

Questions and Answers
Temporary Physician Funding for Hospitals During COVID-19 Outbreak

A. General

Q1: What is the funding envelope/maximum amount my hospital can spend?

Individual hospital funding allocations will be communicated shortly to hospitals by the LHINs.

Q2: When does the funding period begin?

Funding begins once the criteria that are set out in the guidelines document are met for each funding component.

If the criteria have already been met, then the hospital would be eligible for funding retroactively from the date the criteria were met, but no earlier than April 3, 2020.

Funding for infectious disease specialists, education and training may be funded retroactively from March 2, 2020.

The discretion and flexibility to apply these funding parameters resides locally with hospital CEOs and their delegates, within the guidelines provided by the Ministry of Health.

Q3: When does the funding period end?

Funding for inpatient and ICU services ends when a scheduled reassessment (at 4 weeks, then every 2 weeks) indicates that the surge criteria have subsided.

All other funding will cease no later than July 31, 2020, unless otherwise agreed to by the Ontario Medical Association (OMA) and the Ministry of Health (the “ministry”).

Q4: Can a physician receive funding from more than one of the hourly funding rates/sources?

A physician is only eligible for one type of funding at a time.

Q5: Can hourly rates be paid to a physician while they are receiving other funding sources (EDAFA, APP)?

If a physician is paid the hourly rates, they cannot bill concurrently under the Fee for Service model or receive any payment from another funding source.

Q6: Can the funding be used for on call physicians?

No, this funding is for in hospital activities and may not be used to fund “on call” activities.

Q7: How will the funding process work, what does my hospital need to submit?

This funding will be administered by the LHINs to hospitals and hospitals will submit claims for payment to the LHINs.

Further information will be provided to hospitals on this process shortly.

Q8: What reporting is expected of my hospital? Is there a form that hospitals need to complete and submit?

Hospitals will be provided with a reporting template to complete and submit to the LHIN, which will then be provided to the Ministry.

Hospitals will need to track some metrics related to specific indicators under the Guidelines in order to process the hourly payments to physicians. Hospitals should retain information on these metrics as they will be required to provide them in the event of future review/audit by the ministry.

Metrics include:

- Number of occupied ICU and ward beds per day;
- Number of COVID-19+/probable case patients per day;
- Names of physicians and OHIP billing number and/or residents providing COVID-19 related services; and
- Type of funded service as noted in the guidelines and number of hours for each type of service for each physician/resident by date.

Q9: Does there have to be a formal agreement between the hospital and the physician(s)?

The approach to the administration of these physician payments at the hospital level is an operational decision for the hospital.

Q10: Do physicians submit an invoice?

The approach to the administration of these physician payments at the hospital level is an operational decision for the hospital.

Hospitals will be required to submit a reporting template that will be provided to hospitals from the LHINs.

Q11: Are things like planning for surgical slowdown and surgical ramp up, eligible for this funding?

There is local CEO/delegate discretion to identify COVID related administration and leadership activities that are critical to the hospital's response to COVID-19 to apply the funding guidelines.

Q12: Will the ministry fund all amounts paid out to physicians? Is there an approval process?

This funding will be administered by the LHINs to hospitals and hospitals will submit claims for payment to the LHINs.

Further information will be provided to hospitals on this process shortly.

Payments processed under this funding should align with the guidelines provided by the ministry.

Q13: It was noted that funding will only be implemented if a hospital is in surge, can you provide more details on what would be considered surge?

Please refer to the guidelines provided by the ministry to Ontario hospitals on April 17, 2020, and the subsequently updated guidelines document that was distributed on April 24, 2020.

Q14: If a hospital does not meet the surge qualifications, will that hospital be excluded from all funding under this model?

If a hospital does not meet the requirements outlined in Q16 or Q21, based on requirements that are critical to the hospital's response to COVID-19, hospitals may still be eligible to receive funding for some components.

These components may include: COVID Protected Code Blue/Pre-Emptive Code Blue Team funding, funding for Infectious Disease Specialists, Non-Clinical Assignment funding, Restricted Residents, and the AGMP funding.

For more information on the requirements for these components, please refer to the guidelines provided by the ministry to Ontario hospitals on April 17, 2020, and the subsequently updated guidelines document distributed on April 24th.

