

Summary of the New Physician Services Agreement in Manitoba

By Konstantin Jilkine, MD, FRCPC

Greetings from Manitoba! It was a pleasure to see so many colleagues attend the first-ever “President’s Choice No Name Band” concert at the Annual Scientific Meeting (ASM) hosted in Winnipeg earlier this year! Hopefully, this sparks a trend of the Prairies hosting. I will note, for the formal record, that it was warmer in Winnipeg than in Quebec that week. Although may I suggest a week earlier to experience Festival du Voyageur next time?

Last fall, Doctors Manitoba and the Province ratified a new Physician Services Agreement (PSA) and I was asked to share our progress. One of the biggest challenges in Manitoba is that our patients come from a large rural, northern, and remote (without road access) catchment area and we also see patients from northwestern Ontario, Nunavut, and a slice of eastern Saskatchewan facilitated through interprovincial agreements. As chair of the Rheumatology Working Group, keeping this in mind, I advocated to maintain parity between virtual and in-person care and to improve our remuneration to be more competitive.

I am pleased to report this PSA represents an additional \$268 million (of which rheumatology billings probably comprise a rounding error) over four years with initial focused fee adjustments; 2% across-the-board increases in years 2/3/4; and a retention bonus to all physicians. Most changes are not specific to rheumatology, but my colleagues and I now benefit from the following:

- A focused ~6% bump in our most used follow-up fee when billed by a rheumatologist
- A new “continuing care by medical specialists” fee offering an approximately 30% increase per follow-up visit for specific ICD codes (modelled after Ontario; although with notable gaps to address)
- A new modest per-visit fee for community practices aimed at overhead support
- An ~11% increase in the on-call stipend
- A new 15% complexity premium for inpatient billings
- Two new fees for giving out/calling to get phone advice (a huge gap previously, given the documentation time required and medicolegal risk)
- Virtual care fees were not decreased where an existing provider-patient relationship exists (and decreased significantly otherwise). In practice the new continuing care premium above doesn't apply so in-person care is now remunerated higher.



“President’s Choice No Name Band”.
Lawyers from a certain large retailer have been trying to identify these dastardly trademark infringers.

- A new virtual visit premium of 2.5%/12%/17.5% for rural, northern, and remote patients, respectively
- The alternatively funded academic agreement is now defined as a dollar amount per full-time rheumatologist rather than a set amount to be divided and diluted with recruitment
- The Ongomiizwin Health Services daily specialist rate for northern and remote travel clinics was increased by 10%!

Hopefully, this is helpful in your own provincial negotiations. It’s worth noting we don’t have any nurse, trainee, advanced care practitioner, or ultrasound fees. There is a tendency for nonphysicians to look across the board at similarly named fees and say “close enough”, but the nuances in billing practices, modifiers, and contracts vary the actual remuneration significantly. Thus, I’d like to sincerely thank colleagues who were willing to discuss details so that we could push back.

Finally, I would like to welcome Dr. Juanita Romero-Diaz and Dr. Sonal Mehra to our province and thank Dr. Ramandip Singh for his hard work and successful training of multiple fellows during his term as program director through COVID.

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