Managing Your Practice: OMA strategic management resources

Tips to Improve Practice Efficiency
Tips to Reduce Overhead Expenses
Financial Management Strategies

New OMA President Dr. Mike Toth
Member support, return to bargaining, minimizing impacts of unilateral action among key priorities

Editorial
Seeking solutions for an unhealthy situation

Health Policy Report
Long-term care updates, billing for palliative care services, sexual abuse task force

OHA/OMA Review of Ministry Cuts
Joint analysis looks at impact of government funding cuts on hospitals and hospital-based physicians

OMA Council Meeting
Summary of resolutions

Achieving the Promise of EMRs
Moving beyond adoption to advanced use: realizing the full potential of electronic medical records
“It’s Simple” — OHIP Billing Software

Only $199 per Computer

Klinix is Microsoft Certified for Windows 8
Also Certified for Windows 7 and Works on Windows Vista and XP

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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.

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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.

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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!

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Linda Vorano
Administrative Assistant
Div of Genetics and Metabolics
The Hospital for Sick Children

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### Executive Committee

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<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>President</td>
<td>Dr. M. Toth</td>
<td>Aylmer</td>
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<tr>
<td>President Elect</td>
<td>Dr. V. Walley</td>
<td>Toronto</td>
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<tr>
<td>Past President</td>
<td>Dr. V. Tandan</td>
<td>Hamilton</td>
</tr>
<tr>
<td>Chair of the Board</td>
<td>Dr. S. Chris</td>
<td>North York</td>
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<tr>
<td>Honorary Treasurer</td>
<td>Dr. G. Beck</td>
<td>Ottawa</td>
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<tr>
<td>Secretary</td>
<td>Dr. J. Stewart</td>
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### Board of Directors

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<tr>
<td>1</td>
<td>Dr. A. Ng</td>
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<td>2</td>
<td>Dr. T. Jevremovic, London</td>
<td>London, Aylmer</td>
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<td>3</td>
<td>Dr. C. Cressey, Palmerston</td>
<td>Hamilton</td>
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<td>4</td>
<td>Dr. V. Tandan, Hamilton</td>
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<td>5</td>
<td>Dr. L. Barron, Limehouse</td>
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<td>Dr. G. Athaide, Whitby</td>
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<td>7</td>
<td>Dr. A. Steacie, Brockville</td>
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<td>8</td>
<td>Dr. G. Beck, Ottawa</td>
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<td>9</td>
<td>Dr. A. Kapur, Ottawa</td>
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<td>10</td>
<td>Dr. P. Bonin, Sudbury</td>
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<td>11</td>
<td>Dr. J. Johnsen, Thunder Bay</td>
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### Committee Chairs

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<thead>
<tr>
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<tr>
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<td>Dr. V. Tandan</td>
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<td>Forms Committee</td>
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<tr>
<td>Joint Committee on the Schedule of Benefits</td>
<td>Dr. J. Harvey</td>
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<td>Medical Audit Oversight Committee</td>
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<td>Physician Services Committee</td>
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<td>Dr. C. Cressey, Interim Chair</td>
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<td>Dr. J. Tracey</td>
<td>Interim Chair</td>
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<td>Dr. G. Beck</td>
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<tr>
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### Elected by Council

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<td>Dr. K. Cherla, Georgetown</td>
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<td>Dr. V. Walley, Toronto</td>
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<td>Dr. H. Yamashiro, Richmond Hill</td>
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### Academic Representative

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<tr>
<td>Dr. J.R. Swenson</td>
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### Council

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<td>Dr. A. Hudak, Orillia</td>
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<th>Vice-Chair</th>
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<td>Dr. S. Acharya, Nepean</td>
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* But do you have the right coverage for you? OMA Insurance has partnered with The Personal Insurance Company to bring our members a unique combination of Home and Auto Insurance solutions at remarkably cost-effective rates, leveraging the buying power of more than half of Ontario doctors. Offering product innovations like IntelAuto™, OMA Insurance Home and Auto solutions have been developed to meet the unique needs of doctors. Working with a team of dedicated and knowledgeable insurance professionals, you can rest assured you always have the coverage you need when you need it. And when you insure both your home and your automobiles, the savings are even greater.

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Features

7 Editorial
The recent OMA Annual General and Council Meeting brought together hundreds of physicians from all corners of the province and all specialties. The four-day meeting provided a valuable opportunity for colleagues to share their experience and frustrations with the current situation with government, to look at the impacts on practice and communities now and in the longer term, and to review collective strategic options and priorities for the OMA going forward. Supporting our members, and in turn our patients, during this uncertain time is vitally important. We will undertake all efforts to ensure that members are well informed and have access to tools and resources to minimize the impacts of the government’s unilateral measures.

8 OMA Council Meeting: summary of resolutions
The summary of resolutions passed during the recent OMA Council Meeting includes motions pertaining to government unilateral action, legal options, bylaw revisions, and OntarioMD. Motions passed during Council Members’ period include directives to the Board to develop a policy on physician assisted suicide, organize a debate on health care issues with government leaders, as well as a unanimous motion to work with the appropriate agencies to support the provincial strategy on sexual assault, and encourage education, victim support, and legal reform designed to lower the prevalence of sexual assault in Ontario.

10 OMA President Dr. Michael Toth delivers inaugural address to Council
Dr. Michael Toth, a family physician from the town of Aylmer, was recently installed as the 134th President of the Ontario Medical Association. In his inaugural address to Council, Dr. Toth remarked on the many challenges faced by physicians throughout the province, and highlighted some of the initiatives being undertaken by the OMA to help minimize the negative impacts of the government’s recent unilateral actions. He also expressed the need for government to come back to the table and work with physicians to move the health care system forward in a manner that supports the medical profession and maintains patient access to quality care.

14 “Health care system in crisis” warns OMA Past President in address to Economic Club of Canada
OMA Past President Dr. Ved Tandan recently delivered a hard-hitting speech to the Economic Club of Canada strongly cautioning that despite the fiscal challenges facing the province, the government cannot turn a blind eye to the health care needs of Ontarians. He warned that with 900,000 Ontarians in need of a family doctor, an influx of 140,000 new people into the system every year, and an aging population who require more complex care, there is a need for investment in health care, not more government cuts to medical services.
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
25 OHA and OMA analysis of government’s unilateral Ten-Point Plan for Saving and Improving Service

On January 15, the OMA and the Ontario government failed to come to an agreement regarding the Physician Services Agreement. In response, the Ministry of Health and Long-Term Care announced its Ten-Point Plan for Saving and Improving Service, which outlines the government’s changes to how physician services are remunerated in the province. In an effort to better understand the potential impact of the changes on hospitals and hospital-based physicians, the Ontario Hospital Association and OMA have collaborated to develop a preliminary analysis of the Ministry’s plan.

31 Achieving the promise of EMRs

OntarioMD has been helping physicians transition from paper to EMRs for 10 years. With adoption having reached a high level, the organization’s focus now turns to helping physicians advance their use of EMRs, and increasing EMR connectivity. Many of the potential benefits of EMRs come from being able to collect and use large volumes of data at the practice population level. Advanced functionality enables increased efficiencies in workflow, health system benefits, improved health outcomes and patient safety, and improved interactions and communications between providers and patients.

CAPSULE NEWS/EVENTS

29 Join the OMA ThoughtLounge ePanel and help shape the health care conversation at www.oma.org/ThoughtLounge

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36 PSI Foundation Grants: 2015 first-quarter report

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<td>Dr. R. Cooper</td>
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<td>Allergy and Clinical Immunology</td>
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<td>Eye Physicians and Surgeons of Ontario</td>
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### FORUMS

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<td>Academic Medicine Forum</td>
<td>Dr. R. Swenson, Chair</td>
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<tr>
<td>Rural Medicine Forum</td>
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### MEDICAL INTEREST GROUPS

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<tr>
<td>Sleep Medicine</td>
<td>Dr. A. Soicher</td>
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<td>Surgical Assistants</td>
<td>Dr. D. Esser</td>
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The Ontario Medical Association is seeking to amend our current Representation Rights Agreement and replace the existing facilitation and conciliation process with a binding dispute resolution mechanism.

During our recent spring Council meeting, delegates voted overwhelmingly in favour of a resolution giving the Board direction to demand that the Ministry of Health and Long-Term Care amend our representation rights to include a binding dispute resolution mechanism.

We have submitted our request to the Ministry and are awaiting a response. We will update members as this process unfolds.

The recent OMA Annual General and Council Meeting brought together hundreds of physicians from all corners of the province and all specialties. The four-day meeting provided a valuable opportunity for colleagues to share their experience and frustrations with the current situation with government, to look at the impacts on practice and communities now and in the longer term, and to review collective strategic options and priorities for the OMA going forward.

Supporting our members, and in turn our patients, during this uncertain time is vitally important. We will undertake all efforts to ensure that members are well informed and have access to tools and resources to minimize the impacts of the Ministry’s unilateral measures.

This issue of the OMR contains a practice management guide that offers helpful advice on how to manage your overhead, improve overall practice efficiency, and implement financial and debt reduction strategies. This material reflects direct requests from our members for assistance in this area.

There is growing concern among physicians about the potential for significant clawbacks resulting from the government’s imposed cap on the physician services budget. Here too, the OMA will work to ensure that members clearly understand the fiscal realities of the Ministry’s arbitrary measures and are able to make adjustments accordingly.

The government recently provided details regarding its plans to restrict access to team-based primary care. The Ministry announced its “areas of high physician need,” an exclusive list of communities endorsed by government in which physicians will be permitted to enter into Family Health Organizations or Family Health Networks. The rationale used to compile the list is questionable. Not surprisingly, many excluded areas are raising alarm.

The OMA maintains that every community and every citizen in the province of Ontario deserves equal access to a family physician. Further, arbitrary restrictions to primary care imposed by government are a significant deterrent to our new medical graduates and those in training.

In my inaugural address to OMA Council (see pp. 10-13), I noted that the most disappointing aspect of the government’s unilateral cuts is the way the government has dismissed a decade of working together constructively and collaboratively with physicians to make the health care system better.

We need to have a fair and reasonable agreement with government. We need to be treated as the important profession we are in the health care system because we have the experience, the knowledge and the expertise that is required so that necessary changes can be made.

I look forward to the year ahead — working on behalf of our members and our patients all across Ontario — to address our current challenges, and achieve solutions that will serve us well today and long into the future.

Dr. Mike Toth
OMA President
OMA Council Meeting
May 2-3, 2015

Motions
A motion is a proposal that the Ontario Medical Association do something or express an opinion about something. Main Council Motions are decisions of the Association that are legally binding upon it. Council Members’ Period Motions are not legally binding upon the Association — they merely direct the Board of Directors to investigate a matter and to report back to Council.

Approval of Agenda
- “That the Council agenda be approved.”

Approval of Minutes of Previous Council Meeting
- “That the Minutes of the November 22-23, 2014 Council meeting be approved.”
- “That the Minutes of the January 31, 2015 Council meeting be approved.”

