Board Revisions to CANDI
An Opaque and Erroneous Process

On June 20th, 2018, the OMA released an email entitled "Relativity Update." This was the first time that membership, or even Council, was made aware of changes that the Board had apparently approved to the CANDI Model.

A Brief Recap of Events:

- In June 2017, the Relativity Review Committee (RRC) was formed. Part of the RRC's mandate, as specified on page 14 of the Relativity Review Initiative Report, included:
    - *"9. Determine the stages of the project at which the Sections and relevant parties will be consult to ensure full consultation and involvement of the interested parties"*, and
    - *"11. The Committee will report to the OMA Board of Directors, and provide updates to Council, on a regular basis."*
- On Oct 25th 2017, the Board approved seven significant changes to CANDI.
- On Nov 9th 2017, the Board approved two additional changes to CANDI.
- On Nov 24th-26th, 2017, OMA had its Fall Council meeting. Council was not alerted that Board had approved changes to CANDI, neither for approval nor even information.
- On April 27th-29th, 2018, OMA had its Spring Council meeting. Again, Council was still not alerted that Board had approved changes to CANDI six months earlier. In fact, when the Negotiations Committee presented their update including the interim agreement for Council, they referenced CANDI, but did not mention any revisions to CANDI.
- On June 20th 2018, Council and Membership are alerted that the Board approved significant changes to CANDI eight months prior, and had even been applying this "Board Revised CANDI" to its negotiations with government.

> **KEY POINT:** *The Board approved changes to CANDI and then allowed eight months and two Council meetings to transpire before it alerted Council and Membership.*

By Dr. Adam Stewart *October 4th, 2018*

Irregularities in the Process:

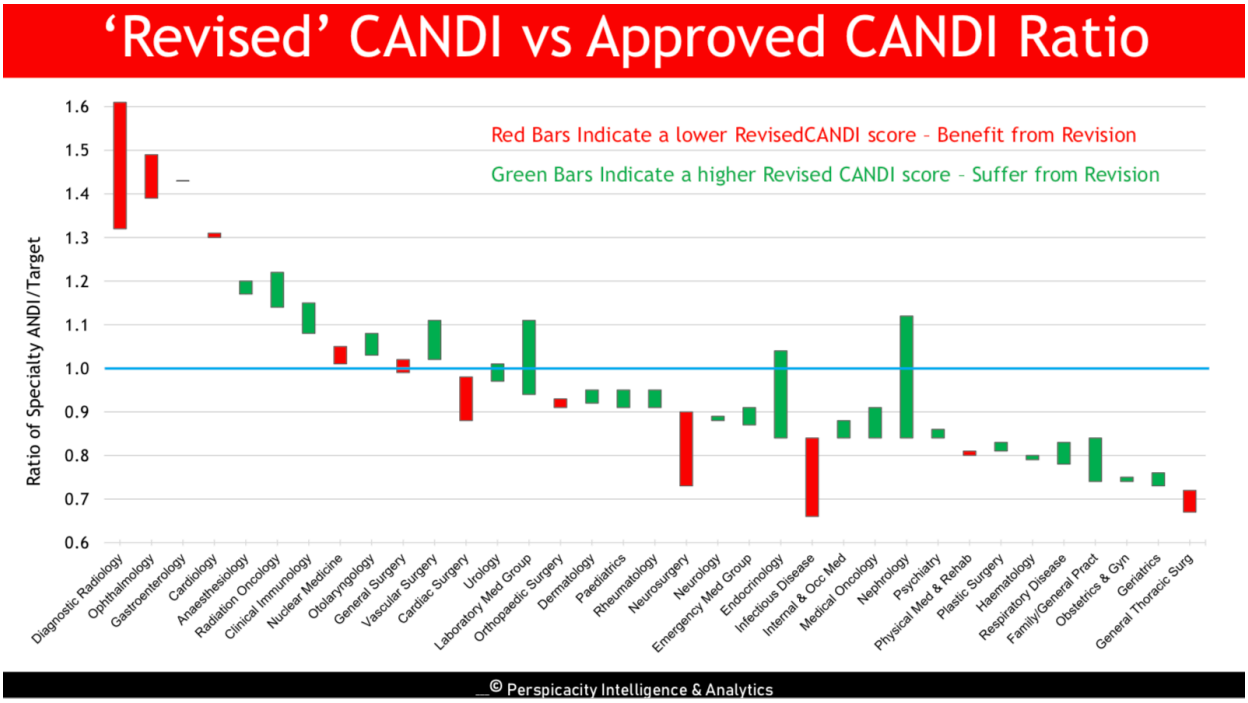
- The Board making changes to CANDI without even alerting nor consulting Council was unprecedented. The Appendices of the newly released Relativity Advisory Committee (RAC) Report, Appendix 8, pages 30-41, summarizes all of the motions from Council since 1990, illustrating that Council has always been the body that guides and approves direction regarding Relativity.
- Despite the RRC's mandate to include "consulting and reporting to Sections and relevant parties", neither the RRC nor the Board adhered to this mandate. For instance, throughout the above timeline, never once was the SGFP ever consulted or alerted to any of these changes in CANDI, and especially not the Recommendation #4 that significantly and negatively impacted the SGFP and its Family Physician members.
- In contrast, other Sections, such as Diagnostic Imaging were seemingly thoroughly involved in the revision processes. In fact, Diagnostic Imaging was the party that initiated and influenced the Board's 9th revision to CANDI. [*NOTE: this is not a criticism of Diagnostic Imaging. In fact, they had legit concerns about the inaccuracy of their after-hours data. Rather, this example is cited as a contrast and inconsistency in process.]*

