Annual General Meeting of BC Neurology section

April 22, 2020

Location: Zoom – Virtual/On-Line Meeting

In attendance- Remote access

1. Dean Foti
2. John Falconer
3. Galina Vorobeychik
4. Tara Rastin
5. Sian Spacey
6. Kieran Tuck
7. Laura Wilson
8. Preet Chahal
9. Silke Cresswell
10. Melissa Mackenzie
11. Stephen van Gaal
12. Anish Kanungo
13. Sia Cacos
14. Phil Teal
15. Jonathan Squires
16. Kristine Chapman
17. "Bunmi"
18. Daryl Wile
19. Robert Carruthers
20. George Medvedev
21. Jason Valerio
22. Samuel Yip
23. Olinka Hrebicek
24. Katie Beadon
25. Aspasia (Sia) Michoulas
26. Alex Henri-Bhargava
27. Matt Kula
28. Torin Glass
29. Harina Chahal
30. Sharan Mann
31. Marketa Van den Elzen
32. "1-604***130"
33. Michelle Mezei
34. Ana-Luiza Sayao
35. Clark Funnel
36. Cory Toth
37. David Rydz
38. Kristin Pope
39. Viriginia Devonshire
40. Gordon Mackie

The meeting was called to order by John Falconer at 6:05 PM

1. Registration

2. Meeting Starts, introductions, acknowledge Video/Teleconference Attendees, welcome new members, remembering past members

3. Accept Minutes from last AGM, April 12, 2019

4. Dr. Sam Bugis – Doctors of BC

- Emphasis the last 6 weeks has been on COVID-19:
- Fees- There has been much flexibility in getting new fees and revisions in front of MSP and subsequent approval of said fees.
- Ongoing discussion for compensating doctors if they need to be redeployed.
- Privileging, scope of practice issues- College addressed this issue, they would relax bylaws and scope of practice. CMPA would also allow coverage for doctors wanting to participate and volunteer.
    - No huge need for redeployment at this moment.
- Infrastructure and capacity stabilization (aka income stabilization)-
    - Some sections more affected (e.g. general surgery) than others.
    - PEI, Newfoundland and Labrador and Saskatchewan have income replacement or stabilization. However, BC will most likely follow Alberta and Ontario's decisions.
        - Ontario will give cash advance on billing that will need to be repaid at a later date.
        - Alberta has not done anything yet regarding income stabilization but did cut fees on April 1st 2020.
        - Will need to wait to see what BC does.
- IT- Health authorities offering Zoom licenses.
    - Currently being offered to Section heads.
        - Good opportunities for Sections to talk within their sections.
- Physician Health Program- Not overwhelmed but busy.
    - Anticipate being busier when acute nature of crisis starts to settle down and physicians have time to start self-reflection.
- PPE-
    - Supply is short.
    - Communication on volume, distribution and accessibility to PPE supplies is unclear.
    - Some research is suggesting that healthcare providers may not need N95 unless for aerosol generating medical procedures. However, it is very understood why frontline workers would like to have them regardless.
- Doctors of BC website has much more information on COVID-19. MD Management system is available and contains an explanation and algorithm to determine whether you qualify for any monies.

Questions for Sam Bugis (SB):

Michelle Mezei: Is Doctors of BC doing anything to help private offices acquire PPE?

> SB: Doctors of BC does not provide equipment. Discussion is ongoing for community GPs and specialists with offices. Health authorities are supposed to be on receiving end of the supplies but there is no clear communication to doctors how to access or if supplies are available. No clear answer at this time.

John Falconer: Can facility engagement play a role in PPE acquisition and distribution?

> SB: They've relayed the message that this is of great concern, but same issue as with other groups.

5. Treasurer's report – see appendix A

6. Business Arising:

a. Annual dues - $450/yr. Please support your section and support the Society of Specialists as well as this group lobbies hard for specialists.

b. Membership numbers 2019/2020 – 90/113 Paid dues, Have sent reminders to unpaid members

c. Botox fee code: Discussion with Sian and David, elected to not pursue this item again at this time

d. APP Grid scale neurology: Service Contract range for Neurology is $272,591-$340,324. Salary Contract range for Neurology is $243,386 - $304,754. JBF Filed a submission for fall of 2019, no decision yet

e. Labour Market Adjustment funding and complex care fees. We did use one of our Disparity raises to move the 00457 into general available amount. The 00457 has now been moved into general available amount, ~$2,100,000 allocated for neurology

f. New/ Revised Fees Status - See Appendix B

- Reminder that if a new code or fee raise is wanted, need funding source.
    - Funds can come from "New Fee Monies" from Doctors of BC (hotly contested by other sections).
- New Disparity funding coming from 2019 award. Neurology obtained the 2nd highest award.

