMPR is intended to treat dried marijuana as much as possible like other narcotics used for medical purposes. The lack of scientific evidence surrounding medical risks and therapeutic benefits complicates this objective.\textsuperscript{5,6}

Health Canada has published an information document for health care professionals on cannabis and the cannabinoids.\textsuperscript{6} This document presents peer-reviewed scientific and medical literature on potential therapeutic uses, precautions, and harmful/adverse effects of marijuana. The document indicates that while there is some anecdotal information about the therapeutic value of cannabis, limited clinical studies exist to demonstrate safety and efficacy.

The Canadian Medical Association (CMA), the Federation of Medical Regulatory Authorities of Canada (FMRAC), and the College of Family Physicians of Canada (CFPC) strongly oppose the new regulations and have expressed concern that physicians are being expected to prescribe treatments in the absence of reliable clinical data. According to FMRAC, it is not possible to standardize the dosage, appropriate blood concentration, health benefit or route of administration for dried marijuana.\textsuperscript{8} The CMA advocates for the development of best practice guidelines and providing clinical resources to physicians in a usable format.

While the Health Canada information document mentioned above does review scientific literature regarding the use of medical marijuana, it is not presented as a guideline and does not express any conclusions about the appropriate use of cannabis or cannabinoids for medical purposes.\textsuperscript{6}

**Regulatory Concerns**

Under the existing CPSO Medical Marijuana Policy, physicians are not obliged to complete a medical declaration for patients seeking authorization to possess marijuana. Physicians are advised to proceed with caution if they choose to provide the declaration.\textsuperscript{9} In light of the upcoming regulatory changes, the CPSO Policy is currently under review.\textsuperscript{6,10}

To assist physicians in fulfilling their professional obligations, the CMPA does provide some guidance when treating a patient who has requested a medical document under the MMPR. The CMPA indicates that physicians should only sign the medical document if they have the necessary clinical knowledge to partake in a meaningful consent discussion with patients. All consent discussions should also be documented in the patient’s medical record. Most importantly, the CMPA notes that physicians are not compelled to complete the medical document for medical marijuana if they are unfamiliar with the treatment usage or feel it is medically inappropriate. For more information, please consult with the CMPA and refer directly to the October 2013 CMPA communication.\textsuperscript{2}

Although the completion of the medical document is at the discretion of the physician, patients may complain to the CPSO or take other action if the physician refuses the patient’s request. The physician-patient relationship could be negatively impacted as the physician may be blamed for denying the patient access to medical marijuana and being forced to obtain the product illegally.\textsuperscript{11} Despite these potential outcomes, the CMPA still maintains that the physician only prescribe medical marijuana if he or she has the requisite knowledge to do so and feels it is medically suitable.

Physicians who do “prescribe” medical marijuana may also be reported to the CPSO under certain circumstances. The MMPR states that licensed producers of dried marijuana must provide the CPSO with “any factual information” that has been obtained about a health care practitioner if it is needed for an official investigation, a license application, or if the CPSO has reason to believe the health care practitioner has engaged in unauthorized practice.\textsuperscript{2,12} Furthermore, the MMPR amends the Narcotic Control Regulations to require the federal Minister of Health to report physicians to the CPSO if the physician has contravened certain rules of conduct or federal legislation. This could result in a criminal investigation or charges being laid.\textsuperscript{2,13}

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Ongoing Issues
Some organizations are critical of the limited presence Health Canada will maintain once the MMPR are fully implemented. There will no longer be a central federal authority overseeing access to medical marijuana or ensuring that administration and use of the product is not harmful. The physician is being asked to provide the patient with a legal exception to possess an otherwise prohibited, untested drug; it can be argued that such a decision should rightfully be made by the government, not individual health care practitioners. According to a 2013 CMA online survey, 92% of Canadians think it is important for Health Canada to maintain an oversight role until guidelines are put in place for physicians.7

In the absence of direct government involvement, stakeholders are calling for greater federal investment in scientific research on the clinical risks and benefits of medical marijuana. Physicians must also be equipped with up-to-date information/education on the utilization of marijuana for medical purposes. This could include knowledge translation activities to convert research into user-friendly education tools, development of best practice guidelines, or establishing a compulsory licensing and training program to ensure ongoing competence.7 Reliable scientific research and continued educational support will allow physicians to make knowledgeable decisions about prescribing dried marijuana and whether it is medically required.8

Endnotes
a. An application under the MMAR required the patient to obtain a signed declaration from the treating physician, attesting to the nature of the medical condition and that alternative therapies were attempted and deemed ineffective. Health Canada then determined whether access would be granted to the patient once the application was received.
b. As of November 2013, 2,418 Ontario physicians support active authorizations to possess medical marijuana.
c. Section 1(1) of the MMPR defines health care practitioners as “medical practitioners or nurse practitioners.” However, the nurse practitioner must be permitted to prescribe dried marijuana in the province in which he or she practises.
d. Health Canada acknowledges that “scientific evidence does not establish the safety and efficacy of cannabis to the extent required by the Food and Drug Regulations for marketed drugs in Canada.”
e. The CPSO continues to expect physicians to adhere to College policies and safe prescribing practices.
f. For example, under Section 57(a)(ii) of the Narcotic Control Regulations C.R.C., c.1041, the Minister must provide written factual information about a health care practitioner to the CPSO if the Minister has reasonable grounds to believe the practitioner (a) contravened a CPSO rule of conduct; (b) was found guilty of a designated drug offence; or (c) contravened the Narcotic Control Regulations or the MMPR.

References
13. Narcotic Control Regulations C.R.C., c.1041, s 57(a)(ii).
Recently, the OMA launched a new interactive online survey tool called ThoughtLounge, which offers members the opportunity to provide timely input on a wide range of health care topics, as well as OMA policy, positions, and strategy.

ThoughtLounge is a standing, online focus group — or “e-panel” — that consists of OMA members who are willing to help inform directions, policy and various subjects of critical importance to Ontario doctors.

An invitation to join the ThoughtLounge was provided as part of the recent OMA communications survey. To date, more than 220 members have registered.

ThoughtLounge participants are asked to complete a brief introductory questionnaire that is designed to ensure that members receive only relevant surveys. An email notification is provided whenever a new survey is posted online.

The number of surveys sent to each participant will be limited to a maximum of 10 per year. Individual surveys will take between six and eight minutes to complete, and there will be regular incentives and annual prize draws to thank members for their time and effort.

Anticipated topics for early focus include member communications preferences, end of life care, health policy, government influence, public policy discussions, and challenges faced by the broader health care system.

From these topics, the OMA can enable members to engage with and provide feedback on policy papers prior to publication, join discussions on significant topics being brought forward by the Association, inform decisions on important strategic initiatives, and provide commentary on draft communication materials.

The OMA has partnered with Vision Critical, the Canadian parent company of Angus Reid polling, to create ThoughtLounge. Considered a world leader in e-panel deployment, Vision Critical’s other clients include the Canadian Medical Association and other respected Canadian companies.

ThoughtLounge can be accessed across all electronic platforms, including smartphones, tablets and other devices. Any information provided will be held securely between Vision Critical and the OMA.

To learn more, or register to participate, please visit: www.thoughtlounge.ca

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Ontario’s Doctors Are Making Health Care Better

As well, the OMA has attracted over 1,000 new Twitter followers, bringing the total number of OMA followers to more than 11,400 (see Twitter Stats graphic inset right).

More than two dozen Ontario physicians are currently profiled on OntariosDoctors.com. Members are encouraged to visit the site to read about colleagues’ innovative work and achievements, and to recommend physicians to be featured in the campaign. Suggestions may be forwarded to publicaffairs@oma.org.

Other new additions to the OMA public website include dynamic infographics that offer “Fast Facts” about the Ontario health care system, and a daily “Reading List” that summarizes health issues in the news. The “Keeping You Healthy” section offers an interactive presentation of health and wellness resources drawn from the OMA’s extensive health promotion file.

There are many ways for members to support the OMA’s integrated communications campaign. Please see the sidebar at right for details.

THE OMA’S LONG-TERM STRATEGIC INTEGRATED COMMUNICATIONS PLAN CONTINUES TO GENERATE A POSITIVE RESPONSE. OUR NEW PUBLIC-FACING WEBSITE — ONTARIOSDOCTORS.COM — HAS ATTRACTED MORE THAN 52,000 UNIQUE VISITORS AND 97,000 PAGE VIEWS SINCE ITS LAUNCH LAST NOVEMBER.

