

BCNeurologists.ca

*Dr. John Falconer, FRCPC
President, BC Section of Neurology*

- **Section of Neurology, Doctors of BC, AGM 2022**
- **April 20, 2022 – 7pm to 9pm**
- **Virtual meeting utilizing zoom connection provided by Doctors of BC, section support**
- **Approximately 45 section of neurology members present**

Agenda:

- Land Acknowledgement
- New Members
- AGM 2021 Minutes discussed - no objections
- Financials
- Membership - currently 90 paid members on average
 - 70 not paid members of section
 - 23 members members of neither
 - JF discussed strategy for recruitment
- TG
 - Docs of BC Representative Assembly
 - SSC
 - Advocacy for specialists (Currently Chris Hooge)
 - GP's viewed as ?specialists?
 - Appropriate use of Virtual care
 - Re-referral process
 - Gender Pay gap
 - SSC financially unstable given poor participation in funding (all specialists are encouraged to purchase SSC membership)
 - Currently only about 10% of specialists are contributing
 - This compromises our ability to work as a group with other specialists
 - JF brings up example of referral/re-referral issues at present
 - MSP is looking at making a change in policy for this (never a new referral for a follow up)
 - Impacts all specialists, but particularly chronic care
 - GP's are pushing back on re-referrals
 - Niall Davidson
 - It is reasonable to discharge patients in your care and then have GP manage
 - JF
 - 1 year repeat referral needed, for example
 - OH
 - MS drugs need to be prescribed by specialist - GP's can't
 - Jamila Madhani
 - Many patients don't have a family physician - chasing re-referrals is a challenge
- Business News
 - New Fee Code (in preparation for 3 years) 440 - virtual assessment. Modelled after endocrinology code
 - Can allow a letter to GP that serves as a consult.

- No requirement to speak with/see patient
 - Bridging to a consult is a consideration
 - Can be billed maximum 8 times monthly, 1 per patient
 - Uptake by neurologists will be evaluated. If overused, we may have issues.
 - This is also different than an urgent advice call and also cannot be used for established patients.
 - Written report is necessary
- Open Forum For Billing
 - JF gives examples ie directive care in hospital - if patient is in the ICU and needs to be seen more than TIW - OK to bill 408 daily - need to indicate "daily billing as patient in ICU"
 - Same could apply for sick ward patients more frequently and requires a letter to MSP requesting approval of daily 406's
 - 450/457 - use more liberally - document times (may exclude billing with EMG codes)
 - PENDING FEE CODES WITH TARIFF
 - PNS DMT fee code
 - IDEAS for NEW CODES
 - Device programming for VNS, DBS
 - Kieran Tuck asked to provide data to help substantiate this (also helpful to know how this is managed in other jurisdiction)
 - Also could it be billed with other fee codes
 - Point of Care Ultrasound for peripheral nerve evaluation
 - Not used by OB
 - Matt Kula says that requirements for this would need to be added to credentialing dictionary
 - LP codes - still can't bill with complex fee codes
 - JF has brought this up with but this is code that resides in paediatrics
 - Dean Foti bills a follow up and does LP simultaneously
 - Harinder Dhaliwal
 - EEG codes in BC are poorly compensated compared to other provinces
 - Yayha Agha Khan - compared codes throughout BC while working in Manitoba.
 - Longterm EEG monitoring code is NOT dependent on length of admission (300 for 1 day or 11 days)
 - Same issues while looking after patients in the ICU (EEG review, dictation, working with ICU team)
 - The VGH group has a service contract, which does steps around this
 - Suggested having health authorities work closely on this
 - JF requested more information
 - After hours care letter from College
 - Larger centers generally call groups share this responsibility
 - Jamila Madhani - 24/6 setup at Richmond - call coverage falls on VGH
 - Some people have considered call services
 - JF asked about whether people have formal agreements with ER
 - GV asks how community neurologists are managing this
 - JM asks whether this is something that the SSC is dealing with
 - TG has looked into this

- TG includes a proviso that after hours coverage is the responsibility of the referring doctor
 - Current president is uncomfortable with this requirement given burnout rates of physicians and will ask college to work with doctors to enhance safety of care
 - JF will call the college for more direction for this issue
 - Dean Foti has a message on the machine with instructions for the patients when they call
- JM has concerns that advertising the availability of overnight call 24/7 would create major issues
- YAK related experience in Alberta. No clear plan here in BC.
- Requirement for plan for what to do with your patients if you die
 - Some plan should be in place
- Forefronts 2022 is back 9/23-25/2022 - will include a job fair
- Reviewed Neurology Executive
 - Rob Carruthers is President Elect for 2023
- Please review the accomplishments of section
- Opportunity to raise questions/concerns was offered
- Meeting Adjourned 8:41PM