Board of Directors Report

Government Unilateral Action — Update — Legal Options
- “That the Ontario Medical Association demand the Representation Rights Agreement be amended to add a binding dispute resolution mechanism.”
- “That the Ontario Medical Association assist with developing messaging related to the manner in which health care cuts adversely affect patients by region and by section.”
- “That the Ontario Medical Association provide a detailed report to Council of the activities and plan of the Physician Activities Working Group.”

OntarioMD Report
- “That the OMA instruct OntarioMD to require approved EMR vendors to provide to each physician a reasonably priced export of their full data set in a usable format.”
- “That the Ontario Medical Association advocate for publicly paid medication equally for patients receiving chemotherapy at home or in hospital.”
- “That the Ontario Medical Association organize a debate on health-care issues between leaders of all parties with seats in the Ontario legislature as soon as possible after the provincial election writ is dropped, to be broadcast on the Internet.”
- “That the Ontario Medical Association return to the practice of sending each member a physical membership card as they have done until this year.”
- “That the Ontario Medical Association work with the College of Audiologists to remove the requirement that family doctors co-sign hearing aid forms for Ministry funding.”

Bylaw Revisions for Ratification
- “That Council approve bylaw 12:5:2 be amended as follows,
  - 12:5:2 Budget Committee
  - The Budget Committee has seven members:
    - the Honorary Treasurer,
    - the Chair of the Audit Committee,
    - the Secretary,
    - two additional Board members, and
    - two additional members of the Association who are not Board members.
    - The Honorary Treasurer shall be the chair of the Committee.”

Audit Committee
- “That the financial statements for 2014 be approved.”

Council Members’ Period
- “That the Ontario Medical Association develop policy on Physician Assisted Suicide.”
- “That the Ontario Medical Association bring forward issues to the Canadian Medical Association Annual General Meeting related to Physician Assisted Suicide.”
- “That the Ontario Medical Association be appointed as auditors for 2015.”
Summary of resolutions

- “That the Ontario Medical Association i) work with the appropriate agencies to support the provincial strategy on sexual assault, and ii) encourage education, the support of victims, and legal reform designed to lower the prevalence of sexual assault in Ontario.” (carried unanimously)

- “That the Ontario Medical Association post on the member side of its website the results (total number of eligible voters, number of participating voters, votes cast for each candidate, spoiled ballots, number of electronic votes cast and number of mail votes cast) of all member elections.”

- “That OMA have the specialty sections and the GP sections review their approach to the referral processes with an aim to define who is responsible for triage, contacting the patient and reminding them of the appointment.”

- “That the Ontario Medical Association request the Ontario government to develop guidelines with physicians to protect the effectiveness of antimicrobial drugs by discouraging over-use by both physicians and industry.”

- “That the OMA provide members with frequent and up-to-date utilization information so that members can better manage their practices as the global budget approaches the cap.”

- “That the OMA ask the Health Policy Committee to review the October 2014 Centre for Addiction and Mental Health’s Cannabis Policy Framework.”

- “That the OMA develop a policy to support a provincial approach for the introduction of newly mandated vaccines.”

- “That the OMA add a line/section in the OMA Annual Renewal: “Please check this box if you do not want your email address shared with your Branch Society or District Executive.”

Elections

Audit Committee
- Dr. A. Abdulla (Manotick), Chair
- Dr. E. Abara (Richmond Hill)
- Dr. A. Abdulla (Manotick)
- Dr. P. Conlon (Goderich)
- Dr. D. Esser (North York)
- Dr. C. Peniston (Newmarket)

Committee on Committees
- Dr. S. Acharya (Nepean)
- Dr. S. Gaind (Etobicoke)

OMA Council Committee on Structure and Bylaws
Chair (Past President)
- Dr. D. Weir (Toronto)

Diagnosis Assembly
- Dr. J. Chiu (Toronto)

General/Family Practice Assembly
- Dr. S. Ananth (Toronto)
- Dr. D. Esser (North York)

Medical Assembly
- Dr. B. Woodside (Toronto)

Surgical Assembly
- Dr. S. Kosar (Sudbury)

Section of Medical Students
(Shared Position)
- Ms. E. Clement (Kingston)
- Mr. D.J. Paradiso (Sudbury)

Vice-Chair of Council
- Dr. S. Acharya (Nepean)

Chair of Council
- Dr. A. Hudak (Orillia)

President Elect
- Dr. V. Walley (Toronto)
OMA President Dr. Michael Toth delivers inaugural address to Council

Dr. Michael Toth, a family physician from the town of Aylmer, was recently installed as the 134th President of the Ontario Medical Association. In his inaugural address to Council, Dr. Toth remarked on the many challenges faced by physicians throughout the province, and highlighted some of the initiatives being undertaken by the OMA to help minimize the negative impacts of the government’s recent unilateral actions. He also expressed the need for government to come back to the table and work with physicians to move the health care system forward in a manner that supports the medical profession and maintains patient access to quality care. Dr. Toth’s remarks appear on pages 11-13.
I wish to thank my colleagues on the Board, as well as those of you in the audience, who have counseled me through the years and encouraged me to pursue this position.

I am deeply honoured and proud to be your 134th President. I will do my utmost to represent our members and our patients and to advance the interests of our Association to the best of my ability.

I look forward to working closely with all members to identify issues and develop and implement solutions that will have long-standing influence.

For those of you who don’t know me, I am a family physician from Aylmer — a community of some 7,500 people in southwestern Ontario. I have practised there for about 29 years now.

I do all the things many of you do: I practise comprehensive family medicine, looking after people from birth to death. My patients range in age from newborns to over 100. I am medical director at a long-term care facility, and I sit on the Medical Advisory Committee of the St. Thomas Elgin General Hospital. I am associate lead physician of our Family Health Organization.

I wear many hats, but no more than any of you. I became involved in medical politics in the mid-1990s, another time when our profession was under attack, another time of clawbacks, another time when physicians were, in essence, demonized for doing our jobs.

I joined my local Branch Society executive, eventually becoming President, then moved on to the District Chair position, then on to the Board of Directors.

I’ve been involved in several sets of negotiations with the government, and I’ve seen good times, and bad times. In the mid-’90s, my community lost close to 10% of our physicians, most of whom moved to the United States. It had a profound affect on how medicine was practised in my community, as that crisis did in communities across Ontario.

Physicians gave up their hospital privileges. They gave up doing ER work. They looked to greener pastures, some which were just down the road, as various municipalities began to offer incentives in the vacuum produced by the actions of the provincial government of the day. It became an inherently unfair situation, one crying out for an injection of common sense.

And it is happening now again. In the past year, two of my colleagues with large, active family practices have died, and two others have retired. With the unilateral cuts made by this government, and with the uncertainty in how they are being implemented, we still don’t know if those physicians can be replaced, or even if newly minted physicians want to begin practice in such uncertain times.

I did say that I have seen bad times, but I have also seen good times. And I do think we will see some good times again. We need to have a fair and reasonable agreement with government. We need to be treated as the important profession we are in the health care system because we have the experience, the knowledge and the expertise that is required so that necessary changes can be made.

We have had some spirited debate and some provocative ideas expressed during our discussion on legal options and strategic considerations, and at the policy session on Health System Transformation and Sustainability, and I believe Council has given us, given the profession, clear direction.

Any strength we have comes from our patients, from that unique relationship we have with our patients. I believe we must continue to keep the interests of our patients paramount if we are to have any success in our fight with government.

I know that there are many ideas about how we can best make the government see the folly of its ways, many of which we have discussed during our deliberations.

For me, the most disappointing aspect of the government’s unilateral cuts is the way the government has dismissed a decade of working together, physicians working with the government to make the health care system better.

Governments have such short memories. They seem not to remember when millions of Ontarians did not have a family doctor. They seem not to remember when on-call systems were falling apart. They seem not to remember when emergency departments were closing across the province.

And we made real progress on all of those fronts: through productive, cooperative, collaborative negotiations in 2000, 2004 and 2008, primary care
was transformed, electronic medical records became the norm, hospital on-call rota systems were stabilized with the Hospital On-Call Coverage Program, and emergency departments were kept open through innovative programs such as the Emergency Department Alternate Funding Arrangement. I have seen it work. We need to get back there.

It is important that we build upon and strengthen our partnerships in the system. I am a strong believer in partnerships and working together to develop solutions to improve our practices, our relationships with governments, and other health care providers and organizations.

This is something that Dr. Tandan focused on throughout the past year. I want to acknowledge the excellent work that Ved accomplished in raising the OMA’s profile in this area, and I want to assure members that we will continue to build on this energy in the year ahead. On behalf of all members, thank you Ved for your vision and passion, bringing us forward on this front.

Government must acknowledge that we run small businesses. We need predictability and stability to run our practices and to provide the best care to our patients. The current situation makes this very, very difficult. For example, making commitments regarding office leases and staffing in this environment is more risky.

And the risk that this government is taking in imposing this unstable, unpredictable situation is at the heart of our members’ concerns and frustration.

I recognize and share this concern, as does every member of the OMA Board, and I am sure all of you sitting here representing your constituents, be it your Section, District, or Branch Society.

Even though physicians as a group, as a profession, tend to “make things work” — it’s in our nature — there comes a frustration in dealing with a government that doesn’t appreciate this fact, let alone acknowledge it.

It leads to a certain reluctance to take on another task, to pick up an extra shift, to cover another on-call day. It’s not the climate in which I wish to work, and I am sure it’s not the one in which you wish to work either.

In this time of uncertainty, and very real concerns about utilization management and potential clawbacks, it is vital that the OMA focus our attention and resources on helping our members to adapt to the current situation, and to answer any questions that members may have and provide the resources and assistance required to help them to minimize the negative impacts of the government’s action.

We need to bring reassurance to our members that the OMA is on top of these issues and that we are developing and implementing strategies and tools and resources that are easy to access, simple to understand and implement, and bring confidence to physicians in their practice, regardless of specialty or location.

Our Engagement and Program Delivery staff has developed practice management materials for members that focus on tips to manage your overhead, financial strategies and debt reduction, and how to improve your overall practice efficiency.

This material will be made available to members and their staff through the OMA website, and published as an insert in the OMR (see pages 15-22 of this issue). In addition, we will be hosting more regional billing seminars and practice management events in person and online.

The OMA Economics, Research and Analytics Department tracks all aspects of medical service utilization and data related to the physician services budget. We will be providing updates through our various communications channels to make sure that members are well informed about utilization trends and how this may impact the profession going forward given the Ministry of Health and Long-Term Care’s imposed hard cap on the physician services budget.

We are also monitoring closely both the implementation and the impacts of the Ministry’s unilateral action and what this means for doctors and our patients.

We need to listen to our members. We need to invite input. We need to ask the right questions, and we have to be willing to accept and act upon the answers that we get back. To do this, we need to develop more effective means to communicate and engage our members. We need to make the OMA more relevant, more open to ideas, and more welcoming of diverse and perhaps contentious perspectives.