Other new additions to the OMA public website include dynamic infographics that offer “Fast Facts” about the Ontario health care system, and a daily “Reading List” that summarizes health issues in the news. The “Keeping You Healthy” section offers an interactive presentation of health and wellness resources drawn from the OMA’s extensive health promotion file.

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Breakdown by the Numbers

Ontario has a population of 13.5 million

Ontario’s doctors: 330,000

Twitter Stats

Since January 1, 2014:

Followers: 11,416
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The new OMA website features a variety of physician profiles and resources generating strong public interest.
Join the **OMA Political Action Network today!**

The OMA Political Action Network (PAN) is an important grassroots advocacy network dedicated to building long-term, constructive relationships between physicians and politicians, and advancing health care issues in the local community.

Physicians who are interested in advocacy are encouraged to join PAN to help strengthen the Association’s influence and recognition.

PAN members are supported by the OMA Public Affairs Department and have access to training opportunities, background materials, fact sheets, and related resources to help in delivering consistent, impactful messages to politicians on specific matters, such as proposed legislation or public awareness issues.

PAN members also receive “Political Check-Up,” an internal e-newsletter that provides continuing updates on emerging issues of interest to physicians and the medical profession, legislative highlights, news about OMA advocacy initiatives, and upcoming opportunities to engage with politicians.

New members of PAN are requested to complete a brief confidential questionnaire to identify individual areas of expertise and interest.

Extensive information is available for member viewing on the secure OMA website under “Programs and Services/Political Action Network.”

If you are interested in joining PAN, please send an email to: politicalactionnetwork@oma.org

If you have any questions about PAN or physician advocacy, please contact OMA Public Affairs Executive Director Nancy Webb at nancy.webb@oma.org or 1.800.268.7215, ext. 2964.
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Dr. Hall F. Chew, assistant professor, University of Toronto, presented “Contact Lens-Related Eye Disease.”

Dr. Chew outlined several important points related to the wearing of contact lenses. He said that contact lens use can aggravate allergies and dry eyes, and wearers need followup care as corneal neovascularization, giant papillary conjunctivitis, and corneal warpage can be asymptomatic.

Dr. Chew told delegates that patients must be aware when buying contact lenses online that they need periodic monitoring by optometrists, opticians, and ophthalmologists, as comprehensive eye care can also screen for unrelated problems and check for proper fit and use of contacts.

Dr. Chew advised physicians to remind patients that they must follow correct contact lens care and hygiene: they must not sleep, swim or shower with contacts; only clean contacts with lens-cleaning solution (never use water); change contacts as recommended; and wash hands thoroughly before placing and removing contacts.

“Patients should remove contact lens if symptomatic, and seek care right away if there is no improvement,” he said.

In discussing various problems that may occur with the wearing of contact lenses, Dr. Chew recommended the following:

- **Pain**: If pain decreases after lens removal, this may suggest an allergy. Itching favours an allergy, and so does mucus discharge. If the problem gets better after stopping lens wear, and recurs when lenses are resumed, it is lens-related.
- **Sterile infiltrates**: Patients often complain of pain and light sensitivity. This can be caused by hypoxia or a reaction to cleaning solutions. If in doubt, treat as infected.
- **Giant papillary conjunctivitis**: This could be an allergic reaction to the coating on the contacts that causes itching, mucus, and papillary reaction superior tarsus. Prevent with enzyme cleaners, frequent lens replacement, and daily disposable contact lenses.
- **Reactions to preservatives in solutions**: There can be a toxic and allergic reaction to preservatives that causes redness, peripheral infiltrates, and chronic follicular conjunctivitis. Use preservative-free lubrication and daily disposable contacts.
- **Limbal stem cell deficiency**: Toxic and allergic reaction to preservatives, and contact lens over-wear, cause this rare condition, which can lead to blindness. Discard lens and
use preservative-free lubrication. In severe cases, allogenic limbal stem cell transplantation, with systemic immunosuppression, may be required.

Dr. Chew urged delegates to take an ocular history when treating patients who may have complications due to contact lenses.

Update On Age-Related Macular Degeneration

Dr. Daniel Weisbrod, lecturer, University of Toronto, provided an “Update on Age-Related Macular Degeneration” (AMD). Dr. Weisbrod told delegates AMD is a condition affecting adults over the age of 50, and comes in two forms: non-exudative (dry) AMD and exudative or neovascular (wet) AMD.

Changes that occur in dry AMD are usually slow, and visual acuity is usually only mildly affected. Neovascular AMD is the more advanced form of the disease and affects fewer than 15% of patients with AMD. It occurs when there is bleeding or swelling under or within the macula secondary to the development of choroidal neovascularization (CNV). Symptoms include blurring or distortion of vision; the symptoms may be mild, but are often severe, with significant loss of central vision.

Dr. Weisbrod outlined treatment for dry AMD, which includes antioxidant vitamins. These are specially formulated vitamins indicated in patients with moderate-to-severe dry AMD.

“These vitamins are associated with a decreased risk of disease progression and vision loss of 20% to 25%,” he said.1

Other factors recommended in the management of dry AMD include cessation of smoking, UV protection, and a diet rich in fish and vegetables. Patients should also be educated about AMD and told to report vision changes, such as reduced or distorted vision, so they are evaluated by an eye specialist promptly.

Treatment for neovascular AMD now includes treatment with anti-vascular endothelial growth factor (anti-VEGF) agents as the standard of care in CNV secondary to neovascular AMD.

VEGF is the primary angiogenic factor involved in proliferation and migration of endothelial cells. It is “up-regulated” in hypoxic states, such as retinal vascular diseases (e.g., diabetic retinopathy, retinal vein occlusions.) VEGF is necessary and sufficient for the development of neovascular AMD. Anti-VEGF agents used in clinical practice include ranibizumab (Lucentis) and bevacizumab (Avastin). These medications are delivered by intravitreal injection.

Dr. Weisbrod told delegates that Lucentis is a recombinantly produced, humanized, monoclonal antibody fragment to all VEGF isoforms.
"It is expensive, but proven effective and safe in the treatment of AMD in two major randomized controlled trials published in the New England Journal of Medicine," said Dr. Weisbrod, adding, "the studies showed that stabilization of vision occurred in 95%, and significant vision improvement occurred in 40%, of patients treated with intravitreal Lucentis,” he said. 2,3

Oculoplastics Illusions (Masquerades) “The Fine Art of Oculoplastics” was the topic of a presentation by Dr. Edsel Ing, associate professor, University of Toronto. Dr. Ing told delegates that in eyelid disorders, blepharospasm and hemifacial spasm are not to be confused with psychiatric disorders/nervous tics. He advised to look for eyelid mimics of infectious conjunctivitis, as the “entropion and floppy eyelid syndrome” can cause a red eye and mucoid discharge. “Entropion can be intermittent, so ask the patient to squeeze the lids if you suspect this. Entropion can cause corneal ulcer and, rarely, globe perforation,” he said.

Floppy eye syndrome can cause morning conjunctivitis and may be associated with sleep apnea, optic neuropathy, and other systemic and ocular problems. Dr. Ing advised delegates to “Always remember to evert the lids to exclude lesions in the fornix. With a chalazion, the lipid granuloma often spontaneously resolves with warm compresses. Chalazia are very common and can be mimicked by many other lesions, including eyelid cancer.” He said to beware of the unilateral blepharitis, or non-resolving chalazion.

**Eye Care Treatment Tips For Family Physicians**

“Acute onset strabismus and diplopia in an adult patient is usually a sign of neurological or neuromuscular disorder.”

_Dr. Fariba Nazemi, University of Toronto_

“If there is unilateral or asymmetrical damage to the afferent visual system (retina, optic nerve) when you swing the flashlight from the normal side to the affected side, you will see paradoxical dilation of the pupil on the affected side.”

_Dr. Lawrence Weisbrod, University of Toronto_

“Early detection and treatment are keys to preventing vision loss from glaucoma. The primary Open Angle Glaucoma risk factors are age, family history, elevated eye pressure, nearsightedness or farsightedness, African, Hispanic, or Asian ancestry, diabetes, previous eye injury, or thin cornea.”

