Taking Action Against Bill 41!
OMA condemns Ministry’s “command and control” approach to health care; member toolkit online

Health Care Advocates
OMA byelection strategy, Dan’s Law profile

Physician Budget Growth Drivers
The role of technological intensity and chronic disease prevalence

Legal Update
Custody and ownership of medical records: are they property of the physician or the clinic?

New OMA Billing Guide
OHIP payments for special visit premiums

Modernizing OMA Elections
New steps in OMA elections process, key dates, upcoming member webinar info sessions
COUNTING YOUR PENNIES...???

Testimonial:

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

Linda Vorano, Admin Asst.
Div. of Genetics and Metabolics
The Hospital for Sick Children

FOR LESS THAN A DOLLAR A DAY... “IS IT TRUE?”....YES IT IS!!!!!

Only $299 Per Computer Annually

Complete OHIP billing, scheduling package, product updates and free support.
Reliable phone support hours Monday to Friday from 8am-10pm (ET).
Klinix is compatible with Windows 10, 8, 7, Vista and XP.

Microsoft Partner

NO CONTRACTS TO SIGN...”IS IT SIMPLE AND EASY?”...YES IT IS!!!!!

Yes it’s easy to buy. Eliminate contracts or confusing quotations. No waiting with Klinix. Klinix Software is simple, straightforward and easy to use.

Call us to order Klinix, download it from the internet, install and start billing OHIP right away! Satisfaction guaranteed with Klinix 30 days money back guarantee.

Call KLINIX to start now!!!!!

KLINIX 1-877-728-3199 Ext. 3

WWW.KLINIX.COM
Executive, Board, Council, Committee Chairs

Executive Committee

President
Dr. Virginia Walley, Toronto

President Elect
Dr. Stephen Chris, North York

Past President
Dr. Michael Toth, Aylmer

Chair of the Board
Dr. Gail Beck, Ottawa

Honorary Treasurer
Dr. Jim Stewart, North Bay

Secretary
Dr. Atul Kapur, Ottawa

Board of Directors

District
1 Dr. Albert Ng, Windsor
2 Dr. Tatiana Jevremovic, London
3 Dr. Christopher Cressey, Palmerston
4 Dr. Jeff Kolbasnik, Hamilton
5 Dr. Lesley Barron, Limehouse
6 Dr. Gregory Athaide, Whitby
7 Dr. Adam Steacie, Brockville
8 Dr. Gail Beck, Ottawa
9 Dr. Pierre Bonin, Sudbury
10 Dr. Bradley Jacobson, Thunder Bay
11 Dr. Stephen Chris, North York
  Dr. Laurence Colman, Etobicoke
  Dr. Rachel Forman, Toronto
  Dr. Christopher Jyu, Scarborough
  Dr. David Esser, North York

Elected by Council
Dr. Atul Kapur, Ottawa
Dr. Stephen Kosar, Sudbury
Dr. James Stewart, North Bay
Dr. Virginia Walley, Toronto
Dr. Hirotaka Yamashiro, Richmond Hill

Academic Representative
Dr. Robert Swenson, Ottawa

Council

Chair
Dr. Alan Hudak, Orillia

Vice-Chair
Dr. Sanjay Acharya, Nepean

Committee Chairs

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

Forms Committee
Dr. David Esser

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

Pro Tempore Physician Services Committee
Dr. Ved Tandan, Chair

Uninsured Services Committee
Dr. Joy Weisbloem

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

Governance

Governance Committee
Dr. Laurence Colman

Audit Committee
Dr. Alykhan Abdulla

Awards Committee
Dr. Douglas Weir

Board Insurance Committee
Dr. Christopher Cressey

Board Planning Committee
Dr. Laurence Colman

Budget Committee
Dr. James Stewart

Committee on Committees
Dr. Sanjay Acharya

Nominations Committee
Dr. Michael Toth

Staffing Committee
Dr. Albert Ng

Health Policy

Health Policy Committee
Dr. Shawn Whatley

Hospital Issues Committee
Dr. Adam Steacie

Member Services

Member Services Board Committee
Dr. Richard Tytus

Physician Health Program Advisory Panel
Dr. Martyn Judson

Public & Political Advocacy

Member Communications and Public Affairs Advisory Committee
Dr. Virginia Walley

Outreach to Women Physicians Committee
Dr. Crystal Cannon
You don’t need to update your protection that often.*

Unless things have changed. And, yes, they have. Disability Insurance arranged earlier in your career might not fully cover the lifestyle you enjoy today. Lives change, and it’s important that your Disability Insurance keeps pace with your evolving career and lifestyle needs. OMA Insurance knows doctors best and we know how to make sure you always have the coverage you need when you need it. If it’s been more than a few years since you’ve reviewed your coverage, now is the time to call.

Visit OMAinsurance.com/di to learn more.
or contact us at 1.800.758.1641

Not for profit. All for doctors.
President’s Message

My message to you this month focuses on:
• key themes emerging in my recent face-to-face Listening Tour meetings with members;
• physician advocacy for our profession and our patients;
• work underway to modernize OMA elections and communications; and,
• plans for comprehensive research that will challenge your Association’s historic assumptions about its relationship with you.

Physician budget growth drivers: role of technological intensity and chronic disease prevalence

Given the critical importance of understanding the appropriate growth rate of funding for physician services, OMA Economics, Research and Analytics has completed an analysis that aims to break down the growth rate in physician expenditure into its different components, including changes in technology and chronic disease prevalence.

Custody and ownership of medical records

When a physician joins or leaves a practice, there is often confusion over whether medical records are the property of the physician or the clinic. To provide clarity with respect to legal rights and responsibilities, the question as to who has custody and ownership of medical records should be set out by contract at the outset of the physician/clinic working relationship.

The evolution of OMA elections: new steps, key dates, upcoming webinar information sessions

The OMA is moving to a single election period for all Districts, Sections and Medical Interest Groups. In addition, all steps in the election process — from nominations to voting — will be conducted online. An overview of the new steps in the election process, including key nomination and election dates, and a listing of upcoming information webinars for members, is provided.

Taking action against Bill 41!

The OMA and physicians across the province are taking action to oppose government’s flawed primary care legislation, Bill 41 (formerly Bill 210, Patients First Act). The OMA has prepared extensive online resources to assist members in raising awareness about Bill 41 and its serious implications for patients, physicians, and local health care.

Dan’s Law: physician-led private member’s bill aims to amend three-month OHIP waiting period

Dr. Darren Cargill has worked with his local MPP to introduce a private member’s bill that would amend the Home Care and Community Services Act (1994) to allow Canadian residents moving to Ontario from another province to be exempted from the three-month OHIP waiting period.
OMA Advantages is committed to supporting physician practices:

Members now have more options and benefits from more companies than ever before. Enjoy preferred rates and services for your practice from the following vendors:

- Lenovo
- Shred-it
- Moneris
- G&T
- GRAND & TOY
- UPS
- InterCall
- Campbell Moving Systems
- eMarketplace

OMA Advantages discounts and services are available for Wireless Communications, Travel & Leisure, Auto, Fitness & Health, Moving & Relocation, Corporate Hotels, Entertainment, Office Services & Support.

To access the Advantages offerings and rates, download the OMA App!
www.oma.org/MobileApp
OMA making health care a priority in byelection; online advocacy toolkit and training for members

The OMA is working to support local members and ensure that health care is a top priority in the November 17 byelections, to be held in the ridings Ottawa-Vanier and Niagara West-Glanbrook. The OMA has created online tools and training activities to promote physician advocacy and public recognition and support for doctors during the byelections and beyond.

OHIP Payments for Special Visit Premiums: OMA Quick Reference Guide

A new OMA reference guide provides a general overview on how to bill OHIP for special visit premiums rendered in various care settings. The guide covers the following essential areas: definition of a special visit premium, components of a special visit, and payment requirements.

DEPARTMENTS

1. OMA Executive, Board, Council, Committee Chairs
2. OMA Constituency Groups: Sections, Forums, Medical Interest Groups Chairs
3. OMA Constituency Groups: Sections, Forums, Medical Interest Groups Chairs
5. In Memoriam
6. Classifieds
7. Classifieds
8. Medicept
9. Medicept
10. OMA Exchange Portal to launch this fall! Share knowledge, insights and resources with colleagues
12. Effective Hospital-Physician Relationships: new OHA/OMA video
13. The Secrets of Success in Family Practice: OMA web series

CAPSULE NEWS/EVENTS

7. New OMA.Org website arriving soon!
10. OMA Mobile App provides quick access to member programs, services
18. OMA Exchange Portal to launch this fall! Share knowledge, insights and resources with colleagues
26. Ontario Kids Run Club off to a great start!
40. Effective Hospital-Physician Relationships: new OHA/OMA video
41. The Secrets of Success in Family Practice: OMA web series
<table>
<thead>
<tr>
<th>SECTIONS</th>
<th>FORUMS</th>
<th>MEDICAL INTEREST GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction Medicine: Dr. Robert Cooper</td>
<td>Academic Medicine Forum: Dr. Robert Swenson, Chair</td>
<td></td>
</tr>
<tr>
<td>Allergy and Clinical Immunology: Dr. Benny Wong</td>
<td>Rural Medicine Forum: Dr. Stephen Cooper, Chair</td>
<td></td>
</tr>
<tr>
<td>Cardiac Surgery: Dr. Charles Peniston</td>
<td></td>
<td>Clinic Endoscopists: Dr. Andrew Bellini</td>
</tr>
<tr>
<td>Cardiology: Dr. James Swan</td>
<td></td>
<td>Clinical Hypnosis: Dr. Mussarrat Qaadri</td>
</tr>
<tr>
<td>Chronic Pain: Dr. Chris Giorshev</td>
<td></td>
<td>College and University Student Health: Dr. David Lowe</td>
</tr>
<tr>
<td>Critical Care Medicine: Dr. Michael Warner</td>
<td></td>
<td>Community Health Centres (CHC) and Aboriginal Health Access Centres (AHAC): Dr. Itamar Tamari</td>
</tr>
<tr>
<td>Dermatology: Dr. Samir Gupta</td>
<td></td>
<td>Complementary and Integrative Medicine: Dr. Steven Herr</td>
</tr>
<tr>
<td>Diagnostic Imaging: Dr. David Jacobs</td>
<td></td>
<td>Hyperbaric Medicine: Dr. Wayne Evans</td>
</tr>
<tr>
<td>Emergency Medicine: Dr. Myron Haluk</td>
<td></td>
<td>Interventional Radiology: Dr. Deljit Dhanoa</td>
</tr>
<tr>
<td>Endocrinology and Metabolism: Dr. Joseph Shaban</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Physicians and Surgeons of Ontario: Dr. Kylen McReelis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroenterology: Dr. Iain Murray</td>
<td></td>
<td>Ontario Psychiatric Hospitals: Dr. Suzanne Allain</td>
</tr>
<tr>
<td>General and Family Practice: Dr. David Schiek</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Internal Medicine: Dr. Charles Shaver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Surgery: Dr. Christopher Vinden</td>
<td></td>
<td>Sleep Medicine: Dr. Avrum Soicher</td>
</tr>
<tr>
<td>General Thoracic Surgery: Dr. Maurice Blitz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetics: Dr. Chumei Li</td>
<td></td>
<td>Surgical Assistants: Dr. David Esser</td>
</tr>
<tr>
<td>Geriatric Medicine: Dr. Andrew Baker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematology and Medical Oncology: Dr. Timothy Asmis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Medicine: Dr. William Coke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious Diseases: Dr. Neil Rau</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interns and Residents: Dr. Stephanie Kenny</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Medicine: Dr. Catherine Ross</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Term Care &amp; Care of the Elderly: Dr. Andrea Moser</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Students: Mr. Ali Damji, Mr. Justin Cottrell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephrology: Dr. Christian Rabbat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology: Dr. Keith Meloff (Acting Chair)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuroradiology: Dr. Sean Symons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurosurgery: Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear Medicine: Dr. Christopher Marriott</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics and Gynecology: Dr. William Mundle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational and Environmental Medicine: Dr. Pravesh Jagnandan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ontario’s Anesthesiologists: Dr. Christopher Harle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic Surgery: Dr. Steven Papp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Otolaryngology - Head and Neck Surgery: Dr. David Hacker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative Medicine: Dr. Darren Cargill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics: Dr. Shawn Kao</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Medicine and Rehabilitation: Dr. David Berbrayer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic Surgery: Dr. Selig Krajden</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Mental Health: Dr. Michael Paré</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry: Dr. Gary Chaimowitz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Physicians: Dr. Howard Shapiro</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Oncology: Dr. Robert Dinniwell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reproductive Biology: Dr. Ari Baratz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Disease: Dr. Helen Ramsdale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatology: Dr. Philip Baer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sport and Exercise Medicine: Dr. Andrea Moldes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urology: Dr. John Kell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular Surgery: Dr. Andrew Hill</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
New **OMA.Org** Website Arriving Soon!

The OMA’s website (www.OMA.Org) has been undergoing a major overhaul in order to make it easier for OMA members to find relevant and helpful information.

**The redesigned OMA.Org website will provide you with:**

- An easy to use and harmonious look and feel,
- Personalized account dashboard,
- Intuitive navigation,
- Well-organized content,
- Robust search functionality,
- Responsive web and mobile designs, and
- Alignment to web accessibility standards to ensure accessibility for all users.

**PREVIEW:** We will be providing a preview to members in the near future. Keep an eye out for the preview of the new website, OMA.Org, via email announcements and the OMA mobile app.

**LIVE DATE:** A launch date will be determined once we have your feedback on the new site, in the meantime, please contact the OMA Response Centre at **1.800.268.7215** or **info@oma.org** with any questions or comments regarding the upcoming OMA.Org website redesign.
I have spoken with several hundred members at recent OMA Listening Tour events. Many more opportunities to connect with you are planned — thank you to all who are participating in these vital consultations.

In my discussions with you during my face-to-face meetings around the province, some key themes have emerged:

- Communications: You want timely communications that are authoritative, but concise and clear. You want communications that speak to your needs, and that are personal.
- Member lens: You have told me that everything the OMA creates and provides to you, must be viewed through the members’ lens — it must speak to your needs.
- Advocacy for the profession: You want more public messaging that promotes physicians’ unique contributions to patients and the broader system. As well, you want a more assertive voice to your Association’s public approach.
- Advocacy around specific issues: You want to see more, and more vigorous, advocacy on issues of specific import to you, such as Bill 41.
- Physician well-being: You have told me that physician well-being, civility, and collegiality are important to you. You tell me it is imperative that we are united, and that we support one another during these stressful times.

Challenging Assumptions

Your Association is finalizing plans for a comprehensive qualitative and quantitative research project this fall that will challenge your Association’s historic assumptions about its relationship with you. The OMA will conduct member focus groups across the province and a full membership survey. Key areas of focus will include:

- Your perceptions of OMA communications with you.
- Your expectations of what our relationship should be with government at this time.
- Your rationale for rejection or acceptance of the tentative Physician Services Agreement, and thoughts on binding arbitration.
- Your advice on how to better engage with members, so we better understand your needs and expectations.

I will provide details about how you can participate in the near future.
Physician Advocacy

• The OMA is taking action to oppose Bill 41 and the Liberal government’s ongoing unilateral approach to health care (see pp. 22-23). If you have not already, I encourage you to join the OMA Health Care Advocates program, and strengthen our collective voice and influence.

