Annual General Meeting of BC Neurology section

April 21, 2021

Location: Zoom – Virtual/On-Line Meeting

Agenda:

7:00 pm 1. Registration

7:05 pm 2. Meeting Starts, introductions, acknowledge Video/Teleconference Attendees, welcome new members, remembering past members

3. Accept Minutes from last AGM, April 22, 2020

7:10 pm 4. Dr. Sam Bugis – Doctors of BC

7:30 pm 5. Treasurer's report – see appendix A

7:35 pm 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** 2020/ – 75/125 FTE Paid dues, Have sent reminders to unpaid members

c. APP Grid scale neurology: JBF Filed a submission for fall of 2020, no decision yet

d. **New/ Revised Fees Status - See Appendix B** Still waiting on Virtual Fee Code (into 3rd year now!)

7:45 pm 8. New Business:

a. **Dr. Torin Glass** representative Neurology on SBC council and Representative Assembly

7:55 pm b. **Physician Master Agreement (PMA**) for 2019 – Disparity Arbitration About $600K/yr coming available April 1, 2021

8:00 pm **c. Funding priorities for neurology and how best to allocate Disparity new monies (2019-2020) and in near future (see Appendix D as well)** –

04-1-33(21) Allied Health Report/Request Neurology Patient

04-1-34(21) Development assessment of Pediatric Neurology Patient

04-1-35(21) Acute Deterioration of Neurology Patient

04-1-36(21) DMT (Disease Modifying Treatment) management for active inflammatory disease of the Peripheral Nervous System (PNS) These applications have all been submitted

8:05 pm **d. Other fee proposals? Just make General fee Increases?** What to do with upcoming available funds?

Suggestions:

- Dedicated Neurologist LP Fee
- Increased funding for dealing with unattached patients
- Time graded follow-up visits

8:25 pm **e. Covid - share experience and comments**

8:30 pm **f. Regional/Provincial RACE Line**

8:45 pm **g. MEG -Magnetoencephalography - Dr. Diggle or representative**

8:55 pm 9. Section Neurology Executive – John Falconer president 2019/2020

a. Continue to submit & monitor fee proposals (albeit disappointingly slow <that is the process, not Dr. Falconer>)

b. Continued Section representation on APP

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

d. Built and maintained BCneurologists.ca website

e. Section paid membership ~80/113 in past year

f. Over last few years: - CMPA saved $2,500/yr - APP increased $15,000/yr - Disparity arbitration $15,000/yr/Neurology FTE

g. Based on workload last year and expected workload coming year, recommending $35,000 annual president's stipend, $2,500 Treasurer stipend, $1,000 each other exec member stipend.

j. Asking for executive volunteers, election of executive members

9:00 pm 10. **New business from the floor.**

In attendance- Remote Access

1. John Falconer
2. Alexandre Henri-Bhargava
3. Chantelle Hrazdil
4. Chris Fox
5. Clark Funnell
6. Dean Foti
7. Dean Johnston
8. Galina Vorobeychik
9. Jason Valerio
10. Jonathan Squires
11. Katie Beadon

12. Keiran Tuck
13. Laura Wilson
14. Matt Kula
15. Melissa Mackenzie
16. Philip Teal
17. Samuel Yip
18. Sharan Mann
19. Sian Spacey
20. Silke Creswell
21. Torin Glass
22. Tychicus Chen
23. Michelle Mezei
24. Priya Dhawan
25. Chantelle Hrazdil
26. Laura Baxter
27. Marketa van den Elzen
28. Robert Carruthers

Guests:

Sam Bugis

John Pawlovich

1. Registration

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

3. Accept Minutes from last AGM, April 22, 2020

4. Dr. Sam Bugis (SB) – Doctors of BC

- Neurology has increased its use of telehealth. There is no going back, and it is now here to stay
- *Question*- Is DoctorsofBC advocating for patients who need to go from telehealth to big centers?
    - SB: Not sure
- *Question*- Has there been any discussion about mandatory cultural safety training before renewing license? (Referring to “San'yas Indigenous Cultural Safety Training”
    - SB: There has been discussion and it appears to be heading in that direction. However, at this time the training has been poorly reviewed by those who had done it. There are also not enough resources to teach it.

5. Treasurer's report – see appendix A

Appendix A – Financials Section of Neurology April 22, 2020

Income Statement

BC Neurologists

January 1, 2020 to December 31, 2020

Income		
Membership Dues	$35,000	
Interest on Bank Account	$697	
Net income		$35,697
Expenses		
President's Stipend	$35,100	
Treasurer's Stipend	$2,500	
Web maintenance expenses	$605	
	$38,205	
Total Expenses		$38,205
Net Profit (Loss)		($2,508)

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.

