



SGP BULLETIN

November 16, 2016

SOMB Rules Initiative - Batch 1 Finalized & Next Steps

Dear Family Physician Colleague,

Many of you will have already seen the latest [President's Letter](#) from Dr. Padraic Carr, AMA President. In his President's Letter, Dr. Carr outlined the progress to date on the work related to the SOMB Rules Initiative. As Dr. Carr indicated, the joint AMA/Alberta Health SOMB Working Group has come to a final decision on the Batch 1 list.

As the President of the Section of General Practice (SGP), I wanted to take this opportunity to provide you with some more specific details around the finalized Batch 1 rule changes that will most directly impact family physicians.

The AMA Ad-Hoc Committee and the joint AMA/Alberta Health SOMB Working Group finalized the following general practice rule changes for Batch 1 (which will come into effect January 1, 2017):

Batch 1 - Finalized General Practice Rule Changes

Revise General Rule 4.6.1 to "Comprehensive visits and/or comprehensive/major consultations may only be claimed once every 365 days per patient by the same physician. Comprehensive visit and consultation services are defined as HSCs 03.04A, 03.08A, 03.08B, 03.08C, 03.08F, 03.08H, 03.08K, 08.11A, 08.11C, 08.19A and 08.19AA".

Note: this change incorporates the SGP recommendation "Limit comprehensive consultations (03.08A) to once per year and the consultant provides documentation that the new consultation is for a separate and unrelated issue."

Limit comprehensive care plans (03.04J) to 15 per physician per calendar week.

Restrict the billing of comprehensive visits (03.04A) to once per patient, per year, per physician.

Amend Special Calls to Closed Office (03.05S) rules to include "a maximum of 5 weekday or 10 weekend/statutory holiday call to closed office, per day maybe claimed."

Amend eligibility for the BMI modifiers from patients with a BMI of 35 to those with a BMI of 40.

Change Group B Obesity on the complex care plan (03.04J) to read BMI 40 or greater.

Restrict payment for family conference (03.05JC) by facility type.

Pap screening restriction for patients under 21 and over 69. Note: The pelvic examination code (13.99BC) will be split and periodic papanicolaou smear code (13.99BA) reinstated.

Limit initial prenatal visit (03.04B) to one per patient per pregnancy.

Restrict the payment of bone density tests to once every two years per patient.

Physician Compensation Committee Individual Fee Review savings changes.

Local Infiltration of Tissue (13.59H) – Implement a program system rule to preclude payment when billed in addition to a procedure or other injections by the same or different physician on the same patient on the same date of service.

Laceration (98.22A/B) – Preclude payment when billed in addition to elective procedures.

SAQS/SA/SSOS - not billable with a consult (03.08A, 03.07A) or 03.04M (Pre-operative history and physical examination in relation to an insured service).

X 54A or X 54B cannot be billed with a number of other X-rays.

X311 (Ultrasound, kidneys, ureters and bladder) cannot be billed with X310 (Ultrasound, abdominal, complete or at least two abdominal organs).

* This is not the complete list of finalized rule changes. These are only the rule changes that will most directly impact family physicians. Click to view the complete list of final [Batch 1 rule changes](#).

** Not all of the final rule changes listed above were recommended by the SGP. Some of the above changes were brought forward by other AMA members, the AMA Ad-Hoc Committee and Alberta Health.

SGP SOMB Rules Initiative Process

I would like to reiterate the process that was followed to arrive at the Batch 1 general practice rule changes:

- On October 20, 2016, the SGP Executive (including representatives from the Section of Rural Medicine and PCN Leads Executive) participated in a facilitated discussion to review potential recommendations for the SOMB Rules Initiative. The recommendations were received from AMA members, the AMA Ad-Hoc Committee and the SGP.
- Prior to reviewing individual items, the SGP Executive determined a set of principles to guide the discussion (click to review Guiding Principles, published in [November 2, 2016 SGP Bulletin](#)).
- After much discussion and debate, the SGP Executive submitted the SGP list of recommended SOMB rule changes to the AMA Ad-Hoc Committee on October 21

(click to review submitted general practice SOMB rule changes, published in [November 2, 2016 SGP Bulletin](#)).

- The AMA Ad-Hoc Committee met to determine which items from the AMA would be discussed by the joint AMA/Alberta Health SOMB Working Group, which made the final decisions on the Batch 1 items.
- SGP Executive members met with Dr. Carr, AMA staff and other section presidents on November 15, 2016 to begin discussions about Batch 2 items and to explore concepts of budget management and section input and accountability.

Next Steps:

The SGP Executive will meet again in early December to determine Batch 2 recommendations that the SGP will make to the AMA Ad-Hoc Committee.

Please note that suggestions for capping time based modifiers are not supported by the SGP Executive or the AMA Ad-Hoc Committee.

Have Your Say!

Thank you to all of you who have participated in this process thus far - either through direct email or through the AMA website. I can assure you that all of your suggestions and comments have been received and will continue to inform our discussions going forward.

I encourage you to review the finalized list of [Batch 1 rule changes](#), which will come into effect January 1, 2017, as well as the evolving list of [Batch 2 recommendations](#) (member login required).

Due to the short timelines we are working with, the most efficient and effective way to submit recommendations for Batch 2 rule changes is through the [SOMB Reform page](#) on the AMA website (member login required). The AMA has dedicated staff to monitor the website, and they will ensure that all recommendations/comments related to general practice are forwarded to the SGP Executive for review and discussion.

We will do our very best to reply to emails, however, due to limited resources we may not have the opportunity to reply to each and every one. Please know that regardless of whether or not you receive a personalized reply, your suggestions and perspectives will be collated and brought forward for consideration and discussion.

In order to meet the timelines that have been set out, the SGP is asking that any general practice submissions for Batch 2 be made through the [SOMB Reform page](#) by November 27, 2016.

If you have any questions, please do not hesitate to get in touch with me (gppres@albertadoctors.org), or any of the SGP Executive members.

We appreciate your continued support as we work through this process on behalf of all family physicians in the province.

Regards,

A handwritten signature in black ink, appearing to read 'D.D. LaBuick', with a stylized flourish at the end.

Dr. Darryl D. LaBuick
President - AMA Section of General Practice

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