

ANNUAL REPORT

for Financial Year Ending December 31, 2012

A large, stylized image of a foot, viewed from the bottom, with a clock face overlay. The clock face is semi-transparent and shows the hands pointing to approximately 10:10. The text "It's About Time" is written across the clock face in a white, serif font. The entire image is set against a dark blue background with a teal oval border.

It's About Time

Moving to a *Podiatry Model*

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EXECUTIVE DIRECTORS

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President

Stephen Haber, DPM
Vice President

James Hill, DPM
Past President

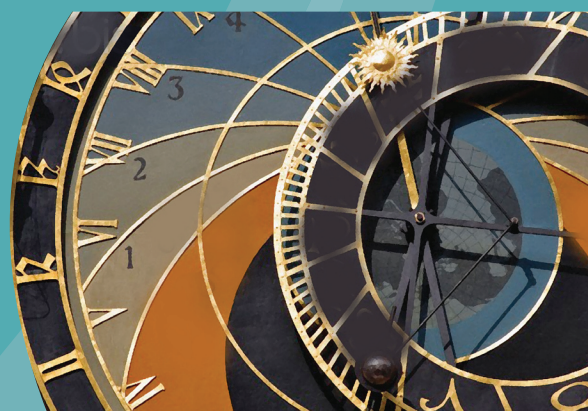
Martin Brain, DPM
Secretary

Peter Higenell, DPM
Treasurer

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Millicent Vorkapich-Hill, DPM
Stevan Orvitz, DPM
Kel Sherkin, DPM
Neil Naftolin, DPM
Karl Nizami, DPM
Eddie Yuen, DPM



PAST PRESIDENTS

Bruce Ramsden, DPM
2010- Present

James Hill, DPM
2008 -2010

Martin Brain, DPM
2006 – 2008

Kel Sherkin, DPM
2004 - 2006

Millicent Vorkapich-Hill, DPM
2002 - 2004

Peter Stavropoulos, DPM
1999 - 2002

Bruce Ramsden, DPM
1997 – 1999

Hartley Miltchin, DPM
1995 – 1997

Robert Chelin, DPM
1993 – 1995

Neil Koven, DPM
1991 - 1993

Anthony Zamojc, DPM
1989 - 1991

Neil Naftolin, DPM
1987 – 1989

Lloyd Nesbitt, DPM
1985 - 1987

David Greenberg, DPM
1983 - 1985

Robert Goldberg, DPM
1981 – 1983

Sheldon Freelan, DPM
1979 - 1981

Tom Stevens, DPM
1977 – 1979

Robert Davidson, DPM
1975 – 1977

Chris Hastings, DPM
1973 - 1975

Thad Zarras, DPM
1971 - 1973

John Foote, DPM
1969 – 1971

Robert Brain, DPM
1967 – 1969

Edgar Ryan, DPM
1965 - 1967

89TH ANNUAL GENERAL MEETING | SEPTEMBER 20TH, 2013

ONTARIO PODIATRIC MEDICAL ASSOCIATION

DOUBLE TREE HOTEL

- I. Call Meeting to Order
- II. Business Arising from Minutes of the AGM 2012 Meeting:
 - Open for discussion
- III. Approval of Minutes
- IV. President's Report Bruce Ramsden, DPM.
- V. Committee Reports:

Treasurer	Peter Higenell, DPM.
Convention	Hartley Miltchin, DPM
Foot Health Awareness Month	Kel Sherkin, DPM
Long-Term Care Homes	Karl Nizami, DPM
HARP	John Lanthier, DPM
HPRAC	David Greenberg, DPM
Publications	David Roth, DPM
Insurance Liaison	Lloyd Nesbitt, DPM
Insurance Reimbursement for Podiatry Services	Bruce Ramsden, DPM
- VI. National & International Report FIP Robert Chelin, DPM
- VII. New Business
- VIII. Adjournment



“The major preoccupation of the OPMA this year has been preparation for the HPRAC Review. If any members have not gone into the HPRAC portal, I urge them to do so.”

The major preoccupation of the OPMA this year has been preparation for the HPRAC Review. Many of our members have sacrificed a lot of their personal and professional time to chair or be a member of one of the College’s Working Groups, or to complete surveys circulated by the College and by the OPMA. The HPRAC Review is the best chance we have of introducing a full scope podiatry model in Ontario and is probably the last chance many of us will ever have in our professional lives. Accordingly, we have to get it right this time. While we really appreciate the time and work that many of our members have committed, it’s absolutely necessary and more will be required over the coming months and years. I ask for your assistance, your patience and your indulgence to get this very important job done to our satisfaction. Converting to a full scope podiatry model in Ontario will doubtless remain an OPMA preoccupation until it’s done, which will probably take several years for full implementation.

The College has set up a very attractive and useful HPRAC portal that members can connect to through the College of Chiropodists’ website. The Portal contains an abundance of information pertaining to the HPRAC Review that is very helpful. If any members have not gone into the HPRAC portal, I urge them to do so.