- Hoping for higher membership so that dues may be lowered.

b. Membership numbers 2020/ – 75/125 FTE Paid dues, Have sent reminders to unpaid members

- Regular Members paid section dues 2021: 83
- Part Time members paid sections dues 2021: 3
- Regular Members, DoBC Members, Not paid dues 2021: 63
- Total Neurologists BC 2021: 154
- Total FTE Neurologists BC 2021: 130

c. APP Grid scale neurology: JBF Filed a submission for fall of 2020, no decision yet

d. **New/ Revised Fees Status - See Appendix B** Still waiting on Virtual Fee Code (into 3rd year now!)

- *Reminder*- Can bill this code if physician is provided enough information to write a letter/recommendation without having seen the patient.
  - Pay 60% of full consult.
  - Patterned from endocrinology.

8. New Business:

a. **Dr. Torin Glass** representative Neurology on SBC council and Representative Assembly

- 3 meetings per year (May, October, February)
- The Representative Assembly is a group of delegates from each speciality from each district within the province. They help direct the DoBC in terms of mandates and policies.
- Topic of discussion in May 2020: Compensation for physicians, focus on COVID
- Topic of discussion in October 2020: Virtual care, how has it changed our practice
- Topic of discussion in February 2020: Negotiating priorities. Vote was held and ranked.
    - Main priorities: supporting and maintaining autonomy, disparity funding, business expense funding, maintaining joint committee funding and supporting current benefits.
- The Representative Assembly gives recommendations, but the final decisions remain up to the board.
- Agenda for May 2021 meeting has not been released yet.

b. Physician Master Agreement (PMA) for 2019 – Disparity Arbitration About $600K/yr coming available April 1, 2021

- Each year we do not have virtual consult, 600K per year is given to allocate to other areas.

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

04-1-33(21) Allied Health Report/Request Neurology Patient

04-1-34(21) Development assessment of Pediatric Neurology Patient

04-1-35(21) Acute Deterioration of Neurology Patient

04-1-36(21) DMT (Disease Modifying Treatment) management for active inflammatory disease of the Peripheral Nervous System (PNS) These applications have all been submitted

- During COVID, new fee applications were note being accepted. Only last month were they beginning to be accepted.

d. Other fee proposals? Just make General fee Increases? What to do with upcoming available funds?

Suggestions:

- Dedicated Neurologist LP Fee
    - *Reason*- Current LP renumeration is low. Originally, this was a section of pediatrics fee
- Increased funding for dealing with unattached patients
    - *Reason*- Many patients do not have a primary care physician
- Time graded follow-up visits
    - *Example*- First follow-up pays more than second. Ontario has a system similar to this.

Discussion:

- John Falconer (JF): *Question*- What to do with upcoming available funds? For the last 5-6 years, we targeted the money. Other ideas? Suggestions?
- Dean Fotti (DF): *Suggestion*- One area that should be targeted: call work. Patients are sicker and several physicians rely on other physicians to provide coverage. Perhaps we should enhance the 410 or create a call back fee?
    - JF: *Question*- What about coupling this visit with complex fee code?
        - DF: *Answer*- Typically not done for in hospital patients. Call puts physician at legal risk.
    - *Support*- Several members in chat agree with call code
- Galina Vorobeychik (GV): *Suggestion*- Perhaps we need a code for urgently accommodating patients in emergency department? Create a last-minute addition fee ("Jam fee") for staying longer to assess the patient instead of the patient staying in emergency or staying in hospital.
- Alexandre Henri-Bhargava (ABH): *Suggestion*- LP code would be very important. At this time, cannot bill 450 or 457 with LP. Can't bill LP + follow-up/counsel. At minimum, we need to advocate that we have seen colleagues avoid LPs because of the time sink with minimal payment.
    - Additionally, the more codes we add, the more spread out and difficult billing becomes.
- Michelle Mezei (MM): *Suggestion*- Add a code to compensate for the endless paperwork and bills (e.g. Special Authority Request, insurance request, special funding requests)? *Question*- Do other sections have a code?
    - JF: *Answer and Comment*- Rheumatology section has that code. They also have funding for a nurse onboard to help with this paperwork. They appreciate having an administrative assistant for these tasks.
- Priya Dhawan (PD): *Suggestion*- What about increasing 410 code?
    - JF: *Answer*- Most money we spend in the section goes to 410 since ~25% of patients get follow-ups.