> **KEY POINT:** *While some Sections were given the opportunity to influence revisions to CANDI that positively affected their Section, other Sections had changes with negative consequences imposed on them without ever even been alerted nor consulted.*

This is NOT all about After-Hours Data:

- The Board approved changes to CANDI that amended the after-hours modifier for Diagnostic Imaging. This has turned into a massive distraction and it has been inaccurately assumed to have dramatically affected most other Sections.
- Diagnostic Imaging had a legitimate concern. Their Section was only credited with 3% after-hours work in CANDI. This is because OHIP billings only allow for the 'premium after-hours codes' to be added to the first two billings after-hours. After that, all subsequent billings during the evening appear as normal day-time billings, without after-hours modifiers. Naturally, this is not fair nor accurate. Thus, Diagnostic Imaging was allowed to submit PACS/RIS data to more accurately demonstrate the amount of after-hours work they do.

- Per the CANDI methodology, the target "1.0" CANDI score is calculated by taking the weighted average of all the Sections Average Net Daily Income (ANDI), excluding Family Medicine. All the Sections are then compared relative to that target, resulting in their CANDI score. Thus, if one Section's ANDI changes, that affects the overall average, which affects the "target." Simply put, whenever one Section's score changes, it also affects every other sections CANDI score.
- However, this effect may not be significant. For most Sections, it may only shift their scores by a mere 0.01 or so, which is practically insignificant.
- Most of the shifts in CANDI scores are the cumulative result of all the 9 changes that the Board approved to CANDI. The following graph summarizes the shifts:



KEY POINT: *These shifts in CANDI scores are not purely due to a change in Diagnostic Imaging's after-hours data. Rather, they are the cumulative effect of all the changes the Board approved to CANDI.*

By Dr. Adam Stewart *October 4th, 2018*

Negative Revisions to Family Medicine that Have Gone Unnoticed, What moved Family Medicine CANDI score up 10 points?

- On Oct 25, 2017, the OMA Board approved the following revision to CANDI:
    - *"That clinical Primary Care payments be included directly in Gross Daily Income, rather than as part of the Non-Fee-For-Service Modifier"*
- **As noted above, this change was passed silently, without consultation, discussion, nor alert to the SGFP.**
- Even when the Board finally announced its revisions in June 2018, they did not even draw attention to this change and its dramatically negative impact to Family Physicians, especially FHO Family Physicians.
- After months of self-directed learning and investigating, details were eventually discovered buried deeply and inconspicuously on page 150-151 of the RRC's 379-page Report as "Recommendation #4", where it was recommended that, **all of the Capitation Payment Rates, CCM fees, and Access Bonus payments for family physicians would be adjusted and attributed to only days on which family doctors submitted OHIP billings.**
- **This dramatically and negatively affects the overall CANDI score for Family Physicians as it inaccurately assumes that "days billed" equals "days worked." In capitation payment models, this is especially untrue as the "flat rate" payment model incentivizes and encourages family physicians to work and provide services including on days when they are not submitting OHIP billings.**

KEY POINTS:

On average, FHO family physicians only submit OHIP billings on 207 days per year.

The "flat rate" FHO model encourages and incentivizes family physicians to provide services (work), even on days when they are away from clinic or not seeing patients in person, thus not submitting OHIP billings on those days.

The Board made a major revision to CANDI, without consultation with SGFP, that only credits FHO family physicians with "working" 207 days per year, thus artificially inflating family physicians' average net daily incomes.