_Dr. Sherif El-Defrawy, University of Toronto_

“The following never cause an RAPD (relative afferent papillary defect) — cataract, corneal scar, refractive error, vitreous hemorrhage, cortical blindness, functional visual loss.”

_Dr. Lawrence Weisbrod, University of Toronto_

In Angle Closure Glaucoma, symptoms include severe eye or brow pain, redness, blurred vision. Signs are red eye, hazy cornea, mid dilated pupil, high intraocular pressure — this is a medical emergency.”

_Dr. Sherif El-Defrawy, University of Ontario_

“A large and cloudy cornea is the hallmark of infantile glaucoma. This occurs in one in 1,000 births and congenital glaucoma is an emergency — refer infants urgently!”

_Dr. Robert Adam, University of Toronto_

“With an obstructed nasolacrimal duct, patients have either epiphora or mucopurulent discharge. Irrigation is diagnostic. This can be treated with Dacrycystorhinostomy. Watch for Dacryocitis.”

_Dr. Robert Adam, University of Toronto_

“Tonometry is not as important acutely as you may think; pupils are the key to acute glaucoma.”

_Dr. John Lloyd, University of Toronto_

“Any condition that severely reduces the vision in one eye to the point that disrupts binocular vision can cause eye deviation. In children, the eye with poor vision tends to turn toward the nose (esotropia) and in an adult, the eye with poor vision usually turns outward (exotropia).”

_Dr. Fariba Nazemi, University of Toronto_

“Signs of eyelid malignancy include lash loss, Telangiectasia, skin ulceration, irregular border, and variegation.”

_Dr. Edsel Ing, University of Toronto_

“Floppy Lid Syndrome is a cause of chronic conjunctivitis. Often in males, obese, who sleep on the stomach and the lids evert at night causing irritation. This is associated with sleep apnea. This may require a shield at night or lid surgery. The pearl is — do not sleep on your stomach.”

_Dr. Jed Rabinowitch, University of Toronto_

“The Red Reflex Test (Bruckner Test) is more useful if done simultaneously on both eyes allowing comparison.”

_Dr. John Lloyd, University of Toronto_

“A diagnosis usually requires a CT scan in orbital diseases.”

_Dr. Edsel Ing, University of Toronto_
that is actually sebaceous carcinoma. Sebaceous carcinoma can metastasize and is potentially lethal.

Basal cell carcinoma is the most common eyelid malignancy, and Dr. Ing told his audience to suspect eyelid malignancy rather than chalazion if there is marked sun exposure, bleeding, non-healing lesion, progressive lesion but no prior chalazia.

“Signs of eyelid malignancy include the table, opposite, with respect to diagnosing patients with orbital disease.

Signs of orbital disease include rubor, calor, proptosis, vision loss, relative afferent papillary defect (RAPD) dyschromatopsia, and dysmotility. He stressed that the diagnosis usually requires a CT scan.

Dr. Ing outlined several points in the table, opposite, with respect to diagnosing patients with orbital diseases.

Barbara Klich is a Toronto-based freelance writer.

References


Diagnosing Patients With Orbital Disease: Key Points For Physician Reference

<table>
<thead>
<tr>
<th>Orbital Cellulitis</th>
<th>Orbital Inflammatory Syndrome</th>
<th>Graves Orbitopathy</th>
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<td>Very frequent</td>
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<td>No</td>
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<tr>
<td>Extraocular Muscle Involvement</td>
<td>Any muscle tendon involved</td>
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<td>Steroids</td>
<td>Steroids</td>
<td>Steroids</td>
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<tr>
<td>Only after response to appropriate antibiotic</td>
<td>Initial prednisone 1mg/kg marked improvement in 48 hours</td>
<td>Pulse steroid may improve, but does not reverse severe orbitopathy (Rituximab*)</td>
</tr>
</tbody>
</table>

*Rituximab may be an alternative to pulse steroids.*
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Kitchener to host 2014 Bonspiel, November 27-29

Ontario Medical Bonspiel 2013 results:
Niagara Falls draws 32 teams to 62nd annual event

by Jennifer Csamer
OMA Corporate Affairs Department

More than 120 curlers took part in the 2013 Bonspiel, which took place at the Niagara Falls Curling Club and the St. Catharines Curling Club.

Robert Wintemute Team Trophy
The Robert Wintemute Team Trophy is awarded annually to a participant who has demonstrated support for the Bonspiel over an extended period of time. The winner of the 2013 trophy is Dr. Stan Litch of Elora, who has curled with the Guelph rink for over 25 years.

Inter University Challenge Cup
Introduced in 2009, the OMA-sponsored Inter University Challenge Cup is awarded annually to the team of medical students that achieves the highest score over the two days of curling.

A total of three university teams — all from Western University — participated in the 2013 event. Medical student Ben Beech and his team were the winners of the 2013 Cup.

2014 Ontario Medical Bonspiel
The 2014 Bonspiel will be held in Kitchener during the weekend of November 27-29. We urge everyone to recruit new teams for the 63rd annual event. To encourage both returning and new curlers, we will continue to offer the following incentives:

- The first team of medical students from each of the six provincial medical schools will receive free entry, and all medical student teams will compete for the Inter University Challenge Cup.
- Any existing team that sponsors a new team (that has never participated in the OMA Bonspiel) will be rewarded a “finder’s fee” consisting of $25 off of the entry fee for each curler.

The fees cover four curling games over two days, as well as the Thursday evening reception, the Friday night dinner, and breakfast and lunches at the curling clubs on both days.

Fees
Fees for the 2014 event are as follows:

- Medical Students: $400 + 13% HST = $452 per rink ($100 per person + taxes = $113)
- Residents: $480 + 13% HST = $542.40 per rink ($120 per person + taxes = $135.60)
- Physicians: $1,000 + 13% HST = $1,130 per rink ($250 per person + taxes = $282.50)

Non-physicians are also invited to participate, however, this is limited to one non-physician per team. The non-physician is allowed to play the front-end only (i.e., lead or second).

To obtain information on the 2014 Ontario Medical Bonspiel, or to register, contact Jennifer Csamer, OMA Corporate Affairs Department, at jennifer.csamer@oma.org, or 416.599.2580/1.800.268.7215, ext. 3461.

Results of the 2013 event, including photos of the winning rinks, appear opposite.
### Event #1: Pearl Ebenau Memorial OMA Trophy

1st: Peter Eddenden, Oakville – skip (Gary Veenman, John Kyes, Charles Tan)
2nd: Andy Stapleton, Sutton – skip (Bruce Lanktree, John Hall, Kelly Stapleton)
3rd: Fred Jewson, St. Marys – skip (Peter Johnston, Fred Netherton, Eric Barker)

### Event #2: Erna Walker Recognition Trophy

1st: Rick Irvin, Barrie – skip (Bill Taylor, John Maher, Doug Fiddler)
2nd: Adam Dukelow, Port Stanley – skip (Nimesh Desai, Andy Pope, Scott McKay)
3rd: Jamie Gregor, London – skip (Norm Muirhead, John Kusnierczyk, Greg Eigner)

### Event #3: Shouldice Memorial Trophy

1st: Gerry Rowland, Tillsonburg – skip (Alan Hudak, Denyse Richardson, Larry Patrick)
2nd: Bob Hunter, Waterloo – skip (Brian Finn, Brian Traviss, Rich Tieg)
3rd: Tom Bell, Peterborough – skip (Judith Meade, Scott Ferrier, Terry Wilson)

### Event #4: Archie Grace Memorial Trophy

1st: Andy Gray, London – skip (Frank Myslik, Steve Bisch, Andrew Hemphill, Bob Hemphill)
2nd: Paul Willoughby, Woodstock – skip (Rob Humphrey, Joe Brioux, Malcolm McLeod)
3rd: Matt White, Kingston – skip (Ernie Ebert, Lesley Roberts, Mercedes Pilkington)

### Event #5: MD Management Trophy

1st: Bruce Wilton, Lakefield – skip (Mike Wilton, Blake Gibb, Sam Wong)
2nd: Ben Beech, London – skip (Dave Schulz, Rory Peca, Mathias Fricot)
3rd: John Scarrow, Sarnia – skip (Alex Gray, King Mahon, John Scholz)

### Inter University Challenge Cup

1st: Ben Beech, Western – skip (Dave Schulz, Rory Peca, Mathias Fricot)
2nd: Josh Burley, Western – skip (Theoren Judson, Matt McNevin, Arend Strikwerda)
3rd: Jordan VanderEnde, Western – skip (Ryan Wilson, Doug Motomura, Chris Goodman)
Presenting insurance information in a way that creates value and interest for physicians

by Bruce Palmer
Managing Director, OMA Insurance Services

Among the many challenges we face at OMA Insurance Services is how best to let you know about what we do, about the risks you face, the insurance solutions available, the details of the solutions you choose to implement, and the changing nature of your needs and insurance products you may already own.