Q15: What are the implications for physicians who have already submitted Fee-for-Service (FFS) claims? If a physician has already billed FFS, are they still eligible to receive special COVID funding or COVID related activities?

A physician is only eligible for one type of funding at a time.

If a physician has already claimed Fee For Service billings, they would not be eligible for the hourly funding for the same concurrent payment period.

B. Ward Funding

Q16: How do I calculate whether my hospital qualifies for ward funding?

A hospital qualifies for physician hourly ward rate funding in one of three ways:

- when providing services to patients in a hospital where the medicine beds are occupied by at least 60% or more COVID+/ probable case patients for a minimum of 3 consecutive days;

OR

- when providing services to a ward dedicated solely to the care of COVID+/ probable case patients with a minimum of 12 beds;

OR

- for hospitals with <30 general medicine beds when, on average for a period of at least 3 days, ≥ 10 COVID+/probable case patients are admitted.

Once initiated, the in-hospital in-patient physician funding rate should be in place for 4 weeks and evaluated at the end of that time, and then re-evaluated every 2 weeks thereafter to assess whether the in hospital COVID+/probable case in-patient occupancy criteria are still met.

Please refer to the Guidelines document for further information on the additional requirements and parameters for ward funding.

Q17: If I have a mixed ward (COVID and non-COVID patients) are physicians paid the COVID rate for the non COVID patients?

Yes, as long as at least 60% of the patients are COVID+/ probable case patients.

Q18: If I have a COVID ward and a non-COVID ward, do they both qualify for the hourly rate?

In this situation, only the COVID ward qualifies for the hourly rate.

Q19: How many physicians can be funded at one time by the Ward hourly rates?

The ratio of physicians to patients is expected to average 1:15 over the course of 24 hours recognizing that physician staffing requirements may vary over the course of the day.

Q20: In order to qualify for funding, do I need to have physicians in hospital 24/7 for Ward coverage?

Ward funding is only applicable to in-hospital services, not to out-of-hospital coverage. The number of physicians in hospital at any time may vary according to clinical need.

C. ICU Funding

Q21: How do I calculate whether my hospital qualifies for ICU funding?

A hospital qualifies for physician hourly rate ICU funding in one of three ways:

- when providing services to patients in an ICU that has 60% or more of its occupied beds filled with COVID+/ probable case patients for a minimum of 3 consecutive days;

OR

- for hospitals with ≤ 10 ICU beds, when at least 3 ventilated patients are COVID+/probable case or when there is a total of 5 patients who are COVID+/probable case regardless of ventilator status;

OR

- for hospitals with ICUs smaller than 6 beds, local consideration for triggering of surge planning for ventilated patients being managed locally.

Please refer to the Guidelines document for further information on the additional requirements and parameters for ICU funding.

Q22: How many physicians can be funded at one time by the ICU hourly rates?

The ratio of physicians to patients is expected to average 1:12 over the course of 24 hours recognizing that physician staffing requirements may vary over the course of the day.

Q23: In order to qualify for funding, do I need to have physicians in hospital, or is this funding also applicable for physicians out-of-hospital on call?

ICU funding is only applicable to in-hospital services, not to out-of-hospital coverage.

D. Infectious Disease (ID) Funding

Q24: Is the ID physician funding limited to physicians with FRCPSC certification in Infectious Disease?

Yes, this funding is to support COVID-19 services for hospitals of physicians with specialty certification in Infectious Disease.

Q25: How many physicians can be funded at one time with ID funding?

Each hospital which employs an FRCSC certified Infectious Disease specialist may claim sufficient funds to top up existing payments to a maximum of 1 FTE salary.

If more than one physician is involved, they may each be topped up to 1 FTE, provided that the level of IPAC activity in the hospital requires them.

E. AGMP Funding

Q26: How many physicians can be funded at one time by the AGMP funding?

All physicians who perform AGMP procedures during weekday daytime hours are eligible for the funding, subject to the requirements under the Guidelines provided.

Physicians should not concurrently receive any other hourly funding.

Physicians should only submit the AGMP fee when providing services to COVID+/ probable case patients.

Q27: Do I need to report eligible physicians for AGMP funding?

No, there is no need for hospitals to report on AGMP funding.