The Ontario Society of Chiropodists (OSC) dropped out of the tripartite agreement among the College, the OPMA and the OSC that required us to take a common position and work together on the HPRAC review. Although frustrating, the OSC’s withdrawal was anticipated and came as absolutely no surprise. The OSC has found an excuse to back out of every agreement it has entered into with the OPMA or the College over the last two decades. When the OPMA entered into the HPRAC Review tripartite

agreement, we knew it was only a matter of time before the OSC fabricated an excuse to back out.

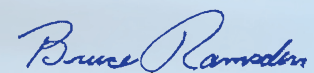
As we have to do every year at Budget time, the OPMA worked hard to ensure that podiatrists continue to be covered under OHIP. This is increasingly a challenge given the fiscal situation facing the Government of Ontario, but the OPMA is very pleased that podiatry remains the only profession, other than medicine, that hasn't been fully or partially delisted from OHIP. Nonetheless, we know from what happened with physiotherapy in April, 2013 that change is coming. A fee-for-service model for OHIP reimbursement is no longer acceptable to the government and we, as a profession, have to start thinking very seriously about an alternate model. OHIP coverage for podiatry will be revisited by the Ministry of Health and Long-Term Care after it receives its recommendations from HPRAC and we have to be ready with a formula and a model that address the government's fiscal and healthcare delivery objectives and priorities.

As has been the case with my predecessors, I perceive one of my priorities as President of the OPMA is to safeguard the reputation of podiatrists in Ontario and to protect the podiatry brand into which so much has been invested over the years. As a consequence, the OPMA has made a total of seven complaints pertaining to five chiropractors whose advertising stated or implied that they were podiatrists and were offering podiatric care. (Some complaints included other issues such as misuse of the "Dr." title, plus

other infringements of the Regulated Health Professions Act and our College's advertising regulation and guidelines.) The CFPM, the OSC and some of their spokespersons chose to wildly exaggerate the number of complaints the OPMA actually made. They did so for their own reasons, namely manufacturing a degree of antagonism between our respective associations to promote membership in the CFPM or OSC and to discourage chiropractors from becoming associate members of the OPMA. The OPMA has asked for and still awaits a retraction and correction from the CFPM.

The Ministry has announced a long-awaited review of the Healing Arts Radiation Protection Act (HARPA). The Ministry invited the OPMA to participate as a stakeholder. The OPMA, with the assistance of several of its members, responded to a survey questionnaire issued by the Ministry and attended a stakeholder consultation convened by the Ministry in August. The OPMA also participated in meetings of an ad hoc coalition of professional associations and colleges interested in the reformation of HARPA.

The OPMA has also developed and launched a strategy to deal with insurance companies who refuse to co-pay for podiatry services that are covered by OHIP.



Bruce Ramsden, DPM
President

COMMITTEE REPORTS

TREASURER'S REPORT

At the time of this report we have 45 regular members, two second-year members, one fourth-year member and three (non-DPM) chiropody members. We have unfortunately lost Peter Walpole, one of our long term members.

Our current account balance stands at \$68,032.46 as of August 19th, 2013.

We have three open term deposits with the Bank of Montreal.

Balances of these accounts are:	\$31,021.78
	\$26,261.48
	\$26,894.46

Our financial status at this time is very stable, with our income meeting our expenses and a good back-up for emergencies or extra expenditures.

Respectfully submitted,
G. Peter Higenell,
Treasurer

CONVENTION REPORT

I was asked to take over the responsibility of planning the 2012 Annual OPMA conference, after a much needed hiatus. Reluctantly, I accepted and was given the arduous task in January of 2012. With passion, commitment and a great deal of work, I was able to plan and execute the four-day conference in October.

There were approximately 65 practitioners, consisting of half Podiatrists and the other half comprised of Chiropodists. There were 35 assistants and 35 exhibitors. As usual, the venue was perfectly suited for our needs and the staff was wonderful and welcomed our return. I'd also like to thank my podiatric staff for fielding the many calls from exhibitors.

According to the feedback, the exhibitors were extremely pleased by the interest and sales generated as well as the organization/hospitality extended to them. The practitioners and assistants were very pleased with the quality and content presented by the various lecturers and the lecture content.


CONVENTION REPORT CONTINUED...

The CPMA AGM and delegates were accommodated accordingly and were quite impressed with the level of hospitality and enjoyed the hospitality suite and meeting rooms available to them. We also had the distinct pleasure of hosting both the APMA president as well as the incoming president. Utilizing the feedback forms from registrants, I hope to continue to improve the conference in future years.

Overall, I believe the 2012 conference was brought back to the familiar standard we have all become accustomed to and I would consider it a major success.

I encourage you to register assistants by making it a mandatory requirement. The assistants are rewarded both with gaining pertinent podiatric knowledge as well as camaraderie amongst their colleagues.

Respectfully submitted,
Hartley Miltchin, DPM



“The exhibitors were extremely pleased by the interest and sales generated as well as the organization/hospitality extended to them. I encourage you to register assistants by making it a mandatory requirement.”



