



June 29, 2009

Dear Colleagues,

The last few months have seen several developments in critical care practice in BC. The BCSCCM executive has continued to work on your behalf on several fronts. There are several specific issues that we would like to bring to your attention.

Annual General Meeting

The 2nd AGM occurred at the Whistler Critical Care Conference (Feb 25-27, 2009). The conference website is www.canadiancriticalcare.ca. Elections for all positions within the BCSCCM executive occurred during the meeting, with the elected Executive constituted as:

- President and Chair: William Henderson
- Co-chair/Secretary Treasurer: Juan Ronco
- CRIM contact: Ken Cunningham
- Interior Health: Cheryl Holmes
- Fraser Health: Sean Keenan
- Member at Large: Keith Walley
- Vancouver Coastal: Juan Ronco
- Pediatrics: Peter Skippen
- Island: Mike Kenyon

Retroactive and Forward Fee Increases

As we notified you in our last letter, we have secured a retroactive fee increase for the CCM fee codes as well as fee increases for the next 2 years. The first 2 of these payments have now occurred.

MSP Preamble Discussions

We met with a consultant from Medical Services Plan to discuss altering the preamble to the critical care section of the Fee Guide. In accordance with issues brought to us by the BCSCCM membership, we requested revisions around intra-hospital transfers, continuous renal replacement therapy and total parenteral nutrition. Our submissions were supported by the consultant in his presentation to the BCMA. These are currently with the Ministry, who will attempt to calculate the feasibility and economic impact prior to any further discussions. Given the difficult financial times currently faced by the provincial government, the Executive thinks it unlikely that there will be quick movement on this file.

New General Internal Medicine Fees Will Exclude Intensivists

It is the position of the BCSCCM that our fees should not differentiate between physicians based on fellowship designation, only on acuity of environment. It appears that CRIM/General Internal Medicine does not feel similarly. CRIM has negotiated a new fee code for "complex" patients. Given how significantly underpaid general internists are, we fully support this effort. However, CRIM intends to exclude any internist with a subspecialty designation from billing this code. We presume that this is in an attempt to prevent subspecialists from "poaching" this code. On the face of it this makes sense. However, several BCSCCM members practice CCM as well as general internal medicine, and we feel that they will be unfairly penalized. If you are a general internist and are CCM trained, **discuss this with CRIM immediately.**

BCSCCM Executive Meeting

The Executive met June 2, 2009. The minutes are attached for all BCSCCM members to comment on.

Sincerely,

William Henderson, MD, FRCPC
President and Chair
BC Society of Critical Care Medicine