Home Care in Ontario:
The Physician Perspective

Building True Partnerships
OMA President Dr. Ved Tandan delivers leadership address to health system stakeholders

OMA Insurance Update
Reduce exposure to risk and insurance regret

Health Policy Report
CPSO transparency project, medical psychiatry alliance, end of life planning and care

Health System Funding Reform
The origins of quality-based procedures: activity-based funding and international experiences

Editorial
Strategic communications update

ThoughtLounge Milestone
OMA online e-panel community tops 1,000 members — join the conversation today!
Now...Klinix is Microsoft Certified for Windows 8

Also Certified for Windows 7 and Works on Windows Vista and XP

“It’s Simple” — $199 OHIP Billing Software

You get a complete software package of billing, scheduling, product support, and updates for $199 per computer annual licence fee.

Yes, “It’s simple”. Right from the start when you are looking for pricing and product information you find Klinix is simple and straight forward while other companies make OHIP Billing software complicated and always make you wait.

Easy to Buy
You find it is easy to get basic information from us such as pricing, “does it run on Windows 8?”, and “What does the product look like?” while other companies are slow to respond in giving you this simple and basic information.

When you are ready to buy, you simply make a credit card purchase over the telephone. There are no contracts to sign or sales appointments to keep.

Start Billing OHIP Right Away
When you buy Klinix, you can download it from the internet to use it right away. It only takes five minutes to install and setup. Many customers bill OHIP within the hour of their purchase!

No Waiting with Klinix
Other companies make you wait when you are ready to buy. You wait to sign contracts. You wait for them to install the software. You wait for their mandatory “full day of class room training”.

Support Mon-Fri—8am to 10pm
You work long hard days caring for your patients. You deserve convenient support hours for your OHIP Billing. You deserve prompt and professional service from a well staffed support team.

Customer Quotes
“I particularly appreciate the service of the support team. They are courteous, knowledgeable, and prompt to answer questions.”
Dr. Tony Leung of Toronto

“Klinix provides an affordable solution for OHIP Billing for the smallest to largest practice. The software is very user friendly, the technical support is readily available and outstanding, and the price sure can’t be beat. We have been using Klinix since 2008 and are very satisfied. There is no other company like this on the market. Thank you Klinix for all your support.”
Linda Vorano
Administrative Assistant
Div of Genetics and Metabolics
The Hospital for Sick Children

Our 30 Day Warranty
Satisfaction guaranteed in the first 30 days or return Klinix for your money back. No fine print.
Executive, Board, Council, Committee Chairs

Executive Committee

President
Dr. V. Tandan, Hamilton

President Elect
Dr. M. Toth, Aylmer

Past President
Dr. S. Wooder, Stoney Creek

Chair of the Board
Dr. V. Walley, Toronto

Honorary Treasurer
Dr. S. Chris, North York

Secretary
Dr. G. Beck, Ottawa

Board of Directors

District
1 Dr. A. Ng, Windsor
2 Dr. T. Jevremovic, London
   Dr. M. Toth, Aylmer
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. G. Athaide, Whitby
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

Elected by Council
Dr. L. Colman, Etobicoke
Dr. R. Forman, Toronto
Dr. C. Jyu, Scarborough
Dr. C. Pinto, Toronto

Academic Representative
Dr. J.R. Swenson, Ottawa

Council

Chair
Dr. A. Hudak, Orillia

Vice-Chair
Dr. E. Barker, Wiarton

Committee Chairs

Agreement
(OMA-Ministry of Health and Long-Term Care)
Agreement Board Co-ordinating Committee
Dr. A. Kapur

Forms Committee
Dr. C. Pinto

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. S. Wooder

Audit Committee
Dr. A. Abdul

Awards Committee
Dr. M. MacLeod

Board Insurance Committee
Dr. C. Cressey

Board Planning Committee
Dr. L. Colman

Budget Committee
Dr. S. Chris

Committee on Committees
Dr. R. Mann

Council Committee on Structure & Bylaws
Dr. D. Weir

Joint Governance Review Working Group
Dr. L. Colman, Co-Chair
Dr. D. Weir, Co-Chair

Nominations Committee
Dr. S. Wooder

Staffing Committee
Dr. A. Steacie

Health Policy

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

eHealth Working Group
Dr. S. Chris

Hospital Issues Committee
Dr. A. Steacie

Member Services

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

Physician Health Program Advisory Panel
Dr. M. Judson

Public & Political Advocacy

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

Outreach to Women Physicians Committee
Dr. C. Cannon
In major depressive disorder

“For patients like Nicole... Trust PRISTIQ for powerful symptom relief

No statistical difference in mean weight change vs. placebo was seen at 6 months (p=ns)†

Indication and clinical use
• PRISTIQ is indicated for the symptomatic relief of major depressive disorder
• PRISTIQ is not indicated for use in children under the age of 18
• The short-term efficacy of PRISTIQ has been demonstrated in placebo-controlled trials of up to 8 weeks
• The efficacy of PRISTIQ in maintaining an antidepressant response for up to 26 weeks, following response during 20 weeks of acute, open-label treatment, was demonstrated in a placebo-controlled trial

Contraindications
• Concomitant use with monoamine oxidase inhibitors (MAOIs) or within the preceding 14 days
• Hypersensitivity to venlafaxine hydrochloride

Most serious warnings and precautions
• Behavioural and emotional changes, including self-harm: SSRIs and other newer antidepressants may be associated with:
  - Behavioural and emotional changes including an increased risk of suicidal ideation and behaviour
  - Severe agitation-type adverse events coupled with self-harm or harm to others
  - Suicidal ideation and behaviour; rigorous monitoring advised

• Discontinuation symptoms: should not be discontinued abruptly. Gradual dose reduction is recommended

Other relevant warnings and precautions
• Concomitant use with venlafaxine not recommended
• Allergic reactions such as rash, hives or a related allergic phenomenon
• Bone fracture risk with SSRI/SNRIs
• Increases in blood pressure and heart rate (measurement prior to and regularly during treatment)

For more information
Please consult the product monograph at http://www.pfizer.ca/en/our_products/products/monograph/226 for important information relating to adverse reactions, drug interactions and dosing information which have not been discussed in this piece.
The product monograph is also available by calling 1-800-463-6001.

Ontario physicians recognize home care as a key element in the care of patients, and support shifting care to patients’ homes in certain cases. For this to be effective, resources, including appropriate staffing and equipment availability, must be addressed to ensure home care is prepared to handle the influx of patients who require care in their homes and communities. To help guide the integration of home care into the broader health care system, the OMA has prepared a background paper that provides an overview of how home care is currently delivered in Ontario, evidence to explore various models of care, the physician perspective obtained through consultations, and recommendations to support physicians and their patients as they access home care services.

7 Editorial
The OMA recently launched the fall 2014 phase of our continuing strategic integrated communications plan, which features provincewide advertising promoting the unique value of Ontario physicians, and the outstanding contributions that our members make each day in caring for our patients and advancing solutions to improve the health care system. The OMA will continue to advocate strongly on behalf of our patients and our members in all arenas. And we will continue to publicly champion the critical value and importance of collaboration and partnership — between physicians and government, and all system stakeholders — to improve health care in Ontario for all.

10 Transforming system relationships into true partnerships: building the health system of the future
OMA President Dr. Ved Tandan recently presented a leadership address to more than 50 influential health system stakeholders at a breakfast briefing hosted by Hill and Knowlton Strategies in Toronto. Dr. Tandan described the need to break down existing barriers in health care in order to build Ontario’s health system of the future. He reinforced the OMA’s commitment to forge stronger collaborative partnerships among providers and patients at the organizational and local levels. A summary of Dr. Tandan’s remarks appears on pages 10-11.

14 Origins of Quality-Based Procedures: activity-based funding and international experiences
Quality-Based Procedures (QBPs) are a key component of Health System Funding Reform (HSFR) in Ontario. In an effort to drive awareness of HSFR, and to highlight useful lessons for the implementation of QBPs as they roll out across the province’s acute care services, the OMA has prepared an article that examines the origins of QBPs, as well as the benefits and risks that have been associated with similar funding models implemented in other jurisdictions.

19 OMA ThoughtLounge tops 1,000 member milestone
OMA ThoughtLounge, the Association’s online e-panel community, has welcomed more than 1,100 registered participants since its launch earlier this year. ThoughtLounge functions as a standing online focus group in which members provide input and feedback to surveys on current topics of interest to the profession and Ontario health care, such as the most recent survey which examined physicians’ attitudes and beliefs regarding influenza vaccination, and the profession’s opinion on the most appropriate policy approaches to improve vaccination uptake, including mandatory vaccination for health care workers. Join the online dialogue today at www.thoughtlounge.ca.
FREE COVERAGE ON BRAND-NAME MEDICATIONS

Support your patients’ choice to receive brand-name medications at little or no cost over the generic alternatives.

Now includes:

Cipralex escitalopram oxalate

Ezetrol ezetimibe

Improve medication adherence and continuity of care.

Order FREE innoviCares cards for your patients:
- Online at innovicares.ca
- Email physician@innovicares.ca
- Call 1 (877) 790-1991

Free coverage on nearly 100 brand-name medications, all on one convenient card, including:

Visit innovicares.ca today!
OMA Insurance Update: reduce exposure to risk, and insurance regret

“If only” may be one of the saddest phrases in the English language. Filled with remorse and longing, it is often spoken with a wistful sense that a particular situation or outcome might have been different if only wisdom had prevailed sooner. Life is full of risks we cannot control, but with proper planning and action, and by understanding some basic insurance-related facts, physicians and their families can avoid the “if only” experience when it comes to insurance coverage.
Section Chairs

Addiction Medicine  Dr. R. Cooper
Allergy and Clinical Immunology  Dr. B. Wong
Anesthesiology  Dr. D. Nelipovitz
Cardiac Surgery  Dr. C. Peniston
Cardiology  Dr. J. Swan
Chronic Pain  Dr. C. Giorshev
Clinical Hypnosis  Dr. M. Qaadri
Clinical Teachers  Dr. R. Swenson
College and University Student Health  Dr. D. Grant
Community Health Centre & Aboriginal Health Access Centre Physicians  Dr. I. Tamari
Complementary and Integrative Medicine  Dr. D. Esdaile
Critical Care Medicine  Dr. M. Warner
Dermatology  Dr. S. Gupta
Diagnostic Imaging  Dr. D. Jacobs
Emergency Medicine  Dr. M. Haluk
Endocrinology and Metabolism  Dr. J. Shaban
Eye Physicians and Surgeons  Dr. T. Hillson
French-Speaking Physicians  Dr. T. Dufour
Gastroenterology  Dr. D. Baron
General and Family Practice  Dr. A. Lam
General Internal Medicine  Dr. C. Shaver
General Surgery  Dr. J. Kolbasnik
Genetics  Dr. L. Velsher
Geriatric Medicine  Dr. A. Baker
Group Practice  Dr. G. Maley
Hematology and Medical Oncology  Dr. J. Meharchand
Hospitalist Medicine  Dr. W. Coke
HSO Physicians  Dr. J. Craig
Hyperbaric Medicine  Dr. A.W. Evans
Independent Physicians  Dr. J. Szuimuowicz
Infectious Diseases  Dr. N. Rau
Interns and Residents  Dr. J. DellaVedova
Laboratory Medicine  Dr. N. MacNeill
Long Term Care & Care of the Elderly  Dr. K. Cronin
Medical Students  Ms. S. Sharma, Ms. M. Stroz
Nephrology  Dr. V. Cheung
Neurology  Dr. E. Klimek
Neuroradiology  Dr. S. Symons
Neurosurgery  Dr. F. Gentili
Nuclear Medicine  Dr. C. Marriott
Obstetrics and Gynecology  Dr. B. Mundle
Occupational and Environmental Medicine  Dr. P. Jugnundan
Orthopedic Surgery  Dr. D.S. Drosdoweche
Otolaryngology - Head and Neck Surgery  Dr. D. Hacker
Palliative Medicine  Dr. D. Cargill
Pediatrics  Dr. S. Grodinsky
Physical Medicine and Rehabilitation  Dr. D. Berbrayer
Plastic Surgery  Dr. B. Van Brench
Primary Care Mental Health  Dr. M. Paré
Psychiatric Hospitals  Dr. S. Allain
Psychiatry  Dr. A. Freeland
Public Health Physicians  Dr. H. Shapiro
Radiation Oncology  Dr. D. D’Souza
Reproductive Biology  Dr. C. Librach
Respiratory Disease  Dr. H. Ramsdale
Rheumatology  Dr. P. Baer
Rural Practice  Dr. S. Cooper
Sleep Disorders  Dr. A. Soicher
Sport and Exercise Medicine  Dr. T. Taylor
Surgical Assistants  Dr. D. Esser
Thoracic Surgery  Dr. C. Compeau
Urology  Dr. J. Kell
Vascular Surgery  Dr. D. Kucey
Strategic communications update: public awareness campaign continues

The Ontario Medical Association recently launched the Fall 2014 phase of our continuing strategic integrated communications plan, which features provincewide advertising promoting the unique value of Ontario physicians, and the outstanding contributions that our members make each day in caring for our patients and advancing solutions to improve the health care system.

The OMA message — Ontario’s Doctors Are Making Health Care Better — appears in targeted daily newspapers and radio stations, public transit, and various popular digital channels during the months of October, November and December.

Our public-facing website, OntariosDoctors.com, continues to evolve, with an ever increasing amount of rich, diverse content. The site profiles the achievements of more than 50 Ontario physicians who are leading innovative work in various disciplines in all corners of the province.

Our social media influence is growing at a significant rate, with more than 14,300 followers on Twitter. This marks an increase of more than 2,300 followers in the last six months and reflects a strong and vibrant online community.

The OMA’s health promotion work is featured prominently in our public communications and earned media.

Most recently, the OMA advanced a comprehensive public awareness initiative focused on pedestrian safety, which included an informative video developed in partnership between Ontario’s doctors and the Ontario Provincial Police, a helpful tip sheet to promote safety while driving or walking, as well as an educational infographic and word search game for children.

We have developed an impressive number of useful tools and resources for patients on the topic of end of life planning and care, as well as a series of educational pamphlets and video segments that provide information and advice for patients and families on a number of preventive care topics.

The OMA’s strategic communications plan reinforces a positive profile of Ontario physicians.

Ontario’s doctors play a vital role in advancing quality and efficiency in our health care system. I believe the OMA and our members across the province have demonstrated tremendous leadership for many years to bring forward new and innovative ways of delivering care to patients that has contributed to improved public access to care, and more efficient use of our health care resources.

Recently, I addressed a group of Ontario health system leaders at a breakfast presentation hosted by Hill and Knowlton Strategies. My address, which is summarized on pages 10-11, highlighted some of the key themes that we have been promoting in recent months: true partnership, collaboration among health organizations, providers and patients, and strategies to break down barriers in our health care system.