• Your Association and local members will be highly engaged during the upcoming Ottawa-Vanier and Niagara West-Glanbrook byelections, holding candidates to account and ensuring that health care is a priority issue (see p. 25).

• OMA Palliative Medicine Section Chair Dr. Darren Cargill is working with NDP MPP Lisa Gretzky to advance a private member’s bill called Dan’s Law. The Bill aims to address the issue of patients coming to Ontario and not being able to receive immediate home care and/or palliative care as a result of the three-month waiting period imposed by OHIP. The OMA supports removal of the three-month wait period, and is strongly supporting Dr. Cargill’s excellent work. Learn more on p. 24.

Modernizing the OMA

• A tremendous amount of work is underway to consolidate, streamline, and standardize all election processes across the OMA, including a single election period (beginning in 2017) supported by an online nominating and voting platform (see pp. 19-21).

• A sneak preview of the new OMA members’ website (OMA.org) and the OMA Exchange Platform (an online home to connect with colleagues) appear on pages 7 and 18, respectively.

I look forward to your comments and input. And, I thank you for all that you do,

Virginia M. Walley, MD
President, Ontario Medical Association
@VirginiaWalley
The OMA app is available for download on your iOS (iPhone, iPod, or iPad) and Android device. Get quick and convenient access to the most sought-after OMA member services.

You have access to the following information on the go:

- Membership Card Information
- OMA Advantages
- Calendar of OMA Events
- News
- Code Lookup
- Customizable Settings

Please contact the OMA Response Centre at 1.800.268.7215 or info@oma.org with any questions or comments regarding the OMA app.

Don’t forget to rate and review us in the App and Google Play Stores!

Download the OMA mobile app now:
Given the critical importance of understanding the appropriate growth rate of funding for physician services, OMA Economics, Research and Analytics has recently completed an analysis that aims to break down the growth rate in physician expenditure into its different components.

In contrast to the previous studies that focused mainly on population growth and aging,1,2 we extended this analysis to incorporate changes in technology and chronic disease prevalence, two additional factors that many physicians believe are important health care cost drivers but over which they have limited or no control. This article summarizes the results from this analysis.(a)

We conclude that the minimum or “natural” expected annual growth in physician expenditure, with no changes in the fees of physician services, is 3.0%.

Data Sources
The data used for the analysis comes from two main sources. The data on physician billings and visits comes from the Ontario Health Insurance Plan (OHIP) database for fiscal years 2004/05 and 2014/15. It includes all claims (fee-for-service and shadow claims) submitted for insured services provided by physicians in Ontario in these two years.

The billings for shadow claims were converted to their full fee-for-service value to calculate the total billings in each year. The claims were aggregated to the visit level based on the unique combination of physician, patient, and service date encounters.

The data on population size and its age distribution comes from Statistics Canada. The summary of the combined data from the OHIP database and Statistics Canada used for the analysis is presented in Table 1 (see p. 13).

Technological Intensity
The average price per visit increased from $47.26 in fiscal 2004/05 to $70.57 in fiscal 2014/15 (see Table 1, p. 13). This increase reflects changes in the prices of physician services, as listed in the Schedule of Benefits, but it may also reflect changes in the mix of services that physicians provide.

To examine this conjecture, we used a recently developed algorithm by Roham et al.,3 to classify services based on their technological intensity into three mutually exclusive groups: low, medium, and high.(b) One important difference between these groups of services is the average price per visit, as can be seen in Figure 1 (see p. 14).

Another important difference is that the share of total visits in each group changed significantly between the two fiscal years, as can be seen in Figure 2 (see p. 14). Specifically, the share of low-intensive/low-price visits has decreased over the time period relative to the shares of more expensive medium- and high-intensive visits. As a result, physician expenditure is expected to increase, even if the prices of physician services remained at their 2004/05 values. The data required to
accurately gauge the contribution of this change in the mix of services to the growth in physician expenditure is presented in Table 2 (see p. 13). This data indicates that the average price per visit would have increased from $47.26 to $49.61 because of the change in the mix of services, even if there were no changes in the Schedule of Benefits. This represents about a 5% increase over 10 years, or about a 0.5% increase per year.

**Chronic Disease Prevalence**

The average number of visits per patient increased from 7.74 visits in fiscal 2004/05 to 8.46 visits in fiscal 2014/15 (see Table 1, p. 13). Part of this increase is clearly due to population aging; however, part of the increase may reflect the increased prevalence of chronic diseases across all age groups, given that chronic patients usually require more physician visits than non-chronic patients.

To examine this conjecture, we classified patients into chronic and non-chronic based on an extensive list of diagnosis codes matched to the patients’ claims in the OHIP database. One important difference between the two groups of patients is that chronic patients have on average more visits than non-chronic patients, as expected (see Figure 3, p. 15). Another difference is that the share of chronic patients increased across all age groups over the time period, as can be seen in Figure 4 (see p. 15). As a result of this increase in the prevalence of resource-intensive chronic diseases, physician expenditure is expected to increase, even if the price and mix of physician services, the population age distribution, and the resource intensity of each chronic disease have not changed at all from their 2004/05 values. The data required to accurately gauge the contribution of this change in the chronic diseases prevalence to the growth in physician expenditure is presented in Table 3 (see p. 13). This data indicates that the average number of visits per patient would have increased from 7.74 to 8.17 visits solely because of the increase in the prevalence of chronic conditions. This represents about a 5.6% increase over 10 years, or about a 0.6% increase per year.

**Conclusions**

The independent contributions of technological intensity and prevalence of chronic conditions to the annual growth in physician expenditure are estimated at 0.5% and 0.6%, respectively. This is in addition to 1.1% and 0.8% that the Institute for Clinical Evaluative Studies (ICES) recently estimated for the contribution of population growth and aging, respectively.

In combination, these two studies suggest that the total contribution of the four growth components is estimated at 3% per year — see Figure 5 (p. 13). This represents an expected annual growth in physician expenditure with no changes in the fees of physician services in the Schedule of Benefits.

While this analysis by no means provides the final word on the appropriate growth in physician expenditure, it nevertheless improves upon the existing studies by incorporating two new growth components and by demonstrating how additional components may be integrated in a future analysis.

**Endnotes**

(a) The full report is available upon request. Please email Boris Kralj (boris.kralj@oma.org).

(b) We were not able to classify a small number of services (<2%) into any of these categories. In the ensuing analysis, these services are defined as “Other.”

(c) The full list of diagnosis codes is available upon request.

**References**


TABLE 1: Summary of Data Used for Analysis

<table>
<thead>
<tr>
<th></th>
<th>Fiscal 2014/15</th>
<th>Fiscal 2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total billings ($million)</td>
<td>$8,167.0</td>
<td>$4,534.3</td>
</tr>
<tr>
<td>Total Visits</td>
<td>115,733,163</td>
<td>95,940,205</td>
</tr>
<tr>
<td>Population</td>
<td>13,677,687</td>
<td>12,390,068</td>
</tr>
<tr>
<td>Price Per Visit</td>
<td>$70.57</td>
<td>$47.26</td>
</tr>
<tr>
<td>Visits Per Patient</td>
<td>8.46</td>
<td>7.74</td>
</tr>
</tbody>
</table>

TABLE 2: Contribution of Technological Intensity to Growth in Physician Expenditure

<table>
<thead>
<tr>
<th></th>
<th>Average Price Per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004/05</td>
<td>$47.26</td>
</tr>
<tr>
<td>2014/15</td>
<td>$49.61</td>
</tr>
<tr>
<td>Total Change</td>
<td>5.0%</td>
</tr>
<tr>
<td>Annualized Change</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

TABLE 3: Contribution of Chronic Diseases Prevalence to Growth in Physician Expenditure

<table>
<thead>
<tr>
<th></th>
<th>Average Visit Per Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004/05</td>
<td>7.74</td>
</tr>
<tr>
<td>2014/15</td>
<td>8.17</td>
</tr>
<tr>
<td>Total Change</td>
<td>5.6%</td>
</tr>
<tr>
<td>Annualized Change</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

FIGURE 5: Growth Breakdown of Physician Expenditure, Ontario, Fiscal 2004/04 to 2014/15

- Technological Intensity: 0.5%
- Chronic Disease Prevalence: 0.6%
- Population Aging: 0.8%
- Population Growth: 1.1%
- Total: 3.0%
FIGURE 1:
Average Price Per Visit, Fiscal 2004/05

Low: $35.90  Medium: $71.51  High: $118.82  Other: $23.86

FIGURE 2:
Share of Visits by Technological Intensity, Fiscal 2004/05 and 2014/2015

Low: 2004/05 - 78%  2014/15 - 72%
Medium: 2004/05 - 13%  2014/15 - 16%
High: 2004/05 - 8%  2014/15 - 10%
Other: 2004/05 - 1%  2014/15 - 2%
FIGURE 3:
Annual Visits Per Patient by Age Group and Chronic Status, Fiscal 2004/05

FIGURE 4:
Share of Chronic Patients by Age Group, Fiscal 2004/05 and 2014/15
When a physician joins or leaves a practice, there is often confusion over the medical records. Are they the property of the physician or the clinic? When the physician leaves, will the records go with the physician, or remain at the practice?

Under the Personal Health Information Protection Act, or PHIPA, a person operating a group of health care practitioners can be the Health Information Custodian, or “HIC.” By law, the HIC has custody of the medical records. Therefore, in a clinic setting, the HIC may be the clinic owner/operator (including a non-health care professional), or the individual physicians working at the clinic.

The question as to who has custody and ownership of the medical records should be set out by contract at the outset of the working relationship. An agreement will help to clarify the rights and responsibilities with respect to medical records when a physician ceases to work at a clinic.

Prior to signing a new contract with a clinic, therefore, physicians should ensure their contract contains terms addressing both custodianship of the medical records, as well as what will happen with respect to the records upon termination. OMA Legal Services can assist you in reviewing your contracts and ensuring the proper language is present.

If the clinic is the HIC and the owner of the records, the physician should ensure that he or she will continue to have access to the records for medico-legal and audit purposes if the physician leaves the practice. Further, if patients choose to follow the physician to a new practice, the contract should specify that the clinic must provide copies of these patients’ records to the physician at the patient’s request at a cost agreeable between the doctor and the clinic.

When the agreement specifies the physician as the owner and HIC of the medical records, the College of Physicians and Surgeons of Ontario (CPSO) states that “a physician relocating her practice has the option to take the medical records with her or leave the records with a designated custodian, as long as there is an agreement that the patient will be permitted access to them, as required.”

This means that the physician can either take the records to the new practice, or leave them behind with either the clinic operator or a fellow physician. If she chooses the latter option, an agreement should be signed acknowledging the transfer and the right to future access. OMA Legal Services has template contracts for such a situation, and can assist you in preparing these agreements.

Where there is no contract specifying who is the HIC or owner, it will be necessary for the departing physician and clinic operator to come to an agreement regarding the medical records. Negotiating an agreement in these circumstances may be difficult if the reason for the departure is due to a conflict between the physician and the clinic.

Where an agreement between the clinic and physician cannot be reached, it may be necessary to have the patient request a chart transfer to document consent.

Reference

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

University of Vermont HEALTH NETWORK
Champlain Valley Physicians’ Hospital

Physician Opportunities in Upstate NY
CVPH is a thriving rural community hospital situated on a beautiful 40-acre campus in Plattsburgh, NY. This nationally recognized city is located on the shores of Lake Champlain near the Adirondack Mountains which boasts year round outdoor recreation opportunities.

Enjoy being just an hour’s drive from Montreal, Burlington, VT and the Lake Placid Olympic Region. It’s all here just waiting for you. Visas welcome. Contact: Lisa VanNatten at (800) 562-7441 or lvannatten@cvph.org

Start your career with us today by visiting UVMHealth.org/CVPHCareers

Become part of our patient care centered team, where we’re not just caregivers - we’re friends and neighbors, offering expertise and compassion to our communities.

Cowichan Valley Division of Family Practice
A GSPC initiative

Just an hour north of Victoria, BC, the Cowichan Valley boasts the highest average temperature in Canada, year-round recreation, pristine lakes and coastlines, world-class schools, and a full range of business services.

Cowichan offers numerous opportunities for locum physicians and also has permanent family practice openings available. Most family practice positions in this collegial and innovative community also include hospital work.

Whether you’re just starting out, or looking for a change of pace, Cowichan has a family practice opportunity just for you.

Interested in learning more?
Contact us at: tlittmann@cvdfp.ca
www.divisionsbc.ca/cv
Your Community Portal Is Coming Soon!

Share Knowledge, Insights and Resources with your fellow OMA members.

OMA Exchange is a secure, web-based community portal that fosters and encourages a sense of community with OMA members. You will be able to join conversations with other members of your Constituent Groups, using the same OMA credentials that give you access to the OMA’s website, mobile app, and My Account.

Stay tuned for more information on how to activate your Section, District or other Constituency Groups in OMA Exchange and get ready to start sharing knowledge, insights, and resources.

If you have any questions or comments in the meantime, please contact the OMA Response Centre at 1.800.268.7215 or info@oma.org.
Ontario Medical Review

OMAElections

A time for change: the evolution of OMA elections

overview of new steps in elections process; key nomination and election dates; upcoming webinar info sessions

by Natasha Larocque, CPA, CA
OMA Strategy and Governance

As reported in the May 2016 OMR, significant changes are underway to modernize OMA elections. These changes are the result of a motion passed at the fall 2015 Council meeting to have elections for all OMA Districts, Sections (except Trainee Sections) and Medical Interest Groups (MIGs) run simultaneously during a single election period, rather than at various times throughout the year. The first single election will take place in 2017. In addition, all steps in the election process — from nominations to voting — will be conducted online.

Why Change?
A single election period that will consolidate, streamline and standardize election processes across the OMA, and which is supported by an online nomination and voting platform, will drive positive change with respect to how elections are conducted. More importantly, it will lead to better member engagement and a better voting experience.

By moving to a single election period, OMA members will no longer have to guess when an election is taking place. Members will also be able to run for various positions simultaneously across the constituencies to which they belong.

Having a single election period will:
• Improve member participation and engagement;
• Reduce the possibility of error resulting from the handling of paper ballots, nomination forms, etc.; and
• Reduce expenses by eliminating costs associated with printing, postage and distribution of paper ballots, nomination forms, etc.

The Nomination Process
The nomination process kicks off with a Notice of Election being sent to the membership. This notice will indicate the nomination and voting periods, the election date, and online information pertaining to the nomination process.

Those members who want to run, including incumbents, must put their name forward through the OMA online nomination system. Further details about this process will be provided in the coming months through emails and webinars.

Note: a list of OMA key nomination and election dates, as well as a list of upcoming webinar sessions on the nomination and voting process for OMA elections, appear on page 21.

Two Paths To Nomination
There are two paths to become nominated: either the member is nominated by at least three colleagues from his or her constituency group (i.e., Three Nominators Route), or the member is nominated by a nominating committee (i.e., Nominating Committee Route).

1. Three Nominators Route
This path to nomination requires a member to put his or her name for-
ward, along with the CPSO numbers and corresponding emails from three or more colleagues. These colleagues must belong to the same constituency group (i.e., District, Section or MIG) as the member. The member’s three nominators will each receive an email containing a link that will ask them to either approve or not approve the member’s nomination request.