These challenges are the result of a number of factors:
• You are inundated with information. The technical literature related to medicine and health care alone could occupy every moment of your day if you let it. And then there is everything else related to the operation of your practice.
• You are an ideal target market, representing a broad spectrum of ages, cultural backgrounds, and both genders. You are well educated, highly respected, your skills are in demand, and you tend to tell your colleagues about good ideas and opportunities that cross your path. In short, you represent an ideal and varied market for any retailer or provider looking to promote a product or service — all of which results in even more information coming your way.
• You have busy lives. You work long hours on average, spend time with your family, and are involved in the community and/or with various professional organizations (like the OMA). Many of you may also have hobbies and recreational activities that you enjoy pursuing. In addition to requiring your time and attention, many of these activities also tend to create their own stream of communication.
• You are not insurance experts, and insurance has a great deal of jargon to wade through — some of which can be complex, and may not always mean what you might expect. Many of you have neither the time nor the inclination to spend all day thinking about insurance the way we do here at OMA Insurance Services.

All of these factors combined beg the question: How can we present insurance-related information in a manner that creates value and interest for you? This is not a trivial issue — your well-being and security may depend on it.

How OMA Insurance Creates Value For You: Recent Examples
• In 2012, we added an extra $1,500 into a Health Spending Account for all members of the Physicians Health Benefit Program through OPIP (OMA Priority Insurance Program). This was a “free” $1,500 to spend on any expense that was recognized by Canada Revenue Agency (CRA) as a qualifying medical expense, including medication, eyeglasses, health care costs, dental expenses, even premiums on health care insurance. Under CRA rules, you were given two years to use the $1,500 and a further 90 days to submit expenses. If you didn’t use it, tax rules require that you lose it. We developed and deployed 11 communications pieces on this subject over a 13-month period, including articles in the OMR, ads in the OMR, direct mail postcards, updates in the OMA
I use these examples to demonstrate that even when we try really hard, even when we have messages that would seem to be of interest and value to you — certainly messages that affect your financial well-being — it is difficult to catch your attention among all the other “stuff” that you are continually bombarded with.

We are always working on new communications strategies, and our ideas range from old-fashioned (we could mail you a post card) to leading edge (how do we get it on Instagram?) to all sorts of things in between (ads, social media, inserts in other mail pieces, text messages, updating our website). But at the end of it all, we still struggle with standing out in a world of sameness — yet we know we are not the same as any other insurance operation.

We at OMA Insurance are not here to flag a product or earn the next commission cheque. We exist solely to serve physicians and their families. We are dedicated to helping you understand the risks you face and the solutions available to you. We are here to give you advice on what you should or should not buy in order to address your risks. We strive to support you in implementing the actions you decide upon as quickly as possible, while choice exists, because we know that filling out an application today always gives you the option to change your mind tomorrow, whereas waiting until tomorrow to complete an application might result in the choice being taken away from you.

We honestly believe you will find value in what we have to say, at least most of the time. So, the question remains: How can we present insurance-related information in a manner that creates value and interest for you?

I would truly appreciate hearing your thoughts. I can be reached by email at bruce.palmer@oma.on.ca, on LinkedIn at http://www.linkedin.com/in/bhpalmer, or write to me at OMA Insurance, 150 Bloor Street West, Suite 900, Toronto, Ontario, M5S 3C1.

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Changes to Senior Driver Renewal Program

The Ministry of Transportation (MTO) has announced changes to the Senior Driver Renewal Program (Ontario.ca/seniordriver). Currently, all drivers over the age of 80 must be assessed every two years in order to have their licence renewed. The current assessment includes an eye test, a group education session and a multiple-choice driving test. In April of this year, MTO will implement a new two-part cognitive skills assessment. This will replace the current process. A driver who fails either component of the assessment will either be sent for a driving test or referred to a physician for a medical assessment.

MTO believes this new assessment program will benefit both the public as well as senior drivers. Both components of the cognitive skills assessment were selected based on evidence-based research that suggests these are effective tools in identifying dangerous drivers.

The new Senior Driver Renewal Program will have no impact on the current Ministry of Transportation medical review process or on physicians’ mandatory reporting obligations under the Highway Traffic Act.

OMA Staff Contact: Ada Maxwell-Alleyne (ext. 2942)

CPSO Policy on Providing Physician Services During Job Actions

The College of Physicians and Surgeons of Ontario (CPSO) has revised its existing policy that outlines physicians’ responsibilities in the event of a job action. The draft policy emphasizes that physicians must take patients’ best interests into account when considering a job action. Further, physicians should take steps to mitigate the adverse impact a withdrawal of services may have on the patient. Finally, the policy states that physicians should provide “urgent” medical care during job actions. Defining “urgent” care is a matter of professional judgment.

In commenting on the draft policy, the OMA has stated that the policy must accurately reflect physicians’ obligations to their patients as well as physicians’ right to take measured job actions as a way to address labour, employment or contractual issues.

OMA Staff Contact: Ada Maxwell-Alleyne (ext. 2942)

Local Health System Integration Act Review

The Standing Committee on Social Policy is undertaking a review of Local Health Integration Networks and their governing legislation, the Local Health System Integration Act (referred to as the LHSIA Review). The purpose is to examine the LHINs’ fulfilment of their obligations under the Act, and their performance with respect to incorporating local representation, accountability, and transparency and input into their decision-making processes.

The OMA circulated an email-based questionnaire to members in January 2014 soliciting feedback on how physicians have, or wish to experience, engagement with the LHINs. More than 1,000 members responded and identified a number of issues with the LHINs. Many members want greater communication, meaningful consultation, and more regional autonomy for the LHINs, while others question the validity, role and relevance of the LHINs.

The OMA submission opposed the extension of LHIN planning authority to include physician services and related programs and services. The submission offered caution on amending the current LHIN boundaries and focused on the need to better co-ordinate cross-boundary care for patients. The OMA encouraged the development of a culture of partnership with physicians to improve integration, rather than a command and control approach.

Further updates will be provided as the Standing Committee continues the LHSIA Review.

OMA Staff Contact: Peter Brown (ext. 2989)
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–Jonathan Chevreau, Editor of Money Sense Magazine

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OMA Board Report:
Summary of Resolutions
February 5-6, 2014

Following are the resolutions from the OMA Board of Directors meeting that took place February 5-6, 2014:

Health Policy
• “That the Board support the Canadian Organization of Medical Physicists’ proposal, ‘Submission to MOHLTC on The Recognition of Medical Physicists as Radiation Protection Officers’ dated November 29, 2013.”

• “That the Board approve the OMA Submission to the College of Physicians and Surgeons of Ontario’s Draft Policy: Providing Physician Services During Job Actions.”

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Head, Civil Litigation Department
Tel: 416 777 5454 | nabramson@torkinmanes.com

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IN MEMORIAM

The OMA would like to express condolences to the families and friends of the following members.

Butler, Kenneth Rupert
Toronto
University of Toronto, 1950
December 2013 at age 92

Chandu-Lall, J. Anand
Kingston
Madras University, 1958
December 2013 at age 81

Dimitriu, Dinu
Toronto
University of Bucharest, 1950
January 2014 at age 92

Ellins, Mary Lucile
Burlington
McMaster University, 1980
December 2013 at age 61

Fox, A. Mervyn
London
University of London, 1960
November 2013 at age 77

Fox, A. Mervyn
London
University of London, 1960
November 2013 at age 77

O’Halloran, Margaret C.
St. Catharines
University of Glasgow, 1958
September 2013 at age 78

Scales, P. Elaine
Nepean
McMaster University, 1982
November 2013 at age 60

Sloan, Wilfred George
St. Thomas
University of Western Ontario, 1956
November 2013 at age 82

Solursh, Lionel Paul
Augusta, GA, USA
University of Toronto, 1959
November 2013 at age 77

Nkut, Alfred Ndenkeh
Sudbury
Université de Yaoundé, 1994
November 2013 at age 48

The OMA publishes brief notices about deceased members as a service to their colleagues. Information concerning these members should be sent to carlene.nash@oma.org. If you know a colleague or a relative of a deceased member who has practice-related questions and needs advice, or would like an information package on winding down a practice, please have them contact Practice Management and Advisory Services at 1.800.268.7215, or email practiceadvisory@oma.org.
In need of medical-legal advice?