I am passionate about these issues and I am proud that our Association has embraced this initiative and included it in our strategic plan. We have reached out to partner with more than a dozen Ontario health care organizations, and are working together with a goal to identify real practical solutions that will benefit both patients and providers at the local level. While it is still early days, the feedback has been very positive, and is generating a lot of energy among those that we are meeting and consulting with.

The OMA President’s Tour continues, and I have greatly enjoyed the privilege of meeting hundreds of grassroots members in various communities across the province during the last two months. I would like to thank those doctors that were able to attend the OMA sessions. Your input and feedback on local issues and system challenges and opportunities is being reported regularly to the OMA Board and Executive, and will serve to inform our ongoing strategic planning work.

The OMA will continue to advocate strongly on behalf of our patients and our members in all arenas. And we will continue to publicly champion the critical value and importance of collaboration and partnership — between physicians and government, and all system stakeholders — to improve health care in Ontario for all.

Dr. Ved Tandan
OMA President
You always get better results on your own.*

*Except when being part of a group is actually, well, better. Because OMA Insurance represents more than half of Ontario doctors, we have the group buying power to offer our clients some of the most competitive rates on the market. And because we’re strictly not for profit, our non-commissioned advisors can advocate solely on your behalf, making sure you get just the coverage you need, when you need it, at every stage of your life and career. Let’s hear it for teamwork.

For insurance solutions designed to meet doctors’ needs, call 1.800.758.1641 or visit OMAinsurance.com/omr

Not for profit. All for doctors.
Dear Editor:
Just a quick note to say how terrific the OMR presents itself in terms of content and tone.

I really enjoyed the summary of the Framework for the Redistribution of Hospital Services (September 2014 OMR, pp. 13-25).

Like other hospitals, we are busy addressing the challenges presented by Health System Funding Reform (HSFR), and it is abundantly clear that physician engagement and leadership is the “secret sauce” that makes success possible.

In addition to the superb content, I am very impressed with the consistent approach the OMR has taken in emphasizing the need for successful collaboration between hospitals/health system and physicians — whether or not they are formal positional leaders.

Andy Smith, MD, MSc, FRCSC, FACS
Executive Vice-President & Chief Medical Executive
Sunnybrook Health Sciences Centre

The Ontario Medical Review welcomes readers’ views. Please supply your name, address and daytime phone number. Note: letters may be edited for space and clarity.
I’d like to thank Hill and Knowlton for organizing and hosting this event today. I’m honoured to be here. I understand H+K has a strong history of hosting health care leader breakfasts. It’s great to see such a diverse group of people gathered here this morning.

I am honoured to be the 133rd President of the Ontario Medical Association. I took office in May 2014, and I set out early on with a particular mandate: to begin an open conversation about barriers to seamless, integrated care in our health care system.

To do this, the OMA is building a partnership with providers and patients alike. I’d like to talk about why this initiative is important to the health of the system, and just how we hope to achieve some tangible goals to help build the health system of the future.

I’ll begin with the evolution of this work and how the partnership came to be. In 2010, the Ontario Medical Association (OHA), and hospitals and physicians across the province did not have a particularly collaborative relationship. We were arguing in the media, in meeting rooms and in hospital boardrooms across the province. The details are not important, but what matters is that at least at the organizational level, we recognized the need to change.

Since that time, with a lot of hard work and collaboration on some joint initiatives, the OMA and the OHA have built a strong, positive, respectful relationship. We now support each other at provincial committees, and we have established a bilateral Physician Hospital Issues Committee.

Recently, we released the first product of that committee: a jointly developed framework to guide system decision-makers, institutions and providers through the difficult process of contemplating, and subsequently implementing, the movement of a clinical program from one institution to another (https://www.oma.org/Resources/Documents/HSFRFramework.pdf).

Building on this strong foundation, we are now establishing a partnership between health care providers from all disciplines and patients at the organizational level.

In addition to the OHA, we are partnering with more than a dozen provider and patient groups, including Patients Canada, the Ontario Long Term Care Association, Registered Nurses Association of Ontario, Nurse Practitioners Association of Ontario, Association of Ontario Health Centres, Ontario College of Family Practice, Ontario Pharmacist Association, Association of Family Health Teams of Ontario, Ontario Association of Non-Profit Homes and Services for Seniors, and the Ontario Association of Community Care Access Centres.

We have begun to change the conversation by underpinning all efforts to focus on meaningful relationships with mutual respect and understanding of
Health System Of The Future

We had some very interesting discussions on issues related to workplace and system culture.

Like throwing a match on dry field, the spring TRIZ session has led to a virtual brushfire of interest from provincial associations, and invitations from various communities across the province to come and facilitate a similar exercise in their local setting.

As our Associations lead by example, it is even more important that we build and enhance relationships between patients and frontline providers at the local level, in communities across the province, to identify local barriers to seamless and integrated care and to start to consider how those relationships might help address some of the local barriers.

We are in the process of planning local events with our partners, and we are also exploring how we can leverage technology, such as WebEx and Telehealth, to allow us to be responsive to the many invitations we are receiving.

We were invited to the northern community of Marathon in August for our first session. It was very well received. Participants travelled for up to four hours to attend the two-hour session and left with a renewed sense of energy, of community, and a recognition that nurturing the relationships that were formed that day could lead to better, more seamless care — perhaps for a few patients initially, but for many more in the future. One tiny step in building the health care system of the future, one patient experience at a time.

There are many examples of how this relationship-building between providers could improve patient care. We have an opportunity to use Health System Funding Reform as a catalyst for some of our conversations.

“We want to talk about meaningful relationships, partnership and shared decision-making, all of which require breaking down longstanding, sometimes fortress-like, walls.”
Canadian Red Cross seeks physicians to join fight against Ebola

The Canadian Red Cross is seeking qualified applicants, including Canadian physicians, to join the fight against Ebola as part of the co-ordinated response to the outbreak in West Africa.

The profiles that the Canadian Red Cross is seeking to recruit at this time include medical doctor, ward nurse, psychosocial support delegate, and water and sanitation delegate.

The Red Cross requires assistance in several areas, including community outreach, contact tracing, surveillance, care for the deceased and case management. Physicians with at least three-years direct patient experience post-residency are being sought for the case management function.

Selected applicants who meet the health and professional standards established by the Canadian Red Cross will be deployed to a Red Cross Ebola Treatment Centre in West Africa between mid-November 2014 and April 2015.

Prior to deployment, the Red Cross will provide the qualified individuals with mission-specific training, including an extensive practical course on Ebola and related safety procedures. All deploying personnel who are new to the Red Cross will also receive Red Cross-specific training.

Physician and clinical officers will be responsible for the clinical care and the management of Ebola patients. They must be present when a new patient arrives and ensure that appropriate protocols are respected, as well as provide clinical care for suspected and confirmed Ebola patients. The physician will work as part of a team of international and national nurses and medical doctors.

Each mission will initially be limited to four weeks due to the hardship of having to work under heavy personal protective equipment. Upon return to Canada, contracts will be extended for an additional three-week rest period after deployment during which instructions will be provided on how to self-monitor. The Red Cross notes that this is not a quarantine period but a rest period during which individuals are expected to not go back to their place of work. Anyone who deploys as part of this initiative will be placed under a Red Cross contract with pay and benefits.

For more information, visit internationalhr@redcross.ca. To apply, visit www.redcross.ca/careers.

Real Estate Outlook Seminar

OMA Insurance and the OMA Advantages Program invite you to spend an exclusive evening with real estate expert and talk show host Simon Giannini. Learn how to analyze the real estate market whether you are buying, selling, or investing.

Presentation topics include:

- GTA market analysis and forecast
- Condo market analysis and update
- Pros and cons of investment types
- Investing in medical buildings

Join us for this unique and complimentary event. Seating is limited so book your spot today! To register, email: oma.advantages@oma.org

**Thursday November 6**
6:30 - 8:30 p.m.
Mercedes-Benz London
35 Southdale Road East

**Thursday November 13**
6:30 - 8:30 p.m.
Mercedes-Benz Burlington
441 North Service Road

Brought to you by:
Your banking should be as personalized as your patient care.

Specialized banking advice for your practice.

Your expert advice helps your patients stay healthy. TD Business Banking Specialists work with you to help keep your business just as healthy with product expertise and specialized banking advice. And because we’re open earlier, open later and even on Sundays,* you can get the advice you need, on your time. Because a healthy practice deserves specialized care.

Visit tdcanadatrust.com/doctors or call 1-888-679-4808

*Individual branch hours vary. 400 branches are open Sundays. ® The TD logo and other trade-marks are the property of The Toronto-Dominion Bank.
Ontario’s Action Plan for Health Care — Health System Funding Reform

Origins of Quality-Based Procedures: activity-based funding and international experiences

by OMA Health System Programs
OMA Health Policy Department

With the introduction of the Ontario Action Plan for Health Care in January 2012, the Ministry of Health and long-term care has launched various reforms to change health-care delivery and funding. Under the Health System Funding Reform (HSFR) initiative, the Health-Based Allocation Model (HBAM) and Quality-Based Procedures (QBP) model were implemented to ensure that hospital funding is based on the number of patients cared for and the procedures that are most successful and efficient at delivering high-quality care.

As system stakeholders, physicians are committed to supporting the goals of health system transformation. The OMR has driven awareness of HSFR through a series of recent articles related to this topic, starting with a backgrounder on HSFR for physicians in the July/August issue. This was followed in September by a feature article on the OMA-OHA Framework for the Redistribution of Hospital Services, to provide guidance on any potential service redistributions that may result from the implementation of HSFR.

This month, we examine the origins of QBPs and the benefits and risks that have been associated with such funding models where they have been implemented.

QBPs in Ontario
Launched in 2012, QBPs are intended to comprise approximately 30% of the provincial funding envelope provided to hospitals. In this funding approach, patients who need similar care (e.g., stroke) are bundled together into cohorts with a defined “clinical pathway” using established evidence-based best practices.

Health service providers such as acute-care hospitals are paid a bundled fee for each patient who goes through the care pathway, and funding is allocated based on the volume of services delivered (a “price x volume” approach). The intention behind QBPs is to help standardize care and minimize practice variation.1 Today, QBPs have been implemented across the province for the following services:

- Primary Hip and Knee Replacement
- Cataract Surgery
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Stroke
- Congestive Heart Failure
- Vascular (Non-Cardiac)
- Chemotherapy — Systemic Treatment
- Gastrointestinal Endoscopy
- Hip Fracture
- Pneumonia
- Tonsillectomy
- Hyperbilirubinemia (Jaundice)

Your Input Is Important!
As Health System Funding Reform is implemented, the OMA is seeking physician input about its effects on physicians and clinical practice. To share your experience, please contact Jessica Katul, Senior Program Specialist, OMA Health System Programs, at Jessica.Katul@oma.org, or 1.800.268.7215, ext. 6197.

Early Origins
While QBPs were introduced to Ontario in 2012, they are derived from a mechanism called activity-based funding (ABF), which has earlier origins. Under ABF, “the money follows the patient to the facility that provides the service, with the amount paid to the hospital based on the specific ‘activity’ or service bundle provided per patient.”

In 2002, the Standing Senate Committee on Social Affairs, Science and Technology made a strong call for ABF by recommending it as a funding model for hospitals. The Committee suggested that ABF could deliver advantages such as a more equitable distribution of funds, improved efficiency and performance, and increased transparency and accountability.

Health systems in various parts of the world have used ABF to supplement hospital funding. Some countries refer to ABF with different labels: in the UK, ABF is known as Payment by Results (PbR); in the U.S., it has been termed Prospective Payment Systems (PPS). ABF has also been utilized in Australia and Europe, and in British Columbia and Alberta. (For a list of countries that use ABF, see table below.)

As these experiences could provide rich insights while QBPs are implemented in Ontario, this article will examine where ABF has been introduced and the benefits and risks associated with such programs.

United States
U.S. Medicare began transitions to Prospective Payment Systems (PPS) in 1983. Today, PPS — utilizing the diagnosis-related groups (DRG) classification system — applies to a wide range of health providers, including home health agencies, hospices, psychiatric facilities, inpatient rehabilitation facilities, and skilled nursing facilities.

A study suggested that ABF was linked to decreased hospital utilization, shorter lengths of stay in acute care, and a shift from outpatient to inpatient settings for the locus of care. These results were not associated with increased mortality or re-admission rates.

Australia
Activity-based funding was introduced to the Australian state of Victoria in the 1990s and was associated with reduced wait lists for patients waiting longer than 30 or 90 days for elective surgery. ABF was also suggested to have increased the volume of hospital care and shortened hospital stays, although these results could be confounded by increased total spending to improve access to care.

In 2011, Australian federal, state and territory governments signed an agreement committing to fund public hospitals using ABF where practical.

Norway
In Norway, ABF was introduced in 1997. Since 2006, hospital funding has been allocated using ABF and global budgeting. Study findings show that hospital activity increased, with the number of patients treated going up, average length of stay going down, and cost per case going down. However, as the total number of cases increased, hospital costs continued to grow.

Patient surveys also suggested that patient satisfaction improved as a result of the lower wait times associated with ABF.

United Kingdom
In 2003, the U.K. launched Payment by Results (PbR, the English label for ABF) in National Health Service hospitals, covering services for elective care, non-elective admitted patients, outpatients, and accident and emergency services. A study found that length of hospital stays fell while the proportion of day case admissions went up. Even though unit costs were reduced, the growth in hospital activity led to higher total costs.

The international ABF experience is summarized in a table on page 16.

The Canadian Experience
Outside of Ontario, ABF was recently implemented in Alberta and British Columbia. In 2010, Alberta Health Services announced that ABF would be applied to funding for long-term care, acute inpatient and ambulatory services, and designated assisted living. In the same year, B.C. launched ABF as part of a broader strategy to reduce wait times and increase same-day surgical procedures, paying 23 hospitals a set price for acute care services.

Lessons Learned: ABF Benefits And Risks
As a funding model, ABF incentivizes hospitals for efficiency, since the difference between the amount paid and the actual cost of a hospitalization can be kept as surplus. Indeed, ABF policies have been mostly associated with lower costs per patient and reductions in hospital stays: a study of 28 countries found that ABF policies were linked with decreases in overall length of stay, and U.K. findings have suggested that length-of-stay reductions applied to both elective care and non-elective care. Conversely, volumes typically increase. Higher volumes have in turn been associated with shortened wait times in many countries, although this access improvement could depend on the geography served by the hospitals.

Countries That Use Activity-Based Funding

- United States
- Sweden
- Australia
- Italy
- Norway
- Spain
- Japan
- Finland
- Denmark
- United Kingdom
- France
- Germany
- Canada
Some countries have also begun to integrate quality incentives into ABF policies. For instance, the U.K.’s “best-practice” tariffs incentivize evidence-based practices — serving to reduce variation in both costs and clinical practice, and potentially improving clinical processes and patient outcomes, thus quality.13,4

The available evidence shows that ABF comes with a range of risks as well. For instance, the emphasis on improving efficiencies could shift the focus from quality to volumes of care, “crowding out” services that have lower margins or are not funded through ABF. This could lead to less flexibility for hospitals to manage all their programs and services. In particular, applying ABF in rural and small health care facilities could have unintended consequences in these communities, such as a decrease in admissions, longer wait times and lower perceived quality-of-life and health status by residents.13,4

Similarly, the application of ABF in highly specialized hospitals will be challenging as these facilities have a greater number of complex patients associated with higher than average costs.6 In Ontario, rural and highly specialized hospital needs are being considered specifically, with rural hospitals exempt from QBPs.