7. New Business:

a. Dr. Torin Glass is representing Neurology on SBC council and Representative Assembly

b. Physician Master Agreement (PMA) for 2019 – Disparity Arbitration Report – see Appendix C

c. Funding priorities for neurology and how best to allocate Disparity new monies (2019-2020) and in near future (see Appendix D as well)

- Neuromuscular DMD treatment fee - Allied Health Report fee (Dr. Diggle)

- Pediatric Neurology Developmental Assessment fee (Dr. Glass)

- *Justification*: pediatric patients are sometimes more involved. Create something similar to Parkinson's or cognitive fee.
- Comment from Dr. Glass:
    - No pediatric neurology code in BC (other provinces do have one)
    - Pediatric neurologists deal with complicated cases such as autism, cerebral palsy, epilepsy.
    - These conditions require extensive tests, including but not limited to social and developmental assessments.
    - Currently only 2 pediatric neurologists in the province.

    - Letter outlining proposal is available on the BC Neurology website.

- Acute Deterioration fee (Dr. Hrebicek)

- Comment from Dr. Hriebicek:
    - If patient hasn't been seen in a while and there is a sudden deterioration, may need longer time than follow-up.
    - During acute deterioration, if patient is seen by a different neurologist from their regular one, new neurologist can bill for a full consultation
    - Makes more sense for patient to see previously seen neurologist
    - Cases are often more complicated, need to review.

- We have $360,000 in 2019/20 Disparity award

d. Other fee proposals? Just make General fee Increases?

- Dean Foti- *Suggestion*: If there is a significant increase in 407 code, 411 should also be increased?
    - John Falconer (JF): Virtual consult fee code has been requested for approval to MSP for ~$650,000 per year. MSP has not adjudicated yet. In the meantime, this money is being used to increase 405, 411 and telehealth equivalents. Waiting to see if these were utilized to see if need to increase again.
- Olinka Hrebicek- *Suggestion:* Reviewing MRs, CT angios takes a lot of time. Should we have fee to capture time for reviewing (currently only have 1001)?
    - JF: There is a fee code
        - OH: Only after 2 months of seeing patient face to face.
- Alex Henri-Bhargava- *Suggestions*: 1. Lifting 90 min max time limit on 450? Some developmental assessments take ~2 hours. FTD patients also need longer. 2. Possibility of removing physician rereferral for 410 since many patients do not have GPs anymore?
    - JF: Been in discussion with MSP. MSP acknowledges that ongoing directive care by specialists don't need rereferral. Seeking clarification for a timely new consult (8-12 months later). Suggesting that although this can be considered a new consult at that point, can patient be seen without rereferral? This is being discussed.
- Jonathan Squires- *Suggestion*: Device programming fee? Generic, can be available (e.g. ADOPA titration). Currently, deep brain stimulation being housed under neurosurgery. In the future, will be looking to build programs around BC and this is very time consuming.
    - JF: To pursue this, three estimates required: 1. Need proposed fee (what it would be worth), 2. Criteria for who can bill it. 3. How many times it would be billed (globally)?
    - Silke Cresswell: *Support* programming fee that Jonathan Squires proposed. *Suggestion*: In prior meetings, it was discussed for Botox fee under guidance. Please put onto list for future discussion (next few years).

- Ana-Luiza Sayao- *Support* for acute deterioration fee code. Currently available in Yukon. *Comment*: Internal medicine who see patients with complex diagnoses make higher consult fee code because of “complex diagnostic consult fee code”. Area of discrepancy for neurologists. Internist sees hypertension patient with Parkinson, can bill higher even if Parkinson is not addressed.
    - JF: Our consult codes may be allocated differently over time which could explain discrepancies between sections.
- 1-604***130- *Suggestion*: Interest in EEG is declining. Difficult to recruit neurologist with interest in epilepsy or EEGs. Is there some way to increase interest?
- Dean Foti- *Support*: acute deterioration fee, virtual consult. *Suggestion*: Currently there are not many full-time behavioural neurologists and the fee codes being used reach capacity very quickly.
- Preet Chahal- *Question:* regarding Neuromuscular DMD treatment fee - Allied Health Report: Does this apply to physiotherapist?
- Darryl Wile- *Question*: Multidisciplinary conferencing fee: conferencing with 2 other providers (GPs, other speciailist), how does this differ from proposed Allied Health Report fee?
    - JF: Don’t need to have a meeting. Writing a report to e.g. physiotherapist allows you to charge this fee.
- Galina Vorobeychik- *Question*: Does this fee include a referral to rehabilitation or physiotherapist?
    - JF: Yes
- Phil Teal (PT)- *Suggestion and Question*: Pushing for telehealth and putting monies into it. Reaching to underserved areas. Can we enhance fee items for that or create incentives to use these technologies to help those areas?
    - JF: This is dependent on the center you’re dealing with, can they come up with the fee if you’re providing a service for that? Or fee for you to set up telehealth? Or fee for you to set up a clinic? Would prefer those options rather than adding money to the teleconference fee.
    - PT- *Comment*: Negotiating with health region has many challenges. Working hospital by hospital. Currently only two neurologists in Prince George.
    - Ana-Luiza Sayao- *Support*: Pandemic has shown that simply a phone call can provide decent care, especially for patients previously seen. *Question*: Why are only a few neurologists approved for outreach? *Suggestion*: Why it can be successful: Telehealth fee codes match consult codes and telephone works as well as video conference. Fee is not sufficient for 30-45 minute phone call.
- Galina Vorobeychik- *Question*: During previous meetings, there was a discussion regarding virtual consult code when talking to physicians, giving advice without seeing

patients. Specifically, when you have to review and talk for a long time. Should this be included in budget or is this separate money?

