



MAJOR IMPACT **ON PATIENTS THROUGHOUT ALBERTA**

03.08F Appeal to the Fees Advisory Committee
Alberta Medical Association
June 25, 2018

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President, Pain Society of Alberta



SPEAKER DISCLOSURE

- I am one of the few physicians in Alberta largely unaffected monetarily by the proposed change
- I currently do not work fee-for-service.
 - I am paid by an ARP with an FTE = 0.92

SPEAKER DISCLOSURE

- **I am considering some fee-for-service work in the near future**
 - Amount unclear
 - Would probably mean a substantial drop in income for my practice (even before the proposed cuts)

- **I currently do a small amount of private medicolegal work**
 - Less than \$3000 so far in 2018
 - Unaffected by the proposed changes

800,000 ALBERTANS WITH CHRONIC PAIN

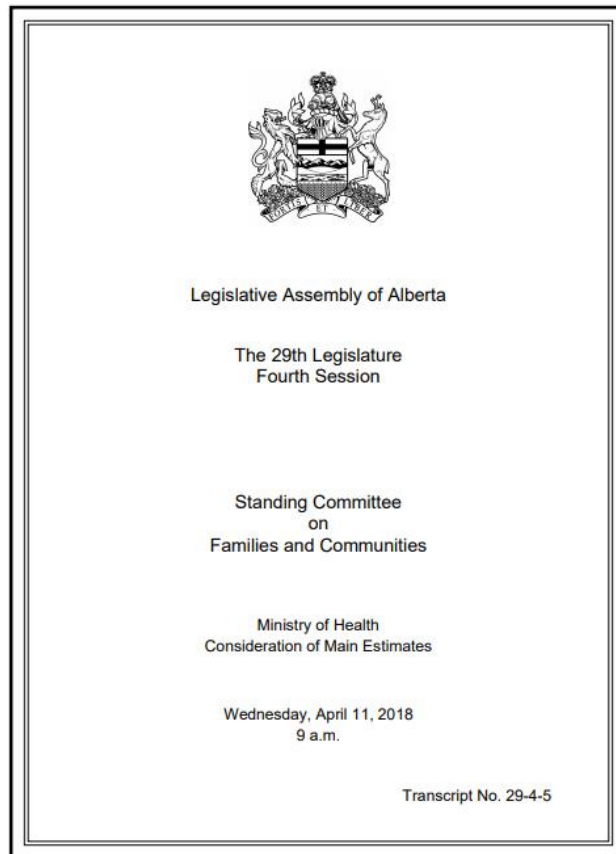
- **Affects families and communities**
- **Affects employers and insurance premiums**
- **Affects family medicine clinics, emergency rooms and hospitals**



**THE OPIOID CRISIS IN CANADA
A FUNERAL EVERY 2 HOURS**

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MUCH NEEDED RESOURCES



“Overall, to address Alberta’s opioid crisis, there is \$63 million through the budget.”

- Legislative Assembly of Alberta, April 11, 2018

CHRONIC PAIN CLINICS ARE VITAL

FEDERAL APPROACH ON CANADA'S OPIOID CRISIS

PUBLIC HEALTH EMERGENCY RESPONSE

ENABLING A COORDINATED PAN-CANADIAN RESPONSE TO THE OPIOID CRISIS

Data, surveillance and research | Public communications | P/T and stakeholder engagement | Surge capacity, mobilization and support

PREVENTION

PREVENTING PROBLEMATIC OPIOID USE

Implement the Health Portfolio's Problematic Prescription Drug Use Strategy
 Improve prescribing practices
 Better inform Canadians about the risks of opioids

TREATMENT

SUPPORTING INNOVATIVE APPROACHES TO TREATMENTS

Better access for rural and remote First Nations communities
 Improve access to medication-assisted treatments for opioid use disorder
 Improve treatment options for pain management
 Share knowledge on treatments for opioid use disorder
 Increase cooperation between the criminal justice system and social services sector (e.g., Drug Treatment Courts)