- MM: *Comment*- 407 code does not cover paperwork.
    - Torin Glass (TG): *Comment*- Pediatrics use time-based code. Up to certain time get X, then every minute you add on Y. *Suggestion*- Increase 457 to try and do time-based? Some codes include writing/dictating report in timeframe.
    - PD: *Support*
    - JF: *Comment*- Psychiatry and Anaesthesia use time-based code. However, caution against it, only so much time in the day. Not rewarded for efficiency.
- JF: *Question*- Do we take new money and put it smoothly across or target? 0.5% gets added across the board regardless.
- Chantelle Hrazdil (CH): *Question*- As opposed to targeting sub-specialist, what about targeting those that practice in more rural environments? There are typically with financial and personal disincentives for physicians to practice in these areas. Are any government incentives available?
    - JF: *Answer*- Government defines rural areas and there are premiums which are applied to those areas automatically, thus there is an increased percentage across all that you bill.
- Katie Beadon (KB): *Suggestion*- Physicians are asked to complete objective outcome measurements. Perhaps we should create a more general fee code for other scales? Currently there are some for specific codes, such as for MOCA/cognitive assessments.
    - JF: *Support*- This is a good idea. One of the reasons is that you don't have to do it, you can train others to do that, thus increasing renumeration for the time you have. These scales are also done for Parkinson's. There is a currently a code in the process for pediatric development assessment. Agree that those are good.
    - MM: *Support*- There are so many codes for every disease, for example, there are 7 for neuromuscular scales. Agree for general fee for scales.
- JF: *Question*- Does anyone have experience with paperwork in other jurisdictions? Provinces or States?
    - PD: *Answer*- I was a trainee in the US but not staffed. At the clinic I worked at, they had to hire 3 full-time staff for paperwork and billing.
    - Keiran Tuck: *Answer*- I worked in US for several years. Their billing system is much simpler, and it is all time-based. There are approximately 4 billing codes in total. Billing in Canada is much more onerous on the physician rather than staff.
- *Question*- What are the advantages/disadvantages about changing existing codes vs adding new codes?

    - JF: Changing rules about existing fee code is difficult if there are wider implications. There was an effort to get 406 to be billable more than twice a week but was difficult.

- JF: *Suggestion*- If there is a dedicated neurology LP code, even if we can't bill with follow-up visit, it might be worth it if its high enough.
    - GV: *Suggestion*- Add to existing LP code "interpretation by neurologist". E.g. You did LP and then add code "interpretation of test/CSF results".
        - JF: *Comment*- Need to figure out what's the best technical way to increase renumeration for LPs.
- Clark Funnell (CF): *Suggestion*- If we divide 600K across the entire section, not much gets increased. We should target only if there is an area that is disproportionally affects (e.g. LP, on call). For paperwork that everyone does, it may not be worth it to increase funding for that area. Would prefer to do a general increase in those cases.
    - JF: *Comment*- In the past, some areas had poor renumeration. 410 is fairest way to increase for everyone.
    - Dean Johnston (DJ): *Comment*- Disparity groups need more increases compared to general group.
    - *Support*- Many members in chat favour towards increases for those doing in hospital work.
- DF: *Comment*- I generally don't bill LP code. Can use alternative billing codes instead of waiting for new code. *Suggestion*- Bump up 457 code?
- DF: *Question*- 411 code sits barely above 407 code. There was previous discussion on updating that code, any updates?
    - JF: *Answer*- 411 is cross matched with a referral. 410: need a referral based on an honour system. 411 is absolutely cross-checked. If someone checks that and finds that it wasn't done, get knocked back to 407. What do you think of this reasoning?
    - DF: 411 is still a valuable code. *Suggestion*- Maybe an alternative code?
- GV: *Comment*- From our experiences for inpatient consults, the biggest problems for young colleagues is opening their own office and paying overhead. They are attracted to hospitals because of this. We need a balanced approach because of the overhead costs for people who have their own office.
    - JF: *Comment*- In Kelowna, 4-5 neurologists are hospital-based, not being charged anything.
- PD: *Comment*- We need to support physicians dealing with large volumes and supporting large group of patients. Need support for financial and personal burnout.
- JF: *Poll*- Should we focus on general increases or new codes?
    - *Vote* from members: Prefer to focus on new codes.