- Nominating Committee Route
This option requires a more detailed explanation. Many Districts, Sections, and Medical Interest Groups have nominating committees, and each of these committees operates differently. Most committees work to recruit a sufficient number of candidates so that no elected position is left unfilled. Some committees will put forward the names of any eligible candidate who wants to run; others will recommend a select slate of candidates whom the nominating committee thinks are best suited to fill the roles.

Regardless of the nomination route, members who want to be nominated must put their name forward through the online nomination system. Once a member selects a position for which to run, he or she will be given an option to choose one of the two routes. If a member chooses the Nominating Committee Route, then the committee will decide which candidates(s) to put forward. The nominating committee must notify the OMA of its decision through the online nomination system by January 16, 2017. Once the deadline has passed, there is still an opportunity for members who were not nominated by the committee to submit their names through the Three Nominators Route before nominations close.

Whether a candidate’s name is brought forward through the Three Nominator Route or the Nominating Committee Route is immaterial. The ballot will list only the candidate’s name and whether he or she is the incumbent, not how the candidate was nominated.

Transparency
Members will be able to see the status of their nominations online. They will also receive emails when their nomination is complete.

During the nomination period, members may also log on to the OMA Nominations website to see who is running for a position. This transparency may assist in helping members to decide whether or not to put their name forward.

Vetting
All members who want to be nominated must be vetted to ensure they are in good standing with the CPSO (i.e., their licence is not suspended or revoked, or they have not given up their licence due to a recent investigation). As well, members must be checked to ensure they have not exceeded their term limit for that position as outlined in the OMA bylaws. (Note: all incumbents will receive advance email notification informing them of the number of years of service in relation to their term limits.)

Once a member has been vetted, the member’s name will be published in the online nomination system.

Email
Since the OMA is moving to an online nomination and voting platform, all members are encouraged to have an email address on file. If a member wants to be nominated and become an elected OMA representative, he or she is required to have an email on file with the OMA. All nominations must be submitted online; there will be no paper-based nominations.

To update or add an email, please go to www.oma.org and select My Account to make the necessary changes. Through My Account, members can indicate which email they would like to use for election-related purposes. A member can also email the OMA Membership Department (membership@oma.org) to make changes.

Voting will also be online, and all members are encouraged to vote. While members can opt-in to receive a paper ballot, they must proactively let the OMA know they would prefer a paper ballot, otherwise, no paper ballot will be sent. Members can request to opt-in to a paper ballot process by emailing elections@oma.org. Note that only the ballot will be provided on paper — all information about the candidates, including position statements, will only be available electronically.

Close Of Nominations And Close Of The Voter List
The Voter List closes at the same time the Nominations Period ends. This is the last date for a member to change his or her primary Section or MIG, or to notify the OMA of a change in practice address. This means that the information on file at that time will determine the constituency (i.e., District, Section and MIG) in which the member will be voting in the upcoming election.

It should be noted that members proactively choose the primary Section to which they belong. Practising a certain specialty does not necessarily mean the member is a primary member of the Section. Only primary members of a Section can vote in their Section’s election. Members can change their primary Section, but only once per year. Members can belong to multiple Medical Interest Groups and vote in all of their MIG elections.

Members are encouraged to go to My Account at www.oma.org, or email membership@oma.org, to ensure the OMA has their most up-to-date primary Section information, MIG affiliation(s), and practice address on file before the close of the Voter List.

Acclaimed Versus Elected
If the number of nominees is equal to or less than the number of positions, then those candidates will be acclaimed. If there are more candidates than positions, then an election will be held.

The Position Statement
All candidates standing for election will be able to submit a position statement and a photo of themselves online. These will be viewable by their constituents during the Voting Period.

During the Voting Period, the OMA will not send out any other communication under a candidate’s name.
Candidates may communicate with their constituents by other means that do not involve the OMA (e.g., private emailings, social media). Similarly, the constituency group to which the candidate belongs may not utilize OMA communications to send out anything that refers to the candidate — even if it does not pertain to the election.

In previous years, candidates were able to submit a second position statement. However, few candidates submitted them and very few voters read them. Each candidate now will only submit one position statement.

The Vote
A Notice of Voting will go out to members via email. The email will contain a link that will take them to a site where they will log on with their OMA credentials. Members will be able to see which of their constituencies are conducting elections, and the candidates who are running, along with their photos and position statements. They can cast their vote(s) for the candidate(s) of their choice.

Members who request a paper ballot by the deadline of February 17, 2017, will receive one. The paper ballot must be mailed and received before the close of the Voting Period.

The Voting Period will end at 2 p.m. on March 7, 2017.

The Results
Candidates will be informed when results are about to be posted online; shortly thereafter, the results will be posted online for all members.

Further Information
To learn more about OMA elections, please visit www.oma.org/elections. Questions regarding OMA election processes can be emailed to elections@oma.org, or call 416.340.6189 or 1.800.268.7215, ext. 6189. Members who want to update their information on file with the OMA, or who want to know what Section, District, Riding or Medical Interest Group they belong to, can email the Membership Department at membership@oma.org, or call 1.800.268.7215, ext. 2987, or 416.340.2987.

OMA Key Nomination And Election Dates (2016-2017)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1</td>
<td>Delegate entitlements by constituency calculated.</td>
</tr>
<tr>
<td>November 15</td>
<td>Notice of Election distributed to members.</td>
</tr>
<tr>
<td>November 15 to January 26 at 5 p.m.</td>
<td>Nomination Period.</td>
</tr>
<tr>
<td>January 16 at 5 p.m.</td>
<td>Deadline for Nominating Committees to approve online candidates’ nomination requests.</td>
</tr>
<tr>
<td>January 26 at 5 p.m.</td>
<td>Close of Nominations and Voter List.</td>
</tr>
<tr>
<td>February 1 at 5 p.m.</td>
<td>Position statement due date.</td>
</tr>
<tr>
<td>January 26 to March 7</td>
<td>Communications restrictions from candidates to constituents in effect via OMA communication channels.</td>
</tr>
<tr>
<td>February 15</td>
<td>Notice of Voting distributed to membership.</td>
</tr>
<tr>
<td>February 17</td>
<td>Last day for members to request a paper ballot.</td>
</tr>
<tr>
<td>February 15 to March 7</td>
<td>Voting Period.</td>
</tr>
<tr>
<td>March 7 at 2 p.m.</td>
<td>Close of Voting.</td>
</tr>
</tbody>
</table>

Webinar Sessions On Nomination And Voting Process For OMA Elections

Below are webinar dates for members to learn more about the nomination and voting process for OMA elections. For more information, or to sign up for a session, please email elections@oma.org.

Nomination And Voting Webinars
November 8, 2016 — 7 p.m. to 8 p.m.
November 17, 2016 — 12 p.m. to 1 p.m.
November 26, 2016 — Lunch session during OMA Council Meeting
November 27, 2016 — Lunch session during OMA Council Meeting
November 29, 2016 — 12 p.m. to 1 p.m.
December 8, 2016 — 7 p.m. to 8 p.m.
January 10, 2017 — 12 p.m. to 1 p.m.
January 12, 2017 — 7 p.m. to 8 p.m.

Voting Webinars
February 21, 2017 — 12 p.m. to 12:30 p.m.
February 21, 2017 — 7 p.m. to 7:30 p.m.
March 2, 2017 — 12 p.m. to 12:30 p.m.
March 2, 2017 — 7 p.m. to 7:30 p.m.
Taking Action Against Bill 41

OMA condemns Ministry’s “command and control” approach to health care:
member advocacy toolkit online

by Amber Anderson
OMA Public Affairs Department

The Ontario Medical Association and physicians across the province are taking action to oppose the Liberal government’s flawed primary care legislation — Bill 41 (formerly Bill 210).

The Bill, which entered second reading in late October, imposes radical changes on how primary care is delivered in Ontario, and is further evidence of the current government making unilateral alterations to the health-care system without collaborating with physicians.

Bill 41 proposes additional expensive bureaucracy, and provides sweeping powers for the Minister of Health and Long-Term Care and Local Health Integration Network (LHIN) CEOs to impose decisions on local patient care.

The OMA strongly objects to the Minister and LHIN CEOs having the power to make unilateral decisions on patient care, and Ontario physicians firmly believe that health care resources must be focused on frontline care, not bureaucracy and administration.

On October 19, the OMA issued a public statement refuting Minister Hoskins’ misleading claim that physicians have been consulted on Bill 41. OMA President Dr. Virginia Walley said: “Discussion and shared decision-making about our health-care system has been replaced by a government that presents its plans with no option but to accept them. Instead of a meaningful consultation, the government has ignored our calls for amendments, and continues to push through Bill 41 without the input of physicians who provide patient care.

Ontario’s doctors have analyzed the Bill and can confirm that it gives the government more power to dictate terms to physicians and others, limits the ability of groups to disagree with the government, and empowers government investigators to access patients’ medical records without their consent.

Additionally, Bill 41 amends 19 pieces of existing legislation, clearing the path for government to make decisions that will align best with their policies and political interests. It is not clear how the Bill will be implemented or interpreted by the LHINs, who will gain unprecedented power, despite the fact their performance and effectiveness have come under criticism by the Auditor General.

Notwithstanding the efforts of government to sideline doctors from plans to reform primary care, our role remains crucial in the health-care system and is one that we will not abandon. We know that is what our patients expect of us — to continue to advocate for patients’ best interests. The OMA will request to present at committee and will continue to work tirelessly to change this legislation as it moves forward.”

There are extensive resources on the OMA website to assist members in raising awareness about Bill 41 and its serious implications for patients, physicians, and local health care.

Visit the OMA home page at www.oma.org to access key messages, a physician-led petition to Stop Bill 41, online letters physicians can send to MPPs and local media through a simple tool, the OMA analysis of Bill 41, a comparison chart of key changes between the former Bill 210 and Bill 41, and the infographic opposite.

Member updates regarding the Bill will continue to be provided on a regular basis, and OMA staff are available to provide assistance. For further information or support, please contact EPD@OMA.org.

To join the OMA Health Care Advocates mailing list and receive more frequent updates, please email angela.jonsson@oma.org.
Bill 41 - Command & Control of Health Care by the Ontario Government

This bill imposes radical changes to how primary care is delivered in Ontario. It has not been created in collaboration with doctors - our expertise and knowledge was ignored. Bill 41 will create more bureaucracy and give unnecessary and sweeping powers to the Minister of Health and LHIN CEOs to impose decisions on local patient care.

There are no challenges in our health system that can be fixed by the Minister of Health alone - we must work together.

- Bill 41 gives the Minister of Health the ability to make decisions about your health care system without the input of doctors who provide health care in your community.
- The Bill gives the Minister of Health the power to ignore local decisions made by the Sub-LHI.
- The creation of Sub-LHI, which is already well underway, will lead to more bureaucracy in our health care system. This consumes more resources that should be directed at patient care.
- Bill 41 can also ignore Sub-LHI purpose – which is to be to provide local solutions. Instead, the Minister of Health can override local advice and impose top-down decisions.
- In 2015 the Auditor General said the Ministry of Health was unable to provide sufficient oversight and accountability for LHIN performance. Yet, LHINs are being given more responsibility without a clear process for ensuring they are meeting patients’ needs.

- Absent from Bill 41 is any input from physicians, who are one of the largest groups of health care providers in Ontario.
- Pushing this major piece of legislation forward, without doctors’ expertise and experience, further erodes the trust doctors have in the government.
- At a time when the Minister of Health is talking about limiting health resources, Bill 41 provides more expensive bureaucracy.

- Bill 41 gives the government power to audit, review and investigate your health service providers and your medical records without warrant or patient consent. This is a troubling invasion of patient privacy.

Expanded Powers of the
Minister of Health and LHINs

Bureaucracy of Sub-LHINs

Physician Autonomy and
Government Unilateral Action

Patient Privacy
Physician Advocacy

Dan’s Law:  
private member’s bill aims to amend three-month OHIP waiting period

by Darren Cargill, MD, CCFP, HMDC

The past two years have been difficult for Ontario’s doctors, and while major issues like a new Physician Services Agreement, Bill 41 (formerly Bill 210), and the eroding relationship between the Ontario government and physicians remain at the forefront, it is important for us as a collective group to continue to advocate for important health system change when we can — sometimes one patient at a time.

This fall, I was pleased to work with my local MPP, Lisa Gretzky (NDP-Windsor West), on a private member’s bill to remove the three-month OHIP waiting period for Canadians moving to Ontario from another province. We were compelled to do something when a patient of mine, Dan Duma, was denied home care services upon returning to Ontario from Alberta.

Even more egregious is the fact that Dan was dying of cancer with a life expectancy of three months or less. His full story, well chronicled by The Globe and Mail and CBC, is both amazing and tragic. Airlifted from his hospital in Fort McMurray to Edmonton during this summer’s wildfires, Dan returned to Ontario to be with his family, knowing his condition was terminal. The tragedy that his home province could not provide the full benefit of medical services he was entitled to is equal parts frustrating and infuriating. Our community program provided the best care we could without access to any home care resources, but it is fair to say that Dan only received the best possible care our system could provide when he was admitted to our residential hospice in Leamington, days before his death.

To this end, Lisa and I worked together to create Dan’s Law. This bill would amend the Home Care and Community Services Act (1994) to allow Canadian residents previously insured in other provinces, who move to Ontario, to be exempted from the three-month OHIP waiting period.

Our collective vision is that Dan’s Law will prevent future patients, families and caregivers from experiencing unnecessary hardship as a result of this loophole.

First reading for Dan’s Law is scheduled for late October, and second reading is to occur November 17.

I am very thankful to Ana, Laura and Andrea Duma for telling their father’s story to highlight the unjustness of the three-month waiting period. I would also like to thank my MPP, Lisa Gretzky, for championing this issue, and Steve Piazza for his tireless work on this bill.

I am also indebted to the OMA for their Health Care Advocates training and the Physician Leadership Development Program, which gave me the tools and skills to make Dan’s Law a reality.

In some small way, this experience has rejuvenated my faith in the possibility of meaningful collaboration with government when the needs of patients are put first.

Dr. Cargill is a palliative care physician in Windsor, and Chair of the OMA Section on Palliative Medicine.
The OMA is working to support local members and ensure that health care is a top priority in the November 17 byelections, to be held in the ridings Ottawa-Vanier and Niagara West-Glanbrook.

OMA activities to promote physician advocacy and public recognition and support for doctors during the byelections and beyond, include:

• Online advocacy training for OMA members, including an overview of what byelections are, why they are important, and how physicians can play an influential role.
• A news release at writ-drop highlighting the need for all candidates to commit to supporting patient-focused care (see www.oma.org).
• Open letters to candidates (referenced below, and posted on the OMA website).
• Requesting and organizing meetings for the OMA President to meet with candidates.
• Letters to the editor by the OMA President, local OMA Board Directors, and local physicians.
• Local media outreach.
• Equipping OMA Health Care Advocates with social media content.
• A public website landing page with a tool to email letters to candidates.

OMA President Dr. Virginia Walley has issued public statements and open letters to all candidates in both ridings to reinforce physician perspectives on the current state of the health-care system and the Liberal government’s continuing unilateral approach to health care.