As part of this effort, we will aim to develop more effective use of technology to make sure members are able to find the door to the OMA so that all
members, regardless of their professional interests or practice specialty, personal demographics or geographic location, know that the door to the OMA is open. We want members to feel welcome, and to know that all voices will be heard and respected.

We will pay particular attention to improving the representation and participation of women physicians as well as our medical students and residents, those new to practice or who may have particular time challenges, barriers, or other factors that impact their ability to engage in Association activities.

We need to bridge those gaps and make it easier for all physicians to connect with the OMA and enrich our Association.

We are implementing a new digital strategy that will focus on overhauling our websites to make them more useful and relevant. We want to establish online communities for physicians, as well as new tools and apps for members. On this front, we are looking at piloting some very innovative work with the Section on General and Family Practice that we hope will serve as a digital platform, a template that we can make available to all constituency groups in the Association. We are making progress on this front and this is an important priority for the year ahead.

We need to make our Association more transparent to members, be it through communications, face-to-face meetings, or other means.

We need to bring members inside our decision-making processes and aggressively recruit and promote opportunities for members to take an active role in the organization at every level.

We’ve made some positive steps in this direction with our revised Committee recruitment policy, but we can and will do much more on this front to open up the OMA.

Along these same lines, it is vital that the OMA commit to a renewed focus on defining and delivering on our value proposition with our members. This extends well beyond our programs and services, and frankly entails every facet of the OMA’s operations.

We need to ensure that all physicians understand and realize the value of OMA membership.

We need to ensure that members recognize and believe that the OMA is fighting the good fight, that the Association is mindful of the needs of our members and our patients, and delivering clear, strong leadership on issues affecting doctors today, and effectively positioning our Association and our profession to meet the challenges of the future from a position of strength.

We have implemented a comprehensive ongoing communications strategy, and positioned ourselves effectively in the public arena. A big part of this work focuses on profiling the innovative accomplishments of Ontario doctors in a wide range of practice settings who have improved health care delivery for patients.

Celebrating our members, recognizing extraordinary achievements, and establishing a permanent and prominent home where we can highlight OMA award winners is the driving force behind what we are tentatively describing as the OMA Hall of Honour.

Some of you who have been attending OMA Council for some time will recall that the issue of honoring our colleagues has been raised on more than one occasion.

The Hall of Honour is envisioned as an online home that will be dedicated to celebrating excellence among physicians. This work is in its early stages right now, but I look forward to providing a preview to Council at our next get together in the fall, and an appropriate launch to the membership and public shortly thereafter.

I won’t put on my rose-coloured glasses and tell you that everything is spring time and butterflies, but I also don’t want to leave the impression that we are powerless, and everything is doom and gloom. Harry Truman said, “The only thing that is new is the history you don’t know.” We have been in this situation before. We have come through.

Governments look out at most four years; this one is looking out about two. Our profession is as old as recorded history, and we will still be here in two years, in four years, or 135 years.

The year ahead will be challenging for me as it will be challenging for you. But I am not alone in facing the challenge, and you are not alone in facing the challenge. I look to the support of this Council, of the Board of Directors, of the profession, to sustain and support me. And you can look to the OMA to support you. The OMA is in your corner.

Thank you.
OMA Past President Dr. Ved Tandan recently delivered a hard-hitting speech to the Economic Club of Canada, strongly cautioning that despite the fiscal challenges facing the province, the government cannot turn a blind eye to the health care needs of Ontarians. “Our publicly-funded health care system is in the midst of a crisis,” said Dr. Tandan. “Not on the verge of a crisis — in a crisis.”

With 900,000 Ontarians without a family doctor, an influx of 140,000 new people into the system every year, and an aging population who require more complex care, there is a need for investment in health care, but the government is responding by cutting medical services and flat-lining hospital budgets.

“The government has an Action Plan for Health Care,” said Dr. Tandan. “The problem is that plan is driven by short-sighted responses to fiscal concerns, instead of sustainable responses to real health care issues.”

Not only are physicians being given a reason to leave the province, but with the United States projected to be short as many as 90,000 physicians over the next decade, “they also have a place to go,” warned Dr. Tandan. Instead of Ontario retaining and attracting new physicians, it is chasing them away at a time when our population is growing and aging, and therefore needs more care.

Dr. Jenny Clement and her husband Greig Reekie have a family medicine clinic they run together in west Toronto that is experiencing exponential growth. Dr. Clement is part of a Family Health Organization that receives a constant stream of phone calls and people walking into the office in search of a family physician.

“We have to be able to expand to meet the needs of our community and because of the government’s draconian cuts to health care — and primary care in particular — we won’t be able to add new doctors to our FHO,” said Dr. Clement. “That means patients who should have been able to be cared for by a family physician will have to rely on walk-in clinics and emergency room visits, which end up costing more money and don’t provide comprehensive primary care.” Those physicians Dr. Clement would like to add to her team would also contribute to the local economy.

Dr. Tandan reminded the audience of the importance of a vibrant and sustainable health care system to a healthy economy: “A highly functioning and vibrant health care system, where better care is being provided and patients are healthier, helps attract jobs and investment. It helps build a stronger and more prosperous Ontario.

“The vast majority of physicians operate small businesses to allow them to care for 320,000 patients every day across this province. They pay for the infrastructure (space, staff, and equipment) so they can provide that care. The average physician in Ontario incurs overhead expenses of $150,000 per year. But those expense payments by doctors also create significant economic benefits: $5.5 billion in gross domestic product for the Ontario economy, almost 100,000 full time jobs in this province, and $1.4 billion in total taxation revenue.

“So trying to solve the health care sustainability crisis on the backs of physicians is a bad idea, whether you’re looking through a health care lens or an economic lens. It will damage the economy by reducing physicians’ ability to maintain or grow their practices to meet the needs of their communities. And it will damage both the economy and the health care system by driving doctors out of the province.”

Dr. Tandan concluded by reaching out to government — “I invite government to join us, patients and providers in building the health care system of the future.”

A transcript and video of Dr. Tandan’s address to the Economic Club of Canada is posted on the OMA website at www.oma.org.
Managing a medical practice is complex, especially during these tough economic times. Hence, it is prudent to examine strategic ways to manage a practice — all while providing excellent care for patients. In addition to daily patient care and management, the responsibilities for staff management, keeping up with changes in health care, monitoring finances, business operations, and professional and practice growth often lie solely with the practicing physician. The OMA Practice Management and Advisory Services has created three valuable resources to help physicians meet the ongoing needs of practice management:

1. Tips to Improve Practice Efficiency
2. Tips to Reduce Overhead Expenses
3. Financial Management Strategies
Lean management is a series of small changes to address bottlenecks, duplication and waste that develop in a practice. Using the lean management approach to evaluate a practice will lead to improvements in daily efficiency. By leveraging this proactive approach, clinics will be better prepared to manage change and become more efficient over time instead of being stuck in a reactive state of trying to fix past issues.

A lean approach to practice management is not just about working faster; in fact, the resulting efficiency improvements will free up schedules so that physicians can spend more time on direct patient care. Remember, creating a lean office is not a one-time activity; it requires regular reviews and continual improvement to ensure processes remain effective and continue to add value to the practice.

Mapping Existing Processes
Start by asking a series of questions about current processes in place:
- Identify all the stages of an appointment from the time the patient arrives to the time they leave.
  - Do patients arrive early or late to scheduled appointments?
  - How long do patients wait before seeing you (in the waiting room and exam room)?
  - How much time do you spend with patients?
- Are there any interruptions that take you away from a patient?
  - How is information about the appointment recorded and transferred?
  - Identify the standard daily tasks for you and your staff — how are transitions done between tasks?
  - Are common activities grouped together or are staff moving back and forth between tasks?
  - How do you use your time when not with patients?

Identify Areas For Improvement
Once you have mapped out your existing process, begin to identify changes that will save time and improve workflow. Process changes should be implemented quickly and evaluated to ensure they are meeting the needs of staff and patients.

Patient Flow
- Ask patients to arrive ahead of appointments to complete any required paperwork.
- Set time aside during the day to deal with tasks that can cause you to fall behind, like responding to calls and refill requests.
- Identify trends in appointment patterns in the day, week or month.
- Seek as much upfront information about the visit as possible to book appropriate time.

Office Layout
- Ensure that all required charts and equipment for appointments are easily available.
- Develop scheduled processes to check inventory.
- Develop templates for common requests/orders/notes.
- Keep all workstations adequately stocked with supplies.
- Label files clearly for easy retrieval.
- Set up a workstation near exam rooms for charting and other business between patients.

Tips to Improve Practice Efficiency:
maximize practice value and minimize waste
• Seek technologies to improve efficiency, such as electronic scheduling systems or voice recognition software for note-taking.

**Use Staff Effectively**
• Develop clearly defined roles and responsibilities for staff.
• Train staff to respond to certain patient queries and requests that do not require your intervention.
• Pass on non-clinical tasks to staff. Ensure the right person is doing the right job and use your staff to their full capacity.
• Develop set procedures for responding to emails and voicemails.
• Encourage staff to help identify processes to improve efficiencies.

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**TWELVE POINTS OFFICE EFFICIENCY TEST**

<table>
<thead>
<tr>
<th>Efficiency Questions</th>
<th>Yes/No</th>
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<tr>
<td>Are staff working late?</td>
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<tr>
<td>Is office morale down?</td>
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<tr>
<td>Is staff turnover more than 15% annually?</td>
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<tr>
<td>Are charges posted within five weeks from date of service?</td>
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<tr>
<td>Are there more than five claim inquiries of rejection on the biller’s desk?</td>
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<tr>
<td>Are more than 20% of your accounts received aged more than 90 days?</td>
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<tr>
<td>Do you experience more than 10 abandoned telephone calls per day?</td>
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<tr>
<td>Do you fail to respond to telephone messages within two hours?</td>
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<tr>
<td>Do physicians get interrupted (for non-emergencies) in the exam room?</td>
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<tr>
<td>Do physicians have yesterday’s charts on their desk when they arrive in the office each morning?</td>
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<tr>
<td>Are employee performance reviews overdue?</td>
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<tr>
<td>Do patients wait in the reception room more than 15 minutes before they are called in for their appointment?</td>
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**If you answered yes to more than three of these questions, your office efficiency needs to be addressed.**

Office overhead expenses account for 30% of gross income. Implementing cost-saving strategies can reduce overhead expenses and improve your bottom line. The following tips are a guide to identifying areas which could be improved to the benefit of both your practice and your patients. Efforts to reduce expenses should not compromise services and the delivery of quality care.

**Consult Professionals**
In all areas of practice management it is critical to consult with the appropriate professionals (e.g., lawyer, accountant, human resource consultant, benefit/pension planner, real estate agent). Hiring a specialist will ensure that you are receiving the best advice to help you find the best solutions. In the case of negotiating leases, use the services of a real estate agent or lease negotiator to get the best deal, and identify clauses that can be eliminated or amended to meet your needs. Seek legal counsel prior to signing any contracts.