GDI	Per Diem	NFFS	Hours	Overhead	Opportunity Cost	Skills Acquisition	ANDI	CANDI Score
$1,098	0.98	1.03	1.03	0.67	1.00	1.00	$765	0.84

Gross Daily Income for Family Medicine

		Blended Capitation (FHN, FHO)	Enhanced FFF (CCM, FHG)	Non-PEM
A	Professional FFS	$165.29	$981.39	$537.66
B	Shadow Billings	$81.26		
C	CCM Daily Rate (365 days)	$120.05	$110.81	
D	Base Capitation (365 days)	$571.49		
E	Access Bonus (365 days)	$61.22		
F	Total Annual Days	207	230	145
G	% After-Hours	14.6%	11.7%	7.9%
H	Adjusted CCM Daily Rate *(1-G)*(365/F)*C*	$180.78	$155.28	$0.00
I	Adjusted Base Capitation *(1-G)*(365/F)*D*	$860.58	$0.00	$0.00
J	Adjusted Access Bonus *(1-G)*(365/F)*E*	$92.19	$0.00	$0.00
K	Gross Daily Income A+B+H+I+J	$1,380.09	$1,136.67	$537.66
	Weights	*45.9%*	*28.9%*	*25.3%*
	GDI for Family Medicine		**$1,097.99**	

Revised CANDI score goes UP form 0.74 significantly and inaccurately.

In "Original CANDI", these payments were divided by 365 days.

The Board "Revised CANDI" divides these payments by number of "Billing" Days, which does not truly reflect Days "Worked", especially in FHO/FHN models.

This artificially and inaccurately makes it look like family doctors make more income per day. (When the denominator decreases, the proposed daily income increases)

- **Preliminary data gathered from the EMRs of FHO Family Physicians suggests that FHO family physicians are actually working, on average, 269 days per year**. It is just that they are only submitting OHIP billings on 207 days, on average.
- If this single data value was amended accordingly, Family Medicine's CANDI score drops dramatically **back down to 0.75**

KEY POINT: *This is just one example of a change that was made to CANDI that the Board made without appropriate consultation or awareness of the pertinent parties.*

How many other changes to Sections have been inaccurately affected without their awareness?

By Dr. Adam Stewart *October 4th, 2018*

GDI	Per Diem	NFFS	Hours	Overhead	Opportunity Cost	Skills Acquisition	ANDI	CANDI Score
$978	0.98	1.03	1.03	0.67	1.00	1.00	$681	0.75

Gross Daily Income for Family Medicine

		Blended Capitation (FHN, FHO)	Enhanced FFF (CCM, FHG)	Non-PEM
A	Professional FFS	$165.29	$981.39	$537.66
B	Shadow Billings	$81.26		
C	CCM Daily Rate (365 days)	$120.05	$110.81	
D	Base Capitation (365 days)	$571.49		
E	Access Bonus (365 days)	$61.22		
F	Total Annual Days	269	230	145
G	% After-Hours	14.6%	11.7%	7.9%
H	Adjusted CCM Daily Rate *(1-G)*(365/F)*C*	$139.11	$155.28	$0.00
I	Adjusted Base Capitation *(1-G)*(365/F)*D*	$662.23	$0.00	$0.00
J	Adjusted Access Bonus *(1-G)*(365/F)*E*	$70.94	$0.00	$0.00
K	Gross Daily Income A+B+H+I+J	$1,118.83	$1,136.67	$537.66
	Weights	*45.9%*	*28.9%*	*25.3%*
	GDI for Family Medicine		**$978.07**	

KEY POINTS:

The Board silently approved a grossly inaccurate change to CANDI that significantly and negatively affects Family Physicians.

The Board never consulted, nor discussed, nor alerted the SGFP to these changes.

In contrast, other Section(s) were allowed to initiate and influence changes, and submit data, to CANDI that more accurately and positively affected their CANDI score.

By Dr. Adam Stewart *October 4th, 2018*

The Board's Solution is to Allow Revised After-Hours Data for All?

- After the Board finally alerted Council and Membership regarding the changes it had approved to CANDI eight months earlier, the Board faced scrutiny and criticism regarding lack of transparency and fair process.
- As noted earlier, a great amount of attention has been made of Diagnostic Imaging's revised after-hours data. This has been a misleading distraction.
- The Board made several other major changes were made to CANDI which had more significant impacts to other Sections. Affected Sections were not alerted to the true details nor impact of these changes. For instance, the details and impact of Recommendation #4 were buried deeply within a 379-page report, without drawing any attention to them.
- **What other changes have significantly impacted other Sections without them being alerted or aware?**
- Now, the Board has proposed a process by which all Sections can submit after-hours data, **but has ignored and restricted the opportunity to allow Sections to offer data on any other modifier or factor.**

THE SOLUTION:

- This entire process has been marred by lack of transparency, lack of consistent process, and lack of consultation with affected Sections and parties.
- The Board must rescind "Revised CANDI" and rescind all of their unilaterally imposed revisions.
- The OMA must return to the last Council-Approved version of CANDI until any revisions are presented to Council for consultation and approval.
- The Board's offer of a process to review and revise After-Hours data is incomplete. The entire process should be abandoned. A fair, transparent, and non-rushed process should be developed to allow revisions and improve accuracies for any and all aspects of CANDI *before* changes are effectively implemented.

Respectfully,

Dr. Adam Stewart