In addressing candidates, Dr. Walley stated:

“Your campaign for provincial office comes at a time when our publicly-funded health-care system is under strain and Ontario’s doctors struggle to ensure patients get timely access to necessary medical services.

The Ontario government is currently pushing ahead with new laws that will bring significant changes to the health-care system — without the input of doctors, who work with patients every day, providing medical care and helping them navigate our system. More than that, physicians have been without a contract for more than two years and have faced multiple unilateral cuts of funding for the essential services they provide.

The result is, and will continue to be, a real and serious threat to the ability of patients to access timely and high quality care.”

The OMA Health Care Advocates program and Public Affairs staff are fully prepared and happy to assist members who want to participate in the byelection or any other grassroots political initiatives.

For further information, please email angela.jonsson@oma.org, or visit https://oma-rsvp.formstack.com/forms/hca2.
In an effort to engage youth in regular physical activity, the OMA recently launched a Kids Run Club program for school-aged children in Ontario. The program supports local champions to motivate students to be physically active and to learn about healthy lifestyles through running. Kids Run Club is friendly and accessible to all children, regardless of age or socio-economic status.

The program provides OMA members with an opportunity to engage locally, build community relationships through volunteer work, and champion health and fitness in local schools. OMA members can act as a Kids Run Club champion, or present information on healthy living to students at registered schools. Program champions register their school to gain access to flexible program materials that have been updated to appeal to a range of age groups in Ontario elementary and secondary schools.

The pilot phase of Kids Run Club ended in June 2016, with a total of 29 schools participating across the province. Upon completion of the pilot, each participating school had the opportunity to provide feedback via an electronic evaluation survey. Survey results highlighted the program’s success, with 100% of pilot participants who completed the program indicating an increased understanding of the benefits of regular physical activity, and 85% of participants reporting that they intended to register for Kids Run Club in the 2016/2017 school year.

Registration for the official program launched in August 2016. Registration is open to all schools across the province, as well as physicians who want to lead a run club or present information on healthy living to a participating school. To date, 100 Ontario schools have registered, and feedback from physicians, participants and coaches has been extremely positive. The program is well on its way to reaching its goal of registering 275 schools in the 2016/2017 school year.

The success of Kids Run Club is also having an impact that extends far beyond Ontario’s borders, with similar programs being launched at one school in British Columbia, and a school in Cambodia.

For more information on Kids Run Club, or to register, please visit OMA.org/KidsRunClub.

GET YOUR SHOES READY & LEAD A RUN CLUB!

The Kids’ Run Club, brought to you by Ontario’s Doctors, is a free program that motivates all kids (Grades 1-12) to reach their physical activity goals! The program is designed for leaders and participants of all abilities, no prior experience required. Register to download everything you need to lead a fun and successful club.

What’s included?
• Starter kit
• Prizes for participants
• Request a school visit from a doctor

Visit OMA.org/KidsRunClub
Want to improve your practice workflow and efficiency? Discover how with an OntarioMD EMR Progress Assessment.

**EMR PROGRESS ASSESSMENT TOOL**

What is an EMR Progress Assessment?

An EMR Progress Assessment (EPA) is an evidence-based tool for physicians who wish to assess their current EMR use and make improvements. An EPA can help you:

- Become more efficient with your EMR use and workflow
- Optimize existing EMR functions and access additional ones
- Identify data quality and standardization issues
- And more!

Complete your EPA today!

OntarioMD Practice Advisors are ready to help you. Contact a Practice Advisor at epep@ontariomd.com or call 1-866-339-1233 or visit ontariomd.ca.

OntarioMD receives funding from the Ministry of Health and Long-Term Care. The views expressed in this publication are the views of OntarioMD and do not necessarily reflect those of the province.

---

**Scrub-In**

A PUBLICATION FOR MEDICAL STUDENTS IN ONTARIO

**LESSONS FOR MEDICAL STUDENTS FROM THE FRONTLINES OF ADVOCACY**

FALL 2016 EDITION ONLINE

http://scrub-in.dgtlpub.com
With OMR Classifieds, your message... Hits Home!

OMR classified advertising reaches 37,100+ physicians, interns, and medical students every issue.

The Ontario Medical Review publishes classified advertisements in the following categories:

- Office space available
- Real estate
- Locum tenens
- Positions vacant
- Positions wanted
- Practices
- Services available
- For rent (equipment)
- For sale (equipment)
- Upcoming events
- Miscellaneous

**RATES:** $55 for first 4 lines (minimum); $5 per line thereafter; $5 for each line of contact information. Spot colour billed at $20 per issue.

**DEADLINES:** Copy deadline, notice of cancellation and/or changes to existing advertisements must be submitted in writing no later than the 10th of the month prior to the month of publication.

**REGULATIONS:** The Ontario Medical Review reserves the right to make editorial changes to classified ads.

The Ontario Medical Review is required to comply with the provisions of the Ontario Human Rights Code 1990 in its editorial and advertising policies, and assumes no responsibility or endorses any claims or representation offered or expressed by advertisers. The OMR urges readers to investigate thoroughly any opportunities advertised.

For more information, please contact: Vita Ferrante, tel. 416.340.2263 or 1.800.268.7215, ext. 2263, email: vita.ferrante@oma.org
Quick Reference Guide\(^1\):  
OHIP Payments for Special Visit Premiums

The purpose of this reference guide is to provide a general overview on how to bill OHIP for Special Visit Premiums rendered in various care settings. The payment rules for these services are laid out in the General Preamble of the OHIP Schedule of Benefits\(^2\) (the “Schedule”).

This guide contains the following sections:
(A) Definition of a Special Visit Premium
(B) Components of a Special Visit
(C) Payment Requirements

Refer to Appendix A for a summary of all Special Visit Premium codes, fees and limits.

Please note that the information contained in this guide surrounding the Special Visit Premiums is strictly for OHIP payment purposes.

A: Definition of a Special Visit Premium

A special visit is a visit that requires the physician to assess a patient:
• in response to a request initiated by the patient or a person caring for the patient (non-elective visit); or
• on a physician initiated visit to a patient’s home (elective visit) provided the patient’s home is not a Long-Term Care facility, including a nursing home or home for the aged.

A Special Visit Premium (SVP) is payable in respect of a special visit rendered to an insured person, subject to the conditions and limitations set out in the Schedule. All special visit premiums are subject to the maximums, limitations and conditions listed in the “Special Visit Premium Table” applicable in the circumstances described.

Sacrifice of office hours refers to circumstances when the physician makes a previously unscheduled non-elective visit to the patient at a time when he/she had previously booked office visits that had to be delayed or cancelled because of the special visit.

B: Components of a Special Visit

Special visit premiums are separated into two components; a “travel premium” and a “person seen premium” (i.e., first or additional person seen). The location, circumstances, time and specialty will

---

\(^1\) Disclaimer: Every effort has been made to ensure that the contents of this Guide are accurate. Members should, however, be aware that the laws, regulations and other agreements may change over time. The Ontario Medical Association assumes no responsibility for any discrepancies or differences of interpretation of applicable Regulations with the Government of Ontario including but not limited to the Ministry of Health and Long-Term Care (MOHLTC), and the College of Physicians and Surgeons of Ontario (CPSO). Members are advised that the ultimate authority in matters of interpretation and payment of insured services (as well as determination of what constitutes an uninsured service) are in the purview of the government. Members are advised to request updated billing information and interpretations – in writing – by contacting their regional OHIP office.

\(^2\) The current version of the OHIP Schedule of Benefits (SOB) can be accessed at http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/physserv_mn.html
determine the applicable special visit premium(s) eligible for payment in addition to the service provided.

• **Travel Premium**
  - The travel premium is eligible for payment for travel from one location to another location (the destination). Only one travel premium is eligible for payment for each separate trip to a destination regardless of the number of patients seen in association with each trip.
  - The travel premium is not eligible for payment when a physician is required to travel from one location to another within the same long-term care facility, hospital complex or buildings situated on the same health care campus.

• **First Person Seen Premium**
  - The first person seen premium is eligible for payment for the first person seen at the destination if rendered during the eligible times (see the appropriate tables at the end of this document); or
  - If rendered requiring sacrifice of office hours.

• **Additional Person(s) Seen Premium**
  - The additional person(s) seen premium is for services rendered at the destination to additional patients seen in emergency departments, outpatient departments, LTC institutions or hospital in-patients, provided that each additional patient seen meets the special visit criteria and the service is commenced during the eligible times. This would include any new patients the physician is requested to attend on a non-elective basis at the destination.

**Location**
The premiums apply to special visits to:
• an Emergency Department (by a non-emergency department physician) – Table I
• a Hospital Out-Patient Department - Table II
• a Hospital In-Patient - Table III
• a Long-Term Care Institution – Table IV
• an Emergency Department by an Emergency Department Physician\(^3\) – Table V
• a Patient’s Home (other than Long-Term Care Institution) – Table VI
• a Palliative Care Home Visit – Table VII
• a Physician’s Office – Table VIII
• Other (non-professional setting not listed) – Table IX
• a Geriatric Home Visit – Table X

**Type of Service Rendered**
The Schedule also lists special visit premiums specific to special visits required for:
• Anaesthesia Services
• Surgical Assistant Services
• Non-elective Diagnostic Services
• Obstetrical Delivery with Sacrifice of Office Hours

---

\(^3\) For SVP purposes, an “ED physician” is defined as: 1) one who is scheduled to work in the hospital’s ED on the day of the request but a special visit request is made outside of the scheduled hours; or 2) one who is on-call for the hospital’s ED on the day of the request.
Please note that while there is no separate travel premium for anaesthesia services, surgical assistant services and obstetrical delivery with sacrifice of office hours, the physician is still required to travel (as defined on page GP45) in order for the SVP to be eligible for payment.

Please see appropriate tables at the end of this document for additional details on appropriate fee codes, time periods, limits, etc.

**C: Payment Requirements**

Special visit premiums are only eligible for payment when rendered with certain services listed under “Consultations and Visits” section of the Schedule of Benefits. Claims for an assessment rendered in conjunction with a special visit premium are to be submitted using the appropriate A-prefix assessment fee from the “General Listings” (with some exception, such as K023 Palliative care support), regardless of the location or type of facility to which the special visit applies. The exception being when claiming the non-elective diagnostic services SVPs where applicable services are listed under the “Diagnostic and Therapeutic Procedures” section.

**Payment Exclusions:**

Regardless of the time of day at which the service is rendered, special visit premiums are not eligible for payment in the following circumstances:

- For patients seen during rounds at a hospital or long-term care institution (including a nursing home or home for the aged).
- In conjunction with admission assessments of patients who have been admitted to hospital on an elective basis.
- For non-referred or transferred obstetrical patients except, in the case of transferred obstetrical patients for a special visit for obstetrical delivery with sacrifice of office hours for the first patient seen (C989).
- For services rendered in a place, other than a hospital or long-term care facility, that is scheduled to be open for the purpose of diagnosing or treating patients.
- For a visit for which critical care team fees are payable under the Schedule.
- In conjunction with any sleep study service listed in the sleep studies section of this Schedule.
- For services rendered to patients who present to an office without an appointment while the physician is there, or for patients seen immediately before, during or immediately after routine or ordinary office hours, even if held at night or on weekends or holidays.
- For visits in the emergency room where the “H” prefix assessment codes may be payable.
- SVPs are not eligible for payment for elective visits* (unless it is an elective call to a patient’s home).
- There is no SVP for additional patients seen at home visits, regardless of the number of patients seen during a visit to a private home or a multiple resident dwelling (such as an apartment building, retirement home or seniors’ complex). The physician must still satisfy the requirement to travel from one location to another in order to be eligible for the first person seen premium.
- SVPs are not eligible for payment to emergency physicians during the time the physician has a scheduled shift to work in the emergency department.

*An elective home visit is a visit to a patient’s home deemed medically necessary by the physician, initiated by the physician and carried out at a time convenient to the physician. A non-elective visit is one that is initiated by a patient or by an individual on behalf of the patient (e.g., nurse) for the purpose of rendering a non-elective service.
There is a maximum number of travel premiums payable for a time period on a service date. Maximums are also specified for first person seen/additional person seen and these maximums vary depending on the time of day, the day of the week/year and the site (location) of the special visit.

The SVP summary table provided at the end of this document identifies the appropriate fee codes eligible for payment based on time and location. It also lists the maximum allowable services per the designated time period.

The numbers for “travel premiums” and “persons seen premiums” refer to the maximum number of allowable premiums per designated time period. Persons seen include the first person and additional person(s) seen. If the maximums are exceeded, only the associated assessment or other service is eligible for payment.

Record Keeping Requirements:
Special Visit Premiums are only eligible for payment (except Table V – Emergency Department by ED Physician) when the time at which the special visit takes place is documented on the medical record. With respect to Emergency Department by ED Physician SVPs (Table V), the following items must be documented in the medical record:

- the time of the request to attend in the emergency department; and
- the specific situation requiring the physician’s attendance.

When a special visit service occurs in a hospital, emergency department or long-term care institution where common medical records are maintained, the time when the visit takes place may be documented anywhere in the common medical record.

Summary points to bill Special Visit Premiums

✓ A SVP is only eligible for payment when the visit is initiated by a patient or an individual caring for the patient (e.g., hospital or LTC staff) for the purpose of rendering a non-elective service except when provided in a patient’s home, which can be either a non-elective or elective visit.
✓ In most cases, SVPs should be claimed with the appropriate A-prefix assessment fee from the “General Listings.”
✓ Generally, a special visit is made up of two components – a “travel premium” and a “person seen premium.”
✓ Special visit to patient’s home premiums are only eligible for payment for first patient seen, regardless of number of patients seen during the visit. This includes special visits to multiple resident dwellings, such as apartment blocks and retirement homes.
✓ If the physician is following up on his or her own patient at his or her discretion, then no special visit premium is eligible for payment. The exception to this rule is if the special visit is made to a patient’s home.
✓ An additional person(s) seen premium may be eligible for payment when requested to attend additional patients on a non-elective basis at the same destination in emergency departments, outpatient departments, LTC institutions or hospital in-patients.
✓ Document the time at which the special visit took place in the patient’s medical record. SVP claims submitted by ED physicians working the ED need to document the time the special visit was requested and the specific situation requiring the ED physician’s attendance.

---

5 Detailed information regarding record keeping requirements for SVPs is listed in the OHIP Schedule, pg. GP47.
✓ SVPs are not payable to emergency physicians during the time the physician has a scheduled shift to work in the emergency department.
✓ Refer to the SVP table for additional information on applicable fee codes, fee values and limits.

For additional details on OHIP payment rules regarding Special Visit Premiums, please see:
1. OHIP Schedule of Benefits, General Preamble on Special Visit:
   http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/physserv_mn.html
2. EPC Education Bulletin Vol. 7, No. 1, Special Visit Premiums:

This document was prepared by the OMA's Economics, Research & Analytics Department.
Questions can be forwarded to economics@oma.org.