FOOT HEALTH AWARENESS MONTH

For the past four years, the OPMA and New Balance Toronto have been teaming up to provide free, one-day foot screening clinics held at the various New Balance stores around the Greater Toronto area. Members of the OPMA always donate their time and expertise to this worthy cause. The goals of the screenings are to provide a foot screening service to the general public and also to promote the podiatry profession.

This past May a one-day foot screening was held. The following OPMA members provided their professional expertise and foot evaluation:

Drs: Bob Chelin
Cary Collis
Chris Hastings
Ron Klein
Jeff Leibman
Paul Leszner
Neil Naftolin
Dan Rosenthal
Bruce Ramsden
Stan Sweet

To all of the above members a hearty thank-you for donating your time to this worthy cause.

Respectfully submitted,
Kel Sherkin, DPM
Chairman- Foot Health Awareness Month

“..the Ministry has launched a whole-sale review of the HARP Act. The OPMA will continue to be involved in this review as it unfolds over the coming months and years.”

LONG-TERM CARE HOMES

There were a number of enquiries from long-term care homes this year for Podiatrists to provide services to residents. These were forwarded to interested Podiatry members. There were no legislative or other changes affecting podiatry and this area.

Respectfully submitted,
Karl Nizami, DPM.

HARP

The Healing Arts Radiation Protection Act (HARPA) came into force and effect in the early 1980s. The legislation hasn't been significantly amended since then and it has become seriously outdated. New technologies and the demands and expectations of Ontario's health care delivery system have passed it by.

In December, 2012 the Ministry convened a "group of experts" subsequent to which the Ministry has launched a wholesale review of the HARP Act. OPMA representatives participated in a series of meetings of an ad hoc coalition among professional associations and colleges in order to share information and develop common positions for the Review. The Ministry also identified the OPMA as a stakeholder and as such asked the OPMA to complete an online survey questionnaire and to participate in a stakeholders meeting in mid-August, 2013. My report on this meeting follows.

The Ministry intends to proceed in three phases: The first is reforms that can be made quickly through policies and guidelines. The second is reforms through regulation, that will require more time. Finally, there will be amendments to or replacement of the HARP Act. Depending on the timing of elections and so on, we would expect the first phase of reforms within the next six to eight months. One option being considered by the Ministry is transfer the regulation of professions that have authorities under the HARP Act to the RHPA Colleges as part of the "forms of energy" controlled act.

The OPMA will continue to be involved in this review as it unfolds over the coming months and years.

COMMITTEE REPORTS

HARP CONTINUED...

The HARP Act, as currently written, states that a member of the College of Chiropodists of Ontario who has

“.... been continually registered as a chiropodist under the Chiropody Act and the Chiropody Act, 1991 since before November 1, 1980, or who is a graduate of a four year course of instruction chiropody”

is authorized to own and operate equipment regulated under the Act, order radiographs and be designated as a Radiation Protection Officer. The OPMA's interpretation of this provision (which I believe is consistent with our College's position) is that one must have graduated from a single four year degree program in chiropody from a recognized institution in order to qualify. A three-year diploma, plus supplementary education, or any other type of “stacking” of educational programs that add up to four years does not qualify.

Respectfully Submitted,
John Lanthier, DPM

MINISTRY STAKEHOLDER CONSULTATION HARP REVIEW (August 15, 2013)

This was an all-day stakeholder consultation. I was present on behalf of the OPMA. The meeting was held at the Toronto YMCA.

The meeting included Ministry of Health and Long Term Care officials; there were also about 40 representatives from several colleges whose members have authorities under the HARP (Healing Arts Radiation Protection) Act. The College of Chiropodists of Ontario was represented by Dr Millicent Vorkapich DPM and a chiropodist. The stated purpose of the meeting was to reach a consensus among stakeholders as to reforms the MOHLTC could initiate (by means of regulation, policy and guidelines) in the short, medium and long term.

Ministry officials made it clear at the beginning of the meeting and throughout the day that this consultation process was not about expanding scope for any profession (i.e. expanding the authorities under the HARP Act to include more professions). Rather, the meeting purpose was to have a big picture perspective.

Unfortunately, from the outset of the meeting, there was very little “big picture” discussion. Despite the moderator’s efforts to refocus the discussion towards the “big picture”, it quickly degenerated to technical minutiae, professional self-interest and repetition.

At the end of the day, the MOHLTC officials summarized the themes they believed they heard:

The scope of regulation should be cast more widely (including MRIs and any diagnostic or treatment equipment that emits radiation at a risk of harm level), rather than narrowly focusing on x-rays and x-ray derivatives. The goals would be to:

- Improve the inspection of equipment and facilities.
- Whatever legislative and regulatory frameworks are put in place must be flexible to adapt to the evolution of technologies and the different circumstances and situations in which the equipment is used.
- Divest to the RHPA (Regulated Health Professions Act) Colleges the regulation of their members’ exercise of the HARP authorities, through Standards of Practice, policies, etc.
- Enhance the role of the RPO (Radiation Protection Officer). There seemed to be a majority view, if not a consensus, that RPO’s need to be certified. The question as to whether certification would be voluntary or mandatory was left open.
- Approach everything from the perspective of patient risk and patient and operator safety.
- In the long-term, the HARP Act must be completely modernized.