**Track Supplies And Costs**
Assign a staff member to be responsible for this task. Develop a system for monitoring inventory and ordering office and medical supplies:
- Count inventory to establish the volume of supplies on hand. Consult with staff to determine use, minimum acceptable inventory numbers and any non-critical items on the list that can be held off.
- Conduct cost comparisons at regular intervals. Being aware of costs from different suppliers may result in direct savings or leverage during negotiation with current suppliers. Take advantage of bulk purchasing discounts on high-use items.
- Unused space costs you money. Consider opportunities to fill vacant space in your practice with others to share expenses (e.g., rent, personnel, and supplies).

**Review Income And Expenses**
Identify all of the existing areas of over-
head expenses, e.g., telephone systems, janitorial services, supplies, and subscriptions — these all add up. Having a full awareness of expenses will allow you to decide whether these expenses are essential and where alternatives could be considered.

Implement an accounts receivables system to flag any missed bills before they become late payments and incur additional fees. Assign a staff member to this task to free up your time for direct patient care.

Consider attending a billing seminar offered by the OMA Practice Management and Advisory Services. Seminars are available for physicians as well as medical office staff and cover a range of billing-related topics, including Q codes, preventive care bonuses, comprehensive care obligations, and much more.

**Use Staff Effectively**

Practice support staff are usually the largest expense for physicians. Consider consulting a human resources professional to ensure the compensation you offer is in line with the market and the work required of the position.

Take time to review your own effectiveness and whether you are using staff to their full potential. Are you currently performing non-clinical tasks that could be assigned to others? Identify daily administrative tasks that take you away from time with patients and develop a plan to transfer those tasks to your team. Provide training to staff on processes and technology to minimize error and delays, and cross-train staff to cover each other during absences.

Seek advice and suggestions from your staff on ways to reduce costs — they have a unique perspective and may be able to provide insights that you hadn’t considered.
Five Ways To Manage Your Debt
Physicians devote many years of their life to medical school and residency to get into practice, and in the process often take on massive student debt. Physicians frequently carry their debt for more than 10 years after graduation. Find out if you are taking an inclusive approach to address existing debts with the questions below:

1. **Are you developing an annual budget?** You should create a detailed budget each year by estimating your costs and potential income. Even if your estimates are not accurate, the process of developing a budget can help bring order to your finances. A certified financial advisor can help you develop an annual budget and a financial plan for the future.

2. **Are you using your budget wisely?** Once your budget is developed, put it into practice. Regularly monitor your spending and assess it against your plans. Schedule a meeting with your financial advisor every year to review your budget, plan for the next year, and stay on track.

3. **Are you keeping your borrowing under control?** Major life events such as starting a practice or buying a home require loans — and this can affect other financial goals, such as retirement planning. Develop a holistic long-term financial plan that considers all your goals, not just next year’s budget.

4. **Is your debt consolidated?** Be aware of different borrowing terms for different loans. For instance, interest rates on a secured line of credit will typically be much lower than credit card rates. Make sure you are using the lowest-cost options whenever possible.

5. **Is minimizing debt one of your goals?** Eliminating your debt takes deliberate planning. Consider adding a “debt freedom” date to your financial plan, and measure your progress each year.

Six Factors To Consider In Planning Your Insurance Portfolio
Insurance planning is important for physicians because they have compressed earning years, are frequently saddled with high debt upon graduation, and face the risk of income interruption and uncertainty due to a high-stress career.
Decisions around different types of insurance — from life and critical illness, to auto and clinic insurance — can protect you from financial risk. Are you making the right decisions in planning insurance coverage?

1. **Get advice from an expert:** The value of good insurance advice cannot be overstated. Speak with a non-commissioned, licensed OMA Insurance Advisor who will review your individual and family needs, analyze your current policies, make objective recommendations to maximize your coverage, and minimize premiums.

2. **Maximize your group insurance program savings:** The OMA offers an extremely competitive auto, home and office/clinic insurance program. Get a no-obligation quote to see how much you can save. If you decide to switch, do so at term renewal to avoid financial penalties.

3. **Consider consolidation and replacement:** If you have many small life insurance policies, you may enjoy the benefit of a volume discount if you combine the amounts into one larger policy and if your health is still good. When policies are renewing or rates are changing, it can often be less expensive to reapply for new coverage than to renew with the new rate. If you have an insurance policy that has restrictions or conditions related to medical conditions, never cancel or reduce coverage unless you have been able to find alternate coverage: once a policy is cancelled, you may find yourself without insurance and unable to obtain it elsewhere.

4. **Never cancel an insurance policy until a new policy is in place:** Conditions change over time and it is possible that you will find yourself either uninsurable or with changes or restrictions to coverage. Before cancelling any policy, make sure your new coverage is in place — meaning you have a policy in your hands and the new insurer has started collecting premiums — and thoroughly read your coverage to make sure the protection it offers is consistent with what you had previously and what you thought you were buying. The fine print matters in insurance — a marketing brochure’s summary of coverage is not necessarily what the policy states, and it is the policy that counts. Better to risk paying a month’s extra premium than to find yourself without insurance when you need it. You can often back-date the cancellation to the date the new policy came into force.

5. **New isn’t always better:** If you are thinking of replacing your current insurance policy, you should be fully aware of all the exclusions and limitations and how they will affect you. For example, when starting a new policy, you may also be restarting a pre-existing condition, suicide, or incontestability clause. Consider your financial needs and objectives, and assess the advantages and disadvantages, as well as the benefits and guarantees of the new policy.

6. **Manage your risk:** Finally, think about your risk, what you can afford to pay for yourself and what you would prefer for an insurer to pay for: insurance is often pennies on the dollar, and can be a low cost for considerable peace of mind. Imagine how your practice and life might change over the next time period and ensure your policy is sufficient to deal with those risks; you probably do not want to have to update coverage every few months. Insurance is usually a long-term purchase — you hope you will not really need it until far into the future — so be comfortable with who you deal with, be confident they will be here to serve you in the decades to come, and trust that they understand you and will put your interests first.

(continued on p. 8)
Financial Management Strategies for the Practicing Physician

(continued from p. 7)

Financial Management Strategies for the Practicing Physician

(continued from p. 7)

Financing Or Leasing Your Equipment

As you outfit your practice, you will have to make a choice between buying and leasing equipment. Which is the smarter decision? Think about the purpose of the equipment.

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<thead>
<tr>
<th>Factors</th>
<th>Buy</th>
<th>Lease</th>
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<tbody>
<tr>
<td>Lifespan</td>
<td>Equipment that has to be kept over the long-term, and amortize your costs over an extended period.</td>
<td>Equipment with shorter shelf life, if you are concerned about technology upgrades, or if you are unsure you will get enough use to justify the acquisition.</td>
</tr>
<tr>
<td>Value</td>
<td>Assets that appreciate in value over time.</td>
<td>Assets that lose value over time.</td>
</tr>
<tr>
<td>Resale or buy-back</td>
<td>Equipment that can be sold on secondary markets. This allows you to sell the equipment if it no longer meets your needs.</td>
<td>Consider the buy-back option, or any opportunities to renew or return at the end of the term.</td>
</tr>
<tr>
<td>Cash flow</td>
<td>Whether you buy or lease, you have to take into account your ideal financial cushion and the cash flow needed to invest in other areas of your practice. Think about how the varying costs of purchasing or leasing will affect your cash flow.</td>
<td>Leasing can be advantageous from a tax standpoint because usually 100% of lease payments are deductible. But keep in mind that you might also spend more with lease payments over the long term.</td>
</tr>
<tr>
<td>Taxes</td>
<td>When you own, you only get to write off the interest and depreciate the asset over time.</td>
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OMA Practice Management and Advisory Services (PMAS) resources aim to help physicians maintain a successful medical practice, including skills development, usable tools, and medical billing support. Additional resources on these and other topics are available on the OMA website: [www.oma.org/PMAS](http://www.oma.org/PMAS). For more information, please email [practicemanagement@oma.org](mailto:practicemanagement@oma.org), or phone 1.800.268.7215 / 416.599.2580.
In need of medical-legal advice?

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

Inquiries should be directed to OMA Legal Services:

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

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

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

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

In need of medical-legal advice?

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

Inquiries should be directed to OMA Legal Services:

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

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

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

Jennifer Gold
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Ministry Ten-Point Plan for Saving and Improving Service

OHA and OMA Analysis of Government’s Unilateral Action:
potential impacts on hospitals and hospital-based physicians

On January 15, 2015, the Ontario Medical Association and the Ontario government failed to come to an agreement regarding the Physician Services Agreement. In response, the Ministry of Health and Long-Term Care (MOHLTC) announced its Ten-Point Plan for Saving and Improving Service, which outlines the government’s changes to how physician services are remunerated in the province. The Ontario Hospital Association (OHA) and the OMA are committed to supporting their members as the plan is implemented. In an effort to better understand the potential impact of the changes on hospitals and hospital-based physicians, the OHA and OMA have collaborated to develop a preliminary analysis of the MOHLTC’s plan. Additional information will be communicated as it becomes available. Resources for OMA members about the government’s unilateral action and related negotiations documents are available online at: www.oma.org/Member/Pages/
# OHA/OMA Analysis of the Government’s Unilateral Action: Ten-Point Plan for Saving and Improving Service