This document was last updated October 18, 2016.
## Appendix A

### OHIP Schedule of Benefits (SOB), March 1, 2016 - Special Visit Premium Codes

<table>
<thead>
<tr>
<th>From SOB - General Preamble</th>
<th>Weekdays Daytime (07:00-17:00)</th>
<th>Weekdays Daytime with sacrifice of Office Hours</th>
<th>Evenings (17:00-24:00)</th>
<th>Sat., Sun. and Holidays</th>
<th>Nights (00:00-07:00)</th>
<th>Elective home visit</th>
<th>Sacrifice of Office Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Department (by a non-Emergency Department Physician)</strong></td>
<td>Premiums: K960 $36.40, K961 $36.40, K962 $36.40, K963 $36.40, K964 $36.40</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- First person seen</td>
<td>K910 $20.00</td>
<td>K930 $40.00</td>
<td>K994 $60.00</td>
<td>K998 $75.00</td>
<td>K960 $190.00</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Additional person(s) seen</td>
<td>K911 $20.00</td>
<td>K931 $40.00</td>
<td>K995 $60.00</td>
<td>K999 $75.00</td>
<td>K961 $190.00</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- Travel premiums</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>Unlimited</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Person(s) seen</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>20</td>
<td>Unlimited</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| **Hospital Out-Patient Department (Table II)** | Prem: K960 $36.40, K961 $36.40, K962 $36.40, K963 $36.40, K964 $36.40 | - | - | - | - | - | - |
| - First person seen | U960 $20.00 | U990 $40.00 | U994 $60.00 | U998 $75.00 | U960 $190.00 | - | - |
| Additional person(s) seen | U991 $20.00 | U993 $40.00 | U995 $60.00 | U999 $75.00 | U961 $190.00 | - | - |
| - Travel premiums | 2 | 2 | 2 | 6 | Unlimited | - | - |
| Person(s) seen | 10 | 10 | 10 | 20 | Unlimited | - | - |

| **Hospital In-Patient (Table III)** | Prem: K960 $36.40, K961 $36.40, K962 $36.40, K963 $36.40, K964 $36.40 | - | - | - | - | - | - |
| - First person seen | C960 $20.00 | C961 $20.00 | C962 $20.00 | C963 $20.00 | C964 $20.00 | - | - |
| Additional person(s) seen | C911 $20.00 | C931 $20.00 | C995 $20.00 | C999 $20.00 | C961 $190.00 | - | - |
| - Travel premiums | 2 | 2 | 2 | 6 | Unlimited | - | - |
| Person(s) seen | 10 | 10 | 10 | 20 | Unlimited | - | - |

| **Long-Term Care Institution (Table IV)** | Premium: K960 $36.40, K961 $36.40, K962 $36.40, K963 $36.40, K964 $36.40 | - | - | - | - | - | - |
| - First person seen | W960 $20.00 | W990 $20.00 | W994 $20.00 | W998 $20.00 | W960 $190.00 | - | - |
| Additional person(s) seen | W991 $20.00 | W992 $20.00 | W993 $20.00 | W995 $20.00 | W961 $190.00 | - | - |
| - Travel premiums | 2 | 2 | 2 | 6 | Unlimited | - | - |
| Person(s) seen | 10 | 10 | 10 | 20 | Unlimited | - | - |

| **Special Visits to Patient's Home (other than Long-Term Care Institution)** | Premium: B960 $36.40, B961 $36.40, B962 $36.40, B963 $36.40, B964 $36.40 | - | - | - | - | - | - |
| - First person seen; Non-elective | B990 $27.50 | B992 $27.50 | B994 $27.50 | B995 $27.50 | B996 $110.00 | - | - |
| Additional person(s) seen | - | - | - | - | - | - | - |
| - Travel premiums | 2 | 2 | 2 | 6 | Unlimited | - | - |
| Person(s) seen | 10 | 10 | 10 | 20 | Unlimited | - | - |

| **Palliative Care Home Visit** | Premiums: B960 $36.40, B961 $36.40, B962 $36.40, B963 $36.40, B964 $36.40 | - | - | - | - | - | - |
| - First person seen | B960 $20.00 | B961 $20.00 | B962 $20.00 | B963 $20.00 | B964 $20.00 | - | - |
| Additional person(s) seen | B990 $20.00 | B992 $20.00 | B994 $20.00 | B996 $20.00 | B997 $110.00 | - | - |
| - Travel premiums | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | - | - |
| Person(s) seen | 10 | 10 | 10 | 20 | Unlimited | - | - |

| **Physician Office (Table VIII)** | Premiums: A960 $36.40, A961 $36.40, A962 $36.40, A963 $36.40, A964 $36.40 | - | - | - | - | - | - |
| - First person seen | A960 $20.00 | A961 $20.00 | A962 $20.00 | A963 $20.00 | A964 $20.00 | - | - |
| Additional person(s) seen | A990 $20.00 | A992 $20.00 | A994 $20.00 | A996 $20.00 | A997 $110.00 | - | - |
| - Travel premiums | 1 | 1 | 1 | 1 | 1 | - | - |
| Person(s) seen | 10 | 10 | 10 | 20 | Unlimited | - | - |

| **Other (non-professional setting not listed)** | Premiums: Q960 $36.40, Q961 $36.40, Q962 $36.40, Q963 $36.40, Q964 $36.40 | - | - | - | - | - | - |
| - First person seen | Q960 $20.00 | Q961 $20.00 | Q962 $20.00 | Q963 $20.00 | Q964 $20.00 | - | - |
| Additional person(s) seen | Q990 $20.00 | Q992 $20.00 | Q994 $20.00 | Q996 $20.00 | Q997 $110.00 | - | - |
| - Travel premiums | 1 | 1 | 1 | 1 | 1 | - | - |
| Person(s) seen | 10 | 10 | 10 | 20 | Unlimited | - | - |

| **Geriatric Home Visit** | Premiums: B960 $36.40, B961 $36.40, B962 $36.40, B963 $36.40, B964 $36.40 | - | - | - | - | - | - |
| - First person seen | B960 $20.00 | B961 $20.00 | B962 $20.00 | B963 $20.00 | B964 $20.00 | - | - |
| Additional person(s) seen | B990 $20.00 | B992 $20.00 | B994 $20.00 | B996 $20.00 | B997 $110.00 | - | - |
| - Travel premiums | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | - | - |
| Person(s) seen | 10 | 10 | 10 | 20 | Unlimited | - | - |

| **Other Special Visit Premium Fees** | - | - | - | - | - | - | - |

#### Notes:
1. Not eligible for payment to Emergency Department Physicians (see definition GP46).
2. Notes for table VI only:
   a) The maximum number of services per physician per day for B960 is 2, for any combination of non-elective and elective visits.
   b) The maximum number of services per physician per day for B990 is 10, for any combination of non-elective and elective visits.
3. Special visits to patient's home are only eligible for payment for first patient seen, regardless of number of patients seen during one visit to a home or to one or more living units in a multiple resident dwelling. A multiple resident dwelling is a single location that shares a common external building entrance or lobby e.g., apartment block, rest or retirement home, commercial hotel, motel or boarding house, university or boarding school residence, hostel, correctional facility or group home.
4. For the purposes of non-elective diagnostic services special visit premiums, first person seen and additional person(s) seen mean the eligible diagnostic service(s) rendered for each individual patient.
5. The numbers for 'travel premiums' and 'persons seen' refer to the number of maximum allowable services per designated time period. Persons seen include the first person and additional person(s) seen.

Dedicated to Doctors. Committed to Patients.
OMA Practice Management and Advisory Services hosts local seminars for physicians:

*topics include end of life planning and care, the business side of medicine, and key strategies for early-in-practice physicians*

*by OMA Practice Management and Advisory Services*

---

**OMA Practice Management and Advisory Services (PMAS) offers a broad range of resources and training programs to help physicians establish and maintain a successful medical practice. Below are highlights from recent PMAS seminars on End of Life Planning and Care, the Business Side of Medicine, and key strategies for Early-in-Practice Physicians.**

**End Of Life Planning And Care**

On September 16, PMAS hosted an End of Life Planning and Care (EOLPC) education seminar at the Lakehead Summer School continuing medical education event in Thunder Bay.

Recognizing that Lakehead Summer School is the biggest CME event in Northern Ontario, the OMA worked with the Thunder Bay Medical Society’s CME Planning Committee, and Lakehead University’s Centre for Education and Research on Aging & Health, to provide EOLPC education to participating physicians.

The EOLPC seminar was presented by two local palliative care specialists: Dr. Kevin Miller and Dr. Kathy Simpson, both of the Thunder Bay Regional Health Sciences Centre. More than 70 physicians attended the three-hour seminar and engaged with presenters in meaningful discussions around many aspects of advanced care planning and palliative care.

Participants were also provided with an overview of local resources and supports for physicians, as well as communication tools for crucial planning and care conversations.

Dr. Claudette Chase of Shuniah found the seminar particularly helpful: “I attended the End of Life Planning and Care education session thinking I really did a good job in this area, but needed CME credits. During the seminar, I thought of a 32-year-old mother of five children with severe CHF. I never discussed end of life with her and she died suddenly, alone with her two-year-old. This seminar will change my practice. It broke the steps down into practical skills. I highly recommend this to all medical practitioners!”

Other participants expressed how they valued the information on local resources and supports in their own community. One physician delegate remarked, “It was very helpful to learn the step-by-step process to access/refer a patient to palliative care while still staying involved as a GP.”

Participants were also provided with USB keys loaded with information on local resources and referral forms in their community that could be easily accessed once they returned to their practice environment. Each participant also received a Palliative Care Billing Guide, Advance Care Planning Conversation Guide, and Serious Illness Conversation Guide.

The EOLPC education seminar is designed to build comfort and promote awareness among family physicians and community-based specialists in their understanding and use of advance care planning and palliative care terminology, communication tools, information resources, billing options and local supports available to physicians as part of a shared palliative care model.

The seminar draws from evidenced-based research, and highlights best
practice guidelines to allow participants to better incorporate advance care planning and palliative care into their practice.

For example, part of the seminar focuses on how to prepare physicians for advance care planning conversations with patients and substitute decision-makers. In addition, the OMA partners with local palliative care providers to update participants on the Ontario Palliative Care Network, Community Care Access Centre supports, and symptom management tools. The presentation also includes a segment on billing, where physicians can gain more clarity around palliative care billing through a case study scenario.

The seminar in Thunder Bay was one of five EOLPC seminars held across the province this year. The OMA, in collaboration with local end of life care providers, has hosted seminars in various Local Health Integration Networks, including Mississauga Halton, North Simcoe Muskoka, Hamilton Niagara Haldimand Brant and South West. These seminars have received CME certification by The College of Family Physicians of Canada.

The seminar in Thunder Bay was one of five EOLPC seminars held across the province this year. The OMA, in collaboration with local end of life care providers, has hosted seminars in various Local Health Integration Networks, including Mississauga Halton, North Simcoe Muskoka, Hamilton Niagara Haldimand Brant and South West. These seminars have received CME certification by The College of Family Physicians of Canada.

The OMA is committed to continue hosting and looking for opportunities to enhance and grow the EOLPC seminar to meet local end of life planning and care needs across Ontario.

As seminars become available in your area, we look forward to your participation in this very important topic.

**Early-In-Practice: The Secrets Of Success In Family Practice / The Business Side Of Medicine**

Recently, the London and District Academy of Medicine held discussions with OMA Regional Manager Frank Rubini to investigate the creation of a “hybrid” seminar with OMA Practice Management Advisory Services that would serve the needs of new-in-practice family physicians, as well as more established practices. The objective was to ensure all family physicians, regardless of their length of time in practice, would be able to learn strategies to make their practice more efficient so they could dedicate more time to patient care.

In order to maximize resources and provide a comprehensive array of practical information that targets the needs of local physicians, the PMAS group developed a unique program with two components.

The first component consisted of an afternoon session titled OMA Early-in-Practice Seminar: The Secrets of Success in Family Practice. This session is part of the current PMAS seminar roster, and so far this year has been presented in Toronto, Ottawa, Kingston and Sudbury.

The Early-in-Practice seminar provides participants with direction and insight from physicians at various stages of their career, and covers topics related to establishing a practice...
OMA District 4 Director Dr. Richard Tytus (left) addresses physicians attending the PMAS two-part seminar entitled Early-in-Practice: The Secrets of Success in Family Practice / The Business Side of Medicine, in London.

in the province of Ontario, including assessment and set up, as well as considerations when taking over or purchasing a practice. The seminar also includes a section presented by OMA Legal Services that provides guidance on key business-related issues, practice agreements, and legal issues pertaining to human resources.

The second component, which took place after dinner, is titled The Business Side of Medicine. While family physicians are educated and trained primarily in clinical areas and spend years acquiring clinical skills, few have received training in practice management, or the business side of medicine.

This session provides a business overview of concepts related to the efficient operation of a practice, such as controlling expenses, office efficiencies, and best billing practices, which enables physicians to better manage their practice. These seminars have received certification by The College of Family Physicians of Canada.

The content and structure of the two-part seminar was well received by participants. One participant remarked that the event offered “lots of things to think about in terms of improving efficiency and protecting myself legally.” Others noted that by implementing the strategies learned in this seminar, they anticipated improvements in office efficiency, practice procedures and billing processes in their own practice. Many participants also remarked that they were unaware of some of the OMA services offered to members, and intended to utilize these services and resources going forward.

Not only does this seminar address many important aspects of operating a medical practice — as requested by physicians — it also provides an ideal opportunity for physicians to meet with colleagues and discuss the myriad health care issues facing physicians at all stages in their career.

OMA Practice Management and Advisory Services: physician resources, events, more information

Resources provided by OMA Practice Management and Advisory Services aim to help physicians maintain a successful medical practice, including skills development, tools, and medical billing support. Additional resources on these and other topics are available on the OMA website at www.oma.org/PMAS.

For information on upcoming events hosted by OMA Practice Management and Advisory Services across Ontario, please email practicemanagement@oma.org, call 1.800.268.7215 / 416.599.2580, or contact your local OMA Regional Manager.
Occupational Health and Safety Act:
OMA toolkit summarizes physician obligations under amended legislation

The OMA has prepared a web-based toolkit to assist members in understanding their professional obligations under the Occupational Health and Safety Act (OHSA) and its regulations.

The toolkit addresses amendments to the OHSA resulting from Bill 132, the Sexual Violence and Harassment Action Plan Act, including information on workplace violence assessment, domestic violence, as well as practical tools and templates.

Physicians operate as employers in a variety of settings and should be aware of their obligations under the amended legislation. Physicians who are employees and those who are self-employed (without employees) should also familiarize themselves with this legislation as they too have responsibilities under the Act.

As employers, physicians must be aware of their health and safety responsibilities whether they employ staff in their private practice office, or as a Chief Executive Officer or owner/partner of a family health team, clinic or other similar organization.

To access the OMA OHSA toolkit, please visit www.oma.org/OHSA.

Note: This OMA resource is not intended to replace the OHSA or its regulations, and reference should always be made to the official version of the legislation. It is the responsibility of OMA members to ensure compliance with the legislation. This resource does not constitute legal advice. If you require assistance with respect to the interpretation of the legislation and its potential application in specific circumstances, please contact your legal counsel.
Video Release: Guidance for Developing an Effective Hospital-Physician Relationship

The Ontario Hospital Association (OHA) and the Ontario Medical Association (OMA) have been collaborating to raise awareness about the joint “Guidance for Developing an Effective Hospital-Physician Relationship” and facilitate uptake of this resource in hospitals.


Through the work of the joint OHA/OMA Physician Hospital Issues Committee, a video resource has been developed that can be used in various hospital forums, including hospital board meetings and any other meetings where physicians and other staff are in attendance.

