Independent Diagnostic Clinics Association

7330 Yonge St., Ste. 120, Thornhill, ON, L4J 7Y7 | Tel: (905) 855-0739 | Fax: (905-855-1863

Application for Owner or Associate Membership

Section A: Facility Information

Owner, Operator	First Name	Middle Initial	Last Name
Name of Applicant	First Name	Middle Initial	Last Name
Clinic Address (Please attach address list of all facility locations, if more than one)	Street Address		Email
	City	Province	Postal Code
	Telephone	Facsimile	
Total Number of Employees			

Types of Services (by facility if specific locations offer different services):

Section B: Membership Information

Enclosed with my application is my membership fee in the amount of:

(please check one of the appropriate boxes and attach address list of all facility locations)

Member:	❒	$350	1-2 Clinics
(Owner/Operator)	❒	$750	3-5 Clinics
	❒	$1,250	6-9 Clinics
	❒	$2,500	10-29 Clinics
	❒	$5,000	30+ Clinics
Associate Member:	❒	$50	Member Clinic Employee e.g. technologist or Vendor

I am available to participate on working committees of IDCA

❒ Yes ❒ No

Section C: Signatory

Please sign and print your name clearly, along with your position and the date.

Signature _____ Please Print Name _____

Position _____ Date _____

FOR OFFICE USE ONLY: Date Received: _____/_____/_____ Time Received: _____:_____AM / PM

INDEPENDENT DIAGNOSTIC CLINICS ASSOCIATION
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Independent Diagnostic Clinics Association

IMAGING today

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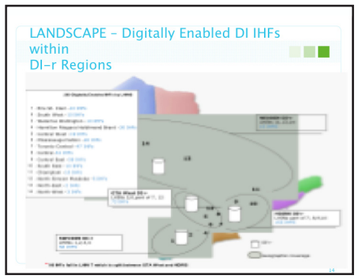
Digitally Enabled IHFs to be Integrated into DI Repositories by 2015

This year, eHealth Ontario has sponsored nine pilot projects to integrate a few digitally enabled IHFs into the four Diagnostic Imaging Repositories (DIR) that have been established in the province in order to store DI images from across Ontario. Each of the selected IHFs was already PACS enabled and possessed an already exsting IT infrastructure.

We believe that the integration of IHF-based studies into the various repositories is long overdue. Almost 80% of hospital generated studies in the province are already being stored in the various DIRs. Large amounts of Federal and Provincial funding were employed to ensure that Ontario's 144 hospitals were PACS-enabled. In contrast, a 2009 eHealth Ontario review of the IHF sector revealed that little more than a third of IHFs were digitally-enabled. While the nine IHF pilot integration projects is a good beginning, the needs of the remaining 530 IHF owners in the province need to be considered.



Digitally Enabled DI IHFs within DI-r Regions

Each repository is establishing policies and procedures to govern access to its DI data. Initially, portal-based access has been provided. In the future, there will be a common viewer made available to users to see the information and also EMR-based access so physicians can access DI information.

EHealth expects the integration of all hospitals in the DIRs will be completed by the end of next summer. By the end of fiscal 2014-15, eHealth Ontario expects all digitally enabled IHFs to be integrated into Ontario's four DIRs.

DEADLINE FOR DIGITAL GRANT JANUARY 31ST

Remember that the deadline for submitting applications under the Digital Readiness Special Grant Program 2012/13 is January 31, 2013. Each eligible licensee should have received a communication in October setting out the amount of the grant entitlement. If you have any questions regarding the process, please contact the IHF program office in Kingston for clarification.

MESSAGE FROM THE BOARD

Where We Are and Where We're Going...

On November 16, 2012, many of you attended the IDCA conference regarding the future of the IHF industry. We were treated to informative speeches from representatives of the CPSO, the Ministry of Health, eHealth Ontario, as well as from a number of business experts. Feedback from speakers, attendees and vendors was uniformly positive. We look forward to holding our next conference later this year.

In truth, 2012 was a difficult year for the IHF sector, with government funding having been further eroded. OHIP technical fees have been reduced by 2.5%, or more in some modalities, reducing compensation to a level not seen since the 1980s. These fee reductions were coupled with a bitter dispute between the government and the Ontario Medical Association, additional administrative charges, threatened future cuts and confusing regulations. Collectively, these events provoked fear and confusion for IHF operators and made it all but impossible to effectively plan for the future.