Furthermore, even if costs per patient go down, overall health care spending could still go up because of the increase in service volumes and the additional IT and administration resources required for data capture and auditing.

Other risks of ABF include the creation of perverse incentives for “upcoding” — defined as the manipulation of data to code a patient into an ABF service bundle with a higher funding amount.6

**Conclusion**

The benefits and risks identified through the experiences of ABF in other jurisdictions provide useful lessons for the implementation of QBPs in Ontario. As the literature suggests, ABF can potentially confer benefits such as: better quality, improved clinical processes and patient outcomes, shorter wait times, lower costs per patient, and reduced variation in both costs and clinical practice. ABF also comes with potential risks that need to be mitigated: there could be increased budget fluctuations and less flexibility for facilities to manage their programs and services. Unintended consequences could include a shift in focus from quality to volume of services delivered, and the creation of perverse incentives.1

QBPs signal the Ministry of Health and Long-Term Care’s intent to improve pricing and funding transparency by allocating funding to health service providers based on the activities they performed.

As QBPs are rolled out across acute care services, Ontario’s physicians have an instrumental role to play. Physicians possess the necessary clinical expertise that has contributed to the development of clinical pathways underpinning existing QBPs; hospitals and other system stakeholders will continue to require the expertise of physicians to guide the delivery of patient-centred, high-quality care. ■

**References**


3. Standing Senate Committee on Social Affairs, Science and Technology. The Health

---

**International Activity-Based Funding Experience**

<table>
<thead>
<tr>
<th>Country</th>
<th>Year ABF Introduced</th>
<th>Findings Associated With ABF</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>1983</td>
<td>• Decreased hospital utilization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Shorter lengths of stay in acute care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• A shift from outpatient to inpatient settings for the locus of care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No increased mortality or re-admission rates</td>
</tr>
<tr>
<td>Australia</td>
<td>1993</td>
<td>• Reduced wait lists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Greater volume of hospital activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Shorter lengths of stay</td>
</tr>
<tr>
<td>Norway</td>
<td>1997</td>
<td>• Increased hospital activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Greater number of patients treated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reduced average length of stay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lower cost per case</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>2003</td>
<td>• Shorter length of hospital stay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Higher proportion of day case admissions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lower costs per case, but higher total costs</td>
</tr>
</tbody>
</table>
Quality-Based Procedures


If you recently started to practice, or are an established physician changing your scope of practice, the OMA New to Practice Announcement Service helps physicians in your area learn about your services and refer patients to you.

Contact us to get your announcement started! practice.mailing@oma.org | 1.800.268.7215, ext. 2337
OMA ADVANTAGES
Special offers & rates for you!

Take advantage of unique offers in the following categories:

- Wireless Communications
- Medical Office Communications
- Travel & Leisure
- Fitness & Health
- Moving & Relocation
- Car Lease & Purchase
- Corporate Hotels
- Entertainment
- Office Supplies

Offers updated often!

Upcoming OMA Advantages Events:

Real Estate Outlook Seminars with Simon Giannini:
November 6, 2014 - London, ON  |  November 13, 2014 - Burlington, ON
OMA Member Ski Day: February 20, 2015 - Collingwood, ON

Visit [www.oma.org/Advantages](http://www.oma.org/Advantages) to access this exclusive affinity program.
OMA ThoughtLounge tops 1,000 member milestone

OMA ThoughtLounge, the Association’s online e-panel community, recently surpassed the 1,000 member milestone, with more than 1,100 participants now registered.

ThoughtLounge functions as a standing online focus group, in which members provide input and feedback to surveys on current topics of interest to OMA members and Ontario health care.

The most recent survey, developed with the OMA Health Policy Department, centred on the attitudes and beliefs of physicians regarding influenza vaccination, and the profession’s opinion on the most appropriate policy approaches to improve vaccination uptake, including mandatory vaccination for health care workers.

All OMA members were invited to participate in the survey, which was designed using the unique interactive ThoughtLounge presentation software. More than 3,300 members responded. Survey results are compiled and summarized in a regular newsletter that is shared with all ThoughtLounge members. Other survey topics undertaken this year include End of Life Care, Choosing Wisely, the OMA Advantages affinity and discount program, and OMA Member Communications.

Members who register and participate in ThoughtLounge are eligible to win a quarterly prize of two tickets to anywhere Porter Airlines flies courtesy of Porter Airlines. The most recent winner is Dr. Raymond Viola, a palliative care physician and an associate professor in the Division of Palliative Medicine, Department of Medicine, Queen’s University. Congratulations Dr. Viola!

Members are encouraged to contribute to the growing online dialogue – please visit www.thoughtlounge.ca and click JOIN NOW today!
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.

Confidential Toll-Free Line 1.800.851.6606
php.oma.org
1. The Case For Home Care

The government of Ontario has stated that home care is going to be a central feature in health care moving forward, and is shifting care to individuals’ homes under certain circumstances. The shift to provide more home care addresses growing health care costs, an aging population, and increasing demands and expectations from the health care system. Home care is not only considered a more cost-efficient way to provide some health services, it is also the preference of the overwhelming majority of Canadians to remain in their homes for as long as possible. In response, the Ontario government included home care as a key element in “Ontario’s Action Plan for Health Care” and “Living Longer, Living Well,” which provides recommendations to inform the creation of a seniors strategy in Ontario.

The Physician Perspective

Ontario physicians recognize home care as a key element in the care of patients, and support shifting care to patients’ homes in certain cases. For this to be effective, resources, including appropriate staffing and equipment availability, need to be addressed to ensure home care is prepared to handle the influx of patients who require care in their homes and communities.

Physicians understand that for many patients, a daily home visit from a personal support worker or allied health professional can play a significant role in maintaining their independence and their health. Physician house calls also play a significant role in home care. When physicians visit patients in their home, they are often providing care that would have otherwise been obtained in hospital. However, there are limitations to what care can be provided in the home.

This paper provides an overview of how home care is delivered in Ontario, evidence to explore various models of care, the physician perspective obtained through consultations, and recommendations to support the integration of home care into the overall care of the patient.

2. Defining Home Care

The Canadian Home Care Association defines home care “as an array of services for people of all ages, provided in the home and community setting, that encompasses health promotion and teaching, curative intervention, end of life care, rehabilitation, support and maintenance, social adaptation and integration and support for the family caregiver.”

Home care includes the provision of services in the home and also in the community. The definition of home care continues to evolve in response to changes that have occurred in the hospital sector (bed closures, increase in ambulatory care clinics, and day surgery) and in the long-term care facilities sector (waiting lists for beds, limited availability). Often, home care functions “as a bridge between the various settings of care, including acute care hospitals, emergency rooms, supportive living, long-term care homes, and the physician’s office. With a clearer focus on better managing chronic diseases, home care services have expanded to include health promotion and informal caregiver support.”
The Home Care Patient
Currently, more than half (58%) of all home care clients in Ontario are seniors, and the number is expected to increase as the number of seniors with one or more chronic diseases is also on the rise. While this is the largest group currently accessing home care, it is important to recognize that 27% are non-senior adults, and 15% are children. It should be noted that since these numbers are based on use of the publicly funded system and do not capture the entire population of people using home care, the numbers are likely higher.

High-needs patients with complex conditions tend to be frequent users of the health care system and are having an impact on the home care sector. Complex patients have one or more chronic conditions. Among seniors, three out of four report having at least one of 11 chronic conditions, and a quarter of seniors report being diagnosed with three or more of these conditions.10 However, age is just one factor and, in fact, statistics show that regardless of age, higher utilization was reported among those with a higher number of chronic conditions.11

The patient mix for home care is diverse and challenging. Patients with complex conditions are being discharged from hospital sooner and sent home with home care supports. Patients with mental illness require an increasing amount of home care services. Changing funding models in long-term care homes result in patients being admitted for short-term stays for rehabilitation and respite care, and being released back into the community requiring home care supports.

Wound care currently accounts for a significant proportion of home visits. In Canada, it is estimated that “50% of care delivered by home care programs...involves the management of wounds,”12 and “more than 80% of ongoing management of chronic wounds occurs in the community.”13

Due to the impact wound care is having on home care, the OMA is planning a future paper to explore this topic.

Home care also has an important role to play at end of life. While the majority of Canadians have expressed a preference to die at home, 75% of deaths take place in hospital or long-term care homes.14 Research shows that palliative care provided by interdisciplinary teams in the community is co-ordinated, appropriate and consistent.15 Patients benefit from the enhanced level of care provided; physicians and other health care providers also receive support from other members of the team, which allows for better caseload management.

The Physician Perspective
For physicians, including specialists, treating complex patients in the home can be challenging. The treating physician may be faced with complicated home visits without sufficient system support, including support staff or necessary equipment. During consultations, physicians revealed difficulty in gathering information pertaining to the availability of home care and eligibility of patients. Physicians also expressed frustration with a home care system that does not take into account the urgency for home care required by some patients, as identified by physicians. This delay in services for patients often leads to a deterioration in the condition of the patient and can lead to a preventable hospital visit or admission.

Addressing Needs Of Complex Patients
The Toronto Central Local Health Integration Network (LHIN) has implemented a program to address the needs of older adults with complex medical conditions. According to the Toronto Central LHIN, the Integrated Client Care Project (ICCP) aims to keep homebound older adults living independently in their homes16 by providing a team-based approach to care. The ICCP consists of a team of providers that includes the family physician, Community Care Access Centre (CCAC) case manager (also referred to as a care co-ordinator), a single pharmacy, and home care providers who offer ongoing support in the home. Providers engage in joint home visits, and emergency medical services are involved in care for patients who have been identified as high-risk users of the emergency department. Patients who receive care under this project are put in contact with a case manager from CCAC, who co-ordinates their overall care and is the patient’s main contact in the health care system. Teams of providers, including a family physician, are connected through the case manager. The program is being expanded to medically complex children and palliative care patients.

A project in the South West LHIN and the South West CCAC was initiated with the goal to improve care for patients with diabetes. The Partnerships for Health three-year initiative (2008-2011) included more than 300 primary care and community care professionals in 73 practices across southwest Ontario who worked in interdisciplinary, cross-organizational teams. The goal was to develop partnerships between family physicians and their primary care teams, and South West CCAC case managers and the broader health community. Support and education were provided for all members of the team specific to diabetes care, and three practice coaches assisted with team building, communication, as well as supporting the reporting process.

“CCAC case managers became an integral part of each team, attending in person at the team office, and taking part in education and improvement sessions.”18 The overall findings concluded that by bringing together primary and community providers to create teams, there were improvements in communication, collaboration, and care planning, and there was a greater understanding of the CCAC. Patient satisfaction and quality of life also improved.13

Recommendations
1. The OMA calls for CCACs to develop protocols to address urgent requests by physicians for patients who require home care in a timely manner.
2. The OMA calls for better mechanisms to communicate the results of pilot/demonstration projects in order to accelerate the pace of knowledge spread in the system.
3. The OMA supports the provision of palliative care in the home.
1. The OMA calls for Community Care Access Centres (CCACs) to develop protocols to address urgent requests by physicians for patients who require home care in a timely manner.

2. The OMA calls for better mechanisms to communicate the results of pilot/demonstration projects in order to accelerate the pace of knowledge spread in the system.

3. The OMA supports the provision of palliative care in the home.

4. The OMA recommends that Health Quality Ontario monitor Quality-Based Procedures (QBPs) for impact on both cost and quality of care as part of its annual quality report (The Quality Monitor).

5. The OMA encourages physicians to consider home care as part of their care planning and to make patient referrals to CCAC where appropriate.

6. The OMA recommends the availability and eligibility of all home care resources be made publicly accessible to inform and help manage expectations of patients and physicians and to identify gaps in services.

7. The OMA recommends that regional and provincial wait times, specific to home care, be monitored and publicly available.

8. The OMA calls for a mechanism to facilitate the exchange of information between physicians and case managers.

9. The OMA recommends standardized training and certification for case managers in home care.

10. The OMA recommends further exploration of models linking a case manager to physicians’ practices.

11. The OMA calls for connectivity support for electronic health records to facilitate communication between physicians and health providers and CCACs.

12. The OMA encourages physicians to use technological advances to facilitate access to care (e.g., digital pictures for referral to wound care experts and participation in the Ontario Telemedicine Network).

13. The OMA recommends expanding tele-medical solutions (i.e., teleconferences, phone consultation including telemedicine) to allow for greater options for physicians to support their patients receiving home care services and for appropriate funding to compensate for this work.

14. The OMA encourages physicians involved in the care of homebound patients to make home visits.

15. The OMA recommends the development of training in medical school and for practicing physicians to support the provision of home-based medical care.

16. The OMA encourages physicians to be aware of the variety of health care providers and roles they can play as it pertains to home care and patient needs.

17. The OMA recommends a health human resources strategy to attract and retain highly skilled providers to the home care setting.

18. The OMA recommends increased availability of education and skills training for family caregivers to allow them to better manage the responsibilities involved with taking care of loved ones in their homes.

19. The OMA recommends increased investments into respite care and day programs in the community to support individuals and their caregivers in the community.

20. The OMA recommends ongoing government investments and tax savings for caregivers to acknowledge the important contribution made to their family or friends who require care at home.

21. The OMA supports volunteer services and agencies to explore options to provide patients with community services to maintain independence while living at home.
3. The Cost Of Home Care
As the demand for home care continues to grow in Ontario, budget constraints persist. In 2013, health care made up 42% of provincial program spending, with 4.1% of that dedicated to home and community care.

The cost of home care spending is difficult to tally due to the combination of public and private funding. However, a report released by The Conference Board of Canada showed spending for public home support in Ontario was more than $1.6 billion, and private home health spending (paid for out-of-pocket by patients or by private insurers) had reached more than $9.8 million, while increasing steadily over the previous 10 years.20

Private home health spending occurs when a patient is not eligible for publicly funded home care, or to supplement the care they do receive. This is permitted under the Canada Health Act. The Act makes a distinction between insured health services (i.e., those that have been deemed medically necessary) and extended health care services, which refers to home care and community care services. This distinction allows for a fee to be charged for some services based on an individual’s circumstances. At present, home care services are provided to “supplement the care and support provided by family, friends, and community members or volunteers.”21

As part of Ontario’s Health System Funding Reform (HSFR), the Ministry of Health and Long-Term Care has been changing the way it funds health system providers, including hospitals, CCACs, long-term care facilities and others. HSFR includes two funding models that apply to CCACs: the Health-Based Allocation Model (HBAM) and Quality-Based Procedures (QBPs). The development of QBPs for the community will address the functional needs of patients as it applies to home care service utilization.

(Note: a summary of the origins of Quality-Based Procedures, and QBPs experiences in other jurisdictions, appears on pages 14-17 of this issue.)

