

Policy addresses “upselling” concerns

Policy states expectations when insured and uninsured services are provided together



A policy just approved by Council provides explicit expectations for physicians who bundle insured services with uninsured services or provide uninsured services as an alternative to insured services.

In those instances when insured and uninsured services are being proposed or provided together or when uninsured services are being offered as an alternative to insured services, the College requires physicians to clearly indicate for which services the fee is being charged and to clearly and impartially describe the differences between insured and uninsured treatment options.

The Uninsured Services: Billing and Block Fees policy’s direction to physicians is partially in response to concern about the practice in which some physicians “upsell” patients on uninsured alternatives or who offer faster access to insured services when bundled with uninsured services. The College’s Inquiries, Complaints and Reports Committee stated that it has addressed several complaints in the past couple of years – most notably arising in cases involving cataract surgery and in the dermatology context.

The policy states that when physicians propose or provide combined services together, the situation “is ripe for confusion and ▶▶

EXTERNAL CONSULTATION

DATES HELD:
Feb. 28, 2017
to May 1, 2017

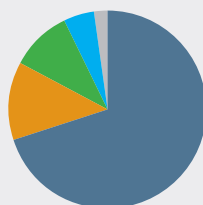


OF RESPONDENTS:

118



BREAKDOWN OF RESPONDENTS:



- 70% PHYSICIANS
- 13% PUBLIC
- 10% PREFER NOT TO DISCLOSE
- 5% ORGANIZATIONS
- 2% OTHER HEALTH-CARE ORGANIZATIONS

CHANGES MADE IN
RESPONSE TO
FEEDBACK:

YES
NO

5 THINGS TO KNOW

ABOUT THE NEW POLICY:

- 1** Expands and clarifies expectations in regard to the provision and billing of uninsured services
- 2** States that fees charged for uninsured services be reasonable. Requires that physicians consider the patient's ability to pay fees.
- 3** Articulates expectations of physicians who intend to charge patients for missed or cancelled appointments without required notice.
- 4** Articulates expectations of physicians who offer patients a block fee, including a reminder that patients must be told that payment of a block fee is optional.
- 5** Provides expectations for communicating when proposing uninsured services as an alternative or adjunct to insured services.

patients are particularly reliant on the honesty and integrity of their physicians to ensure their needs and interests are being put first, and that they have clear information about their clinical options and any corresponding fees.”

“Physicians must recognize that patients in these situations are often vulnerable and that the power imbalance in the physician-patient relationship may compound that vulnerability,” said Dr. David Rouselle, College President.

In the instance of a patient who needs cataract surgery, for example, the physician must have a clear and detailed discussion with the patient about the testing that is available, the costs for the various tests, and how each test will change the patient's management/outcome from surgery. It must be explained to the patient that there are options which are fully insured by OHIP. It is the physician's responsibility to ensure that a patient also understand that a medically necessary lens is available to him or her without charge.

The policy also notes that physicians who provide both insured and uninsured services

sometimes structure their practice in a manner that leads to different wait times for the insured and uninsured services they provide. If this practice structure also leads to faster access to insured services when combined with uninsured services, physicians must ensure that doing so complies with the *Commitment to the Future of Medicare Act, 2004* prohibition on charging or accepting payment or benefit in exchange for preferential access to insured services. If physicians are unsure of their legal obligations in this regard, the College advises them to obtain independent legal advice.

Physicians are also reminded that they must place the interests of their patients over their own personal interests and manage any real or perceived conflicts of interest that might arise in this context. In particular, physicians must not refer a patient to a facility in which they or a member of their family has a financial interest without first disclosing that fact and must not sell or otherwise supply any medical appliance or medical product to a patient at a profit. ^{MD}