



SGP BULLETIN

November 2, 2016

SOMB Rules Initiative Update

Dear Family Physician Colleague,

As you are aware, the AMA has been tasked with identifying Schedule of Medical Benefits (SOMB) rule changes which will hopefully lead to savings under the 2016 Amending Agreement between the Alberta Medical Association and Alberta Health. This savings initiative is being referred to as the SOMB Rules Initiative.

Overview

The SOMB Rules Initiative will recommend changes – to the Minister of Health – to rules regarding the application of fee-for-service billing codes in the SOMB. Ultimately, implementation of these changes is intended to result in an annualized \$100 million reduction in Alberta Health expenditures against the-fee-for-service billing codes.

Note that approximately \$15 million in savings has already been identified through the individual Physician Compensation Committee fee review that will be applied toward the \$100 million; therefore the AMA is working to identify approximately \$85 million in savings from the rule changes.

It is also important to note that this initiative is not only affecting GPs, but all physicians in the province as it is an integral component of the overall Amending Agreement.

Timelines

Changes to the SOMB rules will be implemented in two batches. The recommendations for the first batch (Batch 1) will be developed by November 15, 2016 for implementation on January 1, 2017 and/or April 1, 2017. Recommendations for the second batch (Batch 2) will be developed by February 3, 2017 for implementation on April 1, 2017.

SGP SOMB Rules Initiative Process

On October 20, 2016, the Section of General Practice (SGP) Executive (which included representation from the Section of Rural Medicine and PCN Leads) participated in a facilitated discussion to review potential recommendations for the SOMB Rules Initiative. The committee reviewed items suggested by the AMA Ad-Hoc Committee, AMA members, and the Section of General Practice.

The SGP Executive developed Guiding Principles that created a framework for the review, and applied these principles in their discussions of all 39 suggestions. Items that were

recommended for Batch 1 were forwarded to the AMA Ad-Hoc Committee for consideration alongside recommendations from the other sections.

After the AMA Ad-Hoc Committee develops the Batch 1 recommendations on behalf of the AMA, joint AMA/Alberta Health committee meetings will be held to discuss both the AMA list and Alberta Health list to determine which recommendations will be forwarded to the Minister of Health.

SGP Guiding Principles

Suggested rule changes from the Section of General Practice to the SOMB Rules Initiative AMA Ad-Hoc Committee will:

- Support quality comprehensive primary care.
- Be driven by the best available evidence for high quality patient care.
- Advance the goals of intra- and inter-sectional equity in net income compensation.
- Avoid unintended consequences.
- Align the cost, quality and effectiveness of services in the SOMB.
- Address physician billing practices that do not reflect quality, evidence-based comprehensive patient care.

Suggested SGP SOMB Rule Changes (Batch 1)

Each of the following suggested rule changes were carefully considered against the guiding principles listed above. After much discussion and debate, the SGP Executive submitted the following SOMB rule changes to the AMA Ad-Hoc Committee on October 21 (the deadline for AMA Members and Sections to submit suggestions):

- Eliminate the myofascial trigger point code (95.94A).
- 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 assessments (03.04A) to once per patient per year per physician, for all physicians.
- Amend the rules for comprehensive assessments (03.04A) to "When provided in an office location, may only be claimed by the most responsible primary care general practitioner".
- 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."
- Limit initial prenatal visit (03.04B) to one per patient per pregnancy.
- Enforce the 25,000 visit rule (General Rule 5.1).
- Amend eligibility for the BMI modifiers from patients with a BMI of 35 to those with a BMI of 40 except for in pediatric patients.
- Restrict payment for family conference (03.05JC) by facility type.

To ensure clarity of purpose and process, the SGP Executive passed the following motion:

“Be it resolved that pursuant to the SOMB Rules Initiative contained in the Amending Agreement, the SGP Executive proposes the attached recommended items to the AMA Ad Hoc SOMB Committee for consideration. These items were developed with the following guiding principles, and with the expectation that the savings will be attributed fairly and equitably among sections and any over-contribution by the SGP will be reinvested in the SGP.”

With the submission of these suggested changes, the SGP Executive also asked the AMA Ad-Hoc Committee to consider:

- Criticality, that the AMA Ad-Hoc Committee appreciates that GPs are targeted already;
- The importance that the SGP is willing to contribute to the SOMB Rules Initiative but not disproportionately; and
- That the AMA Ad-Hoc Committee should allow the government to present their items first and use caution in sharing all of the AMA ideas initially for risk of greater loss than necessary.

The SGP Executive recognizes that suggestions surrounding capping visits and long term care are very complex and require more discussion. As such, these two areas will be further explored in discussions for Batch 2. Suggestions for capping time based modifiers were not supported by the SGP Executive or the AMA Ad-Hoc Committee.

Next Steps

The AMA will meet with Alberta Health to discuss Batch 1 of the AMA and Alberta Health lists of recommendations (for all sections). The SGP Executive will meet again in early December to discuss suggestions for Batch 2.

The latest version of what is being discussed by other sections and members at large is available on the AMA website. Here you will see the suggested initiatives/procedures and the projected savings if implemented. In the far-right column, you can see comments that members have provided so far: <https://www.albertadoctors.org/app/somb-ideas/> (Member sign in is required).

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

Regards,



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President - AMA Section of General Practice

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