<table>
<thead>
<tr>
<th>ITEM</th>
<th>IMPLEMENTATION DATE</th>
<th>DETAILS OF CHANGES</th>
<th>POTENTIAL IMPACTS ON HOSPITAL SECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment discount of 2.65% on all fee-for-service payments under the Schedule of Benefits</td>
<td>February 1, 2015</td>
<td>The discount will be applied to all fee-for-service payments (professional fees and technical fees) and clinical elements of non-fee-for-service payments (e.g., primary care models, primary care specialized models, APP/AFA agreements, salaried physicians receiving funding from the PSA and physician programs). While the HOCC Program is excluded from this discount, other programs are impacted, including: - Complex Continuing Care (CCC) On-Call - Hospital Pediatric Stabilization - Physician On-Call (POC) in Long-Term Care - Psychiatric Supplement and Stipend - Rural Medicine Investment Program (RMIP)</td>
<td>Impact on physician morale. Impact on physician recruitment and retention. The OMA is urging members to stay focused on patients and to not take actions that will compromise patient care. However, it is anticipated that there may be less cooperation by physicians in the implementation of system initiatives (e.g. Health Links, QIPs, etc.).</td>
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<tr>
<td>Payment discount of 2.65% for non fee-for-service payments and programs</td>
<td>June 1, 2015</td>
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<tr>
<td>A888 Fee Schedule Code</td>
<td>April 1, 2015</td>
<td>For physicians billing fee-for-service, there will be a reduction of the value of the A888 fee code, which is an assessment code rendered on weekends and holidays for seeing unscheduled patients for urgent medical problems. The fee will be reduced from $35.40 to $33.70. For physicians seeing unscheduled rostered patients on the weekend, the visit fee will also be reduced from $35.40 to $33.70. These physicians will continue to be able to bill the 30% premium for after-hours visits provided during scheduled after-hour blocks. The reduction to A888 applies broadly to family medicine, and is outside of the FHO and FHN “basket” of services. Note: As the value of A888 is reduced, the reduction will impact the amount payable from the FHG 10% premium and the 30% Q012 and Q016 premiums (which are after-hours fee payments for FHNs, FHGs, FHOs and other models).</td>
<td>It is unclear how a decrease of $1.70 per visit will be received by the physicians, but this may have an impact on hospital Emergency Departments as patients may experience challenges accessing walk-in clinics after hours.</td>
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<td>Chronic Disease Assessment Premium</td>
<td>April 1, 2015</td>
<td>Specialists in specific medical specialties benefitted from a 50% premium on chronic disease assessment. This premium is being eliminated for four specialties (internal medicine, cardiology, gastroenterology and nephrology).</td>
<td>This may result in less emphasis on physicians managing patients with chronic disease in the four specialties affected (internal medicine, cardiology, gastroenterology and nephrology). Note that Internal Medicine Specialists who practise in a subspecialty area, but bill under the General Internal Medicine (13) designation will be impacted. Some physicians may use this premium to hire allied health professionals to assist in the chronic disease management of their patients. Elimination of this premium may result in the withdrawal of services provided by these allied health professionals or closure of out-patient or community clinics.</td>
</tr>
</tbody>
</table>
| Enrolment Premiums                       | June 1, 2015        | Physicians who treat a roster of patients are paid various premiums for accepting patients. Only premiums for the following fees will be maintained:  
Q043 Fecal Occult Blood Test - New Patient Fee  
Q023 discharged from a hospital  
Q053 Health Care Connect Complex Vulnerable Fee | Impact on physician morale. The changes to the Enrolment Premiums in combination with the changes to Managed Entry in Capitated Models may influence the decision of new grads to enter into family practice. |
<p>| Managed Entry in Capitated Models (FHOs and FHNs) | June 1, 2015       | MOHLTC will reduce the net new number of physicians joining existing or starting new FHN or FHO groups from 40 to 20 per month (not including replacements). Furthermore, physicians will only be eligible to join a FHN or FHO in an area of high need (unless they are replacing a physician who is leaving the FHN or FHO). Note: Criteria for “high-need areas” has not yet been determined. | Recognizing that primary care is viewed as the backbone of the health care system, these two changes raise concerns that the MOHLTC is moving away from these types of models of care. The changes may impact on the ability of the FHN or FHO, in areas not designated as “high need,” to recruit additional physicians to see patients after hours, or staff urgent care centres, potentially resulting in increased patient visits to hospital Emergency Departments. |
| Income Stabilization                     | June 1, 2015        | Income stabilization was introduced when the MOHLTC was encouraging movement of physicians into the capitation-based models. It offers a fixed monthly payment to physicians joining a FHN or FHO as a way to provide a stable income until a practice is established. Participation in income stabilization will be limited to eligible physicians joining a FHN or FHO in an area of high need only. | The changes to the Enrolment Premiums, in combination with the changes to Managed Entry in Capitated Models and Income Stabilization, may influence the decision of new grads to enter into family practice. |</p>
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<tr>
<td>Acuity Modifier</td>
<td>2014/2015</td>
<td>Additional payments were being made through an “interim acuity modifier” to recognize the higher care needs of some patients on primary care physicians’ rosters (beyond the age/sex adjusted capitation rates). Payments for this interim acuity modifier will not be made for at least two years until the MOHLTC implements a final acuity modifier to deal with patient care complexity.</td>
<td>Loss of the interim acuity modifier may discourage physicians from taking on complex patients. There does not appear to be a timeframe for the MOHLTC to implement a final acuity modifier to deal with patient care complexity.</td>
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<tr>
<td>Continuing Medical Education Funding</td>
<td>2014/2015</td>
<td>The CME course and product (i.e., Internet/laptops, hand-held devices) reimbursements program will be discontinued. Premiums for CME available through primary care models will also be discontinued. The MOHLTC’s perspective is that existing multi-program CME resources are not patient-focused, do not address health system needs/priorities, and are not evidence-based.</td>
<td>Impact on physician morale. Possible impact on hospital budgets if physicians require upgraded skills to deal with change management, quality, leadership, etc. With limited resources, hospitals may have to fund this training out of their global budgets as a recruitment strategy. Small, rural and northern communities include CME funding as a recruitment strategy. Hospitals in these communities may experience additional challenges related to recruitment and retention as a result of this change.</td>
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<tr>
<td>HOCC Funding Freeze</td>
<td>February 1, 2015</td>
<td>HOCC funding will be frozen at current levels. This means that new groups (including those waiting approval) will not be approved, nor will additions to existing HOCC groups be permitted. Existing funding agreements will be amended to freeze approved funding at levels effective February 1, 2015.</td>
<td>There will be no flexibility to increase HOCC funding in the face of demonstrated need. Hospitals are continuing to operate and administer the HOCC Program and are facing a number of administrative challenges with processing the physician payments. Some palliative care groups in selected communities have received palliative on-call funding. It is unclear what the impact will be on the full implementation of this initiative. Regional HOCC has also not been addressed. The MOHLTC is currently refining its approach to implementing the HOCC freeze, and information will be communicated as it becomes available.</td>
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<tr>
<td>HOCC Planned Funding Increases</td>
<td>2014/2015</td>
<td>Planned funding increases associated with the HOCC per diem initiative will be suspended until a new model is implemented. The per diem model was intended to increase physician accountability and decrease administrative burden of HOCC on hospitals.</td>
<td>There is no timeline for implementation of the new model. In the interim, there is no incentive for HOCC groups of fewer than five physicians to increase coverage, or maintain increased coverage, which may result in increased wait times. Hospitals will continue to experience administrative challenges with the HOCC Program.</td>
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<tr>
<td>Reconciliation</td>
<td>2014/15 to 2015/16</td>
<td>The MOHLTC will ensure achievement of planned annual growth in the Physician Services Budget through a reconciliation process. If spending is higher or lower than planned, the payment discounts may be increased or decreased accordingly. It is also possible that funds are clawed back by the MOHLTC. (Note: methodology for reconciliation has not been finalized.)</td>
<td>As the Physician Services Budget is fixed, and if expenditures — whether they are planned or not — approach this amount, there is the potential for further impacts on payments for physician services.</td>
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Resident  
London, Ont.

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Achieving the promise of EMRs

by Sarah Hutchison, CEO, OntarioMD
Darren Larsen, MD

Electronic Medical Records

It is hard to believe that Ontario recently had a low rate of EMR adoption, yet over the span of three years has become a national leader. More than 82% of community-based primary care physicians have adopted an EMR. While this is a significant achievement, realizing the full potential and promise of EMRs requires moving beyond adoption to advanced use.

Many of the potential benefits of EMRs come from being able to collect and use large volumes of data relatively quickly at the practice population level. Use of advanced functionality enables:

- Increased efficiencies in workflow as staff time is redeployed in community-based practices.
- Health system level benefits, such as reduced numbers of duplicate tests and adverse drug events.
- Improved health outcomes and patient safety through preventive care and chronic disease management.
- Improved interactions and communications among care team members and between providers and patients.

OntarioMD has been helping physicians transition from paper to EMRs for the past 10 years, but with adoption having reached such a high level, the organization’s focus now turns to helping physicians advance their use of EMRs, and increasing EMR connectivity to enhance patient care.

**EMR Practice Enhancement Program**

Advanced EMR use can be daunting to contemplate, much less take on, for busy practitioners with increasing demands on their time and resources. OntarioMD’s EMR Practice Enhancement Program (EPEP) is designed to help physicians identify goals and develop plans for advancing their EMR capabilities. Practitioners have access to a suite of self-directed and consultative services that break down advanced use into a series of meaningful and manageable steps. Progress is measurable according to six levels of EMR maturity, established criteria upon which EMR usage and proficiency is assessed (see table, p.32).

An EPEP pilot has just been completed with a group of 352 physicians, resulting in 352 customized action plans to advance individual EMR use.

**Hospital Report Manager**

In response to physician demand, OntarioMD has been instrumental in bringing connectivity initiatives like Hospital Report Manager (HRM) on stream. HRM electronically delivers text-based medical record reports, (e.g., discharge summary), and transcribed diagnostic imaging reports (excluding the image) from sending facilities directly into patients’ charts, within the clinician’s EMR. Reports that used to take days or even weeks to arrive are now in EMRs within as little as 30 minutes from the time of posting on the hospital’s system.

Health care providers across Ontario have embraced HRM:

- HRM is now live with 63 Ontario sending facilities.
- As of April 2015, more than 2,400 clinicians are using HRM.
Over 190,000 reports per month are being sent directly to clinicians’ EMRs.

With well over 1 million reports sent to date, HRM has improved communication between providers, resulting in more co-ordinated and timely patient care. The success of HRM has led to the collaboration of OntarioMD and HRM users in the development of eNotifications — near real-time electronic notifications to community-based family physicians when patients are discharged from the emergency department, or admitted or discharged from in-patient units. Based on the success of the eNotifications pilot, the Ministry of Health and Long-Term Care and eHealth Ontario have approved the expansion of eNotifications through the Client Health and Related Information System (CHRIS) and HRM to other hospitals in the province.

“With the introduction of HRM and eNotifications, our Family Health Team received real time notification from our hospital when patients were seen in the emergency room, or admitted at Toronto East General Hospital. This allowed all clinicians to know the next morning if the reason for the hospital visit was a minor concern dealt with by the hospital, or was more complex and warranted followup by the family physician to ensure that our patient was improving,” says Dr. Thuy-Nga (Tia) Pham, Physician Lead at East Toronto Health Link.

We have only scratched the surface of HRM technology opportunities. For example, consider the benefits of receiving Telemedicine or Cancer Care Ontario reports directly into patient records. Discussions regarding these and other uses for HRM are already underway.

The eConsult Initiative

In addition to timely receipt of hospital reports, physicians are also challenged with timely access to specialist counsel that could reduce patient wait times. The eConsult initiative, currently in “proof of concept” pilot stage, provides physicians with the opportunity to electronically send a question to, and receive advice from, a specialist.

OntarioMD is working in collaboration on this initiative with many partners, including the Ministry of Health and Long-Term Care, eHealth Ontario, the Ontario Telemedicine Network eConsult service, the Champlain Local Health Integration Network (LHIN) Building Access to Specialists through eConsultation (BASE) eConsult service, and Toronto Central and Central LHINs — both of which are part of the FAST (Find A Specialist Today) network.

An eConsult may preclude the need to physically send a patient to a specialist following an initial encounter with a primary care provider by enabling the provider to electronically ask the specialist simple questions (e.g., recommended drug dosage) or complex questions (e.g., asking for a virtual dermatology assessment and providing images of the patient).

