



# British Columbia Society of Critical Care Medicine

## BC Society of Critical Care Medicine Annual General Meeting Whistler, BC - March 2010 Minutes

### 1. Call to Order

### 2. Year in Review

- Extensive work particularly with the MoH
- Advisory role in the planning and management of H1N1
- Membership growth
- New website functionality
- Resolution of several issues with CRIM
- New Fee Guide items

### 3. Financial Statements

Balance forward from Dec 31, 2008		<u>+\$3127.01</u>
Income		
	Membership Dues	<u>+\$5976.44</u>
Expenses		
	2009 AGM	\$56.18
	Admin Support	\$446.19
	Banking Service Charges	\$119.00
	Website (Development	

	and 2 years support)	\$1264.95
	Travel Expenses: Holmes	\$120.00
	Travel Expenses: McLaren	Pending
		<u>-\$2006.32</u>
Net Assets		<u>+\$7097.13</u>

#### 4. Political Inroads

- The BCSCCM is now accepted as the voice of critical care in BC
- Represent critical care physicians to the SSPS and BCMA
- Sit on several MoH committees
- Sit on regional critical care groups

#### 5. New Fees and Fee Structure

- CCM now recognized as a distinct specialty by the BC College and by MSP
- As such, required to have specific consultation fee codes limited to recognized specialists in CCM
- Additionally, now responsible for the division of new funds amongst the fee items we “own”
- Overarching principles in all fee negotiations were:
  - I. To avoid negative impact on anyone’s income
  - II. To encourage the practice of high quality care
  - III. To allow “equal pay for equal work” independent of specific training history

#### 6. CRRT & ECMO

The Preamble (Paragraph 4) is amended to add the following in bold:

Since these listings are intended to cover all required services for critically ill patients, no other physician except the Primary Care Physician (who may bill for daily or supportive care) may bill for the care of the patient on the same day, except for:

- Consultation fee to a specialist outside the team when requested (service not within the competence or specialty of a team member). Follow-up visits may be billed only if the physician is involved in the active care of the patient.
- TPN when ordered by a physician not part of the critical care team.
- **Medical management of Extra Corporeal Membrane Oxygenation (ECMO) should be billed as a miscellaneous fee, and will be paid in equity with the Critical Care daily fees (1411/21/31/41), starting at Day 1.**
- **The Critical Care team member who performs ECMO cannot concurrently bill the daily fees on the same patient. Another physician on the team may concurrently bill the appropriate Adult and Pediatric Critical Care daily fees on that patient.**
- **Continuous Renal Replacement Therapy (CRRT, also referred to as dialysis) and MARS (Molecular Adsorbents Recirculating System) may be paid in addition to Critical Care daily fees to the same physician or to another member of the Critical Care Team. For the CCM Physician, these fees will be paid at 75% of fee item 33750, 33751, 33752 and 33758, and will follow the billing rules under these dialysis fees.**

## 7. Consultation Fees

- Required by MSP for all Sections
- May be billed only by “specialists in that section”
- No physician may bill more than one section’s consultation fee

### Referred Cases

P01400	Consultation: to consist of examination, review of history, laboratory, X-ray findings and additional visits necessary to render a written report (not for ICU patients).....	\$166.70
	<i>Note: Restricted to Critical Care physicians.</i>	
P01402	Repeat or limited consultation: Where a consultation for same illness is repeated within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative services do not warrant a full consultative fee (not for ICU patients).....	\$79.41
	<i>Note: Restricted to Critical Care physicians.</i>	

The following heading is added:

#### **Continuing care by consultant:**

P01408	Subsequent hospital visit (not for patients in an ICU).....	\$28.37
	<i>Note: Restricted to Critical Care physicians.</i>	
P01469	Direction of care/end of life Assessment.....	\$166.70
	<b>Notes:</b>	
	i) <i>Restricted to Critical Care physicians who have not treated the patient in the previous seven days.</i>	
	ii) <i>This fee includes an examination, review of history, laboratory, X-ray findings necessary to write a report as well as any and all meetings with family and ICU team required to formulate and perform end-of-life and/or direction of care, e.g: withdrawal of life-sustaining measures and filling out forms for comfort care orders.</i>	
	iii) <i>Patient must be in ICU with life threatening illness.</i>	
	iv) <i>Not intended for use for advance-care planning.</i>	
	v) <i>Limited to one assessment per patient per ICU admission.</i>	

## 8. Nominations For Executive and Voting

The elected Executive for 2010-2011 is:

William Henderson - President and Chair	Juan Ronco - Co- Chair/Secretary/Treasurer/Vancouver Coastal Health Authority Representative
Michael Kenyon - Vancouver Island Health Authority Representative	Sean Keenan - Fraser Health Authority Representative
Cheryl Holmes - Interior Health Authority Representative	Peter Skippen - Pediatric Critical Care Representative
Ken Cunningham - Community and Rural Internal Medicine contact	Scot Mountain - Fellowship Training Program Representative
Keith Walley - Member at Large	George Isac - Member at Large

## 9. Additions to the Agenda

- Motion – That the BCSCCM pay the SSPS fees for the President and Secretary Treasurer in recognition of their unpaid work (Holmes). Seconded (Henderson). Passed unanimously.

## 10. Meeting Concluded