4. Accessing Home Care In Ontario
Publicly funded home care is accessed through local Community Care Access Centres. The request for home care can be initiated by patients, caregivers (i.e., family), a referral by a physician (or other health care provider), or through hospital (following an admission or visit to the emergency department). A case manager/care co-ordinator employed by the CCAC will determine patient eligibility using a standardized assessment tool, the Resident Assessment Instrument for Home Care (RAI-HC), which “serves to guide CCAC case managers in the allocation of home services/funding and serves as the basis for standardized data to inform evidence-based care.”22

Once an assessment takes place, the case manager makes arrangements for supports and services to commence in a person’s home.

While the CCACs are responsible for the assessment of patients’ home care needs, service provider organizations (SPOs) are contracted by CCACs to deliver care. SPOs are accountable to the CCACs and are required to meet standards identified through a performance monitoring process. SPOs can provide an array of services, and in some cases specialize in an area such as nursing care. SPOs are represented in large part by the Ontario Home Care Association, which is a voluntary member association.

The Physician Perspective
For most Ontarians, their first point of contact in the health care system is with their family physician, thus physicians have a role in identifying changes that might result in a discussion about or referral to home care.

Since the point of access for home care services can vary, physicians are often unaware of the home care services their patients are receiving. Once a physician refers a patient to home care, there is often no followup from the CCAC. Physicians often depend on their patients to inform them of the care they are receiving in their home. In other instances, physicians report receiving a patient form by fax or mail with information that is not relevant, and the form provided by CCAC often varies from one LHIN to the next. For physicians who use electronic health records, receiving paper-based information is inefficient.

Inequalities Of Home Care
When an individual requires home care services to function independently at home, to manage a chronic illness, or if supports are needed following a hospital stay, care needs to be provided promptly as delays can lead to additional health issues and adverse reactions. However, where you live can have a significant impact on the availability of home care services.

The 2012 Annual Report of the Office of the Auditor General (AG) of Ontario reports that “11 of the 14 CCACs have a wait list for various home care services,”23 while the remaining three reported “virtually no wait lists at all.”24

The report suggests this may be due to an “inequitable distribution of resources among the 14 CCACs.”25 The AG report also found that “due to funding restraints, one of the three CCACs we visited had prioritized its services so that only those individuals assessed as high-risk or above would be eligible for personal support services...Clients assessed as moderate-risk were not deemed eligible...as a cost containment measure to achieve a balanced budget.”26

Meanwhile, patients in other parts of the province and assessed at moderate risk were provided with personal support services. The data show that eligibility tends to depend on what care is available in the community through specific SPOs that provide care to patients through the CCAC, and also on the priority that is determined by the specific CCAC and/or the LHIN. This process does not always meet the needs of patients in the community and instead creates unequal access to care. The CCAC Quality Report 2010-2011 notes...
additional inequalities specific to wait times. For a patient living in the community, the wait time to assessment is on average 16 days, and the wait time to the first home care visit is on average 37 days. In comparison, for patients in hospital, the wait time for assessment is five days, and wait time to the first visit is five days.27

Recommendations
5. The OMA encourages physicians to consider home care as part of their care planning and to make patient referrals to CCAC where appropriate.
6. The OMA recommends the availability and eligibility of all home care resources be made publicly accessible to inform and help manage expectations of patients and physicians and to identify gaps in services.
7. The OMA recommends that regional and provincial wait times, specific to home care, be monitored and publicly available.

5. Case Management In Home Care
Case management in home care is employed as a way to centralize the overall care of patients. Case management refers to the central point of co-ordination of care for patients intended to “maximize the client’s ability and autonomy through advocacy, communication, education, identification of and access to requisite resources, and service co-ordination.”28 In home care, case management is typically led by the CCACs. Case managers/care co-ordinators are tasked with helping patients navigate the system and determine eligibility for home care services. Case managers are the first point of contact at the CCAC and, based on eligibility, the case manager develops a care plan for the individual and manages any changes to home care services over time.

The role of case manager can be filled by a variety of health providers. In Ontario, the experience and educational background of the case manager can differ based on the needs of the patient. Some Canadian universities provide training for a certificate in case management, which can be completed online in one year. The training is not mandatory, which is concerning for physicians as they are unaware of the experience and expertise of case managers. Standardizing training and certification for case managers would help ease these concerns. It would also make it easier for physicians and patients to know the differences among case managers to help determine the best fit for a patient’s needs.

Evidence
Support for case managers seems to be growing internationally. The use of case managers in Europe demonstrated their effectiveness. A randomized trial in Italy studied how integrated social and medical care would impact frail elderly living in the community, with the goal of identifying a cost-effective approach to reduce admission to institutions and functional decline of patients.29 One group of 100 patients received primary and community care through the conventional method, while an additional 100 patients received case management and care planning by the community geriatric evaluation unit and general practitioners. Two case managers performed an initial assessment and followed up every two months. They designed care plans and worked to integrate care by coordinating all available agencies in the care provided to the patient. The care team was composed of case managers, a geriatrician, a social worker, nurses and general practitioners, who were able to provide integrated care to patients because of the organizing case manager. At the end of the trial, it was determined that the group working with the case managers entered hospitals or nursing homes later and less often compared to the group with the conventional delivery of services. There was less physical and cognitive decline, and the total costs to the health care system declined.30

However, the success of case management depends a great deal on implementation. The Washington University School of Medicine (as part of the Medicare Co-ordinated Care Demonstration) found that the notion
of including a case manager in the care of a patient did not guarantee cost efficiencies and successful integrated care.31 In fact, costs grew 12% in the initial phase of the study in 2002, and hospitalizations were not reduced. It took a major program redesign before improvements were achieved. The program was redesigned to combine in-person visits and phone calls to patients compared to the initial program, which involved case managers contacting patients solely by phone from a remote location. The redesign involving face-to-face meetings with patients resulted in decreased hospitalizations and Medicare costs.

Case management is often seen as a central place to co-ordinate the overall care of patients when looking to create integrated care. However, there is emerging research that disputes the efficacy of case management. A study by Huntley, et al.32 raises some questions surrounding case management and its impact on unplanned hospitalizations among older people. The study looked at 11 trials of case management and found that there was no significant reduction in hospital readmissions. However, the study points out that there is limited data suggesting that related lengths of stay in hospital and emergency department visits are reduced.33 The study also demonstrates that patients and their families report better experiences with their overall care, which is attributed to the case management they received.34

The role of case management in preventive care could have a positive impact on seniors who choose to age at home. In 1996, a preventive care approach was launched in Denmark for individuals over the age of 75, to have at least two preventive care visits annually by a case manager who was a nurse, occupational therapist, physiotherapist, or social worker. The case manager, employed by the municipality, visited the patient to assess his or her individual needs and assist with planning for independent living.35 The case manager may also refer to a physician or other health care professionals when appropriate. These assessments set into motion the provision for publicly funded home supports before a patient is in crisis and requires more advanced health care services.

The Physician Perspective
Physicians and patients are unaware of the experience and training of case managers and the extent of the role and responsibility they play as patients receive home care. Physicians report little to no connection with case managers and, in some cases, speaking with the nurse providing the care would be more beneficial. Information gathered during consultations with physicians reveal that in some areas, case managers from CCAC have been designated to co-ordinate with medical offices. This face-to-face working arrangement is perceived as valuable by participating physicians.

Recommendations
8. The OMA calls for a mechanism to facilitate the exchange of information between physicians and case managers.
9. The OMA recommends standardized training and certification for case managers in home care.
10. The OMA recommends further exploration of models linking a case manager to physicians’ practices.

6. The Role Of Technology And Home Care
Poor communication can compromise patient safety. In a recent study, The Canadian Patient Safety Institute identified “communication failures, such as reliance on voice mail,”36 as well as lack of standardized methods to share pertinent information, directly related to patient care.

There are opportunities to improve communication using technology. Home care nurses in British Columbia and Alberta are facilitating the referral process for patients requiring wound care interventions. By using a program called Pixalere, nurses visited patients in their home to complete full assessments supported by digital pictures of the patient’s wound, which were sent for an instant referral to the wound care technician.37 This allowed the wound care specialist to gain remote access to the patient, create an individualized care plan, and prioritize patient care based on urgency of need.

The Ontario Telemedicine Network (OTN) allows patients in northern and rural areas to have improved access to medical care through technology-enabled distance consultations. Patients get access to specialist and sub-specialist services without having to travel long distances to access care.

Recommendations
11. The OMA calls for connectivity support for electronic health records to facilitate communication between physicians and health providers and CCACs.
12. The OMA encourages physicians to use technological advances to facilitate access to care (e.g., digital pictures for referral to wound care experts and participation in OTN).
13. The OMA recommends expanding tele-medical solutions (i.e., tele-conferences, phone consultation including telemedicine) to allow for greater options for physicians to support their patients receiving home care services and for appropriate funding to compensate for this work.

7. Physicians As Part Of The Home Care Team
To meet the growing demands and expectations for home care, a health human resources plan is required. There are a variety of health professionals, including physicians, who play a significant role in the delivery of home care.

Physician home visits are recognized as an important element of home care. Historically, family physicians have provided home visits to patients, typically for their frail elderly patients who have mobility issues. The Ministry of Health and Long-Term Care has included home visits as a key strategy in its Ontario’s Action Plan for Health Care.38 Additionally, as part of the 2012 Physician Services Agreement, the Ministry agreed to invest $10 million in house calls by physicians in an effort to address the needs of housebound and frail elderly patients. Implementation for this initiative is ongoing.
The Physician Perspective
Making house calls feasible and attractive to physicians has raised much discussion. In addition to practice-specific concerns, there are remuneration issues. For those in health teams, including Family Health Teams, bonus incentives have been introduced based on a flat rate of house calls physicians make, but uptake remains low. Further discussion is needed to find ways to ensure fair compensation for this service.

Some physicians are concerned that medical schools do not sufficiently expose physicians to the skills required to care for people in their homes. Providing educational support to physicians is necessary to build their confidence and skills to allow them to be more involved in their patients’ care.

Physicians acknowledge a need to become better integrated with home care to improve the transitions associated with patient care.

Evidence
A program called Integrating Physician Services in the Home (IPSITH) was introduced in London, Ontario, in 2000-2002 to explore the impacts of integrating family practice and home care for acutely ill patients. The program compared the outcomes of the IPSITH group, which included a team of health care providers and the patient’s family physician, to the usual care, which included using a case manager from the CCAC to evaluate a patient and assist in co-ordinating care.

Overall, the IPSITH program resulted in fewer visits to the emergency room. While there were cost savings resulting from decreased patient visits to the emergency room, there were additional costs for physician house call fees and the nurse practitioner’s salary.

The response to IPSITH was positive. Patients, caregivers, family physicians and nurses were all more satisfied in the IPSITH group compared to the non-IPSITH group. This program demonstrated that family physicians can be successfully integrated into acute home care when appropriately supported by a team.

Given the range of providers and varying models of care across Ontario, it can be difficult to co-ordinate patient care as they transition through the health care system. The Mississauga Halton Local Health Integration Network (MH LHIN) adopted the Home First strategy, which was introduced in an effort to reduce Alternate Level of Care (ALC) and achieve better outcomes for seniors through inter-organizational collaboration. The name of the program was the first step in adopting a cultural change by instilling the idea that “home is best” for patients. By aligning the leadership at hospitals and the LHIN in adopting the concept that “home is best,” the next step was to convince health providers, families and patients.

Once there was sufficient buy-in, investments were made in new processes and strategies that recognized the benefits of aging at home in order to increase appropriate and adequate supports in the community. By encouraging teams from Trillium Health Centre and Mississauga Halton Community Care Access Centre (MH CCAC) to work as one team and to focus on a patient-centred approach as they transition from hospital to the community, a new path of care was implemented. Success with this program has been attributed to adequate education, coaching and mentoring of physicians and other health care providers. The Home First approach has been expanded to other hospitals in the MH LHIN and other Ontario hospitals.

Another approach to help manage patient access is Health Links. Health Links are intended to support access to quality care for patients with complex conditions. As of October 2014, there were 56 community Health Links that have identified in their proposals patients with complex conditions specific to their geographical location. The goal is to increase system efficiency as these patients access and move through the health care system. Implementation of Health Links is continuing.
Home Care Background Paper

Recommendations
14. The OMA encourages physicians involved in the care of homebound patients to make home visits.
15. The OMA recommends the development of training in medical school and for practicing physicians to support the provision of home-based medical care.

8. Allied Health Providers And Home Care
This section will explore a number of models of home care. It is not intended to endorse any particular model, but rather to demonstrate that a variety of approaches have been taken to meet local needs.

Well known for their role in providing home care, nurses are recognized “as important members of the health care team, fulfill many responsibilities including the role of case management, and direct service delivery offering nursing care.”42 With the growing aging population and the shifting focus to home care, the Canadian Nurses Association predicts that two-thirds of nurses in Canada will be working in the community in 2020 compared to 30% in 2006. Ontario can expect to experience a similar pattern.43

The Ontario government has provided funding to CCACs for rapid response nurses (RRNs), who have been tasked with providing care to complex patients, in consultation with CCAC case managers in hospitals. The CCACs have hired 126 RRNs across Ontario to provide care to patients in their home within 24 hours following hospital discharge. RRNs review medication with patients and ensure that a followup visit with a family physician takes place within seven days. Early observations reveal a decrease in the readmission rate to hospital since the implementation of RRNs.44

Since nearly two-thirds of post-discharge adverse events can be attributed to medications, researchers reasoned that it makes sense to employ the expertise of a pharmacist. A study in The Consultant Pharmacist explored using a pharmacist to reduce readmissions to hospital within 30 days of discharge.45 During this trial, a pharmacist visited the patient in their home to review their medication following a hospital stay. During the visit, the pharmacist provided a comprehensive review of potential medication interactions and worked to optimize the patient’s medication regimen. In addition, the pharmacist assessed risks for patients in the home, including falls, mental health, nutrition and caregiver needs. This is in effect a case management type role where the pharmacist makes necessary connections between patients and nurses, social workers, and community resources, based on the pharmacist’s observations in the patient’s home. The pharmacist intervention during the transition from hospital to home resulted in a 30% reduction in readmission rates.46

Personal support workers (PSWs) “provide approximately 70% of home care services (i.e., support for the activities of daily living).”47 PSWs are unregulated health professionals, however, in June 2012, the Ontario government launched a voluntary registry to “recognize their work and help to better meet the needs of the people for whom they care.”48 PSWs are “most often tasked with bathing, house cleaning, meal preparation, laundry, baking, and medication reminders.”49 They earn between $11.50-$18.36 per hour and are often casual or part-time workers who have an impact upon continuity and stability in this provider group.