The Canadian Medical Protective Association (CMPA) has assessed the eConsult flow of care and determined that it provides an opportunity to improve efficiency, enhance patient care, expand access to specialists, and provide a clear, electronic audit trail between specialists and primary care providers.

Patient and system benefits associated with eConsult include:

- Patients receive more timely access to care (some problems can be treated without a face-to-face consultation).

<table>
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<th>EMR Maturity Levels</th>
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<td><strong>Level</strong></td>
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• Improved patient-centred co-ordination of care between the primary care provider and specialist.
• Increased efficiencies by reducing unnecessary referrals, and avoiding travel and wait times.
• Improved equity of care with patients living in remote locations accessing specialist advice as easily as patients in urban areas.

(Please note: if you are a primary care physician interested in participating in the eConsult pilot, please contact econsult@ontariomd.com.)

The seamless transfer and integration of health care information from one source or system to another is under-way with HRM and eConsult. A spectrum of clinical benefits will be unlocked when providers are using not only the core, but also the advanced functionality of the EMRs.

Many practitioners, even newly educated ones, have been provided with only cursory training in interconnected practice environments, data stewardship, epidemiology and population-based health.2 OntarioMD is committed to bridging this knowledge gap, advancing interoperability and helping physicians balance practice responsibilities with advanced EMR use, to realize the full potential of EMRs to enhance care.

For more information on EPEP, HRM or eConsult, contact OntarioMD at 1.866.339.1233, email info@ontariomd.com, or visit ontariomd.ca.

Sarah Hutchison is the Chief Executive Officer of OntarioMD. Dr. Darren Larsen is the Chief Medical Information Officer at the OMA.

References
Long-Term Care Performance Reporting Initiative

As of June 10, 2015, the Canadian Institute for Health Information (CIHI) will be posting long-term care home performance data on its website, with information available at the regional and facility levels. This pan-Canadian initiative will post results for seven indicators in June, and will expand reporting to include results for 37 indicators in September 2015. The website focuses on comparisons and top results.

For more information, please visit YourHealthSystem.cihi.ca.

OMA Contact: Leianne Musselman (ext. 5587)

Report of the Maternal and Perinatal Death Review Committee

The Office of the Chief Coroner Maternal and Perinatal Death Review Committee recently released a report on a case involving a 30-year-old mother with an uncomplicated pregnancy until 38 weeks gestation, when she was admitted to hospital with premature ruptured membranes.

The investigation revealed that she was treated appropriately with initial assessment and admission in labour. Expedient arrangements were made after detection of fetal bradycardia. The newborn's Apgar scores were low and blood testing revealed a significant anemia and congenital hypothyroidism.

The Maternal and Perinatal Death Review Committee recommends that obstetrical care providers consider Kleihauer testing when newborn/stillbirth anemia is diagnosed.

For a copy of the full report, please contact OMA Health Policy.

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

Home and Community Care Expert Panel Report

The Home and Community Care Expert Panel was appointed in April 2014, and consultations with stakeholders were held last fall. In March, the Panel released its report, which is entitled Bringing Care Home.

The report addresses the challenges of providing home care, and makes 16 recommendations to improve accessibility and availabili-

End of Life Planning and Care in Ontario: Physician’s Guide to OHIP Billing for Palliative Care Services

The OMA Economics Department has prepared a Physician’s Guide to OHIP Billing for Palliative Care Services, which is based on the May 1, 2014, OHIP Schedule of Benefits. The guide lists a range of fees for many services provided to patients with palliative care needs, and provides guidance to physicians on how to bill OHIP for palliative care services rendered in various care settings. Although most relevant to physicians working in fee-for-service models, it has applicability to those required to submit “shadow billing” (where physicians submit medical services information for administrative purposes but not for reimbursement).

The guide can be found on the End of Life Planning and Care (EOLPC) website at https://www.oma.org/Resources/Documents/PalliativeCareBillingGuideFeb132015.pdf.

Please email any inquiries regarding End of Life Planning and Care to eolpc@oma.org.
Revised Health Assessment Form for Long-Term Care Home Placement

Revisions have been made to the Health Assessment form that is used to determine eligibility for long-term care home admission.

Effective April 1, 2015, the form has been streamlined to allow for quicker completion by physicians. It now includes a revision that allows physicians to forego completing the form if there has been no change in the applicant’s status since the previous assessment.

There are no changes to the type of information collected in the form. The revised document can be downloaded from the Government of Ontario Central Forms Repository website at http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf (search “long-term care health assessment form 4768-69E”).

OMA Contact: Leianne Musselman (ext. 5587)

Sexual Abuse of Patients

In response to articles in the news media questioning how the College of Physicians and Surgeons of Ontario (CPSO) handles sexual abuse complaints, the Minister of Health and Long-Term Care, in December 2014, appointed a task force to review the Regulated Health Professions Act (1991) regarding the prevention of sexual abuse of patients.

The Sexual Abuse Task Force has been gathering information from other colleges and has undertaken a stakeholder consultation process.

The OMA’s submission to the Task Force emphasized that the medical profession believes that the sexual abuse of patients is repugnant.

The OMA urged the Task Force to use the knowledge and expertise gained by the CPSO in this area in order to consider a framework that takes a more nuanced approach than the current legislative scheme.

Finally, the OMA suggested that in the absence of a new framework, the Task Force consider amending the penalty section of the legislation by adding oral-to-breast contact to the enumerated grounds for mandatory revocation of licensure.

The Task Force is expected to report to the Minister in late spring 2015.

Contact: Barb LeBlanc (ext. 2965)

Physician Speakers Wanted!

The OMA is seeking physicians who are highly knowledgeable in Primary Care Billing or Retirement Planning to join our group of speakers for Practice Management & Advisory Services seminars throughout Ontario.

If you are outgoing, sociable and an engaging public speaker, we want to hear from you!

**Primary Care Billing:**
You’re knowledgeable about the details of billing, willing to assist with content development, available evenings and able to travel.

**Retirement Planning:**
You’ve recently gone through the process of closing down a practice and can share your insights and tips for the transition into retirement, available evenings, and able to travel.

The OMA provides a complimentary presentation skills workshop for interested speakers to fine-tune their skills. Speakers will be compensated for presentation time and associated travel.

Interested physicians can email practicemanagement@oma.org or call 1.800.268.7215, ext. 2850 for more information.
For the First Quarter of 2015
During the first quarter of 2015, the PSI Foundation approved 12 research grants with a total value of $1,099,500. Listed below are the recipients, with project titles and amounts awarded.

### HEALTH RESEARCH GRANTS

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<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR</th>
<th>PROJECT</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>Dr. K. Wong</td>
<td>An Analysis of the Functional Benefit, Narcotic Use and Time to Discharge</td>
<td>$59,000</td>
</tr>
<tr>
<td>Dr. K. Saidi</td>
<td>Readiness Following the Implementation of a Comprehensive Pain Management Protocol For Primary Total Knee Arthroplasty</td>
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<tr>
<td>Northern Ontario</td>
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<td>School of Medicine</td>
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<tr>
<td>Dr. D. Yuen</td>
<td>Novel Noninvasive Assessment of Kidney Transplant Fibrosis with Magnetic Resonance Elastography</td>
<td>$249,500</td>
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<td>Dr. A. Kirpalani</td>
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<td>St. Michael’s Hospital</td>
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<td>Dr. O.D. Rotstein</td>
<td>Effect of Remote Ischemic Conditioning on Neutrophil Function and the Immune-inflammatory and Coagulation Profiles in Trauma Patients with Hemorrhagic Shock</td>
<td>$168,000</td>
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<td>Dr. S. Rizoli</td>
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<td>St. Michael’s Hospital</td>
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<tr>
<td>Dr. B.A. Petrisor</td>
<td>Prospective Abuse and Intimate Partner Violence Surgical Evaluation (PRAISE-2): An Ontario-Based Multi-Centre Prospective Cohort Study</td>
<td>$156,500</td>
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<td>Dr. S. Sprague</td>
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<td>McMaster University</td>
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<td>Dr. P.W. Luke</td>
<td>Immunological Impact of Carbon Monoxide Releasing Molecule in Renal Transplantation</td>
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<td>Dr. R. Bhattacharjee</td>
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<tr>
<td>Western University</td>
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<td>Dr. P. Kannu</td>
<td>cMET Signaling in OFD and Fracture Repair</td>
<td>$170,000</td>
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<td>Hospital for Sick Children</td>
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<td>Dr. C. Marras</td>
<td>Risk of Parkinsonism After Appendectomy</td>
<td>$31,500</td>
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<tr>
<td>Dr. A. Lang</td>
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<tr>
<td>University Health Network</td>
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### RESIDENT RESEARCH GRANTS

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<tr>
<td>Dr. H. Chaudhry</td>
<td>Distractions on the Road: Injury Evaluation in Surgery and Fracture Clinics (DRIVSAFE)</td>
<td>$20,000</td>
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<td>Dr. B. Ristevski</td>
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<td>McMaster University</td>
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<tr>
<td>Dr. M.A. Hussain</td>
<td>Trends and Outcomes of Carotid Artery Revascularization in Ontario</td>
<td>$20,000</td>
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<td>Dr. M. Al-Omran</td>
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<tr>
<td>Dr. K. Lam</td>
<td>Applied Anatomy of Hip and Knee Innervation Relevant to Ultrasound Guided Pain Intervention</td>
<td>$18,500</td>
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<tr>
<td>Dr. P. Peng</td>
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<tr>
<td>University Health Network</td>
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<tr>
<td>Dr. C.J.D. Wallis</td>
<td>A Population-Based Cohort Study Assessing Cardiovascular and Oncologic Events Associated with Testosterone Replacement Therapy</td>
<td>$17,500</td>
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<tr>
<td>Dr. R.K. Nam</td>
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<td>University of Toronto</td>
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<td>Dr. V.A. McPherson</td>
<td>A Window of Opportunity Study to Evaluate the Role of the Combination of Metformin and Simvastatin as a Neoadjuvant Therapy in Invasive Bladder Cancer</td>
<td>$20,000</td>
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<tr>
<td>Dr. J. Izawa</td>
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<tr>
<td>Western University</td>
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IN MEMORIAM

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

Aggett, Paul Winton
Bracebridge
University of Toronto, 1958
January 2015 at age 81

Cronk, Lawson Bruce
Belleville
Queen’s University, 1946
January 2015 at age 91

Dinh, Laurent Christopher
Ottawa
Laval University, 1987
February 2015 at age 50

Ein, Sigmund Hirsch
Oshawa
McGill University, 1961
January 2015 at age 78

Evans, John Robert
Toronto
University of Toronto, 1952
February 2015 at age 85

Gunton, Ramsay Willis
London
Univ. of Western Ontario, 1945
January 2015 at age 92

Henson, John Thomas
Nepean
Queen’s University, 1980
January 2015 at age 61

Janik, John
Heidelberg
Ludwig Maximilian University of Munich, 1957
February 2015 at age 90

Jones, Colina Clarissa
Burlington
University of Edinburgh, 1951
February 2015 at age 86

Judge, Gordon A.
Toronto
Queen’s University, 1950
February 2015 at age 88

Kovacs, Bela
Ottawa
Medical University of Szeged, 1946
February 2015 at age 93

Leach, Wilson George
Ottawa
Univ. of Western Ontario, 1952
February 2015 at age 91

LeBlanc, Lomer J. L. P.
Ottawa
University of Ottawa, 1955
January 2015 at age 90

Low, James Alexander
Kingston
University of Toronto, 1949
February 2015 at age 89

Morel, Robert A. Joseph
Mountain
University of Ottawa, 1953
January 2015 at age 86

Nitoiu, Daniela Valentina
Toronto
Carol Davila University of Medicine and Pharmacy, 1990
January 2015 at age 50

Ruderman, James
Toronto
University of Toronto, 1975
January 2015 at age 64

Sexton, Patrick Hugh
Peterborough
Dalhousie University, 1971
January 2015 at age 71

Slater, Paul Ellis
London
Univ. of Western Ontario, 1947
February 2015 at age 91

Tanzer, Lionel Irwin
Toronto
University of Toronto, 1948
January 2015 at age 90

Zulys, Vytas Jonas
Mississauga
University of Toronto, 1978
January 2015 at age 61

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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 practicemanagement@oma.org.
Classifieds

Following are the classified advertising deadline dates for the next six issues.