John Lanthier, DPM



“Ministry officials made it clear at the beginning of the meeting and throughout the day that this consultation process was not about expanding scope for any profession (i.e. expanding the authorities under the HARP Act to include more professions). Rather, the meeting purpose was to have a big picture perspective.”



“..launch of the new College of Podiatrists won’t likely happen until at least 2017... A big impediment is finding an Ontario University to offer a post-degree podiatry program.”

HPRAC

As indicated elsewhere in this Annual Report, the Minister has directed that the chiropody/podiatry review by HPRAC is to get underway “by January 2014”

Even though the OSC, as expected, abrogated the tripartite agreement, the OPMA has continued to work with the College as if the tripartite agreement continued to be in force and effect.

We anticipate that the review by HPRAC will take about nine months, which means that by this time next year we should know what HPRAC has recommended to the Minister.

Thereafter, we anticipate:

- It will take 6-12 months for the Ministry to decide what to do with HPRAC recommendations and to draft implementational legislation.
- It will take about a year for the legislation to be approved by the Legislature.
- It will take at least a year and probably longer for a “transitional college” to draft the foundational regulations to the Ministry’s approval.
- Hopefully in parallel, the “transitional college” will draft the foundational bylaws, Standards of Practice, policies and guidelines to support the new College, scope of practice and authorized acts.

Accordingly, launch of the new College of Podiatrists won't likely happen until at least 2017, depending on unknown factors such as political events and the nature and scope of the changes that are to be made and, as you can see, there's a lot of work that has to be done between now and then.

A big impediment that we simply have to resolve is finding an Ontario University to offer a post-degree podiatry program.

We are grateful to the many podiatrists who agreed to chair or be a member of a College Working Group

Respectfully submitted,
Bruce Ramsden, DPM
President

PUBLICATIONS

Present brochure sales for this past year totaled 4200. OPMA brochures are an excellent source of information for prospective and existing patients as well as for family physicians. Thanks again to Langer Biomechanics for sponsoring the last printing of the OPMA brochures.

Respectfully submitted,
David Roth, DPM

COMMITTEE REPORTS

INSURANCE LIAISON

Nothing earth-shattering to report.

I have not been the podiatry rep attending the annual CHLIA conferences and so that report will have to come from the CPMA.

One note of concern has been that a number of OPMA members who have had their patients' claims for foot orthotics rejected by Great West Life and we have then had to write a letter on their behalf to straighten things out.

The rejection letters indicated "no diagnosis" or "not custom made" or "not medically necessary" etc. I just don't get that. We are the providers of choice when it comes to orthotics and provide the gold standard of care. If we can't determine what is medically necessary for our patients' foot problems, then who can? It may have been that the claims processors in these cases were new, or just didn't understand what they were processing.

Therefore with GWL claims we should clearly indicate a diagnosis and the fact that the orthotics are indeed custom made. That seems to be the main things that they are looking for (along with a copy of the biomechanical prescription) . Once these are clarified there have no longer been any rejection issues.

The City of Toronto has been having some problems trying to iron out their policy wording. They want to cover orthotics, but don't want to have chiropractors sending in 60 claims a day from orthotics dispensed in stores (such as Bioped) etc.

Their representative called me to discuss some of their concerns and I indicated that according to the College regulations, a podiatrist or chiropractor cannot work out of a store. I suggested the City rep. contact the College to confirm this so that retail orthotics claims will not be covered by Toronto's insurance plan. The City rep. was well-versed in the requirements such as a proper casting or scanning technique, appropriate biomechanical examination, proper orthotics fabrication laboratory , etc.

Some of our members have also encountered claim rejections because some extended health benefits insurers have insisted that their clients exhaust the annual OHIP maximum of \$135 (plus an additional \$30 for radiographic examinations) before the insurer can pay the claim. This springs from a misunderstanding of the Health Insurance Act (Ontario) and regulations.