OMA Legal Services can provide advice to members on issues relating to practice:

Inquiries should be directed to OMA Legal Services:

Jim Simpson
Tel. 416.340.2940 or 1.800.268.7215,
Ext. 2940
Email: jim.simpson@oma.org

Robert Lee
Tel. 416.340.2934 or 1.800.268.7215,
Ext. 2934
Email: robert.lee@oma.org

Adam Farber
Tel. 416.340.2894 or 1.800.268.7215,
Ext. 2894
Email: adam.farber@oma.org

Jennifer Gold
Tel. 416.340.2889 or 1.800.268.7215,
Ext. 2889
Email: jennifer.gold@oma.org

Best Billing Practices for the Medical Office

The Ontario Medical Association is facilitating a full-day seminar on Best Billing Practices for medical office billing staff. Our expert panel includes:

- Workplace Safety and Insurance Board (WSIB)
- Ontario Medical Association (OMA)
- Local primary care physician

LONDON: Wednesday, March 26, 2014
9:00 a.m. – 3:30 p.m. Delta London Armouries

HAMILTON: Thursday April 10, 2014
9:00 a.m. – 3:30 p.m. Sheraton Hamilton Hotel

THUNDER BAY: Thursday May 8, 2014
9:00 a.m. – 3:30 p.m. Valhalla Inn

TORONTO: Tuesday June 3, 2014
9:00 a.m. – 3:30 p.m. Toronto Don Valley Hotel & Suites

All course material, breaks and lunch are included in the registration fee of $200.00. Space is limited, so be sure to reserve a spot early!

For further information and to register, email practicemanagement@oma.org or call 1.800.268.7215, ext. 2850.
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<td>November 2014</td>
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OFFICE SPACE AVAILABLE

AAA — Kitchener office space for lease in medical building located between Grand River & St. Mary’s Hospitals, X-ray & lab facilities on-site.
Tel. 1.877.504.4114
Email: ontarioproperties@firstcapitalrealty.ca

Contact: Ibrahim
Tel. 647.818.2192

AAA/Richmond Hill — 1,350 sq. ft. medical suite in Yorkmed: Adjacent to McKenzie/York Central Hospital. For lease 5 +/- offices, large windows/lab room/large admin./waiting area. Excellent space, renovation subsidy per practice needed. Underground parking/all services in building.
Contact: Dr. J. Brown
Harding Medical Centre
Tel. 905.737.8402
Email: hardingmed@hotmail.com

Airport Road & Lacoste Blvd., Brampton: Medical offices for lease/sale — 1,000 sq. ft. and above. Huge opportunity, new development right on Airport Road, surrounded by high density executive residential community. Perfect place to open your individual practice.
Contact: Satish Thakkar
Tel. 416.995.7695 (cell)
Email: Satish@efgcanada.ca

Contact: Stephanie Settembri
Tel. 905.761.7707, ext. 302
Email: ssettembri@gottardogroup.com
Website: http://gottardoconstruction.gottardogroup.com/175mostar.php

Boxgrove Medical Centre: For lease. Four storey, 60,000 sq. ft. medical building located at 9th Line & Hwy. 407. X-ray, lab, rehab & urgent care on-site.
Tel. 416.357.7509

Burlington, ON — specialists wanted: New turnkey office with EMG & nurse. Flat rate & % rates available. Free health club membership!
Tel. 905.929.3178

Busy location on Bathurst Street: X-ray, ultrasound, lab, pharmacy on-site. Suitable for walk-in, family practice, dermatologists or other specialties. New practice or relocation.
Contact: Roshani
Tel. 647.989.3108

Doctor’s office 1,713 sq. ft. furnished and move-in condition on Sheppard Avenue near Yonge & Bayview in Toronto. Also on Bayview in Newmarket.
Tel. 416.512.6161

Etobicoke — south Royal York Road: Prime medical space available for family doctors. Lab, dentists, pharmacy on-site. Ground floor, high visibility, free parking with excellent incentives to relocate or start a new practice or walk-in clinic. Busy family-oriented neighbourhood in need of doctors.
Contact: William Kassel
Tel. 416.251.7411
Email: williamkassel@hotmail.com

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Excellent lease opportunity, Clarkson Village: 1,200 sq. ft. w/corner exposure. Contact: Aaron Cryderman, Sales Rep. Remax Realty Specialists Inc., Brokerage Tel. 905.828.3434

General practitioners/medical specialists: Retain additional income +/- $50,000 yearly. Designed around the patient with emphasis on the efficiency of a web-based EMR system, including skilled staff that enables the practitioner to enjoy the benefits of “balance in life.” Advanced Medical Group is located in historic London on the corner of Richmond Street and Victoria Street and will be ready for occupancy summer 2014. Our medical concept is leading the latest in providing technical advancements and connections that have been meticulously incorporated to support the way you have always wanted to practise without the day-to-day administrative aggravations. Main floor accredited day surgery centre providing ease of access and prime revenue opportunity. Two floors of one-stop practitioner care and two floors of senior supportive care providing sustainable practices that will always be in demand. What a beautiful way to practise! Learn more. Contact: Katherine Tel. 519.850.4646 Website: www.advancedmedicalgroup.net

Large office space for lease in the Fenelon Falls Medical Centre: Fenelon Falls offers affordable housing and a great lifestyle for outdoors enthusiasts. Suite consists of four examining rooms, office, reception, storage and washroom. 1,433 sq. ft. of rentable area including common areas. Lab, X-ray and ultrasound on-site. For more information and photos, please contact us. Tel. 647.500.6114 Email: jim.lydia@gmail.com

Licensed ambulatory surgery centre available to lease in Kingston, Ontario: Fully equipped for outpatient surgical procedures, CPSO licensed. Two large procedure rooms, sterilization rooms, pre/post-op rooms, EMR, support staff in place. Large medical clinic adjacent also available. Terms negotiable. Available for day use or on a partnership basis by interested parties. Contact: Manager Tel. 613.546.1858, ext. 105 Email: smallman@kingstoneyeyeinstitute.com

London — office space available in suite shared with two GPs: Suitable for GP or a specialist, F/T or P/T. Flexible terms. Share staff or bring your own. Potential for referrals. New professional medical building in west London. Tel. 519.488.1967, ext. 250 Email: Londonclinic@outlook.com

Medical Centre at The Boardwalk on the west side of K-W, a local initiative for integrated health care. Exceptional building with turnkey space for grads and GPs new to the region, specialist clinic, and essential medical services (cardiac testing imaging, lab, pharmacy). Opening January 2014. Contact: Cynthia Voisin Tel. 519.744.6464 Email: cvoisin@theboardwalkmedical.com or bstoneburgh@par-med.com

Medical suites available: Akron Medical Building (Lakeshore Blvd. — Parklawn), Southern Etobicoke (Mimico), high density, rapidly growing, underserved area of Toronto. All services on-site including walk-in clinic. Turnkey, risk-free rent. Contact: Domenic Rando Tel. 416.985.1396 Email: rando@rogers.com

Mississauga/ Streetsville: Suites for lease in upcoming medical centre on Queen St. S., 14,000 sq. ft., two floors. Walk-in, family practice, specialty, RMT, pharmacy, dental, optician, wellness, urgent care, sleep clinic, imaging, etc. Contact: Vivek Tel. 647.713.1900 Email: info@swanmedicalcentre.ca

Niagara Falls is in need of family physicians: Take your family practice where it’s needed! Come check out our professional medical buildings in Niagara Falls. Currently available units range in size from 754-1,600 sq. ft. There are many benefits right on-site such as: medical laboratories, X-ray, ultrasound, group practices, specialists & pharmacists. Let us work with you in designing the most suitable office space for your needs. We offer attractive terms. Call for more information. Contact: Alvin Schellenberg Tel. 289.292.0526, ext. 31