In 2008, physician assistants (PAs) were introduced into the Ontario health care system and are working across the health care spectrum. Working under the supervision of physicians, PAs work in family practices, hospital emergency rooms and specialty practices. Physicians support expanding the Physician Assistant Program to allow for a larger reach for home care visits to homebound patients. A report published in 2013 evaluated the impact of a physician assistant home visit program in New York State and found that the 30-day readmission rate was reduced by 25%.50 The Physician Assistant Program was created to provide house calls to patients recovering from cardiovascular surgery. The study found that using the same highly trained PAs for both perioperative and intraoperative care, as well as for the followup visits, was integral to the success of the program.

In Toronto, paramedics are addressing the challenges of isolated and frail individuals. Introduced in 2006 as a pilot project, Community Referrals by Emergency Medical Services (CREMS) aims to address repeat calls to 911 by residents whose health condition has reached a crisis point. The individuals targeted by this program have difficulty connecting with appropriate resources, and in many cases are living with chronic disease that is not monitored or managed by a family physician. Following a call to 911, the attending paramedic, with the patient’s consent, provides a home visit to assess and provide immediate assistance, but then builds on that visit and refers the patient to the local CCAC for additional home supports and followup care, which includes finding a family physician for the patient. The program has been expanded since its inception, and calls (among the identified population) made to Toronto EMS have dropped significantly. There has also been a decrease in hospital emergency department visits.51

A similar program has been in place in rural Nova Scotia since 2001, where the Community Paramedicine program was introduced to fill the gaps in primary care for residents in the geographically isolated community of Long and Brier Islands. Paramedics with specialized training work in collaboration with the home care agencies, nurse practitioners and family physicians in an effort to provide patients with access to primary care.

Recommendations
16. The OMA encourages physicians to be aware of the variety of health care providers and roles they can play as it pertains to home care and patient needs.
17. The OMA recommends a health human resources strategy to attract and retain highly skilled providers to the home care setting.
9. Unpaid Caregivers (Family and Friends)

When patients remain in their homes with home care, family and friends provide a tremendous amount of support, from transportation to personal care. The Health Council of Canada reports that family caregivers provide about 70%-75% of care.52 Caregiving is stressful and time-consuming, and research demonstrates that those caring for “someone with severe cognitive impairment are at elevated risk of experiencing caregiver stress or burdens.”53 Both provincial and federal governments have recognized the important role of caregivers, namely through tax-reduction strategies, and in April 2014, the Ontario government passed Bill 21, The Employment Standards Amendment Act (Leaves to Help Families), which allows caregivers to provide support to family members without fear of losing their jobs. However, further strategies are needed to support caregivers.

The Physician Perspective

Physicians are well aware of the burden of care that is placed on family caregivers. Physicians often witness the deterioration of the caregiver, who is often also their patient. Without appropriate support, caregivers may not be able to continue their important role as primary caregiver. However, physicians also understand that sometimes the home environment contributes to the patient’s decline and that the formal system must be activated.

Evidence

A recent study examined the safety of home care for patients and used adverse reactions to determine risk. The report showed that the most common adverse reactions were infections, followed by falls and medication-related incidents. The study acknowledged the “impressive contributions of all those who are engaged in providing quality care to hundreds of thousands of Canadians.”54 However, it strived to identify the areas where improvements could be made to prevent adverse events. One of these risks was identified as “the ability of clients and their families to act as independent decision-makers.”55 Essentially, patients and their caregivers often do not reveal the full breadth of their needs in an effort to maintain their independence while living at home. By accepting less help than they need, they are in effect putting themselves at risk for their condition to deteriorate.

Almost 750,000 Canadians over the age of 65 are living with dementia, and that number is expected to double by 2031.56 “Half of those with dementia live at home,”57 which creates a physical and mental drain on caregivers. In addition, “many family members reported feeling unheard when they expressed concerns or an inability to continue providing care.”58 Respite care is not available as often as it is needed, and most patients, even those with complex needs, only receive two to three hours of home care a day. Community day programs are lacking, which places the burden of caregiving on family members.

In 2011, the Ontario government introduced the Behavioural Supports Ontario (BSO) project, which offers specialized training to frontline staff to provide support for patients who exhibit responsive behaviours related to dementia, mental health, and neurological conditions, and their families who are living at home and in long-term care facilities. At the end of 2012, the Ontario government announced an additional $40 million to train personal support workers in the BSO project to better support this patient population. The BSO project aims to provide appropriate supports and interventions to families of patients living at home. An evaluation of the project is ongoing, and measures are needed to ensure that the BSO is providing appropriate support not only to long-term care homes, but to formal and informal caregivers of home care patients.

With a growing aging population and a focus on aging at home, it is clear that investments are needed to improve the availability of education and training for caregivers, specific to the patient’s condition.59 A study by Graff, et al, followed patients’ progress after 10 sessions with an occupational therapist who also provided training for caregivers to deal with patient con-
10. Volunteers
Volunteers in the community are an untapped resource in providing services to help enhance the life of patients at home. With specialized training and guidance, dedicated volunteers can visit with patients to engage them in conversation, help them with meals, and assist with supporting patients’ mobility. Hospitals already utilize volunteers to do this type of engagement, and a similar volunteer role could be extended to patients in the home.

The Physician Perspective
Physicians see an opportunity for volunteers in the community to play a larger role caring for patients in their homes.

Recommendation
21. The OMA supports volunteer services and agencies to explore options to provide patients with community services to maintain independence while living at home.

11. Next Steps
This paper is intended to provide an understanding of the home care landscape in Ontario, highlight a variety of models of care, present the unique perspective of physicians and their experience with home care, and includes recommendations to support physicians and their patients as they access home care services.

The preceding discussion highlights the need to better integrate home care services into the broader health care system. Resources are being shifted from other areas of the health care system, and there is a need for additional investment in the future to ensure a robust and sustainable home care system that is in line with patients’ needs and preferences.

The OMA recognizes that the recommendations in this paper are broad-reaching and will require action at various levels in the system. We will work with our partners to explore and implement solutions to enable more patients to receive appropriate and effective care at home.

References


36. Canadian Patient Safety Institute. Safety


When your practice is running smoothly, who needs business insurance?*

*Actually, we all do. No one wants to be caught unprotected. But staying on top of your business coverage can be time consuming and costly. OMA Insurance understands how doctors work, and helps streamline the application process by reducing the complexity and time required to arrange coverage. Medical office and clinic insurance is provided by HUB International – a specialist in commercial insurance – with exclusive offers designed exclusively for OMA members. And for physicians with business interests outside of the medical practice, HUB can offer you customized solutions tailored to your specific needs. Let us show you how easy it can be to stay protected.

Visit OMAinsurance.com/pyb to learn more.
or contact HUB International at 1.888.662.0800

Not for profit. All for doctors.
Reservations
To reserve a room at the Hilton Toronto Hotel at the preferred rate of $205 single or double occupancy, phone 416.869.3456/1.800.267.2281, or visit https://resweb.passkey.com/go/OMAFallCouncil2014. Please indicate that you are with the OMA conference at the time of booking. The deadline for reservations is October 22, 2014. After this date, reservations will be accepted on a space-available basis only.

If you wish to pre-register for Council at this time and/or have any special dietary requirements, please contact Jennifer Csamer, OMA Conference Planning, no later than November 7, 2014, at 416.599.2580/1.800.268.7215, ext. 3461, or email jennifer.csamer@oma.org.

Travel
For those travelling to Toronto, please be reminded that the OMA has the following discounts available:

- **Porter Airlines** is providing a 15% discount on all available base fares for travel to and from the 2014 Fall Council Meeting. Book online at www.flyporter.com or through your travel agent. Promo code and details can be found online at https://www.oma.org/Member/Programs/Advantages/Pages/3PorterAirlines.aspx.

- **VIA Rail** is providing a 15% discount on the best available fare in any class of service at the time of booking or purchasing a train ticket (travel passes and Bizpak are excluded). You must purchase the train ticket at the VIA Rail ticket counter, online at viarail.ca, or by calling 1.888.VIA RAIL. For maximum convenience, to book your ticket simply log on to http://www.viarail.ca/corpo/oma/. Refer to the booking instructions in the “Resources” box. VIA Rail has recently implemented an On-Train ID policy. Members may be required to present two pieces of ID if asked, one being your OMA membership ID and one piece of government-issued ID. For more details please go to https://www.oma.org/Member/Programs/Advantages/Pages/2ViaRail.aspx.

- **Park’N Fly** is providing up to 25% off all valet and self-park parking rates (excluding taxes and optional services) at airport locations in Toronto, Ottawa, Montreal, Halifax, Edmonton and Vancouver.

For more information, including the discount codes, visit www.oma.org/Advantages, call 1.800.268.7215, or email oma.advantages@oma.org.

Reports to Council
Reports to Council will be distributed to Territorial Division and Section Delegates, District Chairs and Secretaries, Past Presidents and Board members during the week of November 3, 2014. Supplementary material may be distributed at a later date and/or at Council.

Format of Reports to Council
We are offering the OMA Reports to Council in two formats: printed binder or online. Delegates will be asked to choose a preferred format and advise the
OMA as soon as possible. If you would like to receive the binder, or view reports on the OMA website, please contact Anna Carnovale, OMA Corporate Affairs Department, at 416.599.2580/1.800.268.7215, ext. 3100, or email anna.carnovale@oma.org.

Preparation for November 2014 Council Meeting
Many OMA Constituencies (i.e., Territorial Divisions, Districts and Sections) schedule meetings prior to each Council meeting for the purpose of discussing Reports to Council and matters that will be discussed by Council. In order to prepare for the upcoming Council meeting, the Board of Directors urges you to hold such a meeting and also to extend an invitation to your District Director(s) and/or Director Elected by Council from your Assemblies.

Elections at Council
Please be advised that Council will be asked to elect members to the following positions:

- One Director Elected by Council to represent the Diagnostic Assembly (two-year term).
- One Director Elected by Council to represent the General and Family Practice Assembly (two-year term).
- One Director Elected by Council to represent the Medical Assembly (two-year term).

The Nominations Committee will bring forth a slate of candidates for Council’s consideration. Nominations will also be accepted from the floor of Council.

If you have any questions or would like to submit a nominee for this position, please contact Franca Venosa, OMA Corporate Affairs Department, at 416.340.2890/1.800.268.7215, ext. 2890, or email franca.venosa@oma.org.

Council Physician Leader Consultation

Friday, November 21, 2014
Hilton Toronto Hotel
145 Richmond Street West
Governor General Room, Second Floor
5:30 p.m. to 7:30 p.m.
Refreshments will be served

A Physician Leader Consultation Session for Council Delegates is scheduled on the evening prior to the OMA Council Meeting. Keynote Speaker: Brenda Zimmerman, PhD, CA, MBA, BSc. Topic: “Where There is ‘Will’ There is a Way. But Beware of the Cognitive Traps”

If you wish to attend this session, please contact Beryl Anselm, OMA Corporate Affairs Department, at 416.599.2580/1.800.268.7215, ext.3065, or email beryl.anselm@oma.org.
The CMA held its General Council Meeting in Ottawa on August 17-20, 2014. Ontario was represented by 65 Delegates, one of whom was from Nunavut. The Ontario Caucus had identified key strategic areas and submitted motions to the CMA for consideration. Many of the Ontario motions were passed and the CMA will provide a followup report regularly. Above is a photo of the Ontario Delegation dressed in their Caucus wear at the meeting.

The Role

Participate in the Ontario Caucus deliberations in Toronto for a half-day in either June or July, 2015, and attend the CMA General Council Meeting on August 23-26, 2015, in Halifax
Ontario Delegates to CMA General Council Meeting

Skills and Qualifications Required
- You must be both an OMA and a CMA member.
- Delegates will be selected and will promote the following balances: gender, specialty/GP, and rural/urban.
- All Ontario Delegates should be practising physicians.
- Interest in matters affecting the profession and familiarity with current issues facing the OMA/CMA and its members.
- Physicians including those who have not been actively involved in the OMA political structure are encouraged to apply.
- Ontario will be identifying 3 to 5 key strategic areas of focus it wishes to pursue at CMA. Each candidate will be encouraged to submit issues that he or she feels are relevant for Ontario physicians that should be raised at the national level. These issues may be used to develop Ontario Delegate motions.
- Delegates selected will receive background information and be willing to become familiar with OMA/CMA strategies and policy positions, and will be asked to support positions that are consistent with OMA Caucus deliberations. Delegates will also be asked to speak to the Ontario motions at CMA Council.
- Be willing to participate fully and offer their perspective to the entire Ontario delegation.

Honoraria and Reimbursement of Expenses
All delegates will be paid honoraria and be reimbursed for out-of-pocket expenses for necessary travel and accommodation related to attending the CMA General Council Meeting.

Are you Interested?
If so, please submit a letter that outlines why you would like to attend the CMA General Council Meeting.

Also, please include a photo and a short curriculum vitae that outlines the skills/knowledge that you can contribute as an Ontario Delegate, as well as identify issues relevant for Ontario physicians that should be raised at the national level.

If you would like to view motions that have been passed at previous CMA General Council Meetings, please visit http://www.cma.ca/gc2014.

Deadline for Submissions
November 23, 2014

Inquiries and Applications May be Directed to:
Anna Carnovale
Corporate Affairs Department
Ontario Medical Association
150 Bloor Street West, Suite 900
Toronto, Ontario
M5S 3C1
Tel: 1.800.268.7215 / 416.599.2580, ext. 3100
Email: anna.carnovale@oma.org
For the Second Quarter of 2014
During the second quarter of 2014, the PSI Foundation approved 10 research grants with a total value of $988,500. Listed below are the recipients, with project titles and amounts awarded.

