

MINUTES
ANNUAL GENERAL MEETING
Chateau Whistler – Frontenac A Room
Saturday, May 2, 2015

1. Call to Order – Dr Dickeson called the meeting to order at 12:15 pm. There were 40 general surgeons present.
2. Minutes of Previous AGM – May 2014 were approved as circulated.
3. President’s Report – Dr. Mark Dickeson reviewed his year as President. He felt the health care climate is changing and we must keep abreast of and sometime challenge developments. In that regard, Dr Dickeson has attended several meetings at Doctors of BC on behalf of the surgeons of BC. He reported that our Section’s twitter account now has more than 1,000 follows and this year alone made almost 10,000 tweets.

The Provincial Privileging Project is now complete and Dr Dickeson thanked the expert panel for their time and commitment. The Section’s concerns were voiced and addressed through the process. He pointed out that this document was initiated and is “owned” by the Ministry of Health. Our members were consultants and will continue to be part of ongoing review.

Dr Dickeson reported on the HSSBC Stapler Contract situation. The Section has outlined our concerns with the Provincial Surgical Executive Committee and will continue to be proactive in assuring no surgeon will be forced to use unfamiliar equipment. As more RFPs are untaken, we advise our members against participating on expert panels until PSEC assures that safety concerns are as important as financial ones.

The Colon Cancer Screening program is up and running around the province. The Section challenged the criteria for 200 per year to be eligible to participate. Through the privileging process, the number was reduced to 75 and this was adopted in some health authorities for CSP. Others, where the 200 still exists, have agreed to ensure resources are available in order for our members to provide that number.

We continue to work with SSC in the development of new fees, and the revision of existing ones. Further, our Section has submitted a proposal for a

BMI surcharge, supported by 11 other sections. We are hoping it will get traction once the proposal has data to support a care gap.

The Section is also preparing a presentation to try to obtain some of the \$55 million available for disparity, 50% of which is for inter-sectional disparity, and 50% for inter-provincial disparity.

Dr Dickeson concluded with a plea for all members to pay their dues to the Section, as we are the voice of surgeons at the Doctors of BC and at MSP and Ministry of Health.

4. Update from Dr Sam Bugis, Executive Director of Physician and External Affairs, BCMA – Dr Bugis thanked the Section for inviting him to speak, pointing out he has spoken to 25 sections over the past year. He stated that General Surgery is held up as a standard for other Sections to meet.

Dr Bugis addressed several areas that fall under his purview at Doctors of BC, Quality Assurance, MOCAP, and Physician Engagement.

He felt that Section has made its case regarding HSSBC processes, and that Provincial Surgical Executive Committee has sympathy for our concerns.

MOCAP review and re-design resulted in agreement with government for a data collection process that will probably begin this fall – for four weeks. Dr Bugis encouraged all to participate.

Physician quality assurance activities are ongoing. The quality assurance and quality improvement aspects are separated with wide representation on both groups as well as opportunities to interact with equally broad representation at the oversight level.

Through the most recent negotiated agreement, \$65m was realized for physicians around the province to be engaged at the hospital level. As the sites are selected, the funding will be sent to the Medical Staff at that site unless the doctors and HA agree that it should go elsewhere. Information

about to get ready to accept funding will be provided in advance and assistance will be provided. Pilot projects have begun in North Vancouver and Prince George and there is excitement about the possibilities of further developed sites around BC. He felt it was a good opportunity to build consensus and relationships within the hospitals and health authorities and there was significant funding in place to help this process.

5. Membership/Treasurer's Report – Dr Nam Nguyen presented the financial statement for 2014, showing a deficit of \$9,191 which was significantly less than budgeted. He presented the budget for 2015 that included a deficit for \$35,800, leaving assets of \$81,148 in the bank. The membership felt that \$80,000 was reasonable and approved the budget. It was felt that it was time to bring the dues back to their former level and the following motion was
Moved by Dr Buczkowski and seconded by Dr Sutter

“that annual dues for 2016 be increased to \$750.” Carried

Dr Buczkowski felt that there should be 5 – year plan for these dues and a review after that time to see if asset base is appropriate.

It was reported that a letter will be sent this week to those who have yet paid their dues for 2015.

It was then moved by Dr Sutter and seconded by Dr Karimuddin
“that the treasurer's report, and 2015 budget be accepted” Carried

6. Economics Representative Report – Dr Hamish Hwang gave a detailed report, including all new fees, pending fees, revised fees and fee increases due to the negotiated monies. A list of these changes are attached to and form part of these minutes. See below.

In addition to the fee changes, Dr Hwang reported that after a review by MSP, there has been a change to the second consult, which cannot be billed as a full consult but a new fee for 80% of the full consult will be implemented. Once detailed and implemented, Dr Hwang will send information to the membership on how to properly bill this item.

Members engaged in the discussion of increases to fees as proposed in Dr Hwang's report. Dr Buczkowski asked for his colleagues support in trying to address a large disparity in the Whipple fee between Alberta and BC. He pointed out that this fee, before this increase was 34% of the value of the Alberta fee. He thanked the Section for increasing the fee to just below 60% but asked that further consideration be given. Dr Hwang pointed out that many undervalued fees from all subspecialty areas have been increased as a result of the new money and that 25%, or roughly \$125,000, of all the new money allocated went to increase HPB fees, including the Whipple fee. With unused money left from the Malignancy office visit, Dr McKeivitt asked if rather than using the money to increase the consultation fee, that the number of allowable visits could be increased. Dr Hwang pointed out that once changes of that nature occur, the fee is again subjected to almost two years of monitoring and potential reduction with over utilization.