NorthWest Healthcare Properties REIT (TSX: NWH.UN) — Canada’s Healthcare Landlord: We own full-service, professionally managed medical office buildings in Ontario and across Canada. Turnkey construction management available. Competitive lease rates and attractive building amenities. We help you help your patients. Contact: Eric Midvidy Tel. 416.366.2000, ext. 2103 Email: eric.midvidy@nwhp.ca Website: www.nwhp.ca

Oshawa — office space available for family physician(s): Pharmacy next door. Please call. Tel. 905.442.7981 Email: spaceavailable@yahoo.ca

PAR-Med Realty Ltd.: Specializing in medical office building leasing, property management, and building sales. We have over 70 medical office buildings in our portfolio throughout Ontario. For leasing inquiries: Contact: Brad Stoneburgh Tel. 416.364.5999, ext. 403 Email: bstoneburgh@par-med.com Website: www.par-med.com

Psychiatrist/psychotherapist office — 235 St. Clair West: Professionally designed and newly decorated. The private waiting room connects to a large bright consultation room with separate exit. Amenities include kitchenette, inside parking, Wi-Fi and cable. Will assist new practice. Contact: Dr. Ed Brown Tel. 416.922.2028 Email: edbrown1@bellnet.ca

Rutherford/Keele — medical building, prime location: Medical space available for family doctors or any specialists. Visible to traffic. Welcome new grads. Contact: Nada Tel. 416.666.6680 Contact: Nizar Tel. 416.918.4614

Thornhill — Dufferin Clark Medical Clinic: Walk-in or family practice opening soon. FT/PT required immediately. Very attractive incentive, no split, fully equipped. Free parking. Beside a pharmacy, dentist and physio. Contact: Hany Tel. 647.501.4269 Email: hanykalac@hotmail.com
REAL ESTATE

Barrie area — gracious century home with 15 scenic acres: Located close to all amenities and the Royal Victoria Hospital Regional Health Centre. Inground pool. Wonderful family/hobby-farm milieu enjoyed for 30 years by current physician owner. Pictures and details are available at:
Tel. 705.722.0252
Website: www.propertyguys.com
Sign #701473

Collingwood, 43 acre estate on Blue Mountain: Four-bedroom chalet-style house, pond, Silver Creek with spawning trout, 18 stall barn, arena. Permit for second residence pending. Spectacular view of Georgian Bay. Use as is or build your dream home.
Tel. 416.520.9274

London, ON — in lovely Old South: Doctor’s home, five bedroom, including master bedroom suite with balcony and treetop views. Large private office. Walking distance from Wortley Village. Less than five min. to Victoria/Parkwood Hospitals. Approx. 15 min. to University/St. Joseph’s Hospitals and UWO. Please call or text.
Tel. 519.671.7711

LOCUM TENENS

Locum family physician for maternity leave: Associate urgently needed for FHO in Richmond Hill. EMR. Young patient population. Low overhead.
Contact: Dr. Araghi
Tel. 416.454.6399

Locum opportunity: Collegial office in Markham. Convenient location @ Kennedy and Hwy. 407. Maternity leave. Flexible duration. To start April or May 2014. No on-call requirements. Nurse on staff. For further details, please contact:
Tel. 416.427.1021
Email: michelletaylor@rogers.com

POSITIONS VACANT

$250/hour: GP required immediately at Mississauga outpatient clinic. Hours: 8 a.m. to 11 p.m. seven days a week.
Contact: Angela
Tel. 905.897.8928

$300 per hour minimum: Internal medicine (general and subspecialist), pediatrician, surgeon in busy outpatient clinic in Mississauga.
Contact: Dr. Stein
Tel. 416.464.0238

A F/T or P/T dermatologist needed for high-volume cosmetic and medical dermatology clinic in downtown St. Catharines. We offer a beautiful work environment, very large referral base, established cosmetic client base, and a 70/30 split. Potential to take over practice after current dermatologist retires. New and foreign graduates are welcome. Dermatologist willing to train on cosmetic procedures. To discuss opportunities, please email.
Email: info@puristederm.com
Website: www.Puristederm.com

Addiction medicine opportunity: Does the sound of operating a business with no overhead appeal to you? How about working in a stimulating, challenging environment with the most accomplished professionals in the field of addiction medicine? Bellwood Health Services, a successful, fully accredited hospital and Total Health Care Centre dedicated to the identification and treatment of addictions and addiction-related disorders has immediate openings for physicians to join the medical staff. Professional duties include conducting: pre-admission, admission, discharge and followup assessments; educational program sessions based on addiction-related topics; and weekly meetings with clients in active phase of addiction treatment. Knowledge of the physical and psychological symptoms associated with withdrawal and trauma, detox and treatment medications is required. Preference will be given to physicians who are interested and experienced in addiction medicine or mental health. Full-time and part-time positions are available. For more information, visit our website. Interested physicians are invited to fax or email their curriculum vitae.
Fax: 416.497.8134
Email: ndean@bellwood.ca
Website: www.bellwood.ca

Navigating Your CME Opportunities

Use the OMA’s Continuing Medical Education Locating Service to find the right CME opportunity for you.

With access to thousands of courses, conferences and cruises worldwide, we can customize a list of professional development opportunities for you.

You can also search our database and list of quality websites focusing on Canadian CME opportunities.

For information, contact Engagement and Program Delivery:
tf: 1.800.268.7215, ext. 2915
e-mail: library@oma.org
https://www.oma.org/Benefits/Pages/CME Locating.aspx

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Allied practitioners: Retain additional revenue +/- $30,000 yearly. Our facility is designed around the patient with the emphasis on efficiency of a web-based EMR system including skilled staff that enables the practitioner to enjoy the benefits of "balance in life." Advanced Medical Group is located in historic London on the corner of Richmond Street and Victoria Street, and will be ready for occupancy summer 2014. Our medical concept is leading the latest in providing technical advancements and connections that have been meticulously incorporated to support the way you want to run your clinic through a collaborative, non-competitive main floor medical mall. Allowing your business to grow and prosper through our built-in referral program. Main floor medical mall consisting of clinic space for chiropractic, optometric, cosmetic therapy, rehabilitation therapy, massage therapy, pharmacy, laboratory, dental, radiology imaging, podiatry and psychology services. Second floor office space for general practitioners and medical specialists, plus two floors of senior supportive care providing sustainable clinics that will always be in demand. What a beautiful way to practice! Learn more.

Contact: Katherine
Tel. 519.850.4646
Website: www.advancedmedicalgroup.net

Attention academic physicians: We are an online test preparation service for the Medical Council of Canada licensing exams. We are hiring physicians to write high quality cases for the MCCQE Part 1 and MCCQE Part 2 for our online question banks. Please contact us or visit our website for more details.

Email: subscribe@canadaqbank.com
Website: www.canadaqbank.com/careers.php

Bells Corners Medical Group looking for part-time/locum and full-time physicians as of April 2014 to join the existing practice of four doctors. We are expanding to a larger newly renovated office in Bells Corners located in a building with a lab and a pharmacy. We are a FHG and fully EMR with efficient staff including a full-time nurse. Excellent opportunity to relocate or to build up a practice. Afterhours optional.

Contact: Dr. Mouaikel or Dr. Westley
Tel. 613.596.9032
Email: bellcornersmedical@bellnet.ca


Contact: William
Tel. 647.627.4170
Email: chinguacousy-medical@hotmail.com

Brampton, Ontario: Full-time/part-time family physicians and GP psychologist required for busy family practice/walk-in clinic. Attractive modern office. Option to join FHG. High fee-for-service split or flat monthly rate. Best EMR. Tel. 416.949.3830
Fax: 647.340.2586
Email: bramptonfamilyhealth@gmail.com

Brand new clinic, Ottawa, ON: Physicians required for family practice and walk-ins. We are a family health group and equipped with PS suite EMR. Accepting new patients. Opening soon. Please check our website for regular updates.

Email: alinmorariu8@gmail.com
Website: www.hazeldeanmc.ca

Downtown Toronto — Yonge and College new medical office: Close to many hospitals. High traffic, high visibility. New, fully equipped medical office in busiest part of Yonge St., 13 exam rooms, plus three offices. EMR or paper, P/T, F/T, one of many GPs. Move existing practice or build up from walk-in clinic. Very attractive split or flat rent.