The time has come for us to become more vocal…IHFs have no powerful interest groups or public sector unions representing our collective interests. Because we simply quietly and modestly do good work, the important role that we play in providing community-based care has not been recognized or appreciated. We need to join together and deliver a common and consistent message. While recent developments have done little to brighten the mood of IHF operators, we cannot afford to be either apathetic or uninvolved in conversations regarding the future provision of care in Ontario. The IDCA has and will continue to function as the sector's advocate, but in order to be effective, we need your support.

Heads Up...

SEVERAL CHANGES TO THE STANDARDS FOR IHFS REQUIRE INVESTMENT

The **CPSO Diagnostic Imaging Practical Parameters and Facility Standards** for IHFs were revised in 2012 and the assessment tools are being updated for use from January 2013 forward. The following are highlights of the updates. **Several of these CPSO changes have significant operational cost implications, as well containing material differences from past practice.**

Continued on page 2

Heads Up... *continued*

• Under the staffing section:

"Physician qualifications" have been clarified. If **specialists** are performing ultrasounds in an IHF, they must have active hospital privileges and they must provide documented evidence of training equivalent to a radiologist. The pre-assessment questionnaire now requires evidence of this qualification.

A working group is developing the change of scope of practice for **radiologists** to be able to **interpret nuclear medicine** studies in an IHF. In early 2013, there will be an external consultation of the proposed changes. This relates specifically to radiologists who currently provide nuclear medicine services in a hospital setting moving into the IHF.

The duties and responsibilities of the **quality advisor** for CPPs and IHFs have been revised. Visit the IHF program page of the CPSO website, www.cpso.on.ca.

An external review regarding **technologists performing fluoroscopic procedures** was conducted, but more issues arose after the new standard was published in 2012. The task force is continuing its review. Currently, technologists are not allowed to provide fluoroscopic procedures.

Sonographers performing vascular ultrasound are now required to obtain their RVT certification in their area of practice by January 2014, through CARDup or ARDMS. The CPSO will monitor the implementation timeframe for this new standard to ensure it is achievable.

• Training requirement revisions include:

Nuchal Translucency (NT) qualifications for both the physicians and sonographers have changed. The certification process is to be done through the Fetal Medicine Foundation internet course on the 11-13 week scan. It is also expected that sonographers who are going to perform NT scans have to complete the same course, obtain the TFM 11-13 week scan certificate of competence by uploading and submitting three satisfactory NT images for image audit. They will then be required to submit the first 15 further NT CRL paired measurements to one of the five provincial prenatal screening labs to enroll in the Ontario program. The five labs are cited in Chapter 6 of the new standard.

• Under the facilities equipment and supplies section:

Technologists who are exclusively conducting mammography studies are no longer required to wear their TLD densitometry badges. However, it is advisable that this practice is continued for safety although evidence of the TLD badge will not be required during an assessment.

Eye wash stations are going to be **mandatory** in every IHF per the Ministry of Labour.

Ultrasound gels are to be in accordance with the Health Canada requirements, as cited in the appendices of the CPSO Practice Parameters and Facility Standards.

• Under equipment and quality control:

The task force recommended moving forward with **mandatory CAR accreditation for mammography**. As of January 2014, IHF facilities are to be CAR accredited; IHFs have to follow the quality control activities and meet CAR accreditation requirements.

For **BMD**, both the equipment and quality control activities also have to **meet Canadian BMD accreditation standard requirements**. The radiography equipment requirement is still 20 years but it must continue to meet the HARP requirements and/or has been upgraded to meet current specifications. With regard to the ultrasound equipment, the requirement has not changed from the 2006 revision that permits the equipment to be 7 years old as long as there is an upgrade pathway and the equipment meets current specifications.

Infection control is a new chapter. The physician's office document is outdated and the CPSO now references the provincial infection disease advisory committee standards.

There are new requirements for **monitoring disinfection solutions** for ultrasound probes and the need for **personal protective equipment** for staff in an IHF.

The **quality advisory committee** has to **meet at least twice a year** if the facility employs more than six, or once a year, if it has less. The committee should have regular agenda items and include, but not be limited to, a review of the cases, policies and procedures, quality control matters on the equipment and any incidents and other staffing issues. Also, minutes must be maintained for review during an assessment. Templates are provided at www.cpso.on.ca on the IHF webpage in the members' area.

Visit the CPSO website for links to these specific documents and incorporate them into your IHF procedures.

• Requesting and reporting mechanisms:

The CAR requirements for **requesting and reporting** needs to have a mechanism in place for confirming receipt of reports mailed, securely emailed or faxed to identify any report that has not been delivered to the physician or healthcare provider. It is not the sender's responsibility to make sure the requesting physician open the report, but it is the IHF owner's responsibility to **ensure the report was delivered**.

