

February 28, 2013

Shandelle Johnson
Manager QM
College of Physicians and Surgeons of Ontario
80 College Street
Toronto, ON M5G 2E2

Dear Ms. Johnson,

RE: Proposed Fee Model applicable to Out of Hospital Premises Inspection Program (OHPIP) and Independent Health Facilities (IHF) Program

The comments below reflect feedback from members of the Independent Diagnostic Clinics Association (IDCA) regarding the proposed fee model for the IHF and OHPIP inspection program. The IDCA represents the community-based diagnostic services sector in Ontario and is frequently called upon by various government officials to provide input, comment and advice regarding policy changes, updates and applications.

As representatives of the IHF sector, we are committed to ensuring that Ontarians have access to high quality, community-based diagnostic services. As the operators of Ontario's IHFs, we understandably have great interest in the draft document and believe that we bring an important perspective to the discussion of proposed fee models applicable to the IHF inspection program.

- Universality – providing fee standardization
 - Averaging the costs of assessments over a 5-year period and not penalizing those whose assessments may be more expensive due to geographic location is a welcome decision.
- Annual fee
 - Combining the annual and assessment fees into one cost will assist IHF owners in budgeting for this new additional expense.
- Additional and re-assessment charges
 - Charging licences directly for costs that are within their control (re-assessments, last minute assessment cancellations) is a reasonable suggestion providing that these costs are transparent and known to the licensee in advance.
- Annual cost assessments leading to potential adjustments & Annual fee including an inflation factor
 - The document suggests that there will be year-over-year cost increases to the program, presumably to account for inflation, salary increases, etc. In an environment that has seen no increases to the technical fee in the schedule of benefits for over 20 years, this doesn't seem justifiable.

- Defining terms
 - A glossary of terms (such as “consistently non-compliant”) would provide needed clarity.
- What is the CPSO’s position on dormant licences? Some believe that owners should not be allowed to “shelve” licences for extended periods of time (in excess of 3 years).
- There are a number of agencies who inspect IHFs and in many cases inspect aspects of the facility that are already inspected by another governing body. How will this redundancy be addressed?
- Certain actions (change in ownership, relocation of a licence) will prompt an assessment, even if an assessment has already occurred within the typical 5-year cycle. What will the financial impact to owners be in these cases? Does it fall within the standardization of fees or would it trigger an additional charge?
- For IHF owners that have multiple locations, how will the CPSO manage these payments? Should owners expect to receive one consolidated invoice for all licences or can owners expect to see multiple invoices at various times during the calendar year?
- How will transparency be managed?
- Will there be a documented process that IHF owners can follow should they want to dispute an imposed fee or assessment determination?
- As the fee structure by modality is developed, who will participate in this decision making process? We believe that non-physician IHF representation (IDCA) is very important in this regard. What information will be used to determine “fair” levels of time and resources that will be needed to assess a particular licence?
- Is there an opportunity for the IDCA to participate in discussions as it relates to the finalization of the proposed fee model and specifically for determining what the fees will be and how they will be assessed on an ongoing basis?
- IHF ownership in years past was almost exclusively held by physician and therefore CPSO members. This is no longer the trend and an increasingly greater number of IHFs are owned by non-physician individuals and groups. As a result, these non-physician owners have no CPSO membership.

The IDCA and its membership would be more than happy to participate and assist with future policy review or development. We appreciate the opportunity to review the proposal fee model and would encourage you to contact us directly should you have any questions about our comments.

Regards,



Gerald Hartman
President, IDCA