### HEALTH RESEARCH GRANTS

<table>
<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR</th>
<th>PROJECT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. S. Schuh, Hospital for Sick Children</td>
<td>Inhaled Magnesium in Refractory Pediatric Acute Asthma (MAGNUM PA Trial)</td>
<td>$170,000</td>
</tr>
<tr>
<td>Dr. M.G. Fehlings, University Health Network</td>
<td>Preventing Neurological Decline in Cervical Spondylotic Myelopathy With Intravenous IgG</td>
<td>$165,500</td>
</tr>
<tr>
<td>Dr. L. Lapointe-Shaw, Dr. J. Feld, University Health Network</td>
<td>Diagnosis and Management of Hepatitis B and Hepatitis C Infection in Ontario</td>
<td>$169,500</td>
</tr>
<tr>
<td>Dr. T. Marras, University Health Network</td>
<td>Risk of Pulmonary Nontuberculous Mycobacterial Disease Associated With Inhaled Corticosteroids in Ontario</td>
<td>$50,000</td>
</tr>
<tr>
<td>Dr. A. Roberts, Dr. T. Zhong, University Health Network</td>
<td>Using a Novel Quality Metric Approach to Examine the Healthcare Utilization of Post-Mastectomy Breast Reconstruction: A Population-Based Study</td>
<td>$74,000</td>
</tr>
<tr>
<td>Dr. C. Smyth, Dr. P. Poulin, University of Ottawa</td>
<td>Evaluation of an Interdisciplinary Complex Pain Management Program Linked to Primary Care to Improve Clinical Outcomes and Reduce Health Care Utilization Among Patients With Chronic Pain and Frequent Emergency Department Visits</td>
<td>$168,000</td>
</tr>
<tr>
<td>Dr. Y. Leong, Dr. H.P. Drutz, Mount Sinai Hospital</td>
<td>A Randomized Double-Blinded Trial Comparing Fesoterodine to Desmopressin in the Treatment of Severe Nocturia in Women Aged 65 and Older</td>
<td>$125,500</td>
</tr>
<tr>
<td>Dr. A.D. Pinto, Dr. A. Bayoumi, St. Michael’s Hospital</td>
<td>IGNITE (addressing income security in primary care) Study: A Pragmatic Randomized Controlled Trial</td>
<td>$58,000</td>
</tr>
</tbody>
</table>

### RESIDENT RESEARCH GRANTS

<table>
<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR</th>
<th>PROJECT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. G. Yau, Queen’s University</td>
<td>The Effect of Repeated Intravitreal Injections of Anti-Vascular Endothelial Growth Factor on Intraocular Pressure and Optic Nerve Morphology: A Prospective Cohort Study</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

### COMMUNITY-BASED RESEARCH GRANTS

<table>
<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR</th>
<th>PROJECT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. D.R. Ricciuto, Lakeridge Health</td>
<td>Trends in C. Difficile Infection Frequency, Severity and Length of Stay After Implementation of an Antimicrobial Stewardship Program and C. Difficile Toolkit at a Large, Community Hospital</td>
<td>$5,500</td>
</tr>
</tbody>
</table>
BOARD REPORT

Summary of resolutions

OMA Board of Directors Meetings:
September 17-18 and July 17, 2014

September 17-18
Appointments
- “That the Board re-appoint Dr. W.A. Hodge and Dr. K.M. Moore to the PSI Foundation House of Delegates for another one-year term and that the Board appoint Dr. Andrea Gershon to the PSI Foundation House of Delegates for a one-year term.”
- “That the Board appoint Dr. Javed Alloo as the OMA Representative to the Medical Psychiatry Alliance – Advisory Council.”
- “That the Board appoint Dr. Navinda Persaud to the OMA Forms Committee.”

July 17
- “That the Board approve OMA representation on the Advisory Council of the Medical Psychiatry Alliance.”
- “That the Board adopt the Pedestrian Safety Report dated July 2014 as OMA Policy.”

Appointments
Physician Hospital Issues Committee
- Dr. Adam Steacie, OMA Co-Chair
- Dr. Stephen Cooper, member

Ontario Health Technology Advisory Committee
- Dr. Scott Wooder, OMA nominee

Investment Pick of the Week:
Joint Venture with Top Developers

With as little as $25,000, you can have access to these unique opportunities to partner in the ownership and development of prime real estate with top developers.

No tenants. No Management and you can even use your RRSP. Targeted annual returns are above 20%.

Greybrook Realty Partners
Visit www.RealEstateTalkShow.ca/investments for details.

For more information visit:
www.RealEstateTalkShow.ca
or call 416.366.9090
• College of Physicians and Surgeons of Ontario Transparency Update
• Medical Psychiatry Alliance – Advisory Council
• End of Life Planning and Care in Ontario: Start the Conversation

by OMA Health Policy Department

College of Physicians and Surgeons of Ontario Transparency Update

The College of Physicians and Surgeons of Ontario (CPSO) has moved into the next phase of its Transparency Project. The aim of this project is to determine what categories of physician information should be made public.

Currently, the public register (CPSO website) includes a physician’s name and practice details, registration information and any findings of professional misconduct, incompetence or incapacity. As of 2013, the CPSO bylaw enables the College to add information about the transfer of records, notice and status of discipline hearings, and reinstatement decisions.

The current phase of the Transparency Project involves a consultation on whether or not the CPSO should make public information related to criminal convictions, bail conditions, and non-physicians practising illegally.

After this phase is complete, the College will begin a consultation regarding potential additional categories of information being added to the public register, including cautions, undertakings, and compulsory education programs.

The OMA is actively engaged with the CPSO throughout the phases of this consultation.

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

Medical Psychiatry Alliance – Advisory Council

The OMA was invited to participate on the Advisory Council of a new mental health initiative known as the Medical Psychiatry Alliance.

In January 2014, the Centre for Addiction and Mental Health (CAMH), the Hospital for Sick Children, Trillium Health Partners, and the University of Toronto launched the Medical Psychiatry Alliance. The purpose of the Alliance is to provide a co-ordinated, multi-institutional approach to caring for individuals with mental and physical co-morbidities.

The founding partners, the Ministry of Health and Long-Term Care, and an anonymous donor, have committed $60 million to this project over six years. The purpose of the Advisory Council is to guide the strategic direction of the Alliance and to serve in an advisory capacity. The OMA selected a physician representative to serve on the Advisory Council, and the first meeting took place in September 2014.

Participation on the Advisory Council will be a welcome opportunity for the OMA to become more actively involved in mental health care reform, and engage with other valued partners in the health care system.

OMA Staff Contact: Juhee Makkar (ext. 2978)

Added Value for Classified Advertisers

Classified advertisements published in the Ontario Medical Review are posted on the OMA website at no additional charge (https://www.oma.org/Pages/OntarioMedicalReview.aspx).

For more information, please contact: Vita Ferrante, Classifieds Co-ordinator
Tel. 416.340.2263 or 1.800.268.7215, ext. 2263
Email: vita.ferrante@oma.org
End of Life Planning and Care in Ontario: Start the Conversation

Speak Up Ontario Campaign Creates “Just Ask” Toolkit
Did you know 86% of Canadians say they have not heard of advance care planning? Advance care planning refers to the communication process where people plan for the time when they become incapable of consenting to or refusing treatment and care. It includes the deliberation and communication of wishes, values and beliefs between the individual, their loved ones, their substitute decision-maker and their health care provider(s) about end of life planning and care (EOLPC). Adults can engage in advance care planning with their families, friends, health care providers and substitute decision-makers at any stage of their lives.

To assist health care providers in starting the conversation on end of life care and advance care planning with patients, Speak Up Ontario* has created the “Just Ask” toolkit, a comprehensive guide to help providers initiate the conversation with patients and their families, and hopefully normalize the dialogue around end of life care. To access the Just Ask toolkit, visit the Speak Up Ontario website at http://www.advancecareplanning.ca/community-organizations/download-the-speak-up-campaign-kit.aspx.

Physicians can also refer patients to the Speak Up Ontario workbook, where patients can easily follow a step-by-step guide to complete their advance care plan. To access the workbook, visit http://www.advancecareplanning.ca/media/111331/acp_ontario_workbook_final-2014-web-form_colour_fillable.pdf.

* The Speak Up Ontario campaign was developed to emphasize the importance of completing an advance care plan. While it houses materials that are specific to Ontario’s legislative context, please note that generic Speak Up materials may not be appropriate for Ontario. Please email any inquiries regarding end of life planning and care to eolpc@oma.org.
Reduce exposure to risk, and insurance regret

by Bruce Palmer
Managing Director, OMA Insurance Services

“If only” may be one of the saddest phrases in the English language. Filled with remorse and longing, it is often spoken with a wistful sense that a particular situation or outcome might have been different if only wisdom had prevailed sooner. It is also a phrase that I hope OMA members and their families never have to utter with respect to their insurance coverage.

Following is a review of some insurance-related facts that can help you and your family avoid the “if only” experience.

• It is possible for your health to change between this morning and this evening. I am reminded of the physician who told me of taking a break during an afternoon meeting and discovering blood in his urine. In that instant, his life changed: he started the break a healthy man; he ended the break a sick and uninsurable man (I am happy to report that he is now doing fine). We all hope it does not happen to us, and yet it happens every day with patients — and no one is immune. Although the physical process of illness and aging occurs over time, the instant of knowing is the moment we change.

• Your genetic testing results will be part of your medical records, and therefore shared with insurance companies when you apply for insurance. For some, there are compelling medical reasons to undergo genetic testing; for others, it is just curiosity. Either way, it’s reasonable to believe that there will be even more testing in the future as cost drops and availability increases. But get your insurance first: once you know something, you are legally obliged to disclose it on an application (not doing so constitutes insurance fraud, which will not only get your claim denied, but could result in a criminal conviction).

• Critical Illness insurance can pay for many alternative treatments that are not included in the definition of “reasonable and customary,” and there are more and more treatments that are not “customary,” even if they are being done on a fairly widespread basis. Traditional insurance policies are designed, and priced, to cover “standard” risks. This means that coverage is limited to standard procedures — overall, a good thing as it keeps the prices down and statistically covers the vast majority of claims. It’s all great, unless you happen to be one of those who will benefit from an alternative treatment. Critical Illness insurance is designed to give you some additional financial resources to use as you wish, including these alternative treatments.

• Cancelling your personal extended health care insurance when you go to work for a private employer means you might have no insurance options if you leave that company years later and find yourself without insurance. Health can change, and creating a circumstance in which changing your career can jeopardize your health insurance coverage is a difficult spot in which to find yourself — and something people often forget about until it is far too late.

• Renovating your kitchen without telling your insurance company might affect whether or not a claim is covered. Turning your home into a construction site increases exposure to
risks such as theft and water damage, plus it exposes you to an increased possibility of tradespeople and others injuring themselves on your premises. Renovations also typically change the insured value of your property. Make sure you have proper coverage for this construction work and that you have adequate insurance limits that include the cost of the work being carried out.

- Leaving your house vacant during an extended vacation affects your property insurance protection — and how your insurance policy defines vacant might be different than you think. Most personal property policies (including coverage on homes, condos, cottages, etc.) include vacancy or unoccupied restrictions that limit coverage if you are away from your residence for an extended period. Particularly during the winter months, when pipes may freeze, it is usually wise to ensure a trusted friend, family member or neighbour checks your home on a regular basis. Insurance coverage on your home and its contents may cease automatically if your home becomes vacant without prior notification to your insurer.

- Listing your residence on Airbnb.com might nullify your insurance. Commercial use of a property — which can include renting it out, using it as a daycare (and this might include accepting money from your neighbours to look after their kids on a regular basis), or operating a home office that actively carries out client activities — means your personal property and liability will not cover your claims. Depending on the extent of the business use, you might need an endorsement to your personal property policy or even a separate commercial property and liability policy.

- Serving on a not-for-profit board of directors can expose you to liability. All directors, regardless of the status of their corporation, bear liability for the corporation’s actions; some of these, such as outstanding wages or environmental damage, can become personal liabilities. Many corporations carry Directors & Officers (D&O) insurance for their directors (make sure it really is protecting you and not the corporation), personal umbrella liability policies can sometimes be extended to cover this exposure, and separate D&O insurance is available if required.

- Your professional liability (medical malpractice) coverage might not protect you if someone trips and is hurt entering your building. Commercial general liability will cover this. It’s easy to get, but it is a separate policy.

The Reward of the Driven.

Every Mercedes-Benz model embodies the legendary soul of the world’s first automaker in its most modern expression. Invigorating performance, confidence-inspiring safety systems and brilliant innovation come together to form an evocative and timeless presence. Created with a careful eye on quality and thoughtful attention to detail, each model is a source of pride to the professional who drives it and Corporate Sales is no exception - we add value at every turn. As an Ontario Medical Association member, you are entitled to this exclusive offer. For more details, visit www.mercedes-benz.ca/OMA
• Medical data is being hacked on a regular basis in the United States. The good news is that Canada does not seem to be a target yet; the bad news is that there is no real reason to think we are exempt from this trend. Currently, hackers target U.S. Social Security Numbers, routinely used in U.S. health records (mostly because it aids in collecting overdue accounts), to acquire insurance information that is then used to process fraudulent medical expenses. Hospitals, clinics, and community health teams have all been targeted.

• Despite hackers, the biggest security threat still comes from within the organization. Disgruntled employees, team members taking files home to work on them and leaving them unattended (or in the coffee shop, or on the train), employees angry at a grumpy patient — all have led to serious data breaches and loss of data. Not to mention old-fashioned employee dishonesty, which is still a major cause of loss.

• Options are always a good thing. The cost of guaranteed options on a policy is small, and the freedom it affords your future self to act in your own best interests is empowering.

• You only die once, but you can get sick or disabled several times, at any age. I know it sounds obvious, but the biggest financial risks most people face are their unplanned absences from income generation during their working life, and then their declining health in the last years of their life. Another story comes to mind: a physician had disability coverage for years. Eventually, he chose not to renew his disability coverage (his kids were out of the home and he felt no one was really dependent upon him, plus he felt he had a good investment base). Unfortunately, he suffered a stroke and was not able to work for an extended period of time. His overall health continued to decline and he now has early-onset Alzheimer’s and is unlikely to be able to work again. His family — busy themselves with their own children and health issues — is trying to help, but they also live a few hours away and it is difficult. He is now bankrupt and needs continuous supervision due to his condition. His family is upset that their hardworking father is ending his life dependent upon government aid. A sad (but true) story.

• You are a financial engine, and if you break or cease functioning, those dependent upon you will suffer. Obviously, we are much more than just a financial engine, but the reality of our society is that money is how we ensure quality of life and the ability to pursue our dreams. And you, as a physician, are worth a substantial sum: to replace 30 years of earning say $300,000 gross per year at 3% interest would take $5.88 million, or $7.2 million at 1.5% interest. If something happened to you today, do you and those dependent upon you really have the financial resources to thrive?

• You are a different person than you were 20 years ago: you have different goals and priorities, different resources and needs, different worries and comfort zones. Your insurance needs are different because of these changes, so it is important for you to review and update your plans, from the coverage limits and extensions you want to the beneficiaries you have chosen. If you care about the people in your life, then these details matter to you and to them.

OMA Insurance
Life is full of risks we cannot control, but the longing and remorse that usually accompany the phrase “if only” can be avoided by planning, preparing, and taking action sooner rather than later.

OMA Insurance is here to help. For insurance solutions designed to meet doctors’ needs, call 1.800.758.1641, or visit www.OMAInsurance.com.
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.

Next year will be the final cohort of PLDP. The program has been extremely successful, but all good things must come to an end.

For an overview of the PLDP, visit www.oma.org/pldp.