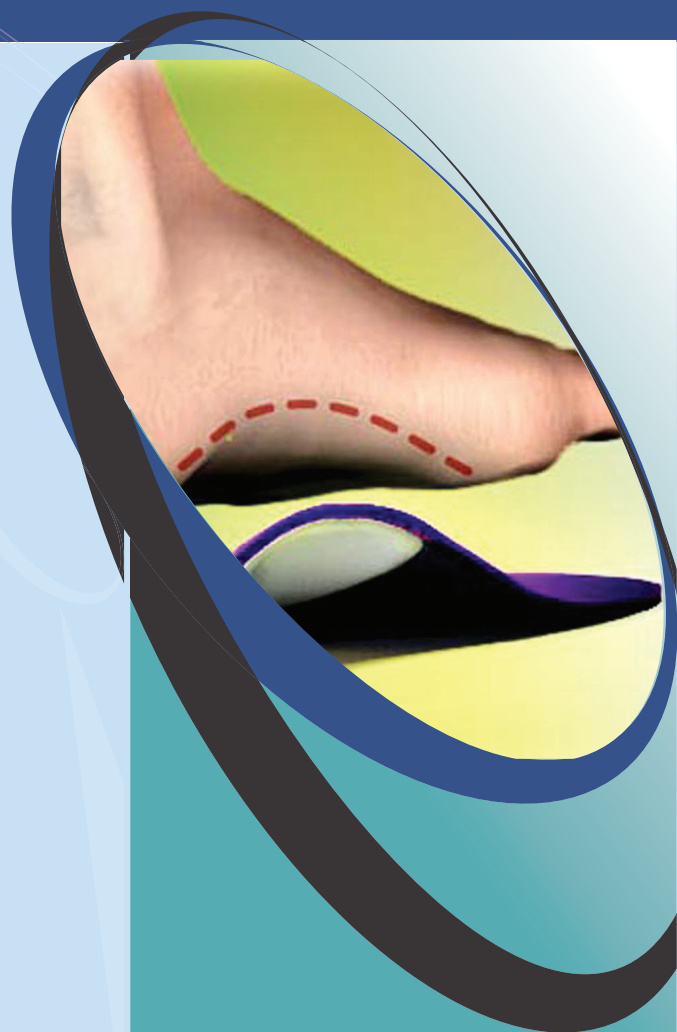
Section 14 (1) of the Act, does prohibit private insurers from paying any claim, in whole or in part, for services that are covered by OHIP. Subsection 14 (1) (c) allows for exemptions and in 1996 the OPMA convinced the Ministry to exempt "services rendered by a podiatrist" from the subsection 14 (1) prohibitions, specifically to allow insurance companies to pay the non-OHIP component of our bills. In August, 2013 the OPMA obtained a legal opinion confirming this exemption from a lawyer who is well-known and respected within the insurance industry. That legal opinion has been provided to CLHIA and we have followed up with CLHIA to ensure this interpretation is communicated to their member companies. Since podiatry is the only profession that is allowed to co-bill with OHIP it is perhaps understandable that many claims adjusters wouldn't be aware that our services -- and only our services -- are exempted.

The OPMA also prepared a form letter that our members can give the patients to give to their insurers in situations where their claims have been denied because of the OHIP issue. [See text of letter that follows this report.]


Bear in mind that this does not apply to foot orthotics, because OHIP doesn't cover foot orthotics at all. Nor does this apply to insurance policies that don't include podiatry services.

If any members have any insurance problems with their patients, I'd be happy to help out.

Lloyd Nesbitt, DPM



"One note of concern has been that a number of OPMA members who have had their patients' claims for foot orthotics rejected... Since podiatry is the only profession that is allowed to co-bill with OHIP it is perhaps understandable that many claims adjusters wouldn't be aware that our services -- and only our services -- are exempted."



INSURANCE REIMBURSEMENT FOR PODIATRY SERVICES

As referenced in Lloyd Nesbit's report, a substantial number of our members' patients have had their extended health benefits claims rejected by their insurer because the patients have not exhausted their annual OHIP maximum (\$130 plus \$34 "for radiographic examinations").

This is obviously an important matter for our members and particularly for members' patients and so the OPMA has spent considerable time and resources to secure a satisfactory resolution.

We believe that the problem results from a misreading, or partial or selective reading, of the Health Insurance Act and the Regulations. The Act does prohibit private payment for any service that is covered by OHIP. But in 1996, the OPMA was successful in getting an amendment to the General Regulation under the OHIP Act that specifically exempts podiatrist services from this prohibition. Claims adjusters would certainly be familiar with the prohibition; we suspect that many claims adjusters (particularly new ones) aren't aware of the exemption. We have prepared a template letter clarifying the situation and referring to the relevant sections of the Act and Regulation that our members' patients can send to their adjusters with their claims have been rejected for this reason.

The OPMA obtained a legal opinion from a lawyer who is acknowledged as being expert in insurance issues and is well-known and respected within the insurance industry. That opinion confirms our

"We believe that the problem results from a misreading, or partial or selective reading, of the Health Insurance Act and the Regulations."

interpretation of the Act and Regulation. That legal opinion has been provided to the Canadian Life and Health Insurance Association and we have asked CLHIA to communicate its essence and implications to its membership. Since the letter was sent we have been in regular communication with CLHIA. At the time of writing of this report, the matter is under active consideration by the Claims Working Group. Hopefully, I will have positive news to report at the AGM.

I want to make it clear that this strategy does not relate to the rejection of claims relating to the prescription and dispensing of foot orthotics by five podiatrists. That is a completely separate issue that requires its own strategy.

I attach to this report, a copy of:

- My initial letter to the membership explaining the OPMA's strategy for addressing this issue;
- The template letter we drafted for patients to send to adjusters; and
- The letter, covering the legal opinion, that I sent to CLHIA.

Bruce Ramsden, DPM
President

INSURANCE REIMBURSEMENT FOR PODIATRY SERVICES CONTINUED...