Contact: David
Tel. 416.895.4745
Email: enerhealth@on.aibn.com

Durham doctors housecall service: Currently seeking family physicians for housecalls in Durham Region. Income $250/hour plus bonus.

Contact: Lynn
Tel. 905.619.6641
Email: durhamdoctorshousecall.service@gmail.com

Family doctors wanted for housecalls in the Greater Toronto Area: $250-$400/hour. Flexible shift schedule. Work as much or as little as you choose. A flexible and lucrative way to supplement income.

Email: info@torontohousecalls.com
Website: www.torontohousecalls.com

Family or sports physician: Velocity Sports Medicine and Rehabilitation — Mississauga, ON. We are looking for a physician to join our sports rehabilitation and wellness team in Port Credit, Mississauga, Ontario. Very attractive terms available in established high volume clinic. Office administration, billing and scheduling are managed by our support team. Our operations take advantage of EMRs, automatic patient reminders, integrated scheduling and more.

Contact: Jeff Ransome
Email: jr@velocitiesportsmed.com

Family physician, specialist doctors: Brampton, ON: Our busy clinic is seeking family physicians and specialists to join our team. We are a satellite location of a family health team (FHT) and work with other allied health-care professionals. Very large patient demand, rapidly expanding patient area. Flexible P/T or F/T hours. Can move an existing practice or build up from walk-in work. Full OSCAR EMR with laboratory on-site, many high tech improvements for patients, including online appointment booking, online viewing of lab results, online messaging of health providers and staff. Full administrative support. The split is highly competitive. For more information, please contact:
Tel. 647.271.6466
Email: draarya@gmail.com

Family practice and walk-in — Danforth/Victoria Park: Physician wanted for newly renovated office, P/T or F/T to join an established practice. Friendly staff, flexible shifts, EMR, FHG options, split 85:15 first four months then 80:20. Relocate existing practice, or build from walk-in-clinic. New graduate welcome. Pharmacy, U/S, X-ray, lab & physio all close. Parking included. Supervision/mentorship can be arranged if necessary. Tel. 416.690.9000
Email: danforthfamilycare@gmail.com

Family practitioners — Toronto, ON: Medical centre is currently seeking family practitioners for family practice and walk-in clinic. Our clinic offers a competitive compensation package including guaranteed daily income with very attractive terms. EMR available. Tel. 416.754.9000
Fax: 416.754.9007
Email: blueseremedicalcentre@gmail.com
Full and part-time Ontario licenced family physicians and specialists:
New walk-in clinic in Toronto near Bathurst and Lawrence offers permanent full or part time opportunities for MD. Compensation: contract for one to five years with option to extend. First four months fixed income $5,200 or more for 40 hours per week, then negotiable split. Anticipated start date: March-April 2014. Credential: CFPC, licensure by Ontario authorities. We also offer $1,000 referral bonus for hired MD. Tel. 416.624.4641 Email: elena@vamcomp.com

Full-time family doctor & part-time walk-in doctor — East York: Busy walk-in clinic seeking a permanent F/T MD to start/move practice & P/T MDs wanting to expand income with walk-in shifts. EMR available. 70/30 split. High density area, pleasant patients. Easy to establish busy practice. Contact: Dr. Leung/Dr. Lombardi Tel. 416.425.8815 Email: Thornleamedical@yahoo.ca

Internal medicine and/or subspecialties required immediately for outpatient coverage in Mississauga. FT/PT locum. No on-call. Top take-home pay. Contact: Dr. Sekely Tel. 416.464.0238

John St. Medical Walk-In Clinic: Currently has positions available for full-time or part-time locums. This is an established clinic which only offers walk-in services. We offer attractive compensation and flexible schedule. Contact: Jessica Tel. 905.923.0098 Email: 225jsm@gmail.com

Looking for family practitioners/gynecologist (FT/PT): Innovative and upscale clinic with contemporary look, designed around the patient with emphasis on the efficiency of a web-based EMR system, web check-in, including skilled staff that enables the practitioner to enjoy the benefits of “balance in life.” Care Plex clinics are located in downtown Toronto and Kitchener/Waterloo and ready for occupancy April/May 2014. Our medical concept is leading the latest in providing technical advancement and connections that have been meticulously incorporated to support the way you have always wanted to practise without the day-to-day administrative aggrava-tions. FHG and FHO benefits available. Lucrative split with aggressive marketing plan. No upfront financial investment. New graduates welcome. Contact: J.C. Tel. 647.479.7789 Email: careers@careplex.ca

Markham and Brampton family physicians needed! Two family practice/walk-in clinics looking for physicians. We can accommodate full-time and part-time physicians. Contemporary office space and using EMR. Physician must be able to practise independently in Ontario and be in good standing with the CPSO. Great terms. Tel. 416.894.3547 Email: doctors@simplymed.ca

Medical & walk-in clinics at the corner of Steeles Ave. W. & Dufferin Street: Looking for full/part-time physicians to join our team of physicians. Competitive compensation. Admin. support & EMR are provided. Tel. 647.522.5559

Medical clinic in Hamilton: Well-established clinic looking for physician(s) to join immediately. 70/30 fee-for-service split. Use EMR (OSCAR). Billings and administration costs all covered by clinic. Contact: Meena Tel. 905.308.0659 Email: lockemedical@sympatico.ca

Medical psychotherapy clinic: Our clinic continues to thrive. We must be doing something right! Physicians needed — enjoy medicine more. Enjoy medicine again! If you have an interest in this important clinical area, we would like you to join our busy clinic. We need family doctors, GPs, GP psychotherapists, psychiatrists, semi-retired, part time or full time. We are open weekends and weekdays. We provide comfortable offices, professional staff, excellent financial arrangements, professional supervision, and CME programs are available. Contact: Dr. Michael Paré Tel. 416.229.2399 Website: www.medicalpsychclinic.org

Mississauga — 80/20 split: F/T & P/T physicians required for busy walk-in clinic. Modern computerized exam rooms, paperless. Contact: Bill Tel. 647.889.1370 Email: clinicont@hotmail.com

Medical & walk-in clinics at the corner of Steeles Ave. W. & Dufferin Street: Looking for full/part-time physicians to join our team of physicians. Competitive compensation. Admin. support & EMR are provided. Tel. 647.522.5559

Medical clinic in Hamilton: Well-established clinic looking for physician(s) to join immediately. 70/30 fee-for-service split. Use EMR (OSCAR). Billings and administration costs all covered by clinic. Contact: Meena Tel. 905.308.0659 Email: lockemedical@sympatico.ca

Medical psychotherapy clinic: Our clinic continues to thrive. We must be doing something right! Physicians needed — enjoy medicine more. Enjoy medicine again! If you have an interest in this important clinical area, we would like you to join our busy clinic. We need family doctors, GPs, GP psychotherapists, psychiatrists, semi-retired, part time or full time. We are open weekends and weekdays. We provide comfortable offices, professional staff, excellent financial arrangements, professional supervision, and CME programs are available. Contact: Dr. Michael Paré Tel. 416.229.2399 Website: www.medicalpsychclinic.org

MedVisit Doctors Housecall Service: Greater Toronto or Ottawa. P/T or F/T. Net income $250/hour + bonus. Afternoon, evening or weekend shifts. No overnight call. Drivers available to accompany physician on calls. Contact: Dr. Tom Burko Tel. 416.631.0298 or 1.800.355.6668 Email: drburko@medvisit.ca Website: www.medvisit.ca/doctors

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Multidisciplinary medical clinic in Vaughan is looking for full-time or part-time physicians to join our team of family physicians and specialists. Competitive fee-for-service split or flat monthly rate. Full administrative staff support and EMR are included. Tel. 647.522.5559 Email: careplusalliance@gmail.com

New and modern multidisciplinary health care office in Markham — looking for family physicians to join our team. Relocate current practice or build from walk-in. New grad welcome. The advantages to joining our clinic include: attractive split (as low as 85/15); beautifully designed and modern facility; plenty of parking; close proximity to Markham Stouffville Hospital, and easy access to other health-care professionals. Contact: Jennifer Johal Tel. 647.964.3939 Email: markhamhealthnetwork@outlook.com