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>DEADLINE</th>
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<td>July/August</td>
<td>June 15</td>
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<td>September</td>
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<td>December</td>
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<td>December 10</td>
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Send advertisements to:
Vita Ferrante
Ontario Medical Association
150 Bloor Street West
Suite 900
Toronto, Ontario M5S 3C1
Tel. 1.800.268.7215, ext. 2263 or 416.340.2263
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.

Added Value
Classified ads are posted online and accessible to OMA members and the general public:
https://www.oma.org/Pages/OMR.aspx

Advertised Space

OFFICE SPACE AVAILABLE

200 St. Clair Ave. W., Toronto: Seeking GPs for a 1,200 sq. ft. space on the main floor with direct parking access. Join more than 60 health care practitioners, with X-ray, lab & pharmacy on-site in Forest Hill.
Contact: Steve
Tel. 416.461.6100, ext. 236

592 Country Glen Road, Markham: Doctors needed urgently! New facility with on-site pharmacy, free parking, close to MSH & TTC. Great exposure to pedestrian and vehicle traffic. Attractive lease terms.
Contact: Josie
Tel. 416.887.0605
Email: jromita@rogers.com

1,100+ sq. ft. office space in Brampton: Two exam rooms & one office ideal for family physician or specialist. Rate negotiable. Internet & EMR ready. Free parking. Pharmacy, X-ray & lab on-site. Busy family-oriented neighbourhood. Close to Brampton Civic and new Peel Memorial Hospitals.
Contact: Doris
Email: droll2010@hotmail.com

Send advertisements to:
Vita Ferrante
Ontario Medical Association
150 Bloor Street West
Suite 900
Toronto, Ontario M5S 3C1
Tel. 1.800.268.7215, ext. 2263 or 416.340.2263
Fax: 416.340.2232
Email: vita.ferrante@oma.org

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https://www.oma.org/Pages/OMR.aspx

A Classified Advertisement Insertion Order Form is posted online: www.oma.org/Resources/Documents/AdOrder.pdf

2,000 sq. ft. office space in Hamilton West Mountain in multi-unit commercial plaza in mature neighbourhood. Ideal office for specialists, family physicians/walk-in clinic/pharmacy or physiotherapy. Parking available. Space immediately available for lease.
Tel. 647.990.1006

2,000 sq. ft. prime medical suite with nine rooms for lease in downtown Toronto (King & Dufferin). Second floor of a 19th century Parkdale mansion. High ceilings, natural light. Ideal for clinic and/or adjacent X-ray or laboratory facility. Elevator from first floor. Well-established dental office on first floor. Busy residential area.
Contact: Dr. Robyn Blatt
Tel. 416.722.5790 (cell)
Email: robynb@sympatico.ca

2101 Brimley Road — U Health Centre (Agincourt): New prime health professional building now available for lease. Two storeys, 27,000 sq. ft. in the heart of Scarborough surrounded by residential development. Ample surface parking & 24-hour elevator — ideal for family medicine, walk-in clinics and specialists.
Contact: Cynthia Lai
Tel. 416.939.8833
Email: Cynthia@trebnet.com
Website: www.uhealthcentre.ca

3,000 sq. ft., AAA medical space, Ottawa: Ground floor space available for sublet in an excellent location at Carling and the Queensway. The space is built with very high quality finishes. It is ideal for infusion clinics, plastic surgery, dental, as well as other public or private medical uses. Flexible terms, immediate occupancy.
Contact: Mike Cavan, Broker
Cavan Realty Ltd.
Tel. 613.864.9932 (cell)
Email: mike@mcavanrealty.com

Website: www.oma.org

39 May 2015

Ontario Medical Review
### A brand new 6,850 sq. ft. medical centre

At the prime location of Lawrence and Midland in Scarborough is currently looking for FT/PT family physicians and other specialists (e.g., gynecologists, internists, dermatologists, orthopedics, and cardiologist). We are also looking for pharmacists and physio. In-house diagnostic facility (e.g., radiology, ultrasound, and BMD). EMR. We have a wait list of patients. The centre has nine exam rooms, staff room, and two additional rooms which may be used for meeting rooms and/or other facilities to accommodate physician’s other needs. Excellent incentives to relocate or quickly build a new practice. Minutes away from Scarborough General Hospital. Urgent care services may be considered as well.

**Contact:** Maryum  
**Tel.** 416.893.9301  
**Email:** maryums@shefamedicalcentre.com

### 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  
**Email:** ontarioproperties@firstcapitalrealty.ca

### Beacon Hill Professional Centre, Stouffville

New prime medical/professional building now available for lease. Two storey, 28,620 sq. ft. in Stouffville’s business core. Located in fast developing, most sought after Beacon Hill Business Park surrounded by residential communities. Distinctively designed, ample parking, professionally landscaped grounds. Immediate occupancy.

**Contact:** Stephanie Settembri  
**Tel.** 905.761.7707  
**Email:** sales@gottardogroup.com  
**Website:** http://gottardoconstruction.gottardogroup.com/175mostar.php

### Boxgrove Medical Centre: For lease.

Four storey, 60,000 sq. ft. medical building located at 9th Line & Hwy. 407. X-ray, lab, rehab & urgent care on-site.

**Tel.** 416.357.7509

### Brampton — medical office to rent or share:

Fully furnished, large office and exam rooms with full EMR. Springdale professional building, next to Brampton Civic Hospital.

**Contact:** Dr. Abou-Seido  
**Tel.** 416.450.4088

### Brand new, fully furnished medical clinic available in Mississauga (Dundas & Dixie).

Very busy neighbourhood, looking for GP to do walk-in or family practice. No fee, no split required. Please phone or email.

**Contact:** Bao  
**Tel.** 647.817.1360  
**Email:** baogiang99@hotmail.com

### Busy location on Bathurst Street:

X-ray, ultrasound, lab, pharmacy on-site. Suitable for walk-in, family practice, dermatologists or other specialties. New practice or relocation.

**Contact:** Roshani  
**Tel.** 647.989.3108

### FT/PT medical doctors required for a busy family doctor/walk-in clinic located at Victoria Park/O’Connor Drive.

**Tel.** 647.315.7709  
**Email:** ultimate298@ltdkate.com

### Guelph, ON — physicians/specialists needed for growing medical centre:

A 22 exam room turnkey family practice. Full-time positions available, using Practice Solutions EMR. Knowledgeable, flexible staff, great modern work environment. Currently six practices in well-established medical centre in addition to a pharmacy, physio/osteo group, and LifeLabs. Very congenial progressive-minded group, part of the Guelph FHT and Phoenix FHO. Medical centre located within The Village by the Arboretum, Guelph. The Village is a development of 497 single family detached and town homes, as well as 81 mid-rise condominiums and assisted-living units, built on a 112-acre site located adjacent to the University of Guelph’s 500-acre Arboretum. The VBA offers an active adult lifestyle within the Guelph city limits and near the cultural offerings of a large university and a vibrant urban community.

**Email:** dinder@afmci.com

### Brampton Civic Hospital.

**Tel.** 416.893.9301

### Independent Health Facility licences and clinics for sale:

Nuclear, radiography, ultrasound, BMD, mammography, vascular ultrasound.

**Contact:** ihfcClinic@gmail.com

### Kingston, ON: Premium medical office space with level 2 licensed ASC to rent or share. Professionally designed and built with convenience and efficiency in mind. Clinic (6,341 sq. ft.) has 12 exam rooms, private doctors area, large admin. area, fully furnished, EMR, free parking, close to Hwy. 401 and busy west end. ASC (4,000 sq. ft.) has two OR suites, four pre/post-op bays, central nursing station, sterile corridor, change rooms, etc. Join an established group or take over part of the clinic to operate independently — all options available. ASC ideal for endoscopy — can be up and running in six weeks.

**Contact:** Dr. Don Smallman  
**Tel.** 613.546.1858, ext. 112  
**Email:** smallman@me.com

### Kipling—Queensway area, Etobicoke:

Prime medical space available for physician or physician group to start a new family practice and/or walk-in clinic, or to relocate an existing one. Busy family-oriented/orientated neighbourhood, with several high-rise buildings recently built and more under construction. Pharmacy, physiotherapist, dentist, optician and diagnostic/imaging centre in plaza.

**Tel.** 416.994.1259  
**Email:** shafinvisram@gmail.com

### Hwy. 400/Finch Avenue: Beautiful, new, fully equipped and furnished medical suite available for a physician in a medical building. Four exam rooms and one doctor’s office. For details to purchase or lease, please email.