Q28: How will AGMP funding be paid?

AGMP funding will be paid directly to physicians by the ministry acting as payment agent on behalf of the hospitals.

The ministry will process these payments using the OHIP claims system as the processing channel.

Further information will be provided to hospitals and physicians on the processing of these payments.

F. Non-Clinical Assignment Funding

Q29: How many physicians can be funded at one time by the administrative hourly rates?

This funding is for physician non-clinical and leadership activities related to the hospital's COVID planning and care delivery.

There is local CEO/delegate discretion to identify the COVID related administration and leadership activities, and the physicians, that are critical to the hospital's response to COVID-19 to apply the funding guidelines.

The funding is for the period beginning March 2, 2020 and ending no later than July 31, 2020.

This funding does not apply to or otherwise supplement that portion of time for which a physician already receives funding support for administrative and leadership activity.

Q30: What activities are eligible for administrative funding?

Administrative needs related to the COVID-19 pandemic would be locally determined by the hospital CEO or delegate and should be recorded as this information will be required in the event of future review/audit by the ministry.

Q31: Is there a maximum number of hours per week for funding of administrative/leadership activities per physician?

It is expected there may be a range of activities that this funding would support and a range of part-time to full-time engagement for this work (with funding of 40 hours per week generally expected for full-time assignments).

There is local CEO/delegate discretion to identify COVID related administration and leadership activities that are critical to the hospital's response to COVID-19 that are not already funded.

Hospitals should retain information on this work as it will be required in the event of future review/audit by the ministry.

Q32: Is attendance at planning meetings eligible? Virtually as well?

Yes, attendance at COVID-related planning meetings would be eligible for hourly funding, including virtual attendance.

G. COVID Response Team Funding

Q33: How do I determine if I need a COVID response team?

This is a local hospital determination based on whether the volume of COVID-19+/probably case patients seen at your institution justifies a dedicated physician to provide these services.

Q34: How many physicians can be funded at one time for the COVID Response Team? How may COVID Response Teams be allowable per hospital site?

The COVID response team would typically be funded as one physician per 24-hour period per hospital site.

The service may be provided by more than one physician in a day in order to provide 24-hour coverage.

If there is evidence of the clinical need for two concurrent COVID response teams at one hospital site based on the volume of COVID+ / probable case patients, a second physician per day could be funded to staff the second team.

Please note that if the hourly rate is paid, no FFS payments are allowed to be billed by any physicians on the COVID response team for resuscitations provided by the COVID response team.

Q35: Are physicians on the team allowed to perform other activities?

Physicians funded to provide COVID response services may not receive other forms of concurrent remuneration.

Q36: What are the responsibilities of COVID Response Team members

These are determined locally based on the institution's needs but would be anticipated to include the assessment and management of acute cardiorespiratory events in COVID+/ probable case patients including intubation and resuscitation.

H. Education Funding

Q37. What activities can be funded as education funding?

With the approval of the hospital CEO (or delegate), and at the discretion of each institution, educational activities that are determined to have contributed to the preparation of physicians for caring for COVID-19 patients and/or redeployment to an area different than their usual practice setting, qualify for this funding up to a maximum of 40 hours/physician.

Q38. What records should be kept related to education funding?

Hospitals should document the dates and types of activities funded, the names of physicians who receive funding and the funding per physician as this information will be required in the event of future review/audit by the ministry.

Q39: Does education and training include things like intubation training, how to apply PPE when treating COVID patients, development of intubation or respiratory equipment kits etc.?

See response to question 37.

Q40: Are all physicians that can substantiate hours of training, eligible for funding? Do invoices have to be submitted by physicians?

Only COVID-related training approved by a hospital CEO (or delegate) is eligible for funding.

The approach to the administration of these physician payments is an operational decision for the hospital.

I. Resident Funding

Q41: What role(s) might a resident with a CPSO restricted registration certificate be eligible to be funded for?

A resident with a CPSO restricted registration certificate may work in any clinical area which they are deemed to be qualified to practice independently and would be remunerated at the resident rate. Residents practicing in this capacity would contribute to the calculation of physician-patient ratios in the planning of staffing and must be on site in the hospital in order to qualify for funding. Resident activities funded on this basis must not overlap or interfere with the individual's normal residency training activities.