HARM REDUCTION

SUPPORTING A RANGE OF TOOLS AND MEASURES FOR INDIVIDUALS AND COMMUNITIES

Support the establishment of supervised consumption sites
 Facilitate access to naloxone
 Ensure timely laboratory drug analysis information is shared between partners
 Support legislation to protect individuals who seek emergency assistance for overdose
 Reduce public health consequences of problematic substance use

ENFORCEMENT

ADDRESSING ILLEGAL DRUG PRODUCTION, SUPPLY AND DISTRIBUTION

Continue enforcement on the importation, exportation and trafficking of illegal opioids
 Pursue legislative, regulatory, policy and programmatic changes to better control substances and equipment
 Collect, assess and share information with law enforcement agencies domestically and internationally
 Support education and training for law enforcement

AN APPROACH SUPPORTED BY STRONG EVIDENCE

Better identifying trends, targeting interventions, monitoring impacts and supporting evidence-based decisions

- Facilitate timely and comparable data collection and methodologies
- Consult experts and support research and knowledge sharing

ACFP Opioid Crisis Response Task Force Recommendations

ALBERTA FIRSTHAND

- **I have personally visited 20 pain clinics in Alberta**
- **We have a lot to be proud of**
- **But the situation is precarious**

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CUTS ON TOP OF CUTS

- **03.08F – Chronic Pain Consult Code**
- **Already cut 8.4-9.5% in 2016**

- **Now proposed to be cut even more**
- **A 45 minute chronic pain consult = an additional 27% cut**

LONGER, CHALLENGING CONSULTS

Time spent beyond 60 minutes
an additional 18% cut

Total cut since 2016
26%

LET'S TALK NUMBERS

Seeing complex chronic pain patients:

Time spent beyond 60 minutes

How much does that second hour pay?

- **\$150.40/hr before overhead**
- **\$105.28/hr after standard 30% overhead**
- **\$60/hr net after taxes**, noting most MDs don't have a pension

LET'S TALK NUMBERS

Seeing short consults:

31 minute consult

45% cut

38 minute consult

27% cut

(38 minute consults maximize physician revenue)

10% IS THE MINIMUM REDUCTION

- Payment reduction ranges from **10-45%**
- Payments already cut in 2016
 - Cumulative fee reduction will be **18-50%**

ALBERTA SURVEY 2018

- **Responses from 24 different pain clinics**
- **Responses from**
 - **Airdrie**
 - **Camrose**
 - **Calgary Region**
 - **Edmonton Region**
 - **Lacombe**
 - **Lethbridge**
 - **Medicine Hat**
- **37% of respondents requested anonymity (locations not listed)**

ALBERTA SURVEY 2018

Out of 24 different pain clinics

- **88% of clinics work fee-for-service and are affected**
- **67% of clinics may reduce new chronic pain consults**
- **83% of clinics may reduce all chronic pain services**

ALBERTA SURVEY 2018

- Responses from 24 different pain clinics

25%

note possibility of clinic closure

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+

PAIN CLINICS VITAL

ACFP Opioid
Crisis Response
Task Force
Recommendations

ALBERTA COLLEGE of
FAMILY PHYSICIANS *Advancing excellence in family practice*



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**800,000
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WITH
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**2016
CHRONIC PAIN
INITIAL
8-9% FEE CUT**

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**2016
CHRONIC PAIN
INITIAL
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+

**2018
CHRONIC PAIN
ADDITIONAL
10-45% FEE CUT ?**

OUR APPEAL TO YOU

- **The majority of stakeholders were not properly consulted**
 - Pain Clinics
 - Alberta Health Services
 - Government
 - Patient Groups
- **This second round of additional cuts is not small (10-45%)**
- **Let's bring all stakeholders to the table to discuss the best way forward**



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*Thank you
for considering
our appeal*

Dr. John Xavier Pereira MD CM CCFP CIME CEDIR VI
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