The 7-minute video, and a 2-minute condensed version, are online at https://www.oma.org/Resources/Documents/BetterRelationships.html. The video features physician leaders representing both OMA and OHA describing the importance of ensuring healthy hospital-physician relationships at all levels of the hospital organization. The objectives of the video are:

- Highlight the importance of hospital-physician relationships on quality of patient care.
- Briefly describe the evolution of hospital-physician relationships in Ontario.
- Introduce the joint OHA/OMA resource document.
- Set expectations of viewers that the journey can be difficult and different for each hospital.
- Each culture is unique and the value is in the journey that all stakeholders undertake together.
- Summarize the key components of the resource, which were developed based on leading practices.
- Suggest strategies and discussion questions that hospitals and physicians can use to begin the dialogue about the hospital-physician relationship.

For more information, please contact the OMA at 1.800.268.7215 or info@oma.org.
New Web Series: The Secrets of Success in Family Practice

This series provides an overview on concepts required to operate efficient practices, allowing family physicians to better manage the work they do and ensuring their time is dedicated to patient care.

- Legal Considerations When Starting a Practice - Tuesday, November 15
- Best Billing Practices: Primary Care Billing Principles - Tuesday, November 29
- Getting Started in Practice / Assessing and Setting Up a Practice - Monday, December 5
- Office Efficiency / The Business Side of Medicine - Monday, December 12

All sessions run from 6:00-7:30 p.m.

View the agendas and register online for any or all of the above web seminars at OMA.org/PMWebSeries

Please contact OMA Practice Management & Advisory Services with any questions at 1.800.268.7215, ext. 2850, or practicemanagement@oma.org.
**Task Force on the Prevention of Sexual Abuse of Patients**

The province appointed the Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act (RHPA) in December 2014. The Task Force considered how cases of sexual abuse of patients are handled through the RHPA.

In September, the Task Force submitted a report to the Minister of Health and Long-Term Care entitled “To Zero: Independent Report of the Minister’s Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991.” The report includes 34 recommendations related to sexual abuse of patients. In response, the Minister has indicated an interest in pursuing certain recommendations in 2016, notably:

- Adding to the list of acts that will result in the mandatory revocation of a licence.
- Prohibiting a regulated health professional from practising on patients of one gender after an allegation or finding of sexual abuse.
- Increasing fines for health professionals and organizations that fail to report a suspected case of patient sexual abuse to a regulatory college.
- Funding patient therapy and counselling from the moment a complaint of sexual abuse is made.

One of the key recommendations in the report is to create an independent body that would investigate any patient complaints of sexual abuse, removing this authority from the regulatory colleges. The Minister has not committed to pursuing this recommendation.

The OMA is closely monitoring this as it develops and will provide members with updates as they become available.

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

---

**Ontario Perinatal Record**

Over the past few years, the OMA, together with the Provincial Council for Maternal and Child Health (PCMCH), the Association of Ontario Midwives, Better Outcomes Registry and Network (BORN Ontario), as well as other experts, have been working to recommend evidence-informed changes to Ontario’s Antenatal Record.

Following several rounds of consultation and review, the updated Record, now called the Ontario Perinatal Record (OPR), is near completion. Key changes include revisions to psychosocial screening tools, medical history questionnaire, genetic testing and other topics.

The next phase of this work will involve review by the OMA Forms Committee. In addition, work is underway to ensure the OPR is usable in both paper and electronic formats.

**Staff Contact: Dara Laxer (ext. 2925)**

---

**Bill 41 (formerly Bill 210)**

On October 6, the Ontario government introduced Bill 41 (formerly Bill 210), also called the Patients First Act. The government’s intent with this legislation remains the same as it was presented in the former Bill 210. Bill 41 imposes fundamental changes to how primary care is planned and delivered in Ontario, proposes more bureaucracy, and requires physicians to report details of their practices to the Local Health Integration Networks (LHINs). If passed, the Minister of Health and Long-Term Care, and Ontario’s 14 LHINs, will have enhanced authority to make unilateral decisions.

The OMA’s analysis of Bill 41 and other tools are available for members at www.oma.org/phresources. These tools include practical resources that can be used to better understand the activities of the LHINs and the government’s health system reform agenda.

Also provided is information on how to send a letter to your MPP and the local media highlighting your concerns with Bill 41.

**Staff Contacts: Leianne Musselman, Health Policy (ext. 5587); Jessica Katul, Program Delivery (ext. 6197)**

---

**Health System Transformation: Primary Care**

Work is underway to analyze and inform members about the evolution of Ontario’s health care system. Health System Transformation: Primary Care documents can be found at www.oma.org/phresources.

**Staff Contacts: Leianne Musselman, Health Policy (ext. 5587); Jessica Katul, Program Delivery (ext. 6197)**
Are you prepared to discuss end-of-life care with your patients?

We can help

New! Accredited online foundational learning module — available anytime, anywhere on cma.ca

- understand what is involved in a request for medical assistance in dying
- advise your patients on their options
- make an informed decision about whether to include assisted dying in your practice

Available to all physicians. Free to CMA members.

Find out more

cma.ca/eoleducation
REFER YOUR PATIENTS FOR A HEARING TEST TODAY!

Visit us at our Booth # 110, November 24–26, 2016

at the Ontario College of Family Physicians
54th Annual Scientific Assembly, Fairmont Royal York, Toronto
The OMA would like to express condolences to the families and friends of the following members.

Dicker, Robert Alfred
Thornhill
University of Toronto, 1952
July 2016 at age 87

Foohey, Joseph Owen
Pembroke
Laval University, 1946
August 2016

Froggatt, Gordon Michael
Toronto
University of London (England), 1961
July 2016 at age 79

Garfinkle, Ely
Ottawa
McGill University, 1973
July 2016 at age 67

Hodgkinson, John Robert
Athens
University of Toronto, 1961
July 2016 at age 81

Irvine, Elizabeth J.
Toronto
University of Toronto, 1977
July 2016 at age 62

Krar, Frank
Hamilton
University of Ottawa, 1953
July 2016 at age 90

Malkin, Dina Gordon
Toronto
University of Toronto, 1948
June 2016 at age 91

Mastromatteo, Ernest
Toronto
University of Toronto, 1947
July 2016 at age 92

Milner, Richard G.
Kingston
Queen’s University, 1981
July 2016 at age 63

Moore, Marjorie Christine
Bremner
Toronto
University of Toronto, 1948
July 2016 at age 91

Papantony, Mary N.
Toronto
Alexandria University, 1955
July 2016 at age 85

Royko, Andrew
Markham
University of Toronto, 1960
July 2016 at age 81

Sasan, Amritpal
Oakville
Punjabi University, 1992
June 2016 at age 47

Scott, Thomas Barrett
Toronto
English Conjoint Board, 1950
May 2016 at age 93

Statten, Taylor
Toronto
University of Toronto, 1940
July 2016 at age 101

Vechter, Max
Ottawa
Queen’s University, 1947
July 2016 at age 94

Yankowsky, Michael Orest
Sudbury
University of Toronto, 1956
July 2016 at age 87

Young, Peter William
Toronto
University of Toronto, 1957
July 2016 at age 84

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 closing a practice, please have them contact Practice Management and Advisory Services at 1.800.268.7215, or email practicemanagement@oma.org.
Classifieds

GENERAL INFORMATION
Advertisements are accepted by mail, email or fax. Copy deadline, notice of cancellation and/or changes to existing advertisements must be submitted in writing no later than the 10th of the month prior to the month of publication. A proof copy of your classified ad will be emailed to your attention for approval prior to publication.

Payment: Payment is accepted by VISA, Mastercard or American Express. Please provide credit card information by phone only to Vita Ferrante 416.340.2263 or 1.800.268.7215, ext. 2263, at time of booking.

Rates: $55 for first 4 lines (minimum), each line approximately 35 characters; $5 per line thereafter; $5 for each line of contact information. Spot colour billed at $20 per issue.

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

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 expresses 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

Spot colour billed at $20 per issue. $55 for first 4 lines (minimum), each line approximately 35 characters; $5 per line thereafter; $5 for each line of contact information. Spot colour billed at $20 per issue.

OFFICE SPACE AVAILABLE

284 Orenda Road, Brampton, ON: Prime location suitable for a medical/walk-in clinic in a heavily populated area. This space is located on the ground floor in a shopping plaza close to Bramalea City Centre and multiple high-rise residential buildings. Very reasonable rent, immediate occupancy.
Contact: Phil Singh
Tel. 416.995.0159

2333 Dundas St. West, Toronto: Newly renovated clinic space in a multidisciplinary medical building, six exam rooms plus offices. Close proximity to lab, X-ray, ultrasound, physio, pharmacy. Steps from Dundas West TTC station. Negotiable lease and/or split and wages available.
Contact: Kaushil Shah
Tel. 647.444.2568

6885 Meadowvale Town Centre Circle, Mississauga: Specialist/ X-ray/lab space. Ground floor space in medical professional centre beside Mississauga’s busiest bus hub, near GO Transit. Ample free parking. Includes janitorial, 24-hour CCTV, Internet. Suite design, tenant inducements.
Tel. 905.567.7539, ext. 229
Email: mpc@conceptcomputer.com

9087 Derry Road/Thompson, Milton, ON: Fantastic live/work property in Thompson Square complex close to dense residential area, for lease. Commercial unit: prime medical office space 868 sq. ft. reception, three consulting rooms, bathroom, kitchen, parking. Exposure to main Derry Road. Residential: three bed, three bathroom, garage, three storey, gorgeous 2,500 sq. ft. (approx.) townhouse in mint condition. Immediate possession together or separately.
Contact: Doris
Tel. 647.233.3276 or 647.271.0437
Email: koo.asare@yahoo.ca

9955 Yonge St., Richmond Hill: Ideal space for medical practitioner (e.g., OB/GYN) needing ultrasound facilities & operating room on-site. Elevator access. Excellent location @ Major MacKenzie Drive. Transit accessible-free parking.
Contact: Christopher Fusco
Tel. 905.737.6060
Email: marketing@avenuerealty.com

A-class medical building suites available for lease: Prime location in Brampton directly across from the new Peel Memorial Hospital! Has all the amenities for you & your patients. Sizes 560 sq. ft.-1,600 sq. ft.
Contact: Erenie Brown, Sale Rep.
Royal LePage Commercial Division
Tel. 905.580.5349

A new medical clinic in a prime location in Oakville is available for a family physician. High traffic area.
Tel. 416.797.7647
Email: john.alexander@myshepherdpharmacy.com

A rare opportunity! A new dental office is looking for a health care professional to share their large office space. The space includes a separate reception desk and an open space to set up offices/rooms as required. This newly renovated office is located in busy high traffic downtown Sutton (High Street) in Georgina with many new subdivision developments underway. The medical professional will benefit from a very low overhead and shared patient base. Please call for more information.
Tel. 416.272.4472
Classifieds

An office for lease — three exam rooms in Oakville: Steps from the new hospital! Attractive lease rate. Current tenants in the medical building include GPs, pediatrics, ENT and endocrinologist.
Tel. 905.617.2767

Attention — radiologists/dermatologists/plastic surgeons/specialists:
Beautiful, modern, fully equipped clinic space available. OHP-accredited, ultrasound (with IFH license), V-beam laser, CO2 laser, light sheet hair removal & microdermabrasion equipment all available for use. Established referral base. Midtown Toronto (Yonge & Davisville), with easy subway access and parking. For more information, call/text/email.
Tel. 416.481.2345
Email: info@meridiamedical.com

Barrie, ON: 1,570 sq. ft. retail/office space for lease. Renovated plaza. Low rate and TMI. Space is like new.
Contact: Pierre
Tel. 416.804.5555

Bathurst & Steeles: Very attractive offering to a qualified medical doctor! Recent medical residency graduates welcomed. A very busy foot clinic located on the first floor in front of the main entrance at 7131 Bathurst Street Medical Building. Directly across from pharmacy, optician, physio, and all other medical practices.
Tel. 905.881.7888
Email: rmdfootclinic@bellnet.ca

Bayview/Eglinton Medical Centre:
From 500 to 800 sq. ft., net rent free first year to general practice based on a five-year lease. For inquiry or site visit, please call or email.
Tel. 416.821.8148
Email: gerald.rozarion@ahre.ca

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

Brampton north: Office space available, approx. 1,400 sq. ft., 1 km. from the hospital, ideal for moving family practice or specialist. Large referral base from existing doctors in the building. Use our EMR and staff or bring your own. Brand new beautiful building, free parking. Low rent/overhead.
Contact: Edwin
Tel. 647.280.2415
Email: info@northpointfamilymedicine.ca

Burlington, ON — specialists wanted:
Turnkey office with EMR, EMG & nurse. Attractive overhead rates available. Free health club membership!
Tel. 905.881.7577

Clinic space available for specialist physicians, Toronto: Need clinic space just to see patients? Come work part-time in our clinic designed by award-winning architects. Fully equipped exam rooms available at competitive rates. Located in a busy family medicine clinic, close to major downtown hospitals, and accessible by transit. Contact us at our website to learn more.
Website: www.magentaealth.ca

Erindale — Mississauga: Two large treatment rooms for family/walk-in physician in brand new 3,200 sq. ft. multidisciplinary clinic. Street-level entrance in densely populated residential wholesome neighbourhood within a plaza with free parking & easy access. Close to Hwy. 403, QEW, public transit, UTM, and hospital. 3405 South Millway.
Tel. 905.607.3405
Email: drvo@chcnetwork.ca

Family practitioner required — Woodbridge, ON: Large, bright offices in a multidisciplinary clinic in downtown Woodbridge. Actively growing community. Lab, imaging, pharmacy <1 km. away.
Tel. 905.264.8107
Email: drsvillani@gmail.com

Grimsby on the lake: Brand new clinic on lakeside subdivision right off the highway. Will serve over 1,000 families. Fits two or more family physicians. Over 1,500 sq. ft., very nicely finished. Attached to a new drugstore. Great incentives!
Tel. 905.330.8157

Quelph, ON: Physicians/specialists needed for growing medical centre. Bring a group, create a FHG! 22 exam room, full-service turnkey family practice. Full-time practice space available, using Practice Solutions EMR. Knowledgeable, flexible staff, great modern work environment. Very congenial progressive-minded group, part of the Guelph Family Health Team. Currently seven practices in well-established medical centre, in addition to a pharmacy, physio/osteopath, and LifeLabs. Bring a group, create a FHG! Medical centre located within The Village by the Arboretum, Guelph.
Contact: Darren
Email: dinder@afmci.com
Website: www.arbourfamilymedical.com

Guelph Westwood Health Centre:
Looking for a family doctor to relocate or start a new practice. Turnkey with five spacious, beautiful exam rooms & large waiting area. Free parking. Densely populated area of Guelph. Very attractive sublease, no income split. For more information or to visit the site, please phone or email.
Contact: Ashok Patel
Tel. 519.265.5880
Email: ashokkumarpatel2005@yahoo.ca

Location, location, location: AAA brand new medical office in Toronto (Dufferin & St. Clair). Move-in ready medical clinic; ideal for physicians looking to relocate or start a new practice, walk-in or family. Very dense neighbourhood. Established pharmacy on-site. The clinic has four furnished exam rooms, physician office, staff room and beautiful reception. For inquiry or site visit, please call or email.
Tel. 647.686.9466
Email: oakwoodph@yahoo.com