EXTENDED HEALTH BENEFITS INSURERS' PAYMENT FOR OHIP-COVERED PODIATRIC SERVICES

A large number of our members have told us that some of their patients' extended health benefits insurers are refusing to pay their claims for podiatric services unless and until the patients' annual OHIP maximum benefit of \$135 (plus an additional \$30 for radiographic examinations) has been exhausted. This is a problem that we have experienced from time to time and to which the OPMA wants to respond as effectively as possible.

We hope that in most cases this is due to a misunderstanding by the extended health benefit insurers. We suspect they are focusing on section 14 of the *Health Insurance Act (Ontario)*. Section 14 actually prohibits insurance companies from including in their policies, or otherwise paying (in whole or in part) for any service that is paid for by OHIP. The exceptions listed in section 14 include hospital, ambulance and long-term care homes services. Subsection 14. (1) allows for exemptions by regulation, however. Several years ago, the OPMA convinced the Ministry to pass a regulation that specifically exempted podiatric services from the prohibitions in section 14. The Ministry did so and the exemption is found in subsection 26.1 of Regulation 552 under the *Health Insurance Act*. Because podiatry is the only profession that is allowed to co-bill with OHIP, it is understandable that insurance companies would be unaware of this exemption.

The OPA retained a lawyer who is an expert on health law, often works for extended health benefits insurers and is well known within the insurance industry. She has provided us with a written opinion that insurance companies are legally allowed to pay claims for podiatric services from the first visit on, regardless of whether or not the patient has exhausted his or her maximum yearly OHIP benefit. We intend to provide that opinion to the Canadian Life and Health Insurance Association (CLHIA) and will ask CLHIA to advise its members and conduct themselves accordingly. When any of our members encounter an issue with a patient's insurance company, we will do the same with that insurance company. We will also include an explanation on the public portal of the OPMA website.

To be clear, this legal opinion does not require extended health benefits companies to include podiatric services in their policies. That is a completely different issue. Furthermore, some members have claimed that some insurance companies have refused to cover orthotics, citing the OHIP issue. OHIP does not cover any part of the dispensing or manufacturing of foot orthotics and never has. (The WSIB does cover the cost of dispensing and manufacturing foot orthotics.)

So, whenever you encounter a refusal to pay by an insurance company citing OHIP coverage as the reason, let me know and we will take immediate action.

Bruce Ramsden, DPM
President

900 - 45 Sheppard Ave. East, Toronto, ON M2N 5W9
Tel. & Fax: (416) 927-9111
Toll Free: 1-866-424-OPMA (6762) www.opma.ca



Podiatrists & OHIP

Podiatric services are partially covered by Ontario's Health Insurance Plan (OHIP) up to an annual maximum of \$135 (plus an additional \$30 for radiographic examinations) per year per patient. The chart below lists OHIP's contributions to podiatric services.

1.	Initial office visit	\$16.40
2.	Subsequent office visit	11.45
3.	Home visit	14.00
4.	Institution visit	7.00
5.	X-ray of foot – antero-posterior and lateral views	11.00
6.	X-ray of feet, including one view of each foot	11.00
7.	Oblique or special view of foot	5.50

OHIP does not pay for the manufacture or dispensing of foot orthotics, but will pay for a podiatrist's diagnosis identifying a need for a foot orthotic.

Before proceeding with treatment, please discuss the fees above and beyond OHIP that your podiatrist may charge for the services he or she renders. If you have an extended health benefits insurer, it is also advisable to confirm that the insurer will pay, or reimburse you, for these additional charges.

Podiatrists are the only healthcare profession for which co-billing with OHIP is allowed. Some insurance companies may not understand this or be familiar with the co-billing arrangements that are unique to podiatry. They may, therefore, refuse to pay your podiatrist's fees unless or until the \$150 maximum annual benefit has been exhausted. If you experience this problem, please let your podiatrist or the OPMA know and we will contact the insurance company to try to correct the situation.

For Extended Health Benefits Insurers:

Section 14 of the *Health Insurance Act (Ontario)* prohibits insurers from including in their policies, or otherwise paying for, any cost of providing a service that is covered by OHIP. Podiatric services are partially covered by OHIP. Subsection 14 (1) (c) of the *Health Insurance Act* authorizes the exemption from these prohibitions by regulation of services or classes of persons or classes of facilities performing services. Accordingly, subsection 26.1 of Regulation 552 under the *Health Insurance Act* specifically exempts "services rendered by a podiatrist". This means that extended health benefits insurers may include within their policies and may pay for podiatrists' charges for services rendered from the first visit on, regardless of whether the \$135 annual benefit maximum has been exhausted. If you have any questions in this regard, or require more information, send us an e-mail at contact@opma.ca.

900 - 45 Sheppard Ave. East, Toronto, ON M2N 5W9
 Tel. & Fax: (416) 927-9111
 Toll Free: 1-866-424-OPMA (6762) www.opma.ca

COMMITTEE REPORTS



Mr. Stephen Frank,
Vice President, Policy Development and Health,
Canadian Life and Health Insurance Association,
1 Queen Street West, Suite 1700,
Toronto, Ontario, M5C ZX9

Dear Mr. Frank,

I'm contacting you to draw your attention to and to ask for CLHIA's assistance in addressing a practice by some extended health benefits insurers that we believe results from an incomplete reading or understanding of the current law in Ontario. That practice disadvantages your members' clients and your members as well.