**Email:** sarah.awadalla@thpharmacy.com

### Classifieds
Tel. 416.616.8070
Email: john.wissa@thpharmacy.com

Markham, ON: 650 sq. ft. newly renovated office space for rent in prime medical building. Ideal for internal medicine and/or specialists. Furnished exam rooms, EMR system and skilled secretarial services available. Laboratory and imaging facility within building. Close to hospital. Ample free parking. Competitive split or rent negotiable. Space available August 2015. Contact: Sujeev
Tel. 647.208.3307
Email: markhammedicaloffice@gmail.com

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

Medical Centre in Stittsville, Ottawa: Newly built, modern, medical offices from 850 sq. ft. to 2,000 sq. ft. Immediately available for lease in the heart of growing Stittsville. Ideal for family physician practice, medical specialists, pharmacy and/or dentist office. Each office space accessible from streetfront entrance. Free parking. Contact: Manager
Tel. 613.255.7886

Medical clinic available immediately: Eglinton Ave. E./Victoria Park. Family doctor has retired. Ample, free parking space, very low rent plus incentives; pharmacy next door. Please call or email to discuss further.
Tel. 647.405.7338
Email: mbp@rogers.com

Medical office for sublease, Thornhill, ON: Yonge and Royal Orchard, 2,564 sq. ft., divisible, modern, luxury built, professional medical office. Ideal for walk-in clinic, health & medical practitioners, pharmacy, dentists, optometrists, audiologists, radiologists & ultrasound, chiropractors, pain management, physiotherapist, massage therapists, skin care & laser clinic, weight loss, yoga. Contact: Farzam Jalili
Broker of Record
Real Home Realty Inc., Brokerage
Tel. 416.220.4455
Website: www.realhome.ca

Medical space available in Markham area: Excellent location, very reasonable rent. New development up the road. Contact: Jack
Tel. 647.283.1883

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

Mississauga — excellent medical office/walk-in: Fully furnished recently renovated suites. Private underground parking. Units have three-to-six spacious exam rooms, private reception and common patient waiting area. Great location inside a medical centre, close to Credit Valley & Trillium Hospitals in a dense residential highrise and commercial area. Lab services and pharmacy on-site. Very low rent and relocation incentives. Tel. 416.587.9430

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

Ophthalmology, Hamilton: Office space, 1,700 sq. ft. available. Rent $1,350/month including tax and maintenance, with/without equipment for two Eye Lanes. Tel. 905.648.9592
Email: dobrien3@cogeco.ca

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

Pharmacy has space available for doctors: The space is conveniently attached to pharmacy & bank. Great opportunity for MDs/specialists/walk-in clinic. Other tenants in plaza include dentist, chiropractor, veterinarian, pet food store, coffee shop. Established plaza. Busy intersection bordering Whitby/Oshawa. Generous leasehold improvements with competitive lease rates. Tel. 905.326.1616
Email: north-field@rogers.com

Relocation or rent opportunity: Established medical clinic in Richmond Hill in a busy location. 2,500 sq. ft., six exam rooms. Fully equipped EMR, lab and pharmacy. Free parking. Email: navabiminoo@yahoo.ca
Classifieds

Rosedale Medical Centre (Bloor and Sherbourne): 550 sq. ft. newly renovated medical suite. Three examination rooms, office, waiting area and closed reception space. Specialists, diagnostic imaging, lab, pharmacy on-site. TTC at doorstep, pay parking at the back for patients, free staff underground parking. Available immediately.

Contact: Dr. Karambolova
Email: krikk@rogers.com

The Redpath Centre in Yonge/Eglinton area of Toronto seeking a physician to join our multidisciplinary team on a full-time or part-time basis. Knowledge of autism spectrum disorders and neuro-developmental conditions essential. Fees commensurate with time off is utilized. GPs and psychiatrists who bring additional expertise to the centre are welcome to inquire.

Contact: Kevin Stoddart
Email: kevin.stoddart@redpathcentre.ca

Therapy office for lease, St. Clair Avenue West: Prime central location and designed to facilitate full-time professional practice. Close to TTC. Includes Wi-Fi, cable, indoor parking, and more.

Contact: Ed Brown
Tel. 416.922.2028

Two fully equipped medical exam rooms for rent within the New Oakville Medical Centre. Included: computers, OSCAR EMR, cabinetry, desks, etc. Waiting area and admin. support included — shared with a rheumatologist. Move-in date August 2015.

Contact: Dr. Damian Frackowiak
Tel. 647.808.2850
Email: info.rheum@gmail.com

Two fully equipped medical exam rooms for rent within the New Oakville Medical Centre. Included: computers, OSCAR EMR, cabinetry, desks, etc. Waiting area and admin. support included — shared with a rheumatologist. Move-in date August 2015.

Contact: Dr. Damian Frackowiak
Tel. 647.808.2850
Email: info.rheum@gmail.com

We are independent pharmacists seeking a partnership with a doctor to open a medical centre with a pharmacy, diabetic centre and a diagnostic centre. We are scoping various locations in Brampton and Milton in a high density neighbourhood. Our business model is based on increased collaboration and co-location of general practitioner, diagnostic centre and pharmacists to improve patient care.

Contact: Manoj
Tel. 416.419.1966
Email: Manojrao@rogers.com

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Contact: Shawn Allen (Broker)
Matrix Mortgage Global Lic# 11108
Tel. 1.888.907.5166
Website: www.matrixmortgageglobal.com

Town of Blue Mountain, ON: Four-season resort area. Quality, custom built, three bedroom ranch, located in the exclusive private residences of Georgian Bay Club. Premium lot with spectacular views of golf course, bay and ski resort. For more information visit the Property Guys website, I.D. 242575, to arrange a viewing.

Tel. 855.742.4539
Website: PropertyGuys.com

LOCUM TENENS

Bayview/Sheddard: FT/PT locum needed for maternity leave for busy family practice July 1, 2015. Attractive and flexible terms. To discuss opportunity and compensation, please contact us.

Contact: Kavita
Tel. 647.382.6742
Email: kavita@drkavitaclinic.ca

Family physician — locum: July 2015 to July 31, 2016. Full time, 37.5 hours/week, Kitchener Downtown Community Health Centre. This is a salaried position with no OHIP billing or overhead expenses, and a benefits package. You are interested in working in a collaborative manner to support the provision of primary care for a wide range of complex clients. You will work as part of an interdisciplinary team. For more information, please phone or email, or check out the full job ad on our website.

Contact: Stephen Gross
Director of Client Services
Tel. 519.745.4404, ext. 212
Email: sgross@kdchc.org
Website: www.kdchc.org

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

Ajax and/or Scarborough, ON: Internists, endocrinologists, nephrologists. Join a busy multispecialty clinic with luxurious office space and state-of-the-art EMR, as well as a full ensemble of support staff for your practice needs. Take over the practice of two specialists who are leaving and/or transfer your patients from your existing practice. Our staff will handle your transition seamlessly. Positions open.

Email: ajaxpractice@hotmail.com

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

ONTOARIO MEDICAL REVIEW

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May 2015
Bayview — Richmond Hill, ON: Busy clinic seeks full-time or part-time family physician, FHG, benefits. Contact: Dr. Lorne Kliman Email: lornekliman@gmail.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

Busy Oakville clinic seeks adult or child/adolescent psychiatrist full or part time. Integrated mental health care clinic, must enjoy working with a multidisciplinary team. Contact: Dr. Jane Gilbert Tel. 905.844.4673 Email: jgilbert@thebearclinic.ca

Busy walk-in clinic: Weston Road at Hwy. 401, 10-12 patients/hour. Very competitive split. Part time or full time. Tel. 647.458.2541 Email: hhgoldman@rogers.com

Citrus Medical Centre Toronto: Family and walk-in physicians at two locations in south Etobicoke (398 Royal York Road, 2240 Lakeshore West). Renovated, modern office, EMR, full nursing/billing support. Pharmacy/lab/physio/chiro on-site. Competitive overhead in well-run clinic in an area surrounded by new condos and townhouses. Contact: Dr. Hinal Sheth Tel. 416.800.6500, ext. 1 Email: careers@citrusmedical.ca

Disera Medical Centre, Thornhill: Family physician opportunity to join established and growing family health group. Start your own practice or have sporadic walk-in shifts at first. Fully equipped, spacious exam rooms with EMR. Well developed specialist’s support for referrals. We handle all administrative and billing issues. Educational activities and teaching opportunities are available. Opportunity of transferring rostered patients to guarantee a stable income. Call for details. Contact: Dr. Star Tel. 416.312.1233

FHO position: Family doctor in Mississauga, Ontario, retiring in August 2015 and wishes a medical doctor to assume his computerized Accuro EMR practice. Twelve years of computerized dictation and many more advantages available. Email: swayandrhythm@gmail.com

Doctor needed full time/part time for clinics in Oakville and Mississauga. Tel. 416.906.6836 Email: familymedicalclinic@hotmail.ca

Downtown Toronto: Bay and Bloor, part-time MD needed. We are a long-established vein and cosmetic clinic in the heart of Yorkville. We will provide training in sclerotherapy for new doctors. It is an interesting and fast-paced position with experienced nurses and administrative staff support. Please contact us for more information. Contact: Maria DLC Tel. 416.927.0533 Email: yvc@live.ca

Downtown Toronto — Yonge and College new medical office: Close to many hospitals. High traffic, high visibility. New, fully equipped medical office in busiest part of Yonge St., 13 exam rooms, plus three offices. EMR or paper, P/T, F/T, one of many GPs. Move existing practice or build up from walk-in clinic. Very attractive split or flat rent. Contact: David Tel. 416.895.4745 Email: enerhealth@on.aibn.com

Family practice/walk-in/psychiatrist/ neurologist/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: Busy medical centre is currently seeking F/T family practitioners for family practice and walk-in clinic Monday-Friday. 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: blueosemedicalcentre@gmail.com

Frustrated with clawbacks in Ontario? We are looking for a F/T or P/T physician(s) to join our established group of five family physicians in Port Coquitlam, B.C. (northeast suburb of Vancouver). We have a large office with plenty of parking and excellent support staff. The office is well equipped and we are on EMR. We offer a competitive split option. Email: judy.elginmedical@gmail.com

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)

Full, young practice available in Vaughan for a family doctor to join EMR-based FHG immediately. Busy walk-in shifts available if desired. Full administrative staff support with pharmacy, endocrinology, pediatric, optometry, physiotherapy/chiropractic/massage and phlebotomy support on-site available. Friendly team and excellent financial terms offered. Please call Vaughan Innovation Medical Clinic. Tel. 905.851.2444, ext. 2 Fax: 905.851.2412 Email: innovationmedical@hotmail.com

GP/GYN needed for a very busy clinic in Scarborough. For more info, please call. Tel. 416.565.2004 Email: mehradvakilha51@yahoo.ca

Green Valley Medical proudly presents Courtice Walk-in Clinic: A family practice/walk-in clinic in Clarington seeking family physicians to join FHG and/or work walk-in shifts (full time, part time or casual) in a rapidly growing return-of-service designated area. Flexible options available! 25/75 FFS split. Pharmacy, PTs and RMTs on-site. OSCAR EMR used. Please email for more information. Email: info@courticewalkin.ca

Busy walk-in clinic: Weston Road at Hwy. 401, 10-12 patients/hour. Very competitive split. Part time or full time. Tel. 647.458.2541 Email: hhgoldman@rogers.com

Citrus Medical Centre Toronto: Family and walk-in physicians at two locations in south Etobicoke (398 Royal York Road, 2240 Lakeshore West). Renovated, modern office, EMR, full nursing/billing support. Pharmacy/lab/physio/chiro on-site. Competitive overhead in well-run clinic in an area surrounded by new condos and townhouses. Contact: Dr. Hinal Sheth Tel. 416.800.6500, ext. 1 Email: careers@citrusmedical.ca

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Tel. 905.479.2571

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Email: ian.cohen@utoronto.ca

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PRACTICES

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