London, ON: Medical office space — Pond Mills area, 800 sq. ft. Ideal for two physicians. Turnkey or build to suit. Will beat any rate in London.
Email: boca427@hotmail.com

Looking for part-time family/walk-in doctors for medical clinic: Victoria Park/Eglinton Avenue East.
Email: mbp@rogers.com
Looking for a pharmacy space to lease or sublease in Ontario: A pharmacist is looking to lease or sublease a space at a family doctor’s office that is suitable for a pharmacy/dispensary anywhere in Ontario. Will accept any space available.
Contact: Mike
Tel. 647.886.9466
Email: mikepharmacist@yahoo.com

Medical Centre at The Boardwalk:
On the west side of Kitchener-Waterloo where medical professionals are advocating to integrate health care with comprehensive primary care, collaboration with specialists and accessible medical services including stress, echo, X-ray, lab, ultrasound. Consider the potential to join others or lease your own suite. Become involved in this health care initiative.
Contact: Cynthia Voisin
Email: cvoisin@theboardwalkmedical.com or bstoneburgh@par-med.com

Medical clinic available in Niagara Falls, ON: Fully equipped, four exam rooms in a busy plaza inside a pharmacy.
Tel. 289.341.0122
Email: phamasavehanna@yahoo.com

Medical office space in Caledon East, ON: Approximately 1,300 sq. ft. suited for family doctors/walk-in located in strip plaza with Foodland & pharmacy. Under renovation, move in fall 2016. New residential development, low rent & ample parking.
Tel. 905.584.2238
Email: caledon.grdn@hotmail.com

Medical space available in Markham area: Excellent location, very reasonable rent. New development up the road.
Contact: Tammy
Tel. 416.847.4685

Medical space Sheppard Ave., west of Yonge Street in Toronto: Ideal for family physicians, pediatricians, specialists. An excellent opportunity for a medical afterhours clinic. Plenty of free parking.
Contact: Paul Lebo or Mary
Tel. 416.822.5326, 416.221.1177

Medical suites available: Akron Medical Building (Lakeshore Blvd. — Parklawn). Southern Etobicoke (Mimico), high density, rapidly growing, underserviced 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

CANNABINOID MEDICAL CLINIC
RESEARCH - RELIEF - REAL MEDICINE
cmclinic.ca

Seeking: Psychiatrists, Anesthesiologists, Internists and Family Physicians for 1 shift or more per week.

Now offering Evening and Weekend shifts!

To learn more contact: johnphilpott@cmclinic.ca (902) 442-0653

Patients are seen by referral ONLY
Referrals can be faxed to: (844) 320-9652
Toll Free: (888) 282-7763
**Classifieds**

**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

**Mississauga, ON:** Prime office space available at 2338 Hurontario St. (corner of Hurontario St. & The Queensway). 1,000 & 2,000 sq. ft. $500 per month.  
Contact: Sarah  
Tel. 647.606.4399

**Near Square One — Mississauga:** Medical office space available immediately, fully furnished, ideal for a family physician or a specialist. Ample free parking.  
Tel. 416.829.1875  
Email: medicaloffices123@gmail.com

**New potential location in Stratford, ON:** Close to hospital amidst large residential subdivision. Excellent location for walk-in/family practice with or without pharmacy, physio and chiropractor.  
Tel. 416.315.4695 (text)  
Email: gmi999@hotmail.com

**North York, ON:** Medical space available in a medical centre. X-ray, ultrasound, lab and pharmacy on-site. Opportunity for solo practitioner or physician group. Competitive split available. All terms negotiable. Start new or relocate.  
Contact: Sam  
Tel. 647.388.1352  
Email: myproperty1000@gmail.com

**NorthWest Healthcare Properties REIT (TSX: NWH.UN) — Canada's health care 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

**Office space for rent:** Psychiatry/psychotherapy practice with a convenient midtown location right at Yonge and Eglinton subway station. This 9th floor office comes with Wi-Fi, large west-facing windows, a weekly cleaning service and a large shared waiting room (suitable for group sessions). Available immediately. Interested professionals, please call.  
Contact: Dr. Margittai  
Tel. 416.483.3778

**PAR-Med Realty Ltd.:** Specializing in medical office building leasing, property management, and building sales. We have over 70 medical office buildings in our portfolio throughout Ontario. For leasing inquiries:  
Contact: Brad Stoneburgh  
Tel. 416.364.5959, ext. 403  
Email: bstoneburgh@par-med.com  
Website: www.par-med.com

**Psychiatry office, St. Clair Ave. West:** Professionally configured for your full-time practice. Newly decorated, bright and quiet space with privacy. TTC at the door. Inside parking.  
Tel. 416.922.2028

**Space for lease in busy health centre** surrounded by new subdivisions in Stouffville: 794, 962, 1,700 and 1,800 sq. ft. units available. Health centre tenants currently include walk-in, family practice, pharmacy, dental, physiotherapy clinics. Health centre is open seven days/week. Large daycare also on same site. Close to retirement community. Please phone.  
Contact: Sara  
Tel. 905.479.2571

**St. Catharines, ON:** Family physicians needed to join Port Weller Pharmacy in a new turnkey medical clinic. We are seeking one or two physicians with an interest in family medicine or a walk-in practice; other specialties will also be considered. Our move-in ready medical clinic is ideal for physicians looking to relocate or start a new practice, and it is perfect for new graduates. Our location has a high demand for a physician and is ideal for someone looking to customize or begin your practice according to your needs. The clinic itself is fully finished and opens into our already established pharmacy of 24 years. It’s partly furnished with four examination rooms for minor surgical procedures, a nurses’ station and an ample sized reception and waiting room, which is where the opening to our pharmacy is. There’s also a staff kitchenette and restroom. The clinic is fully wheelchair accessible and has a separate back entrance along with plenty of free parking for you, your staff, and patients. The building is fully serviced and complete with cabling for Internet and a phone/fax system. If you are interested and would like further information or to visit, please contact us.  
Contact: Andy Deligianis  
Tel. 905.328.2885  
Email: portwellerpharmacy@cogeco.ca

**Toronto — Prince Edward Medical** is looking for a family doctor to join a fully equipped, doctor-owned, brand new facility in the west end of Toronto. The building is newly renovated and in a highly populated residential neighbourhood with lots of families. There are large windows with natural light and beautiful views from each exam room. Opportunity for low-risk obstetrics, if desired. Location is steps from Royal York subway station, near great cafés and shops. Competitive split with full support. Paperless office using Telus (Practice Solutions) EMR.  
Email: pem@princeedwardmedical.ca

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

Exceptional opportunity for a physician to own a dermatology & skin care clinic: Located in southern Ontario’s wine country. Revenues of $1.5 million generates earnings over $850K per year, well-trained & experienced staff and only requires three to four days per week of your time. Vendor financing available to qualified purchaser.

Contact: Dana Rennie
Broker of Record D.M. Robbins
Tel. 1.888.762.2463
Email: dana@robbinex.com

Mortgages from 1.90%: Secured lines of credit, 1st & 2nd mortgages. Pay off mortgage & tax arrears. Investment opportunity available in secured 2nd mortgages. High yield, secured on real estate. 3-12 month terms, 10% to 14% return upfront.

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

One of my clients is looking to buy an endoscopy clinic in Toronto GTA area: Interested parties please phone or email me in confidence.

Contact: Mohammad Alam, CPA, CMA
Sales Representative
RE/MAX Realty One Inc. Brokerage
Tel. 647.219.5680
Email: ayoubalamcma@gmail.com

RE/MAX sales representative for doctors: Focused on helping medical practitioners, clinics and health care companies with their investment, buying/selling and leasing needs. Call or email me.

Contact: Mohammad Alam, CPA, CMA
Sales Representative
RE/MAX Realty One Inc. Brokerage
Tel. 647.219.5680 (cell)
Email: ayoubalamcma@gmail.com
Website: www.malam.ca

Whitby, (Brooklin), ON: Victoria Place is a full, three-storey, mixed-use commercial building made of concrete & steel with an elegant Victorian theme. Includes a full-building, natural gas, back-up generator (not just power points but the entire building!). As well, you will need far less space than you think because Victoria Place offers common areas at no additional charge that includes a large executive style boardroom with kitchen facilities; office suite interview room & large storage locker in the basement. Victoria Place is located 2 km. from the entrance/exit of the new Hwy. 407 extension. A must see on website!

Contact: John Musial or Tim Reed
Leasing Agents
iPro Realty Ltd. Brokerage
Tel. 905.454.1100
Website: www.VictoriaPlaceBrooklin.com

LOCUM TENENS

Ottawa — seeking a pediatrician: Dec./16-Apr./17, includes $300-$500/hr. Also seeking a family physician.

Contact: Dr. Chadha
Tel. 613.248.9025
Email: uchadha1@yahoo.com

POSITIONS VACANT

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

Contact: Angela
Tel. 905.897.8928

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

Contact: Dr. Stein
Tel. 416.464.0238

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

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


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


Contact: Edwin
Tel. 647.280.2415
Email: info@northpointfamilymedicine.ca

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

Downtown Toronto, Barrie and Mississauga: Lifestyle health, weight management and chronic disease management clinics are looking for doctors with a particular interest in lifestyle and preventive medicine, or psychotherapy to join our growing practice, F/T or P/T. Work with a multidisciplinary team prescribing a broad range of evidence-based nutrition, exercise, stress management and other interventions to promote optimal physical, psychological and social well-being. Training will be provided. Flexible hours. Turnkey. We provide bright, modern offices, tools, and all support systems. New grads welcome. Competitive compensation. Practise progressive medicine!

Tel. 905.595.3482
Email: HR@lifeclinics.ca


Contact: Lynn
Tel. 905.619.6641
Email: lynn@durhamdoctors.ca
Classifieds

Etobicoke: Family physicians required for an established medical clinic that is expanding into a new, well-equipped office in a prime mall location. Full-time, part-time, walk-in and locum positions available.
Contact: Dr. B. Pich
Tel. 416.239.6122
Fax: 416.239.4895
Email: cmc182@outlook.com

Etobicoke (south): Family physician needed in a fully equipped walk-in clinic. Great location, very attractive incentives. For more details, please call.
Tel. 416.301.2707

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

F/T or P/T physicians required to provide walk-in services for our family health team located in Woodbridge, ON. Daytime, nighttime or weekend shifts available. Contracted FHO physicians receive 30% evening and weekend premium. Practice Solutions Suite EMR.
Tel. 905.893.8085, ext. 202
Email: steve.litsas@wmcfht.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)

GP psychotherapist urgently needed: Full or part time. Located at Runnymede & Bloor St. W., split arrangement will be discussed individually. For more information, call or email.
Tel. 416.516.6969
Email: psymedco@primus.ca

Great for new graduates! An excellent opportunity to join a family health team, work with allied health professional and purchase an existing family practice to start with a large roster size. The clinic offers full EMR, lab on-site and pharmacy next door. We also have been involved in clinical research. Current physician is changing careers and departing for a full-time hospital position. Clinic location: north Brampton.
Tel. 905.840.2229
Email: Aruna.Bhardwaj@hqic.ca
(email preferred)

High traffic Kitchener plaza: Looking for one or two GPs to take over fully-equipped office of retired doctor. Space is 1,113 sq. ft., wheelchair accessible with four exam rooms, large reception and staff area with private washroom. Large pharmacy in the plaza, lots of free parking with staff parking area. Easy access to public transit and is in close proximity to both hospitals. Plaza is surrounded by residential homes with access to over 4,000 potential patients within walking distance. Space available immediately. Competitive rents and moving incentives.
Tel. 905.472.7732, ext. 21
Email: shopsathighland@rogers.com

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

Internal medicine and/or subspecialties required immediately for outpatient coverage in Mississauga. FT/PT locum. No on-call. Top take-home pay.
Contact: Dr. Sekely
Tel. 647.606.4399

Looking for a family physician who would like to relocate or establish a family practice in Richmond Hill. Four fully equipped exam rooms, EMR with home access, lab, and pharmacy on-site. Very low split/rent. Two months split incentive.
Tel. 416.473.7080
Email: navabiminoo@yahoo.ca

Maple, ON: A well-established medical clinic looking to hire a F/T walk-in and family physician. Join our existing family physicians. EMR on-site & full administrative support. Professionally managed & competitive split. Excellent opportunity to relocate or start a new practice. Must have a valid certification to practice family medicine from the College of Family Physicians of Canada and a registered CPSO number.
Contact: Mo
Tel. 647.290.8793
Email: misho22@rogers.com
Website: www.allmedical.ca

MD wanted for integrative medical program in Ottawa: Are you passionate about disease prevention and health promotion? Work with other MDs, physiotherapists, NDs, and psychologists collaborating on patient care. Must be in good standing with CPSO.
Email: careers@therealyou.ca

Medical clinic in Hamilton: Well-established clinic looking for physician (part & full time). 70/30 fee-for-service split. All administration costs taken care of with your 30%. No GST payment.
Contact: Meena
Tel. 905.308.0659
Email: lockemedical@sympatico.ca

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

Medical psychotherapy: For lifestyle health and chronic disease clinics. We need family doctors, GPs, GP psychotherapists, psychiatrists, semi-retired, part time or full time. Work with a multidisciplinary integrated health and wellness team to help people improve their lives. Practise progressive medicine!
Tel. 905.595.3482
Email: HR@lifeclinics.ca

Methadone physician needed: We are currently recruiting methadone physicians to take over and expand existing practices. Multiple sites available. To discuss opportunities, please email.
Contact: Jameet Bawa, MD
Email: info@horizonsclinic.ca

Mississauga: Position available in a small group family practice to assume an existing practice. We are a well-established and well-regarded group of five MDs located in a building with on-site lab and X-ray, EMR, FHG. January 2017 or flexible start.
Tel. 905.273.4115

New graduates welcome: Supplement your income with a low stress and highly rewarding position. We have opportunities available all across Ontario. Work as much or as little as you like with hours that are convenient to you. We provide exceptional compensation that far exceeds the industry average. No experience required, no set up, no overhead. Start earning extra income immediately. Our team will handle everything from booking to billing.
Contact: Brian Warner
Tel. 647.271.4441
Email: brian@bodystream.ca

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

Physician associate wanted — Hamilton: Are you an experienced licensed medical doctor looking for a positive career change? Would you like to work part-time, have no call and earn income outside of OHIP? If you have skills that would be an asset to our wellness centre, which offers anti-aging/integrative and medical aesthetic services, please email your C.V. and cover letter.
Email: Marianna@monarchwellness.ca
Website: www.monarchwellness.ca

Physician recruitment service: Your Doctor Jobs are medical recruitment specialists currently working with many Canadian and CFPC-eligible physicians from the UK, Ireland, Australia and USA looking for short, medium, long term and permanent roles in Ontario. Company and service overview plus references available upon request. We can help you recruit the perfect physicians for your clinic and in the most efficient and hassle-free way possible. No money is due upfront, and no exclusivity is required. Our placement fee is only payable once the (recruited) physician has arrived and started work for you. In addition, if you are a family physician looking for work, please contact us as Your Doctor Jobs currently have many fantastic opportunities available across Canada. Whether you are looking for a short-term locum, a medium to long-term role, establishing a brand new clinic or buying and setting up your own, we have you covered! If you are interested or just keen for further information, please email us.
Email: trish@yourdoctorjobs.com