As I suspect you know, OHIP partially pays for services rendered by podiatrists. [The current OHIP reimbursement is set out in the chart below.] Podiatry is the only healthcare profession in Ontario that is allowed to "co-bill" OHIP. Some extended health benefits insurers (e.g. Manulife, Great West Life) that include podiatry services within their policies are rejecting their clients' claims for reimbursement, unless and until the patient has exhausted his or her annual OHIP maximum of \$135 (plus an additional \$30 for radiographic examinations). When contacted, adjusters claim that they are legally prohibited from copayment until the maximum reimbursement has been exhausted.

1.	Initial office visit	\$16.40
2.	Subsequent office visit	11.45
3.	Home visit	14.00
4.	Institution visit	7.00
5.	X-ray of foot – antero-posterior and lateral views	11.00
6.	X-ray of feet, including one view of each foot	11.00
7.	Oblique or special view of foot	5.50

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ONTARIO PODIATRIC MEDICAL ASSOCIATION



Section 14 of the *Health Insurance Act (Ontario)* does prohibit insurers from including in their policies and from otherwise paying for insured services and we suspect that insurance companies are focusing exclusively on that prohibition. Nevertheless, section 14 also provides for exemptions by regulation and subsection 26.1 in Regulation 552 under the Act exempts podiatrists from the section 14 prohibition in order to allow co-billing.

Attached, for your information, is a detailed legal opinion on this matter from Valerie Wise who is well known and respected within the insurance industry.

We would very much appreciate CLHIA communicating a correct interpretation of the current law to its members offering extended health benefits insurance coverage in Ontario at your earliest possible opportunity. We have communicated bilaterally with insurance companies as the issue arises--and we will continue to do so--but our efforts are not having the desired results; we suspect because of the level at which are bilateral contacts are made.

We would be happy to meet with you if doing so would help to clarify matters for your members and for the clients they serve and I will ask Don Gracey to follow-up with you on our behalf.

Thank you for your attention.

Yours sincerely,

Bruce Ramsden, DPM
President

CC: Karen Voin

900 - 45 Sheppard Ave. East, Toronto, ON M2N 5W9
Tel. & Fax: (416) 927-9111
Toll Free: 1-866-424-OPMA (6762) www.opma.ca

NATIONAL & INTERNATIONAL FIP REPORT

I would like to thank the Ontario Podiatric Medical Association and especially Bruce Ramsden and Hartley Miltchin for hosting and arranging the 2013 Canadian Podiatric Medical Association Annual General Meeting. Relationships and alliances have been one of the continuing goals of the Canadian Podiatric Medical Association this past year. This is important to the recognition and enhancement of the profile of our premier podiatric association.

CPMA has formed and continued its relationships with insurance companies, federal and provincial government agencies, affiliated organizations such as the Canadian Diabetes Association, American Podiatric Medical Association, American College of Foot and Ankle Orthopedic Medicine, American Society of Podiatric Surgeons and, most importantly, our provincial podiatry associations.

Private health insurance companies are top on the list of issues for the CPMA to deal with. We have a greater relationship and presence with the companies and health insurance associations within Canada. We have attended conferences of the Canadian Life and Health Insurance Association, the Canadian Health Care Anti Fraud Association and others. This year we are lecturing at both of the aforementioned conferences.

As insurance is an important issue for podiatrists across Canada, we are staying in contact with them. We have had discussions with large and small companies about various issues. This includes discussions with Great West Life regarding rejection of claims and discussions with Blue Cross and Greenshields about wording and what should and should not be an accepted claim. More and more insurance companies are calling the CPMA to confirm if a practitioner is a registered member or not in regards to accepting their billing.

If you have an issue with an insurance claim, it is likely that your colleagues do also. I encourage you to contact the CPMA Executive Director or your provincial CPMA representative about the issue so we can address and rectify the issue or concern.

Communication continues to be the primary goal of the CPMA. We have increased the methods for communication too. In addition to more frequent eblasts, CPMA members also receive information through the quarterly magazine, Canadian Podiatrist, which is mailed directly to each CPMA member.

The CPMA is already starting to work on the 2016 World Congress of Podiatry, which will be held in Montreal, Quebec on May 26-28, 2016. This is a monumental event and we need all CPMA members to get excited about the opportunity this congress will provide. I ask everyone to mark their calendars now and plan to attend!

Please communicate with your provincial representative or myself on any issue to help rectify it. To continue to grow our premier podiatric profession, we need to work together.

Joseph Stern, DPM
CPMA President

This year the FIP has been very busy preparing for its XXI World Congress of Podiatry which will take place from October 17-19, 2013 in Rome, Italy. For those of you already committed to attending you will not only be one of the most beautiful cities in the world but you have a chance to catch up with old friends and colleagues. This event only occurs once every three years with the next world congress taking place in Montreal, Canada in May 2016.

