ALBERTA PSYCHIATRIC ASSOCIATION

Wednesday, January 19, 2022

To: Dr. V. Michelle Warren, President, Alberta Medical Association and
The Board of Directors, Alberta Medical Association

From: Dr. Kathy Fitch, President of the APA and Section of General of Psychiatry
Dr. Sudhakar Sivapalan, President-Elect of the APA, Delegate to the Representative Forum, Section of General Psychiatry
Dr. Sterling Sparshu, President of the Section of Child and Adolescent Psychiatry

Dear Dr. Warren and the members of the Board of Directors,

We are writing to you with our concerns respecting the recently announced AHCIP Bulletin (MED 252: Enhanced Virtual Care Codes, hereafter referred to as the "Bulletin").

With your communication of December 30, 2021 via email and media, members of our sections were hopeful that some of the issues with virtual care codes which directly impact psychiatry would finally be addressed. In fact, three out of five of the identified priorities of the Working Group pointed to this and even recognizing that only the first two points were going to be addressed, there was, we believe, a reasonable expectation that the overlapping codes from psychiatry would be included. After all, the AMA represents all physicians.

On January 12, 2022, the Bulletin was announced. We have since heard from numerous psychiatrists expressing a mixture of confusion, anger, and dismay that our specialty appears to have been specifically overlooked. It would be unsurprising if there are statistics showing that psychiatrists have continued to see their patients throughout the pandemic, and that some practitioners are seeing significantly more patients in response to the explosion in demand. The demand for mental health services has surged over the pandemic. We can equally expect to see surges in surgical demand in the months and years to come. It is critical that psychiatrists are well represented by the AMA, and equitably represented in the updates to the virtual care codes. With regret, we share our members' concern that equitable representation is not reflected in this Bulletin.

When the virtual code for major psychiatric consultations (08.19CX) was put in place, it included a condition that "only time spent communicating with the patient can be claimed as part of the service." This is out of keeping with the in-person major psychiatric consultation code (08.19A), which permits billing for indirect patient care. This is an essential component of patient care and represents a significant investment of time and energy that is going unpaid and unrecognized. Taking this into account, the remuneration for a typical virtual psychiatric consultation is ~33% less than the equivalent in-person code, and this difference grows with the complexity of the patient as both chart review and documentation time is more extensive. In some of the most underserved and high needs areas of psychiatry, the unrecognized work comprises a significant proportion of a psychiatrist's pay.

Additionally, the secure videoconference with a patient for psychiatric treatment code (08.19CV) has been set at the non-complex rate, which is 11% lower than the complex visit rate paid for in-person visits (08.19GB). There is no code or modifier for complex patients seen virtually, despite the fact that those seeking psychiatric supports are more complex than ever before.

Many of our members had thought, at the very least, these two problematic codes would be addressed along with these other similarly problematic codes affecting all community practices. The Bulletin did not address these relevant codes for psychiatry but appeared to do so for many other specialty areas. We would go further to say that even if the above codes were adjusted, it still does not address the significant reductions in payment due to the fact that certain codes never had a virtual equivalent and disproportionately affect community practices that prioritize family involvement (08.19D is reduced to 03.05JQ which does not remunerate equivalently for encounters lasting over 20 minutes; 08.45, 08.45A, 08.45Z are essentially reduced to 08.19CV and represent a reduction of ~25%) or group therapy (08.44A or 08.44C are reduced to 08.19CV and represent a reduction of ~25-40%) . This particular oversight has punished practices that continue to offer these important aspects of comprehensive patient care, and shaped other practices to drop them.

Over the course of the pandemic, the provided virtual fee codes cued some psychiatrists to continue seeing patients in person to avoid the cuts. Considering that the interviews we conduct are often an hour or more, held in small, poorly ventilated spaces, and that the patients we see frequently have illnesses that prevent proper adherence to COVID safety precautions (e.g., trauma leading to a refusal to wear masks, needle phobia preventing vaccination, paranoia leading to pandemic denial) this has left these psychiatrists at an elevated risk compared to many other specialties. This is particularly acute in a health system that has not guided practitioners to adopt the masks and ventilation systems that would be required to mitigate aerosol transmission in these settings despite international data that highlights the risks of transmission for a psychiatric interview in such environments. Not only have these factors resulted in direct harm to physicians, but it also puts further strain on an already limited workforce which is facing an unprecedented demand for services. Both the AMA and the government have consistently identified that care of the population's mental health is a major priority. It stands to reason that supporting those providers should also be a major priority.

Dr. Kathy Fitch, President, kathy_fitch@yahoo.com | Sudhakar Sivapalan, President-Elect, sivapala@ualberta.ca
Dr. Arlie Fawcett, Past-President, arlie.j.fawcett@gmail.com | Dr. Gord Kelly, Secretary Treasurer, conferencechair@albertapsych.org

albertapsych.org | info@albertapsych.org | 403.244.4487 | Suite 600, 900 - 6 Avenue SW. Calgary, Alberta, Canada. T2P 3K2

Additionally, the current virtual billing codes undermine the potential opportunity to improve psychiatric services for those living in rural and remote areas by leveraging our members' newly developed skills and experience in virtual care. The majority of practitioners live in urban areas, so driving hours to reach patients, or asking patients (many of whom are socioeconomically disadvantaged) to come into a larger centre is simply not practical. This becomes even more challenging for those with severe and persistent mental illness who require ongoing care. Virtual care provides a practical and much-needed solution to this problem, but asking physicians to see more complex patients, via a more challenging medium, while paying them less to do so in multiple respects, creates unnecessary disincentives to something which the health system needs to become a priority to ensure equitable access for all Albertans.

It is hard to fathom why the government wrote the billing codes in a way that appears financially punitive for psychiatrists trying to ensure socially distanced continuity of care in the midst of this pandemic. It is even more difficult to understand why the latest announcement appears to purposefully exclude mental health while acknowledging the work of almost every other field of medicine. These actions represent a significant step backward for safety and patient care, perpetuate stigma against mental health and mental health providers, and will likely have negative impacts on recruitment and retention of future providers in this province. We all know many practitioners in our field, in some of the most underserved areas, who have already left.

We recognise that the AMA was not responsible for the final decision of the government in selecting from the specific priorities provided by the Working Group. What we are interested in understanding is how the interests of psychiatrists in the province were still not captured on an equitable basis with the two supported priorities. We would appreciate the forwarding of any information used to reach the stratification of priorities including the "claims data showing the sections hit hardest by the pandemic" (as expressed in a Facebook post by Dr. Warren on January 16, 2022. A printout of same is attached with this letter for your ease of reference). We are also asking the AMA to immediately advocate to the government to rectify this oversight. We look forward to hearing from you at your earliest convenience.

Regards,

Dr. Kathy Fitch, President of the APA & Section of General of Psychiatry

Dr. Sudhakar Sivapalan, President-Elect of the APA, Delegate to the Representative Forum, Section of General Psychiatry

Dr. Stirling Sparshu, President of the Section of Child and Adolescent Psychiatry (SCAP)