

Dear FHT EDs:

Here are my notes from today's (March 11, 2011) MOHLTC teleconferences on NP-SERT. Several EDs let me know they could not be on the call, so asked me to forward my notes, so I'm sending these to all EDs in the AFHTO membership.

These are my notes – reflecting as best as possible what I heard during the two calls. I am also sending these notes to Giovanni DiGiorgio and Lorraine Moren in the Ministry, so that they may respond if I've misunderstood or misrepresented any information.

Overall – the bulk of the questions concerned implementation issues. There were a few who raised issues about the nature of the arrangement and their reluctance/refusal to sign the contract. Although these questions/comments were outside the scope of this call, they are also important to note and are summarized separately at the end of the Q&As.

Angie Heydon  
Executive Director  
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#### SPEAKERS ON CALL:

Giovanni DiGiorgio, PHC Branch, MOHLTC  
Mary Woodman, NP, who will be doing the training on NP-SERT

#### OPENING REMARKS:

SERT is mandatory for FHTs, replacing quarterly manual reports, which will be phased out. Intent is to start with Wave 1-3 then expand to Wave 4-5 FHTs. Intended to be able to describe and showcase what NPs do, and the variation in scope of what NPs do.

MOHLTC with a working group of NPs developed an initial set of 124 codes that best reflect NP work and scope of practice. This is a "living document". Codes may be added as needs are identified and considered.

Giovanni re-iterated a number of points from the Q&A e-mailed to all FHTs on Feb.4 regarding how funds can & cannot be used, potential expansion to other IHPs, and addressing EMR-related costs.

Mary Woodman (NP at within a group of 5 at Prince Edward County FHT) said they tested this over past 18 months and found 15 visits/day takes about 20 minutes/day to enter; total about 1 – 1.5 hours per week per NP, plus 1 hour/week for billing clerk to check it for accuracy and package it for submission. They have found this a much more effective way to report.

## QUESTIONS & ANSWERS:

Timing to receive SERT funds?

A – Once FHT sends in registration package, MOHLTC sends out a group registration number and commencement date, about 8 weeks later. Data sent in monthly, then \$ for each service encounter will flow monthly afterward.

Timing to receive training?

A – there will be multiple dates for web-based aspect of the training, 2 hour sessions, starting in April.

What is needed for the training?

A – just need to be on a computer to watch the web-based training. Don't need to have your EMR in front of you.

Who should attend?

A - Would be helpful to have NPs & billing clerks on the training. Don't need to have EDs in these sessions. MOHLTC will consider possible need for separate training for billing clerks / admin staff.

Billing clerks

A- billing clerks will be key. Some of the codes are the same as for OHIP, so they'll be very familiar with these ... but there are many NP-specific ones.

Where is the hand-off from NP to billing clerk?

A – Mary's IT people set it up so that as soon as codes are entered electronically, they go to billing clerk automatically. FHT administration needs to work this out with IT provider.

An NP expressed concern if FHT does not provide admin support.

A – Mary emphasized that it must be the NP who does the coding. Role of admin person is to consolidate submissions and resolve "rejects. Unlikely that a FHT would want NP to do the work of a data clerk.

How much time did this take for IT person to set this up?

A – Mary said it didn't take long in their FHT. (They have Xwave.)

Do NPs have access to their own data?

A – yes. Mary added that the NPs in her group have agreed to share their data to learn from it. FHTs will have access for planning purposes.

Coding for each visit?

A – Can have a multiplicity of codes within one visit.

When do you code?

A – Can do it each day or batch for weekly or monthly entry. Mary likes to do them all at end of month - finds this helps with quality assurance – e.g. a trigger to make sure tests have been done & results received.

What about activity that is not reflected in codes, e.g. telephone consults?

A – telephone consults are included in codes. They are fairly comprehensive. Code list is a “living document” – more can be considered to be added.

What about time that is used for teaching, program development, group programs?

A – Agreed that these activities are very important. For now, will be captured manually, per the FHT agreement.

Can each NP submit separately, or as a group?

A – has to be a batch for all.

We don't have a billing module since don't have physicians yet. Will there be additional training for us?

A – will take that back to work out a solution.

Have multi-sites on different EMRs. Will we need to consolidate all?

A – Working on finding a solution right now. Will send out further technical info in a few weeks. Follow up with [lorraine.moren@ontario.ca](mailto:lorraine.moren@ontario.ca) .

Our FHT does not have a billing clerk. Is there additional money for paying someone to do this? (E.g. purchasing time from billing clerk for physician group)

A --- *Public Sector Compensation Restraint to Protect Public Services Act, 2010*, prohibits increases in the *rate of pay* for non-unionized FHT employees, but FHTs could use this funding for items such as non-salaried administrative costs.

Some questions were asked that were unique to specific EMRs, leading one person asked whether MOHLTC could facilitate sharing knowledge about each type of EMR?

A – The unique issues have to be looked at one by one. MOHLTC will look at & consider spreading knowledge gained through training.

Will this apply to NP-led clinics?

A – focus now is Wave 1-3 FHTs. All the rest is pending, but intention is to roll out to 4 & 5 and to other programs.

Don't know how we could manage this with an over-worked billing clerk and lack of IT support?

A – contact your FHT consultant to discuss

Adds extra admin burden on NPs. Has anyone thought about impact of this on FHT's annual service plan?

A – we will work through it – something that FHTs can point out when you report back on your service plan.

What if NPs don't sign?

A – FHT sign-back is mandatory amendment to agreement. Encourage EDs to dialogue with NPs. If NPs don't sign, then they should bring forward a position.

If NPs don't sign, can we still submit information through SERT?

A – purpose of signing paperwork is to enable the NP to be identified in the system.

Concern from physicians regarding confidentiality of patient info.

A – when you register, the NP group gets a unique identifier. There are completely separate processes to submit and reconcile data for physicians and for NPs. Data will be delivered to a different mailbox.

Concern from NPs that MD could get incentive bonus for what I submit.

A – there is a red flag in system if MD should submit for same visit as NP

#### CONCERNS ABOUT THE CONTRACT:

There were a number of participants who said they were in support of SERT, but raised concerns with the “contract” and stated they would not sign it. The concerns appear mainly related to the appearance that this is “shadow billing”. While MOHLTC involved NPAO, RNAO and the Nursing Secretariat in developing NP-SERT, a few NPs said these organizations “do not represent our economic interests”.

Several times Giovanni clarified that:

- The contract is between MOHLTC and the FHT. This is a mandatory amendment to their existing agreement, to replace manual reporting with electronic reporting.
- NPs are NOT being asked to sign a contract. They ARE being asked to sign registration papers. These papers are needed to enter the NPs unique identifier into the system. Without the NPs agreement, his/her identifier can't be entered, and therefore his/her data could not be submitted electronically.
- It is up to each FHT to manage its relationship with its NPs. MOHLTC will not get involved in employer-employee matters.
- Hamilton FHT is in a different situation where NPs are employees of the MDs.
- For NPs that have concerns, it is their prerogative to organize and come forward with a position to PHC Branch. (Two people indicated they are speaking to ONA.)

While there were a small number of NPs on the call who stated they were in support of SERT and didn't understand why this was a problem, concerns about the “contract” persisted to the end of both calls.