

**Ministry of Health**

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**DATE:** April 10, 2020

**TO:** Ontario Hospitals and Ontario Health

**FROM:** Patrick Dicerri  
Interim Assistant Deputy Minister and General Manager  
Ontario Health Insurance Plan (OHIP) Division

Mike Heenan  
Assistant Deputy Minister  
Hospitals and Capital Division

**SUBJECT:** Temporary Physician Funding for Hospitals During COVID-19 Outbreak

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To further support the government's response to the spread of COVID-19 in Ontario, the Ministry of Health ("the ministry") is planning to implement new temporary physician funding for any hospital that begins to encounter a surge state volume of patients resulting from the COVID-19 outbreak.

This new simplified compensation structure will allow for a more flexible response for physician services to the anticipated levels of patient care that will be required during surge state volumes. This will include enabling hospitals to increase physician coverage when and where it is required and enabling physicians to be redeployed to different areas of the hospital where care is most needed, and to receive pay accordingly.

The ministry is currently consulting with clinical experts to finalize provincial guidelines that will help determine when hospitals can initiate access to this new funding.

These temporary measures will provide hospitals with funding to directly compensate physicians on an hourly basis for services in the ICU and on inpatient wards. These rates have been negotiated with the Ontario Medical Association and will replace the usual Fee-For-Service (FFS) payments during a surge state within the hospital. See Appendix for copy of the agreement.

The ministry will also provide funding to hospitals for a new hourly payment for physicians being redeployed into non-clinical roles for administrative work. Additional funding is also being provided to support the system planning work being done by Infectious Disease physicians.

The following hourly rates for the temporary physician compensation measures that will be activated during surge states at hospitals have been agreed to by the Ministry and the Ontario Medical Association (OMA):

a. Intensive Care Units	<ul style="list-style-type: none"><li>• \$385 per hour 7am to midnight</li><li>• \$450 per hour from midnight to 7am</li></ul>
b. Ward Care	<ul style="list-style-type: none"><li>• \$250 per hour from 7am to midnight</li><li>• \$300 per hour from midnight to 7am</li></ul>
c. Protected or Pre-Emptive Code Blue Team	<ul style="list-style-type: none"><li>• \$275 per hour from 7 am to midnight</li><li>• \$325 per hour from midnight to 7 am</li></ul>
d. Administrative Non-Clinical Assignments	<ul style="list-style-type: none"><li>• \$165 per hour</li><li>• As approved by hospital CEO or delegate</li></ul>
e. Residents	<ul style="list-style-type: none"><li>• \$125 per hour</li><li>• For residents on CPSO restricted registration certificates when working outside of their residency training programs</li></ul>
f. Infectious Disease Hospital Specialists	<ul style="list-style-type: none"><li>• Paid on the basis of 1.0 FTE equivalent per hospital, where the hospital has an existing hospital-based infectious disease specialist who is not already at 1.0 FTE equivalent</li></ul>

In addition to the above, there will also be further funding to hospitals meeting the guidelines through the existing Emergency Department Alternative Funding Agreements to support additional physician coverage in the ED.

There will be a further change for a designated list of hospital-based services identified in the Appendix of the negotiated agreement (attached). The specified services will continue to be billed on a FFS basis, but will have a modifier added to account for the additional time needed to perform those services given the complexities necessitated by COVID-19.

Further information on the provincial guidelines and other accountability measures for hospitals for this funding, as well as the next steps in the implementation through Ontario Health and the Local Health Integration Networks (LHINs) will be communicated to hospitals shortly.

We will make every effort to be appropriately mindful of the administrative burden of this process and will be consulting with the OHA to help ensure the process is as effective as possible.

Sincerely,



Patrick Dicerni  
Interim Assistant Deputy Minister, OHIPD



Mike Heenan  
Assistant Deputy Minister, Hospitals and Capital Division

c: Ontario Hospital Association

Enclosure