

Section of Neurology Annual General Meeting
April 12, 2023
Chair: Dr. John Falconer/Dr. Rob Carruthers

7:05 Meeting started

7:05 pm **Land Acknowledgement**

7:06 pm **Meeting called to Order**

7:06 pm **Accepted Minutes from last AGM, April 20, 2022**

7:06 pm **Dr. Sam Bugis – Specialists Liaison - Doctors of BC**

-Virtual care recommendations are being reviewed. Specifics of this are not known.

Tariff committee is involved at the moment for review of this. Process is in progress.

-Referral process is being reviewed as well by the 'referral working group', with unclear timeline.

-Physician quality working group remains a goal of DoBC though its potential remains uncertain due to multiple unclear limitations.

-Specialists access and waitlist areas are being investigated and discussed between cSBC and DoBC with partners to help in aligning benefits and access to specialists care. Discussions continue in this manner.

-SSC continues to work on specialists' benefits/access/leadership, with attention to system efficiencies being assessed.

-Disparity mediator Mr. Brick has been chosen and first meeting has already been had. Disparity allocation process outline remains in discussion.

7:25 pm **5. Treasurer's report.**

- Membership fee was increased to \$600 from \$450 to build money for extra expenses.
- Extra special assessment fee for arbitration was also included and successful in getting large volume of payments from members
- Motioned (Sayao) and seconded (Beadon) at 8:02

7:27 pm **6. Business Arising:**

a. New fee code requests outstanding:

- a. Complex telephone assessment
- b. PNS DMT assessment fee
- c. Allied health support fee
- d. Pediatric Developmental assessment fee
- e. Patient Acute deterioration fee

- Timeline remains nearly 3 years for getting these new fees in place. Disparity money is allocated yearly via retroactive fee guide when not included with new fees. Timeline updates unclear from DoBC

- a. Annual dues
 - expectation of reducing fee back to lower than \$600 planned, to be discussed in fall with executive
- b. Membership numbers
 - 157 Full time Neurologists, with 117 FTE neurologist

7:35 pm **7. New Business:**

- a. Dr. Rob Carruthers representative Neurology on SBC council and Representative Assembly
 - a. Update on RA meeting and information provided about recent meetings and information. Advocacy regarding re-referrals, Pharmacists new allowances, Inflation issues on practice and Disparity allocation information.
 - b. Disparity committees' information and EPAC which continues to show us within the low demographic of this.
 - c. cSBC executive committee is also being supported
- b. Dr. Torin Glass results of recent survey
 - a. Survey results highlighted various aspects of the section of neurology processes and supporting further information to the executive and meeting styles

8:04 pm **8. New Physician Master Agreement, regular fee increases \$70M for disparity correction.**

- a. Regular fee increase ~\$2.4M over two years to all sections.
 - a. 40% to 410/470
 - b. EEG assessment, cognitive neurology, movement disorder CNS monitoring, hospital and office visit 407/477 and complex follow-up fee 457 also included in the remainder of this
 - c. Limitations on cognitive assessment and PD assessment being increased
- b. Disparity correction – complex, decided on section allocation by submission to an arbitrator.
 - a. Between section disparity continues to loom large, with differences in practices and gender issues represented
 - b. Arbitrator has been chosen and \$70million allocation is being decided
 - c. MNP has been hired to work on an allocation request for disparity money from DoBC
 - d. Intraprovincial and interprovincial disparities are being addressed.
 - e. Disparity for cognitive and movement and neuropeds being worked upon
 - f. Follow-up fee codes have also been addressed more recently
 - g. Complex fee codes also being supported at present
- c. Presentations on specific fee edits or requests
 - a. Gender disparity correction requested – increasing numbers of codes does not help those who work part-time. Gender disparity working group

requested. Those interested to reach out and discuss with the neurology executive.

- b. Long-term strategies for increasing fee codes would be helpful
- c. EEG fee increases have not been supported over time, thus recent call has been for increases in these fee codes given the need for ongoing support of this in upcoming readings.
- d. Complex EEG and inpatient fee codes are not represented in the current fee guide. A desire to develop these new codes is out there and a new code would benefit those doing this work, even if it is just a small number providing this.
- e. Vote to membership for disparity to be arranged once monies allocation have been decided.
- f. Complex care code is being used by IM. There is a desire to attempt to develop this for use in Neurology.
- g. Fee code pre-amble to be switched needs approval from MSP and thus new fee codes may save time.
- h. DBS fee code also requested
- i. Nursing support fee code could be developed as well, much like Rheumatology nursing code.

8:59 pm

9. Section Neurology Executive – 2023/2024 – voted to approve

-Past-President - John

-President - Rob

-Vice-President - Olinka

-Treasurer - Galina

-Secretary – Torin

-Economics – Ana Luiza

-Members at Large - Nikkie, Kara, Lee

Motion passed – Alex and Katie

-Request for formal call to be sent out in the upcoming AGM in 2024 plan for next allocation to executive to allow more diverse representation and for new leadership

-New executive membership to reach out to president if they wish to join.

8:55 pm

10. New business from the floor.

- a. World congress of Neurology in Montreal this year. CNSF groups are attending and international speakers will be present.
- b. Canadian Neurological Society support requested with call outs for joining in advocacy and liaising with other national societies requested.
- c. CNSF meeting in Banff this June.
- d. Dr. Takahashi – requested information about how new fee codes are developed to cross-specialties. cSBC does this in

consultation with SSC. *Rob and John will formulate a letter to support this*

- e. Dr. Teal – requesting AFP funding allocations and the current payment model. Grid payment is not in line with current acute care programs that most people are working within. *APP working group requested with Dr. Teal to support in developing.*
- f. Island Health medicine has a large vacancy at this time. There are currently 5 positions in need of space.
- g. *Disparity working group to be developed.* Those interested to reach out to neurology executive and help in addressing this important issue.

9:06 pm

11. **Adjourn**