New beautifully designed upscale clinic located in Kanata has an immediate opening for a full-time family physician with existing patients or new graduates ready to build a practice. The clinic is supported by well trained professional staff with RPNs on-site, and is fully integrated with EMR-PS system. Compensation: 25% overhead + HST. For more details or to book a visit to the clinic, please contact us. Contact: Dr. Morariu Tel. 613.850.1565 Contact: Dr. Ren Email: yubo.ren@hotmail.ca

Newmarket Medical Centre looking for family physicians and specialists: State-of-the-art, multidisciplinary, multicultural medical centre (6,000 sq. ft.). Well known clinic for 20 years on Yonge Street across the street from the Upper Canada Mall. A very busy area with a lot of demand for family physicians. Modern, new furniture and equipment, with supportive and experienced staff. Using EMR with the opportunity to join FHG. Also looking for specialists: rheumatologist, pediatrician, dermatologist, psychiatrist, geriatrician and internist. On-site services include physiotherapy, chiropractor, massage therapy, chiropodist, lab and pharmacy. Very competitive split rate. Contact: Ray Tel. 416.841.5015 Email: ray@newmarketmedicalcentre.com

North York & Scarborough clinics located inside Loblaws and very busy shopping mall. Very busy walk-in clinics/family practice seeking family physicians, and specialists. Physicians required for walk-in shifts as well as opportunity to relocate an existing practice or build a new practice. Flexible hours and very attractive split. Tel. 647.206.0790

Psychiatrist/ENT to join our well-established medical centre with 40 plus doctors in Scarborough — extremely busy! Congenial colleagues. EMR. Contact: Thomas Van Tel. 647.227.5088 Email: thomvan@rogers.com

Psychiatrists, medical psychotherapists are needed at a busy private mental health clinic. Turnkey office. Support available as needed. Tel. 416.778.1496

Richmond Hill, Ontario: Richmond Hill After-Hours Clinic requires physicians for daytime shifts 9 a.m. to 5 p.m., as well as evenings and weekends. Guaranteed minimum 70:30 split. Contact: Dr. Ian Zatzman Tel. 289.553.7711 Fax: 289.553.7722 Email: medz@rogers.com

Scarborough, Ontario: F/T, P/T family physicians required for medical clinic serving mainly Cantonese and Mandarin-speaking seniors. Open to public, Pharmacy on-site. Contact: Martin Chai Tel. 416.299.0555, ext. 12 Email: martin.chai@ymail.com

Specialists — Brampton, Ontario: Dermatologist, pediatrician, internist, and psychiatrist required for medical centre with several GPs and large patient base. Attractive modern office with seven days/week reception service. Fee-for-service split or low flat monthly rate. Tel. 416.949.3830 Fax: 647.340.2586 Email: bramptonfamilyhealth@gmail.com

Stouffville medical centre requires family physicians to join team of physicians for walk-in and family practice. This new medical centre has a multidisciplinary approach managed by medical doctors. EMR. Flexible hours. Pharmacy, physiotherapy, and dentist on-site. Please call. Contact: Sara Tel. 905.479.2571

The Clearview Institute is a modern surgical eye care facility in Toronto: We are currently seeking two general ophthalmologists to join our rapidly growing comprehensive eye care facility. Excellent surgical skills and interpersonal relations with both patients and staff. Board eligible or board certified required. Competitive compensation offered. Email your curriculum vitae to: Email: raedenemorrisette@clearviewinstitute.com Website: www.clearviewinstitute.com

Thornt Hill walk-in clinic near Bathurst & Centre is looking for family physicians & specialists to join our team. Beautifully renovated, modern, and spacious office. Very busy streetfront location. Full administrative support. Best EMR. Attractive split (80/20) and other high-income benefits. Close to TTC. Ample parking. Relocate current practice or build from walk-in. New grads welcome. We create a great environment to provide the best health care possible. Contact: Karen Tel. 416.893.1472 or 905.763.6333 Email: karen@pureflowhealthcare.com Website: www.pureflowhealthcare.com

Walk-in clinic in downtown Hamilton: Medical Arts Walk-In Clinic is seeking physicians for morning/evening shifts and weekend coverage. Beautifully designed and modern facility. Our clinic has on-site X-ray and ultrasound, phlebotomy, pharmacy, physiotherapy and other specialists. 70/30 fee-for-service split. Contact: Rachel Cadesky Tel. 905.777.9779 (office) or 905.869.8258 (cell) Email: Rachel@medicalartswalk-inclinic.com Website: www.medicalartswalk-inclinic.com
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We are seeking a medical doctor to join our team in Vaughan: Our facility is well established with walk-in and family medicine, as well as a physiotherapy and naturopath clinic. 75/25 split applicable. For all inquiries, please call or email:
Contact: Pindy
Tel. 416.731.6828
Email: vaughanmedicalcentre@outlook.com

PRACTICES

Burlington, ON — take over busy family practice in summer or fall 2014: Part time initial involvement acceptable. Great opportunity, immediate high income and wonderful place to live and work. More information.
Email: docendgame@gmail.com

Port Stanley, Ontario: Two family physicians in a shared practice location are looking to retire in 2015. Wonderful setting in a picturesque port-side community minutes from the beach on the north side of Lake Erie. Offering a locum to try out facility for potential takeover. Client base 4,500 plus LTC facility coverage. Excellent support staff. EMR Practice Solutions.
Contact: Cheryl Fish
Health Recruiter, City of St. Thomas
Tel. 519.631.7365
Email: cf.recruit@execulink.com

Retiring family doctor in Oshawa, ON: Looking for someone to take over well-established practice in medical building. Member of FHG. Hospital privileges available if desired. Aiming to retire at the end of June but willing to stay longer to help with transition.
Email: oshawapractice@hotmail.com

SERVICES AVAILABLE

Amazing trips! All trips escorted by the same people who plan and organize the trips. Destinations include New York, Chicago, California, Newfoundland and Vietnam/Cambodia. All fun and all informative! For details, please contact us.
Contact: John Swatridge
Tel. 519.742.2205
Email: johnswatridge@yahoo.ca

Arya & Sher, health lawyers: Practice focused on representing medical practitioners, clinics, hospitals, and health-care companies. Business and regulatory issues, including professional corporations, business registrations, contracts, partnership/shareholder issues, tax and estate planning, employment, leasing, medical real estate, and regulatory matters.
Contact: Kashif Sher, LLB, MBA
Tel. 416.218.8373
Email: ksher@aryasher.com
Website: www.aryasher.com

Attention medical doctors! Would you like flexible hours in a stress-free environment? Then join our first-rate medical team! Our weight loss and health clinic focuses on helping patients improve their health and lifestyle through a medically supervised program that is covered by OHIP. Billing is done on-site. Help combat the obesity epidemic today! For details, please contact us.
Tel. 416.277.9145
Email: keren@weight2lose.ca

Bill faster, bill smarter — ClinicAid.ca: Web-based OHIP billing that saves you money, reduces reductions, eliminates submission lag and is accessible from anywhere. Contact us today to earn more and stress less!
Tel. 1.888.686.8560
Email: info@clinicaid.ca
Website: www.clinicaid.ca

Billing agent — electronic data transfer to MOHLTC for all practices, specialties and locums. Medical Billing and Secretarial Services.
Contact: Edith Erdelyi
Tel. 416.576.6788

Billing services: Cost-effective, guaranteed billing solutions for all specialties and practices. Services include OHIP claim submission and monthly deposit reports.
Contact: Paul Anthony
Tel. 416.573.8332
Email: solutions@censea.ca
Website: www.censea.ca

Dinesh Mehta, lawyer for physicians: We help physicians in corporations/restructuring/changes; drafting/reviewing contracts, shareholder, partnership, cost sharing, employment, rollover agreements; lease reviews, wills and estate planning.
Contact: Dinesh Mehta, LLB, MBA, BE
Tel. 905.565.0977
Email: DineshMehta@Mehtalaw.ca
Website: www.mehtalaw.ca

EMR add-ons for patient communications: Eliminate the effort spent organizing, calling, emailing or texting appointment reminders, patient recalls or preventive care reminders. Specialized solutions too, like patient surveys and wait-time calculator for clinic websites.
Email: hello@cliniconex.com
Website: www.cliniconex.com

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