- Robert Carruthers (RC): *Suggestion*- If you're doing work that a GP should be, you should be compensated. *Question*- Can you bill 410 for an unattached physician?
    - JF: *Answer*- If you do a repeat consult after 6 months, need a referral. They're not cross-matched vigorously. Follow-ups can be done indefinitely without re-referral.
- GV: *Question*- There sometimes comes these unique situations wherein a patient is referred by GP, but the GP subsequently retires/leaves the practice. What do we do in this case?
    - JF: *Answer*- You don't have to have a referral once they're referred once.
- JF: *Poll*- Which fee proposals would be most supported: in hospital work, LPs, unattached patients, and/or time-graded follow-ups.
- *Results*:
    - Call/hospital work: Well-supported
    - LP: 60% positive
    - Unattached patients: Not very well supported
    - Time-graded follow-ups: Not very well supported.
- Overall preference is to target; hospital and LP seems to be the well-preferred options.

e. Covid - share experience and comments

- PPE is generally available
- Telehealth is embedded

f. Regional/Provincial RACE Line (Presentations by Dean Johnston and John Pawlovich)

- Dean Johnston (DJ): *Presentation*- Transformation of Neurological Care Delivery in BC?
    - Biggest change: rapid incorporation of telehealth.
    - Billing codes by neurologist: First quarter use of 470 telehealth code: 2019 (372), 2020 (643), 2021 (12,859).
    - RACE Neurology Statistics: 42% increase in requests over the past year.
    - One of most important documents to be aware of: Addressing Racism (Dr. Mary Ellen Turpel-Lafond).
    - Out-of-pocket costs for rural residents when traveling for HealthCare: $2,234 for average total-out of pocket cost for a single event. Study published in August 2020 by UBC.
    - 14% of respondents received financial assistance from an organization.

- John Pawlovich (JP): *Presentation*- Real-Time Virtual Support Toolkit for Healthcare Providers.
    - RTVS has been building since March 2020 as a response to COVID. Culmination of rural Indigenous and non-Indigenous community collaboration.
    - Created a network of virtual providers: those that support patients and those that support providers.
    - FNVDoD (First Nations Virtual Doctor of the Day) and FNVSuPS (First Nations Virtual Substance Use and Psychiatric Service)
    - HEiDi physicians support 811 nurses. Created this group to compliment the nurses.
        - 200 calls per day for HEiDi.
    - 4 pathways: 24/7 help available for emergency supports: MaBAL (Maternity), CHARLiE (Pediatricians), RUDi (Rural Generalists/ER), and ROSe (Intensivists/Critical care).
        - Average time is 10-15 seconds to bring a doctor onto a call.
    - www.rccbc.ca/rtvs for more information
    - Other non-urgent supports: Dermatology, Rheumatology, Thrombosis, myoLIVE, Hematology. Future pathways: Addictive care, palliative care.
    - 200-210 communities are part of the rural network. 91 have been reached thus far.
    - 200 RTVS faculty members.
    - Funded by Ministry, successful in COVID-19 funding for first year and funding is present for next year.
    - The Vision/what they're looking for:
        - Virtual Neurologist available to support remote/indigenous patients and their HCP
        - Video/Telephone/email
        - Interested neurologists province-wide
        - Interested in learning about culturally safe care and rural issues in general
        - "Realtime" (short response times)
        - Mon-Fri, 9-5
- JF: *Question*- How is it funded?
    - DJ: *Answer*- Fee-for service, similar to how it is for RACE and telehealth conference. Could be significant volume, should be separate funding.
- KB: *Question*- What are the numbers for rheumatology and dermatology?

    - JP: *Answer*- Low numbers for rheumatology. Still need to build awareness and behavioural transformation needs to occur on the ground. This is new but growth is steady. Dermatology is highest, but they have also been there longest. None of the 9-5 groups have been overwhelmed with calls.

- KB: *Question*- How does it work timewise (do it during research day or medical/legal days)?
    - Answer- It differs based on speciality. For Dermatology: residents take the first call (educational component for them). For Rheumatology: call comes to MOA, takes up front information, then rheumatologists calls back to person. Integrate into Zoom call days.
- Please reach out to Dean Johnston (deanccjohnston@gmail.com) if you are interested or would like more information.
- Toolkit: https://rccbc.ca/wp-content/uploads/2020/08/RTVSToolkit.pdf

g. MEG -Magnetoencephalography - Dr. Diggle or representative

- Absent: Tabled until next meeting.

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

a. Continue to submit & monitor fee proposals (albeit disappointingly slow <that is the process, not Dr. Falconer>)

b. Continued Section representation on APP

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

d. Built and maintained BCneurologists.ca website

e. Section paid membership ~80/113 in past year

f. Over last few years: - CMPA saved $2,500/yr - APP increased $15,000/yr - Disparity arbitration $15,000/yr/Neurology FTE

g. Based on workload last year and expected workload coming year, recommending $35,000 annual president's stipend, $2,500 Treasurer stipend, $1,000 each other exec member stipend.

j. Asking for executive volunteers, election of executive members

- Group: General support for these suggestions

10. **New business from the floor.**

- None

Meeting adjourned at 8:59 PM.