The Ministry of Health requires that for ongoing care by another healthcare provider, records or a **CD of images** must be **provided** to the patient **at no cost** or to the healthcare provider requesting it. The acceptable turnaround time to prepare those materials for courier or pick-up must be **within three working days** of receiving the request.

The **Sleep Medicine practice parameters and facility standards** were updated in January 2011. However, this past October, the American Academy of Sleep Medicine changed the scoring rules and only B scoring rules may be used as of October 2013.

Future Standard Updates
In 2013-14, the **pulmonary function studies** clinical practice and facilities standards are set to be revised in the five-year cycle. There will be an opportunity for an external review electronically.

Similarly, there will be a review to update the obstetrics and gynecology standards for induced abortion.

Tools on CPSO Website

All clinical practice parameters and facility standards are available at www.cpso.on.ca...in the members' area scroll down to the IHF program webpage. The assessment tools are also there along with the previous questionnaires, protocols and action plan templates for response.

New Online CPSO Newsletter

The new IHF OHIP newsletter has launched with information for the IHF and out-of-hospital programs. It's an online electronic newsletter. Register at www.cpso.on.ca to receive it automatically, quarterly. The last newsletter is archived on the site. The next issue will be available in January 2013.

Cost Recovery Fees for CPSO Assessment

The Ministry is no longer funding the mandated IHF assessment program. Effective this government year, all individual IHF owners are required to pay an annual fee per licence (whether active or inactive) for administration of the program, development of CPPs, task force reviews, etc.

Last autumn, each IHF owner received an invoice for a flat fee of $860 to cover 2012-13 CPSO operations and can expect another invoice in 2013 to cover the 2013-14 fiscal year. However, the CPSO is looking at alternate ways of recovering the program costs and dividing up these fees in a more equitable fashion.

In addition, there will be an assessment fee to recover the costs of each assessment performed at an IHF facility. The CPSO has committed to trying to keep costs down by finding local assessors and conducting multiple assessments in the same community. An IHF owner may request to coordinate the assessments of several facilities at the same time. The new fee will apply to all assessments completed since April 2012.

BILLS • BULLETINS • BILLS • BULLETINS

IDCA Presented to Rubin Panel

The Ministry of Health sponsored the creation of a physician expert panel, chaired by Dr. Barry Rubin, that is looking at issues regarding self-referral and the appropriate utilization of imaging studies.

The Rubin panel requested that the IDCA attend and present the IHF perspective on the Ministry's existing and proposed fee schedule changes just days before the release of the Rubin panel's interim recommendations.

At the meeting, the highly regulated nature of the IHF environment was emphasized. The application of the self-referral guidelines would result in unintended consequences that would detrimentally affect the quality and delivery of community-based services.

Representatives left the meeting with an assurance that the panel would not recommend imposing a fee reduction on self-referred studies. Moreover, Dr. Rubin emphasized that any future guidelines should be applied consistently across hospital and community-based providers.
Rubin panel's recommendations may be found at: http://www.health.gov.on.ca/en/news/bulletin/2012/docs/hb_20120727_1.pdf

Required Professional Liability Insurance Coming

The Ministry is finalizing requirements for Professional liability insurance for technologists in IHFs. Professional liability insurance covers professional services provided within an IHF in situations in which, for example, a radiologist misreads a file, or a picture of the wrong body part is taken.

It is excluded from general liability insurance. Currently, litigation is on the rise and professional liability claims outnumber general liability claims by approximately 10 to 1.

Many IHF owners erroneously believe that their IHF is covered because the physician seeing patients has professional liability insurance through the Canadian Medical Protective Association (CMPA). The physician is covered but the IHF business is not. Every IHF must have its own professional liability coverage.

The additional coverage for professional liability is available at a reasonable rate. For example, for comprehensive coverage, an average premium is $4600* per location for $5 million professional liability (the recommended coverage), coverage on the millions of dollars worth of equipment, as well as your general liability and business interruption or loss of income coverage. Your billings will determine the premium.

** figures were provided by First Durham Insurance & Financial, serving the IHF sector for more than 20 years and the IDCA, for more than 7 years.*

A Fond Farewell to Jim Lancastle

At its recent conference, IDCA President Gerald Hartman recognized Jim Lancastle for his dedication and commitment to the IHF community. We wish Jim all the best upon his retirement.