- JF: Will think about it, won't be addressed this year.
- Preet Chahal (PC)- *Question*: The code Galina was discussing hasn't been approved?
  - JF: Correct, has been submitted to MSP.
- PC- *Question*: Does this fee apply for a follow-up or for a new patient?
  - JF: New patient. E.g. GP is writing to specialist about complicated patient. Typically, this would generate a consult by specialist. With this fee, specialist instead can give a written report and advice, i.e. Virtual consult in writing", while not having seen the patient.
  - PC- *Question*: After billing this fee, if patient is seen in a few weeks, can we bill for a new consult?
    - JF: Not specified yet. Would like to see that, need to negotiate.
- PC- *Comment*: Consult implies good physical exam. From neuromuscular standpoint, it is difficult to provide comprehensive consult.
  - JF: Definition of a consult does not imply any aspect of a physical exam. Now terminology is "appropriate exam".

- PC- *Suggestion*: Currently, ultrasounds for peripheral nerves are done *ad hoc*. Small fee code to perform this in a comprehensive fashion?
  - JF: Well worth considering. Need to gather information about other jurisdictions. Requires previous 3 estimates: 1. Proposed fee 2. Criteria for who can bill it. 3. How many times it would be billed.
- Tara Rastin- *Suggestion & Question*: 491 and 492 are welcome codes. However, caps are low for both (General Neurology is 4). Can we increase the cap?
  - JF: Need data. How many neurologists are billing it? If few are billing it, then we can increase the cap.

John Falconer's suggestions:

- Budget $100,000 to DMT for PNS fee code.
- Budget $25,000 to Allied Health report fee code
- Budget $35,000 to Pediatric Neurology Dev Assess Fee
- Budget $200,000 to acute deterioration fee

Anyone opposed? (*No apparent opposition during meeting*)

8. Section Neurology Executive – John Falconer president 2019/2020

a. Continue to submit & monitor fee proposals (albeit disappointingly slow)

b. Continued Section presentation on APP

c. Dr. Glass will be Representative assembly member for neurology

d. Field enquiries and correspondence on behalf section, neurologists interested in BC, sectional complaints, neurology in SSC

e. Built and maintained BCneurologists.ca website

f. Section paid membership ~90/113 in past year

g. Over last few years:

- CMPA saved $2,500/yr
- APP increased $15,000/yr
- Disparity arbitration $15,000/yr/Neurology FTE

h. Based on workload last year and expected workload coming year, requesting $35,000 annual president's stipend.

i. Asking for executive volunteers, election of exec

10. New business from the floor.

- Preet Chahal- *Discussion*: Both for myself and George Medvedev, APP for neurology and MOCAP for the coverage?
    - JF: Within neurology, small amount are on APP.
    - Phil Teal: Trying to achieve an enhanced MOCAP or new MOCAP, two people on call 24/7. Only have 1 MOCAP, trying to get 2nd at even a diminished rate of full MOCAP is very difficult. Need to negotiate with region. Vancouver is not on level 1 MOCAP. Region will then negotiate with Ministry of Health. APP contracts are also negotiated with region. Need support with region at the highest level. This is an area that should be expanded. APP should be used to support hospital work in high volume hospitals. Focus is on community healthcare, emergency. They are not looking at neurology at this time.
    - JF- *Comment*: For negotiations with regions, Doctors of BC can help with specific ideas.
    - PT: Cardiology colleagues have generated multiple MOCAPS. Opportunity to renegotiate may come up.
- COVID-19:
    - JF: Upcoming: April 23rd meeting with specialists of BC, Paul Straszak and Sam Bugis. Will be discussing "Preservation of specialist capacity" in order to maintain

speciality care. April 26th Meeting with College about PPE. *Question*: In Mid-May, how are we going to start opening up our practices?

- Silke Cresswell- *Request*: Regarding COVID-19 research, please let me know if you would like to collaborate or let me know about what research you are conducting or thinking of conducting.
- Michelle Mezei- *Suggestion*: Neurologists doing telehealth for their own regions and not bumping to Vancouver.
    - JF- *Comment*: Before COVID-19, mostly had experience with Interior Health Teleconference rooms. Seeing people in their homes might be difficult due to video quality. Not great for examination.
- Michelle Mezei- *Comment*: Forefronts of Neurology meeting is not cancelled as of yet. Will send out poll to see if people are willing to do the meeting online.

Meeting was adjourned at 7:24 PM.