Applications for the final cohort will be available online February, 2015

phone: 1.800.268.7215, ext. 2239
email: Physician.Leadership@oma.org

“I 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
### IN MEMORIAM

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

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>University</th>
<th>Date of Death</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ainslie, Robert Douglas</td>
<td>Niagara Falls</td>
<td>University of Toronto, 1954</td>
<td>June 2014</td>
<td>84</td>
</tr>
<tr>
<td>Anderson, James Gordon</td>
<td>Gloucester</td>
<td>University of Ottawa, 1975</td>
<td>June 2014</td>
<td>62</td>
</tr>
<tr>
<td>Blair, Iain George</td>
<td>Toronto</td>
<td>University of Glasgow, 1966</td>
<td>May 2014</td>
<td>71</td>
</tr>
<tr>
<td>Box, Thomas Rodney Holyoake</td>
<td>Oakville</td>
<td>University of Toronto, 1952</td>
<td>July 2014</td>
<td>87</td>
</tr>
<tr>
<td>Bracalenti, Ivan Anthony</td>
<td>Oakville</td>
<td>University of Western Ontario, 1961</td>
<td>June 2014</td>
<td>77</td>
</tr>
<tr>
<td>Gall, Robert Johnston</td>
<td>Toronto</td>
<td>McGill University, 1963</td>
<td>July 2014</td>
<td>75</td>
</tr>
<tr>
<td>Goluboff, Lanny Gerald</td>
<td>Toronto</td>
<td>University of Saskatchewan, 1966</td>
<td>June 2014</td>
<td></td>
</tr>
<tr>
<td>Heringer, Richard</td>
<td>Ottawa</td>
<td>University of Ottawa, 1952</td>
<td>May 2014</td>
<td>92</td>
</tr>
<tr>
<td>Hines, Rodger Mills</td>
<td>Durham</td>
<td>University of Toronto, 1950</td>
<td>June 2014</td>
<td>92</td>
</tr>
<tr>
<td>Jeanes, C. William L. (Bill)</td>
<td>Ottawa</td>
<td>English Conjoint Board, 1943</td>
<td>July 2014</td>
<td>94</td>
</tr>
<tr>
<td>Lee, Peter</td>
<td>Toronto</td>
<td>University of Otago, 1966</td>
<td>June 2014</td>
<td>71</td>
</tr>
<tr>
<td>Lohrenz, John George</td>
<td>Komoka</td>
<td>University of Manitoba, 1949</td>
<td>February 2014</td>
<td>88</td>
</tr>
<tr>
<td>McBurney, Robert James</td>
<td>Orangeville</td>
<td>University of Western Ontario, 1951</td>
<td>December 2013</td>
<td>86</td>
</tr>
<tr>
<td>Mesbur, Kenneth Hugh</td>
<td>London</td>
<td>Irish Conjoint Board, 1957</td>
<td>June 2014</td>
<td>85</td>
</tr>
<tr>
<td>Moller, Evert Selmer</td>
<td>Stouffville</td>
<td>University of Toronto, 1949</td>
<td>July 2014</td>
<td>87</td>
</tr>
<tr>
<td>Mozaffari, Babak</td>
<td>Barrie</td>
<td>University of Saskatchewan, 1991</td>
<td>October 2013</td>
<td>54</td>
</tr>
<tr>
<td>Paterson, Duncan McColl</td>
<td>Barrie</td>
<td>University of London, 1961</td>
<td>June 2014</td>
<td>76</td>
</tr>
<tr>
<td>Pillay, Nemi Nathan</td>
<td>Jordan Station</td>
<td>University of the Witwatersrand, 1966</td>
<td>June 2014</td>
<td>72</td>
</tr>
<tr>
<td>Sidgwick, Alice Mary</td>
<td>Toronto</td>
<td>University of Cambridge, 1946</td>
<td>June 2014</td>
<td>91</td>
</tr>
<tr>
<td>Stewart, Daniel Lindsay</td>
<td>Sechelt, B.C.</td>
<td>The Worshipful Society of Apothecaries of London, 1949</td>
<td>May 2014</td>
<td>91</td>
</tr>
</tbody>
</table>

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.
Access relevant evidence-based information with a single search

Working closely with CMA members, we’ve rebuilt our website to better serve physicians’ needs. The new cma.ca delivers enhanced clinical search capabilities and personalized content. Accessible on any mobile device, it’s your go-to source for knowledge resources, national advocacy on health and health care, and the CMAJ.

Questions? Comments? Email cmamsc@cma.ca, call 888-855-2555 or @CMA_Members. We’re listening.

The new cma.ca — see how simple searches can be.

cma.ca/new
CLASSIFIEDS

OFFICE SPACE AVAILABLE

10 Meadowglen Drive, Whitby, ON:
Spaces for lease, 1,394 & 2,100 sq. ft. Ideal for GPs, medical-based clinic. Newer plaza with existing general dentist, kids dentist and physiotherapist. Tel. 647.523.4776

AAA brand new medical centre with nine large rooms at Don Mills & Sheppard. TTC. Busy residential and business area. Close to major hospitals. Tel. 647.818.2192

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

AAA prime medical clinic space is available for family practice or walk-in at Broadview and Danforth: Conveniently located close to the Don Valley Parkway and steps away from Broadview subway station. Very busy location with high patient traffic. Fully equipped and furnished clinic with great growth potential. Medical facilities on-site and close by including pharmacy, lab, X-ray, physiotherapy, medical specialists and more. Extremely low overhead. Contact: Sam Indrawes Tel. 416.618.8454 (cell) Email: samindrawes@gmail.com

AAA prime medical clinic space is available for family practice or walk-in at Broadview and Danforth: Conveniently located close to the Don Valley Parkway and steps away from Broadview subway station. Very busy location with high patient traffic. Fully equipped and furnished clinic with great growth potential. Medical facilities on-site and close by including pharmacy, lab, X-ray, physiotherapy, medical specialists and more. Extremely low overhead. Contact: Cathy Tel. 647.501.7653 Email: 4591highway7@gmail.com

AAA prime medical clinic space is available for family practice or walk-in at Broadview and Danforth: Conveniently located close to the Don Valley Parkway and steps away from Broadview subway station. Very busy location with high patient traffic. Fully equipped and furnished clinic with great growth potential. Medical facilities on-site and close by including pharmacy, lab, X-ray, physiotherapy, medical specialists and more. Extremely low overhead. Contact: Sam Indrawes Tel. 416.618.8454 (cell) Email: samindrawes@gmail.com

AAA Markham location: Medical building approximately 900 sq. ft., main floor, on busy Hwy. 7. 55,000 vehicles pass by daily. Doctors needed! Practise here. Available fall 2014. Low lease rate. Contact: Cathy Tel. 647.501.7653 Email: 4591highway7@gmail.com

AAA prime medical office at Don Mills & Sheppard: TTC, mall, street level, free parking. Close to major hospitals. Very dense residential & business area. Attractive lease term for family doctor & walk-in clinic. Contact: Ibrahim Tel. 647.818.2192

48
Ontario Medical Review

October 2014
Doctor’s office, 180 Bloor Street West: Ample, bright consultation room with waiting area and storage. Close to TTC and lab facilities. Available December 1, 2014. Contact: Dr. Ximena Fornazzari Tel. 416.920.4217 Email: xime1@rogers.com Contact: Dr. Aida Bagheri Tel. 416.923.1640 Email: abagherip@yahoo.ca

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: Dr. Aida Bagheri Tel. 416.923.1640 Email: xime1@rogers.com Contact: Dr. Ximena Fornazzari Tel. 416.920.4217 Email: xime1@rogers.com

Mississauga & Whitby: Medical office space available ranging from 700 – 3,000 sq. ft. Free parking. Close to public transit, restaurants & shopping. Dense residential area unserviced by health practitioners. Contact: Konini Management Tel. 905.823.9847

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 & pharmacies. 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: Dave Casimiro Tel. 416.366.2000, ext. 4302 Email: dave.casimiro@nwhp.ca Website: www.nwhp.ca

North York, ON — new family and walk-in clinic: Family physician wanted. Fully furnished clinic, five exam rooms, reception, MD office, EMR. Lease or split negotiable. Excellent turnkey opportunity to start new practice or relocate current practice. Tel. 416.893.3640 Email: sheppardmedical@gmail.com

Ottawa — office space for lease near Hunt Club & Merivale: New building, space set up for immediate occupancy. Beautiful working environment, up to 3,600 sq. ft. (space can be divided). Competitive rates. Contact: Nakia Tel. 613.728.4795 Email: harmonymedical@rogers.com

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. 416.364.5959, ext. 403 Email: bstoneburgh@par-med.com Website: www.par-med.com

REAL ESTATE

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

Exceptional oceanfront vacation apartment in New Zealand: Oceanfront rental apartment (entire main floor of oceanfront home), located on Marine Drive in Mount Maunganui, North Island (2.5 hours from Auckland), on New Zealand’s finest recreational surf beach considered one of New Zealand’s most beautiful. Ocean view from all rooms, walkouts to private ocean view courtyard from master bedroom and lounge area. Sunrises over ocean, sunset over Mount Maunganui. Central location for relaxing on the beach or days touring, and returning home to dinner on private courtyard overlooking ocean. Easy stroll to downtown, great restaurants, nightlife. Deep sea fishing at Mayor Island, Gisborne wine region, Rotorua, Glowworm caves, Lord of the Rings film locations. Sleeps six very comfortably. Canadian owned. Fabulous location/beach for families, couples or singles who seek relaxation, sightseeing, and expect to arrive at a welcoming rental complete with gourmet kitchen, plus everything included to recharge and experience New Zealand at your own pace. Contact: Annie Druhan Tel. 416.559.7263 or 613.336.0927 Email: anniedruhan@gmail.com
LOCUM TENENS

$500/hour — pediatrician locum
Ottawa: January to April 2015 inclusive.
Tel. 613.400.0156
Email: renu_chadha@hotmail.com

Locum GP/psychiatrist/ENT/pain management — 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

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

9212 Yonge Medical Centre: Fully renovated furnished clinic in Richmond Hill with several EMRs, attractive location, free parking for 40 cars. We are inviting family doctors for full or part time, flexible working hours. We guarantee minimum workload.
Tel. 647.878.5031
Email: ymc@9212.ca
Website: www.9212.ca

A busy medical centre in Vaughan is looking for a family physician to join our team of specialists and family doctors. Competitive split. EMR and full administrative support (including billing) is provided.
Contact: Aryn
Tel. 647.522.5559
Email: info@101medical.ca

A well-established psychiatric practice in Vaughan is looking for a psychiatrist to join our team. A large referral base, EMR, billing, and full administrative support is provided.
Contact: Eugene
Tel. 647.522.5559
Email: info@101medical.ca

Addiction medicine opportunity: Bellwood Health Services, a successful, exemplary accredited hospital and Total Health Care Centre dedicated to the treatment of addictions and addiction-related disorders has an immediate opening for physicians to join the medical staff. Would working for an organization with no overhead cost appeal to you? Bellwood Health Services is an industry leader in addiction treatment. How about an environment with a team of medical doctors, experienced nurses, and some of the most accomplished professionals in the field of addiction medicine? Professional duties may include: conducting pre-admission, admission and discharge, followup assessments, educational sessions, weekly meetings with clients in active phase of addiction treatment and occasional in-service to staff. Previous experience working with detox patients, knowledge of medications used in addiction treatment and an understanding of the psychological and physical symptoms associated with withdrawal and trauma 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. Interested physicians should email, fax or mail their current curriculum vitae.
Contact: Noreedah Dean
Tel. 416.495.7943
Fax: 416.847.0753
Email: ndean@bellwood.ca
Website: www.bellwood.ca

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

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

Brampton, Ontario: Full-time/part-time family physicians and GP psychotherapist 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

Brampton — very busy walk-in clinic in big plaza, great location beside Shoppers Drug Mart. Running for last seven years, seeking family physicians for walk-in shifts, opportunity to relocate an existing practice or build a new practice. New grads welcome. Flexible hours with 80/20 split.
Tel. 647.922.0873

Busy integrative mental health clinic in Oakville seeks part-time or full-time psychiatrist to join our team. Must enjoy working within a multidisciplinary team.
Contact: Dr. Jane Gilbert
Tel. 905.844.4673
Email: jgilbert@thebearclinic.ca

Are you a family physician in Toronto? We’re a new FHO seeking associates looking to build a practice. We focus on using technology and good management to enable MDs to practise more effectively. Join our FHO and work in our clinic designed by award-winning architects. Contact us to learn more.
Website: www.magentahealth.ca

Casselman, ON — 25 minutes from Ottawa on Highway 417 east: We are looking for family physicians for a new medical clinic. Flexible terms from ownership to fee-for-service. New, modern facility with pharmacy on-site.
Tel. 613.791.4077
Email: les.laplante@sympatico.ca
Family physician, Toronto: Just bring your stethoscope! Beautiful, well-established family medicine clinic just west of High Park. Generous exam rooms, EMR, opportunity to join a collegial FHO. Room for both P/T and F/T physicians. Competitive overhead in a well-run clinic in an area surrounded by new condos and townhomes.

Contact: Dr. Jenny Clement
Tel. 416.760.8367
Email: clementjenny0@gmail.com

Family physicians needed for new medical centres opening in Peel & Halton Regions. F/T & P/T positions. EMR, nursing & secretarial support. Attractive fee-for-service split. Email: info@wakeelmedical.com

Family physicians — Richmond Hill: Family practice and walk-in clinic near Bayview and Hwy. 7. You may work walk-in, start a family practice (large wait list of patients), or both. Guaranteed minimum.

Contact: Dr. Mandel
Tel. 416.315.6269
Email: druemandel@rogers.com

Family practice/walk-in/psychiatrist/ENT/pain specialist needed to join our well-established medical centre with 40 plus doctors in Scarborough. Extremely busy and congenial work atmosphere.

Full EMR.

Contact: Dr. Thomas Van
Tel. 647.227.5088
Email: thomvan@rogers.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: bloormedcentre@gmail.com

F/T and P/T family doctors for busy walk-in clinic in East York. Attractive split. EMR. Flexible hours.

Tel. 416.425.8815
Email: thornleamedical@yahoo.ca

Full-time or part-time medical doctors required for a busy walk-in located in downtown Mississauga.