All registrants will have an opportunity to partake in 3 daily lecture tracks and 3 daily workshops. Our lecture hall is sold out and we are expecting over 1000 participants. Our program is outstanding as the best of the best speakers and presenters globally will be participating. There will be daily spousal programs from cooking classes to daily excursions to the Sistine Chapel and a shopping delight just outside Florence. All your accommodations, registration and additional programs can be found by going to www.fipworldcongress.org

The FIP Annual General Meeting will occur on October 16, 2013 at the Sheraton Roma. Leaders from over 30 countries will be attending. The FIP has grown to 34 member countries and we will be conducting a strategic meeting on October 15th with regards to the future of the organization.

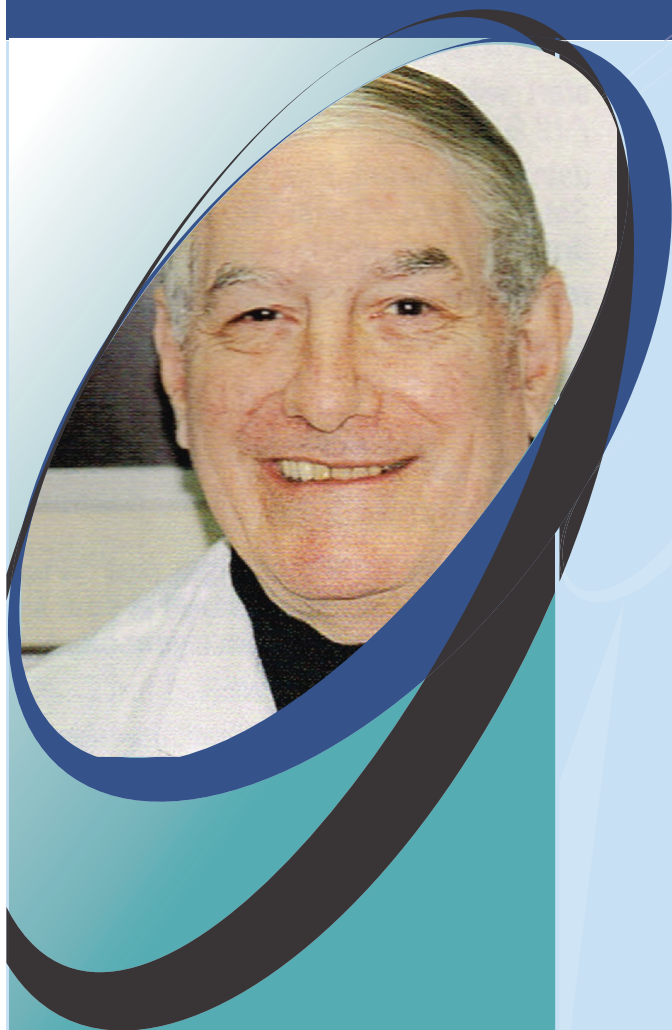
This year's world foot health awareness month program was a global success and I would like to thank Dr Kel Sherkin, the Global Chair of the FIP World Foot Health Awareness Month for overseeing this year's program and making it the success that it has become.

Since education is one of our main focuses we have just initiated a sponsored global education series. We will go into a country with various expert speakers focusing on a specific subject. The series will be sponsored by a corporate partner. This year we will focus on the biggest global problem this profession faces, the diabetic foot and will be conducting this education series in Peru, Chile, Mexico and in Rome.

Hope to see you all in Rome, Arevaderci!

Respectfully submitted,
Robert Chelin, DPM
CEO & Past President FIP

IN MEMORIAM - DR. PETER THOMAS WALPOLE, DPM



DR. WALPOLE, CARING FOR FEET FOR 50 YEARS

It is with great regret, that the Board of Directors and membership of the OPMA mark the passing of Dr. Peter Thomas Walpole of Toronto who passed away on June 29th at Sunnybrook Hospital of pancreatic cancer. Dr. Walpole was in his 50th year of practice as a Doctor of Podiatric Medicine. He was also a consultant to the National Ballet of Canada for 35 years. He was known particularly for the Ross-Fraser Brace used when treating ingrown toenails.

Dr. Walpole is survived by his partner, Dr. Mariana Masterson. He will be greatly missed by all his friends, associates and patients.

MEMBERS

Martin Brain, DPM	Peter Higenell, DPM	Bruce Ramsden, DPM
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Stephen Haber, DPM	Barry Noble, DPM	Tony Zamojc, DPM
Chris Hastings, DPM	Stevan Orvitz, DPM	Morris Zoladek, DPM

LIFE MEMBERS

Robert Brain, DPM	Edgar Ryan, DPM	Thad Zarras, DPM.
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Ontario Podiatric Medical Association
900 - 45 Sheppard Avenue East, Toronto, ON M2N 5W9
Tel: 416.927.9111 Toll-Free: 1.866.424.6762 E-mail: contact@opma.ca
www.opma.ca