Physicians — Ottawa, ON: Inovo Medical specializes in the areas of interventional chronic pain management, sports medicine and regenerative medicine (cartilage repair, spinal disc repair, scar removal, hair regeneration, etc.), using innovative procedures such as stem cells and platelet rich plasma (PRP). Our clinic is equipped with high-end ultrasound and fluoroscopy. We are seeking new graduates, physicians or experienced family physicians to join our expanding team of medical excellence. We are also looking for sports medicine specialists, chronic pain specialists, dermatologists, GPs interested in cosmetics and plastic surgeons. Exceptional training will be available. Interested physicians are expected to have an interest in continuing education and interventional types of practices. We have a total of three openings for our brand new clinic in Ottawa! Exponential earnings combined with work-life balance.
Contact: Anny Chagnon, Executive Vice-President, Inovo Medical
Email: annychagnon@inovomedical.ca

P/T or F/T physicians required in Brampton: High traffic area. Share an existing practice with a female physician. Flexible terms & hours. (80/20 split)/manage your own.
Tel. 647.707.5839

Queen Hansen Pharmacy invites a full-time family physician/walk-in to join our team. Clinic is located within one kilometre from the Peel Memorial Hospital in a busy professional building at a high traffic crossing. Surrounded by high density residential area with pharmacy, dentist, orthodontist, eye clinic, specialists, and cosmetic surgeons. Great opportunity for new practice or relocation.
Contact: Ash
Tel. 905.782.8384
Email: Ash@qhp pharmacy.ca

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

Seeking a family and walk-in physicians for a beautifully designed medical clinic with on-site pharmacy in the heart of a Vaughan medical district, a few minutes from the new location of Mackenzie Health Hospital located in a heavily residential area. Over 100 seniors at the same building where the clinic is located. This is a great opportunity for new physicians who want to build their practice, or physicians wanting to relocate. Our clinic will provide free advertising. We are open for many business models: 1) Income split, special offer (100% for first six months). 2) Lease the space or lease one or two exam rooms with very low monthly rent. 3) Guaranteed income.
Contact: Maged
Tel. 416.275.2782
Email: magedrs@gmail.com
Classifieds

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

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

Thornhill family practitioner required to replace an established physician in a full-service medical building at Bathurst St. north of Steeles Ave. Email: dr.r.wittes@witsendmed.com

Toronto — we are currently recruiting family physicians for walk-in shifts and family practice. We have four fully equipped and busy walk-in centres that include EMR, labs, pharmacy, and imaging. We offer a competitive split with a financial incentive to join our team. To discuss opportunities, please email. Contact: Jameet Bawa, MD Email: jameetbawa@yahoo.com

Vaughan Medical Centre: 9000 Weston Road, Woodbridge, ON. Brand new medical clinic. Established doctors & large patient base. We are offering a guaranteed hourly minimum. Contact: Ammar Tel. 416.854.1579 Email: ammar.beg@gmail.com

Walk-in clinic in downtown Hamilton: Medical Arts Walk-In Clinic is seeking physicians for morning/evening shifts and weekend coverage. Beautifully designed and modern facility. Our clinic has on-site X-ray and ultrasound, phlebotomy, pharmacy, physiotherapy and other specialists. 70/30 fee-for-service split. Contact: Raj Sandhu Tel. 289.683.3530 (cell) 905.777.9779 (office) Email: rsandhu747@gmail.com Website: www.medicalartswalk-inclinic.com

What’s Up Doc? Medical Clinics: Clinics in Brampton, downtown Toronto & Pickering. Looking for family physicians to join our exceptional team practising progressive family medicine and walk-in in addition to lifestyle & chronic disease health management. State-of-the-art new multidisciplinary clinics with large gym on-site with free personal training included. Relocate current practice or build from walk-in and a large wait-list of registered patients seeking GP. EMR training provided. Tel. 905.595.3482 Email: HR@lifeclinics.ca

PRACTICES

160 Eglinton Ave. East, 809 sq. ft.: Bright, newly renovated psychiatry/counselling space. Doctor is retiring. Ten-year lease at below market rates. Space available with furniture for no extra charge. Practice is also available at no extra charge if desired. Contact: Cindy Tel. 647.964.3008

Cardiology practice available in Sudbury: Video-conferencing facility. Patients accumulated over decades. Tel. 705.690.4551

Family practice available: A family practice is becoming available in a growing town in rural central Ontario, one hour north of Toronto. The practice is run by three doctors wishing to retire. One doctor is willing to stay during the transition. It would be desirable to have several younger doctors to assume responsibility for the collective patients and their office. There are approximately 8,500 enrolled patients in a FHG and about 3,000 more non-enrolled patients. Privileges are available at the local hospital for hospitalist, ER, obstetrics as desired. There are several local and visiting specialists and three nearby secondary hospitals. The office is available to buy, rent, or rent to buy. LifeLabs all on-site. Ample free parking. Over 1,500 rostered patients. Five fully equipped exam rooms. FHT-funded NP one day a week. Experienced staff. The office is affordable for one physician but large enough for two part-time MDs and an NP. Essentially a turnkey operation with none of the hassle of building up your own practice. Email: barriefhopractice@gmail.com

IHF licences available: Dormant general radiology & general radiology and ultrasound in GTA. Active IHFs are also available. Email: kwentzell@xplornet.ca

Mississauga east: Looking to start a practice in a high density area? An excellent opportunity in east Mississauga. Tel. 416.829.1875 Email: medicaloffices123@gmail.com

Nuclear medicine licences available in GTA & west of GTA. Email: kwentzell@xplornet.ca

Owen Sound — looking for physician to assume solo practice in existing set-up. Large potential for immediate growth. Easy terms to be negotiated. Willing to mentor. Email: alphajaws@gmail.com

Own your practice & building: Practice MD is a consultancy group that provides physicians with relocation, mortgage and tenant negotiation, design and build-out, practice management, and strategic partnerships to create turnkey medical centres. Deals are fully financed with zero money down. Be your own tenant and build a practice with real estate equity. Individual and physician groups welcome. Tel. 905.595.3482 Email: HR@practicemd.ca

FHO family practice available in south Barrie: One hour from Toronto. Physician retiring. Modern well-established paperless practice. X-ray, ultrasound, Lifelabs all on-site. Ample free parking. Over 1,500 rostered patients. Five fully equipped exam rooms. FHT-funded NP one day a week. Experienced staff. The office is affordable for one physician but large enough for two part-time MDs and an NP. Essentially a turnkey operation with none of the hassle of building up your own practice. Email: barriefhopractice@gmail.com

Ontario Medical Review
Classifieds

Retiring solo practitioner in a southwestern Ontario city: Looking for a replacement. A FOH spot is available with this practice which is using PSS as its EMR. The doctor is willing to help transition patients.
Email: willi_t@hotmail.com

Contact: Dr. Yu
Tel. 905.401.7851
Email: drtju1@gmail.com

Ontario Medical Review


Are you an Ontario community-based physician group dealing with a colleague exhibiting significant disruptive behaviour? Experienced physician and lawyer offering a step-by-step approach to assist you in dealing appropriately with your colleague.
Contact: Ehalparin@cogeco.ca

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

Billing agent — York Region: Reasonable monthly rate includes rejections & monthly reports. All practices & locums.
Contact: Rose
Tel. 416.450.4374
Email: roseromagnolo@rogers.com

Contact: Melissa Cervinka
Email: mmcmedba@gmail.com
Website: onmedicalbilling.ca

Closing your practice? DOCUdavit Medical Solutions provides free paper or electronic storage and practice closure services with no hidden costs. DOCUdavit Solutions has achieved ISO 9001:2008 and ISO 2700:2013 certification validating our commitment to quality management, customer service, and information security management systems.
Contact: Sid Soil
DOCUdavit Solutions
Tel. 1.888.781.9083, ext. 105
Email: ssoil@docudavit.com

Compliant medical records storage and practice closure services: No hidden fees. Free for primary care family doctors.
Tel. 1.800.775.0093

Contract Medical Billing: Ottawa based — I offer a comprehensive client-focused service. Reduce the time, hassle, frustration and stress out of medical billing.
Tel. 613.868.7393
Email: cmb4u@outlook.com

Free record storage for closing practices: RSRS is Canada’s #1 and only physician-managed paper & EMR medical records storage company. Since 1997. No hidden costs. Call for your free practice closure package: everything you need to plan your practice closure.
Tel. 1.866.245.7607, ext. 2
Email: info@RSRS.com

Insomnia treatment: CBT-i specialist for your patients. Toronto, Mississauga, Oakville or teletherapy.
Tel. 416.560.6910
Website: www.sleepagain.ca

January 2017 Income Tax Act changes to affect some Canadian life insurance policies: If you are considering converting one of your term life insurance policies into a permanent life insurance policy, or if you are thinking of adding a permanent policy to your insurance portfolio, acting now may allow you to obtain a policy under current tax rules. For further information about this legislation, please call or visit our website.
Contact: OMA Insurance Advisor
Tel. 1.800.758.1641 (option 1)
Email: info@omainsurance.com
Website: OMAInsurence/TaxChanges

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

Ontario Medical Review

SERVICES AVAILABLE

A billing agent for all your MOHLTC, third party & uninsured billing. Fifteen years experience Ontario-wide. Submissions, reconciliations, reports processed with excellent and professional results. Monthly reports provided. Reasonable rates.
Contact: Yvona Redina
Tel. 416.365.1202
Email: yredina@gmail.com

A billing agent with experience: Over 30 years multispecialty OHIP and private billing, reconciliation and corrections. MCEDT, AFP (shadow), office or hospital. Ontario-wide, we’ll get you paid.
Tel. 1.888.462.4392, ext. 2
Email: info@ohipbillingagents.com
Website: www.ohipbillingagents.com

A+ professional accounting and tax services: Specially designed for medical professionals. Special rate for incorporating medicine professional corporation.
Contact: Syed Raza, CPA, CGA
Tel. 647.999.5536
Website: www.cpa4medicalpro.com

Accountant (CA) GVP LLP: Medicine professional corporations for doctors, including tax planning, tax minimization, income splitting, investment holding co.
Tel. 416.220.5717
Email: info@gvpllp.ca
### Classifieds

**Medical transcription services:** Telephone dictation and digital recorder files. PIPEDA compliant; excellent quality, next business day service. All specialties, patient notes, letters, reports, including medical-legal and IME reports.
Tel. 416.503.4003 or 1.866.503.4003  
Website: www.2ascribe.com

**Moving or moved to EMR?** Still have lots of paper? RSRS scans your records and offers full electronic access to your active patient records. It’s easy and affordable. PHIPA compliant.
Tel. 1.866.245.7607, ext. 2  
Email: info@RSRS.com  
Website: www.RSRS.com

**OHIP billing specialist:** Dynamic Medical Services provides OHIP billing with free setup in our OHIP billing program with no initial costs and no yearly fees. OHIP billing review/recovery services and physician information sessions provided by our OHIP billing specialist with over 25 years of experience.
Tel. 519.851.1184  
Email: LynneThibert@execulink.com  
Website: www.Dynamicmedical.ca

**Physician coaching with Paul Finnegan:** Certified Physician Development Coach — I am committed to helping fellow physicians who are encountering complex challenges in their professional lives, and I bring to this coaching process my 30 years of experience as a psychiatrist and psychoanalyst. I coach in person, by phone and/or on Skype. Please visit my website for more information.
Tel. 416.923.8058  
Website: www.physiciancoaching.ca

**Tax planning and financial advice:** Clark Westcott, CPA, CA, and his team at Clark Westcott Professional Corporation, serves medical professionals and their families. Our goal is to help you maximize your wealth. Our services are cost-efficient, professional and confidential.
Tel. 705.645.1692  
Email: clarkwestcott@cwcpa.ca

**Woodbridge — are you looking to retire or close your practice?** Concerned about the transitioning of your patients and who will take care of their medical needs? Our family health team is a well-established and progressive medical office who can help. Succession arrangements possible. Please call or email.
Tel. 905.893.8085, ext. 202  
Email: steve.litsas@wmcfht.com

---

**Publisher’s Notes** (continued from page 5)

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

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

**DISPLAY ADVERTISING**  
Current display advertising rate card, effective January 1, 2016, available on request. Advertising representative: Jim Hall, Keith Communications Inc.  
1464 Cornwall Road

Unit 8, 2nd Floor  
Oakville, ON L6J 7W5  
Tel. 905.849.7777 or 1.800.661.5004, ext. 17  
Fax: 905.849.1055  
Email: jhall@keithhealthcare.com

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

The Ontario Medical Review is required to comply with the provisions of the Ontario Human Rights Code 1990 in its editorial and advertising policies, and assumes no responsibility or endorses any claims or representation offered or expressed by advertisers. The Ontario Medical Review urges readers to investigate thoroughly any opportunities advertised.
“Of course I know how to communicate without a phone. I have an app for that!”

Advertisers’ Index

AHIP (Hear55+) ...................................... 44
Ayra & Sher Lawyers .............................. 39
Canadian Medical Association ............... 43
Cannabinoid Medical Clinic .................... 48
Cappellacci DaRoza LLP ........................ 28
Cowichan Valley Division of Family Practice .................................... 17
Klinix Software .................................... IFC
MD Financial Management .................... OBC

Peter Lantos Mortgage Investments ................................. IBC
Record Storage and Retrieval Services ........................................... 28
Sea Courses Cruises ........................................... 39
The University of Vermont
Health Network ........................................... 17

OMA Programs and Services
OMA Advantage Program
(Affinity and Discounts) ......................... 4

OMA Bonspiel ......................................... 25
OMA Insurance Services .......................... 2
OMA Legal Services .................................. 17
OMA Mobile App .................................... 10
OMA Response Centre ........................... 12
OMA Scrub-In ......................................... 27
OMA ThoughtLounge ............................. 16
OMR Classifieds .................................... 28
OntarioMD ............................................ 27
Rx for the Ailing Investment Portfolio.

Let us show you how to earn a healthy 9% Annual Interest.

Visit www.peterlantos.com, or call 226-721-0883

Disclosure: Peter Lantos is a licensed investment advisor and mortgage agent, not an investment dealer. Core Capital Partners Inc. (FS02 #12497) is the lead mortgage brokerage.
Small change, big difference.

Sometimes the impact of a small environmental change is easy to see. Other times, not so much. But all environmentally friendly changes matter, no matter how small. If everyone made just one, it could lead to a big difference in climate change. Consider making a small change by including MD Fossil Fuel Free Funds™ in your portfolio. Together we can help make a brighter future for both you and the planet.

To learn more about MD Fossil Fuel Free Funds, speak to your MD Advisor or visit md.cma.ca/fff.

Commissions, trailing commissions, management fees and expenses all may be associated with mutual fund investments. Please read the prospectus before investing. Mutual funds are not guaranteed. Their values change frequently and past performance may not be repeated. To obtain a copy of the prospectus, please call your MD Advisor, or the MD Trade Centre at 1 888 267-2332. The MD Family of Funds is managed by MD Financial Management Inc., a CMA company. • ™ Trademark of the Canadian Medical Association, used under licence. • MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit md.cma.ca.