Contact: Adel
Tel. 416.904.2929, 905.897.6160 (office)

Growing practice in Brampton seeking new family doctor. Competitive split. Email: cornerstone Doctors@hotmail.com

Hamilton and Mississauga — lifestyle health & chronic disease management clinics are looking for doctors with a particular interest in lifestyle and preventive medicine to join our growing practice F/T or P/T. Work with a multidisciplinary team prescribing a broad range of evidence-based nutrition, exercise, stress management and other interventions to promote optimal physical, psychological and social well-being. Training will be provided. Flexible hours. Turnkey. We provide bright, modern offices, tools, and all support systems. New grads welcome. Competitive compensation package including minimum guaranteed income with attractive split. Practise progressive medicine! Tel. 905.595.3482
Email: HR@lifeclinics.ca

Hawkesbury, Ontario — 30 minutes from Montreal: Established family health group looking for family physicians. Full time or part time. Flexible schedule.
Contact: Debbie
Tel. 613.632.4185

High-volume, brand new walk-in clinic in Courtice, Ontario: Seeking family physicians who want to increase their income with walk-in shifts. Flexible options available for GPs to join F/T, P/T or casual. Located on Hwy. 2 (main road), and minutes away from Hwy. 401 exit in a rapidly growing area. Multidisciplinary clinic with physiotherapists and massage therapists on-site and pharmacy next door. Offering financial incentives with guaranteed minimum volume rate and lucrative split.
Email: info@courticewalkin.ca
Website: www.courticewalkin.ca

Instant practice: Retiring MD with 10,000 patient files. St. Clair and Bathurst. 20% overhead.
Contact: Dr. Thomas Van
Tel. 647.227.5088
Email: thomvan@rogers.com

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
Internists and subspecialists (Ajax, ON): Join a multispecialty fully managed practice in Ajax, ON. If you are looking to start a new practice or move your existing practice, we offer luxurious, spacious office/examnation space in a new building. We use a state-of-the-art EMR designed specifically for specialists. We have a team of medical assistants and a practice manager who will assist you in transitioning your practice and we will take care of transferring your existing medical records. You will join one of the most efficiently managed practices in the Durham region. Welcome to visit our clinic.
Email: ajaxpractice@hotmail.com

Canata clinic, FHG has one opening for a full-time family physician ready to build up a practice (800+ patients on the waiting list). The clinic is supported by well-trained staff (RPN on-site) and is fully integrated with EMR-Practice Solutions. Physiotherapy on-site, free parking. Overview: 25% + HST. Details to be discussed when contacted. Locum available to try out the clinic.
Contact: Dr. Morariu
Tel. 613.850.1565
Email: alinmorariu8@gmail.com

Locke Street Medical Clinic has immediate opening for physician(s): EMR (OSCAR) used. Flexible hours. 70/30 split. IMGs and U.S.A. graduates considered.
Contact: Meena
Tel. 905.308.0659
Email: lockemedical@sympatico.ca

Logistics Medical currently has family physician positions available in Hamilton. Attractive & flexible compensation packages. Extremely little overhead.
Tel. 905.745.7784
Email: info@logisticsmedical.ca

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. 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 aggravations. 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

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

Medical specialists needed for a busy family/walk-in practice in downtown Mississauga with several active GPs. State-of-the-art modern facility, EMR equipped. Split or monthly flat rate.
Contact: Clinic Manager
Tel. 905.270.3636
Email: grandparkmedical@yahoo.com

Contact: Dr. Tom Burko
Tel. 416.631.0298 or 1.800.355.6668
Email: drburko@medvisit.ca
Website: www.medvisit.ca/doctors

Needed urgently — physician for family practice and walk-in clinic in new medical clinic in Brampton (close to McLaughlin/Bovaird ), Urdu, Hindi and Punjabi-speaking patient base. Please contact ASAP.
Tel. 647.203.5454
Email: sagsai786@hotmail.com

Classifieds

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 of Richmond Hill (Toronto GTA): Busy clinic, fully equipped, EMR, ECG, lab & pharmacy inside looking for FT/PT family and walk-in physician, and those who would like to relocate their office. Negotiable offer, rent or split.
Tel. 416.873.9080
Email: alirezashahkar@yahoo.com

North Richmond Hill Health Centre: Currently recruiting two associates to join two experienced family physicians in the new spacious Richmond Hill Mon Sheong Health Centre. EMR (Accuro), full lab, INR, ECG, 2D ECHO, drug store is adjacent. Cantonese speaking is a requirement. Mandarin an asset. Practice growth is tremendous.
Contact: Jane
Tel. 905.884.4040
Email: paul.woo@rogers.com or dricane.wong@rogers.com

North Toronto GTA: Attractive modern clinic in a busy, high-volume retail plaza next to Hwy. 400 (at Major Mackenzie) seeking FT/PT doctor for family practice or walk-in. Fully equipped & computerized. EMR, FHG/FHO available. Flexible split or associateship available.
Contact: Dr. Gabriel
Tel. 647.818.2231
Email: maplemed7@gmail.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

Ottawa — Riverside south FHO, family medicine: F/T or P/T positions available in an attractive building in a beautiful new community. Free parking, Turnkey, Practice Solutions EMR.
Contact: Dr. Ashikian
Tel. 613.822.0171
Email: drhaigashikian@gmail.com

Psychiatrist for pain management and psychiatrist — Vaughan, ON: Wanting part-time psychiatrist with interest in pain management and psychiatrist with fellowship in NCS/EMG for busy interdisciplinary chronic pain office. Full EMR and support staff including ultrasound. Competitive split. C/V to: Email: iw@drwilderman.com

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

PT/FT associate needed for FHO in Richmond Hill: Multidisciplinary clinic. EMR. Young patient population. Attractive terms.
Contact: Dr. Araghi
Tel. 416.454.6399

P/T psychiatrist sought: New grads welcome. Great team supporting 900+ students at a downtown college. Flexible hours/days, approximately two hours weekly. Full admin. support. Diverse population & presenting issues.
Contact: Degan or Kim
Tel. 416.596.3101, ext. 3468
Email: kphillips@michener.ca

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

Contact: Martin Chai
Tel. 416.299.0555, ext. 12
Email: martin.chai@gmail.com

Scarborough walk-in clinic and medical plaza: Physicians needed for locum or P/T shifts at established clinic. Mon.- Fri. 4-8 p.m., Sat. 10-2 p.m. Very competitive 15/85 split. Flexible hours. Space also available for full-time GP in busy medical building. Very competitive terms.
Tel. 416.315.6282
Email: john@progressmedical.ca

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

Sports medicine physician needed for Brampton: Medical and rehabilitation clinic with on-site medical fitness facility. Join a multidisciplinary team of physicians, nurses, dietitians, physiotherapist, chiropractor, massage, naturopath and exercise specialists practising integrated medicine. Turnkey office management with excellent split.
Tel. 905.595.3482
Email: HR@lifeclinics.ca

State-of-the-art, newly renovated (2014): Telus Health (formerly PS Suite) EMR-equipped, 6,000 sq. ft. busy, street level, Springdale Brampton clinic is seeking full-time and part-time family physicians & specialists to serve its 50,000+ registered patient base and serve growing community demand. Our team currently cares for 300 patients daily. Open seven days a week, lab in clinic, experienced administrative/billing/lab support, ample free parking, highly competitive split, signing bonus! To explore this opportunity, please email.
Email: springdaleopportunity@hotmail.com

Professional Moving & Storage Services

About Us
We are a Toronto based Moving and Storage Company servicing the GTA and beyond. Our business model is based on honesty and integrity and we are very proud of the service we provide to our clients.

Please call Firemen Movers for a free no obligation estimate and a stress free option for all your moving and storage needs. As Firefighters, we look forward to our continued work with you within the EMS community.

www.firemenmovers.com
416 225 9733

Professional Moving & Storage Services

About Us
We are a Toronto based Moving and Storage Company servicing the GTA and beyond. Our business model is based on honesty and integrity and we are very proud of the service we provide to our clients.

Please call Firemen Movers for a free no obligation estimate and a stress free option for all your moving and storage needs. As Firefighters, we look forward to our continued work with you within the EMS community.

Read Our Reviews
Find us on Facebook
About Us
We are a Toronto based Moving and Storage Company servicing the GTA and beyond. Our business model is based on honesty and integrity and we are very proud of the service we provide to our clients.

Please call Firemen Movers for a free no obligation estimate and a stress free option for all your moving and storage needs. As Firefighters, we look forward to our continued work with you within the EMS community.

Read Our Reviews
Find us on Facebook
Canadian Association of Movers
Classifieds

Storybrook Medical Clinic: Excellent physician opportunity. A new family practice and walk-in clinic near the border of north Brampton and Caledon. Our clinic is situated in a high-volume, rapidly expanding area with easy access to highways and public transit, making it an ideal and convenient location for patients. We offer a great opportunity for all physicians seeking to establish their own practice or to relocate their practice. Please contact.
Contact: Asif
Tel. 416.890.9580
Email: storybrookmedical@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 multi-disciplinary approach managed by medical doctors. EMR. Flexible hours. Pharmacy, physiotherapy, and dentist on-site. Please call.
Contact: Sara
Tel. 905.479.2571

The Hepatitis Centre at St. Clair & Avenue Road — Toronto: Hepatologist, infectious disease specialist, general internist, family physician needed for full or part time to help in assessing & treatment of chronic hepatitis C & B.
Fax: 416.482.4832
Email: sayfei18@gmail.com

We are seeking a medical doctor to join our team in Vaughan: Our multi-disciplinary clinic is well established with walk-in and family medicine. The new doctor will be fully rostered within a few months. To discuss opportunity and compensation, please contact us.
Contact: Pindy
Tel. 416.731.6828
Email: drjohal@outlook.com

Yonge & Finch: Family walk-in clinic. FT/PT needed for a busy clinic. EMR, flexible hours.
Tel. 416.826.3004
Email: northyorkmedicalclinic@gmail.com

PRACTICES

Brampton — excellent opportunity for physician or physician group to start new general or walk-in practice, or relocate existing one, next to a large medical clinic and pharmacy. Considerable incentives and turnkey custom build-out and management.
Tel. 416.823.7007
Email: hr@lifeclinics.ca

Collingwood, ON — a four-season resort area of Blue Mountain: Retiring family doctor looking for someone to take over a well-established rostered FHO group practice. Joining four other experienced family doctors; moving to a new office building with view over Georgian Bay. For more information, please call.
Tel. 705.445.5127 (days), 705.445.5619 (nights)

Family physicians needed to join FHO in Stoney Creek, ON: Fruitland Crossing Medical Clinic is now looking for one-to-two family physicians to join our brand new medical clinic. Due to the high volume of patients, we require another full-time physician to join our practice. This is an excellent location fully equipped with EMR. Attractive split.
Contact: Romel Ahmed
Tel. 905.745.4381
Email: Fruitlandmedical@cogeco.net

P/T physician is immediately required: For family practice or walk-in. Flexible hours. EMR/paper-based. Attractive offer. New graduates are welcome.
Contact: Emil
Tel. 416.529.3659
Email: pharmaclinic@rogers.com

OMR Ads Hit Home!
Reach 34,900+ physicians, residents and medical students every issue.
*Source: CCAB Brand Report March 2014

SERVICES AVAILABLE

Website: www.jruben.com

Arya & Sher, health lawyers: Practice focused on representing medical practitioners, clinics, hospitals, and health-care companies. Business and regulatory issues, including professional incorporations, 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

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 incorporations/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
Classifieds

E-Med Billing Inc. — Our certified billing agents offer OHIP, WSIB, third-party billing. We offer a complete billing solution and guarantee maximum claim revenue in a timely manner. We charge 1.5% of paid claims. For more info, please call. Tel. 416.887.3186 Email: emed@rogers.com Website: www.emed-billing.com

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

E-Transcription services offers secure web-based, reliable and affordable medical transcription with 24-hour turnaround time. Servicing over 400 physicians in the GTA. Guaranteed quality and satisfaction. For a one week free trial, please call. Tel. 416.887.3186 Website: www.etranscription.ca

Free record storage for closing practices: RSRS is Canada’s leading paper and digital storage provider. No prohibitive fees to patients. Physician managed since 1997. Tel. 1.888.563.3732, ext. 222 Website: www.RSRS.com

Going EMR? Need to scan your patient records? We can find you an affordable solution that fits your budget. For more information and many references: Contact: Sid Soil, DOCUdavit Solutions Tel. 1.888.781.9083, ext. 105 Email: ssoil@docudavit.com


Medical Billing Clerks: Getting you paid — on time, every time! Professional and efficient. Specializing in OHIP and all other types of medical claims submission in all practice areas. Reasonable rates. Contact us today to get your billings underway. Contact: Kami Tel. 416.888.6076 Email: info@medicalbillingclerks.ca

Medical transcription services: Telephone dictation and digital recorder files. PIPEDA compliant; excellent quality, next business day service. All specialties, patient notes, letters, reports, including medical-legal and IME reports. Tel. 1.866.503.4003 or 1.866.503.4003 Website: www.2ascribe.com

Moving or moved to EMR? Still have lots of paper? RSRS scans your records and offers full electronic access to your active patient records. It’s easy and affordable. PHIPA compliant. Tel. 1.888.563.3732, ext. 222 Email: JMCDonald@RSRS.com Website: www.RSRS.com

Nidhi Chopra Chartered Accountant: Accounting, tax and practice management for physicians and clinics including: personal and professional corporation tax preparation, tax planning, practice startup, practice valuations, due diligence for purchase of a practice, documentation for financing, implementation and integration of EMR, internal controls and processes. Tel. 905.597.6272 Email: nidhi@nccpa.ca Website: www.nccpa.ca

Retiring, moving or closing your practice? Physician’s estate? DOCUdavit Medical Solutions provides free paper or electronic patient record storage with no hidden costs. Contact: Sid Soil, DOCUdavit Solutions Tel. 1.888.781.9083, ext. 105 Email: ssoil@docudavit.com

FOR SALE

For Sale: Bovie Dessicator $950, Centrifuge Horizon mini-E 642E $350. Peterborough. Contact: Paul Cragg, MD Tel. 705.749.7151 Email: paulc45@gmail.com ■

Publisher’s Notes (continued from page 5)

REPRINTING OF ARTICLES
Material in the Ontario Medical Review may not be reproduced in whole or in part without the express written permission of the Ontario Medical Association. Requests for reprinting or use of articles should be forwarded in writing to the OMA c/o the Editor.

SUBSCRIPTION RATES
The Ontario Medical Review is distributed to all members of the Ontario Medical Association. Others may subscribe to the Review at the following rates: in Canada $55; in the United States $62; in other countries $79 (Canadian funds). Single copies are $6, back issues $7. HST applicable.

DISPLAY ADVERTISING
Current display advertising rate card, effective January 1, 2014, available on request. Advertising representative: Marg Churchill Keith Communications Inc. 1464 Cornwall Road Unit 8, 2nd Floor Oakville, ON L6J 7W5 Tel. 905.849.7777 or 1.800.661.5004 Fax: 905.849.1055 Email: mchurchill@keithhealthcare.com

CLASSIFIEDS ADVERTISING
Classifieds advertising inquiries should be directed to: Vita Ferrante Tel. 416.340.2263 or 1.800.268.7215, ext. 2263 Fax: 416.340.2232 Email: vita.ferrante@oma.org

The Ontario Medical Review is required to comply with the provisions of the Ontario Human Rights Code 1990 in its editorial and advertising policies, and assumes no responsibility or endorses any claims or representation offered or expressed by advertisers. The Ontario Medical Review urges readers to investigate thoroughly any opportunities advertised.
“A blank screen with no sound. It’s the Reading Channel.”
A prescription for your peace of mind...

Practicing Medicine shouldn’t be stressful. That is why thousands of Canadian Healthcare providers count on ABELMed to improve their practices, so they can focus on improving their lives and the lives of their patients.

Invest in the last EMR you'll ever need.

Intuitive workflows
Revenue enhancing PM software
Patient/Practitioner Portals
Automated Forms Processing
Hospital Report Manager interface
Seamless integration with 3rd party interfaces
Highly customizable to suit the needs of your practice
24/7 technical support
Remote backup
Disaster recovery planning and more...

1-800-267-ABEL (2235)
info@abelmed.com www.abelmed.com/omr
Always on call for the health service industry.

Business phone service from Bell is more than just a phone line – it’s how you connect with patients, doctors and pharmacies. And with great features like fax lines, Voicemail and multiple phone lines, you’ll stay in control of how you stay in touch. Your office needs services as reliable as you are. So, depend on Canada’s first choice in phone service for your clinic.

Do more and make more with our full range of products and business services, like Internet, web hosting and online security.

Available from Breakwater Solutions at 1 855 662-2355.