At the end of his report, Dr Hwang asked the members to consider the possibility of reducing any fees that are more than 100% of the Alberta guide. He pointed out that the Section of Ophthalmology had the cataract fee reduced by 17% and half the saving went to government and half went back to the Section. He thought we could avoid this scenario if we were proactive and gave the example of the colonoscopy fee. He felt if we voluntarily reduced it, it would give us the chance to keep all the saved money and apply it to the age surcharge for example.

He reported that in 2017 a full review of the fee guide is being proposed by the government. Dr Bugis pointed out that with the current agreement, government can reduce any fee at any time.

After prolonged discussion, there was a show of hands in favour of the following motion

“that the Executive of the Section of General Surgery be enabled to reduce fees with a value exceeding a standard comparison of other fee schedules across Canada and to reallocate the funds as needed to avoid a forced fee reduction”

7. Representatives Report (CAGS and Regional Reps) – A written report from Dr Stephen Hiscock, CAGS rep, was appended to the agenda.

8. Election of Officers – Slate for 2015-16 – Dr Dickeson thanked the outgoing regional representatives for their commitment over the past several years, Drs Adam Meneghetti, Darren Biberdorf, and Stephen Hiscock (staying on as CAGS rep). He then welcomed Dr Tom Wallace, IHA, Dr Dan Jenkins, VIHA, Dr Tracy Scott, VCH. The slate of officers and representatives was then approved as follows:

PRESIDENT - DR MARK DICKESON
PAST PRESIDENT – DR AHMER KARIMUDDIN
ECONOMICS REP -DR HAMISH HWANG
TREASURER – DR NAM NGUYEN
MEMBERS AT LARGE:
NORTHERN HEALTH REGION-DR BRIAN DUBOIS
INTERIOR HEALTH REGIO - DR TOM WALLACE
VANCOUVER ISLAND HEALTH REGION -DR DAN JENKINS
FRASER HEALTH REGION - DR TODD SWANSON
VANCOUVER COASTAL HEALTH- DR TRACY SCOTT
RESIDENT MEMBER -DR JACLYN FARQUHAR

ECONOMICS COMMITTEE -DR HAMISH HWANG(Chair)
DR SAAMID MALIK
DR SHARADH SAMPATH
DR AHMER KARIMUDDIN
DR SCOTT COWIE
EXECUTIVE DIRECTOR- MS TANYSS BUGIS

9. There being no business from the floor - the meeting adjourned at 2:00 pm

Mark Dickeson, MD
President

**Summary of Section of General Surgery fee changes
AGM 2015**

New

70718 Portal lymphadenectomy \$750
72751 Laparoscopic reduction of volvulus, intussusception, internal
hernia \$645.13
72721 Laparoscopic mobilization splenic flexure (extra) \$117.44
72650 Laparoscopic resection of bands, enterolysis \$615.54
72641 Laparoscopic cecostomy tube (extra) \$370.23
71651 Laparoscopic correction of malrotation \$574.73
72600 Temporary or delayed abdominal closure with VAC \$369*
71292 Peritonectomy with or without HIPC \$650 per hour up to 8 hours
71293 - each additional 15 min \$50

Pending

Radical resection of malignant skin or soft tissue tumour 5-10cm
\$256.85
Radical resection of malignant skin or soft tissue tumour 10+cm
\$443.84
Secondary pre-operative consultation – 80% of 07010
Catheterization, complex - male patient (operation only) \$200

Fee changes

Concurrent liver resections and colorectal or sarcoma resections

“Liver resections for metastasis, billed in conjunction with colorectal resections or sarcoma resections, will be paid at 100% of the listed fees, for each item, when done as a team by two general surgeons. Only payable when ICD9 code is 153, 154, 158 or 171.”

That the following list of procedures be eligible for payment as team fees:

Liver resections: 71380, 07404, 72794, 07405, 72795, 07406, 72796, 07407, 72797, 07408, 72798, 07409, 07410, 07411

Colorectal resections: 72622, 72623, 72624, 72625, 72626, 72631, 72632, 72633, 72634, 72734, 72635, 72755, 72636, 07664, 07662, 72762, 07663, 72763, 07569, 72769, 07640, 72760, 07641, 72741, 07589, 72789, 72640, 72740, 07662, 07580, 72673

Sarcoma resections: 71290, 71291

Residual funding from 2013-14

Increases retroactive to April 1, 2013

Code	Description	Old fee	New fee
07005	Visit - Emergency - General Surgery	\$94.77	\$95.67
07006	Directive care - General Surgery	\$27.76	\$28.02
07007	Subsequent office visit - General Surgery	\$23.82	\$24.05
07008	Subsequent hospital visit - General Surgery	\$20.28	\$20.47
07009	Subsequent home visit- General Surgery	\$47.44	\$47.89
07010	Consultation - General Surgery	\$97.77	\$98.70
07012	Consultation - General Surgery - repeat or limited	\$51.74	\$52.23
70070	Telehealth Consultation - General Surgery	\$97.77	\$98.70
70072	Telehealth repeat or limited consultation - General Surgery	\$51.74	\$52.23
70076	Telehealth directive care in emergent surgical conditions - per visit	\$27.76	\$28.02
70077	Telehealth subsequent office visit - General Surgery	\$23.82	\$24.05
70078	Telehealth subsequent hospital visit - General Surgery	\$20.28	\$20.47

New money 2015-16 \$275K

Code	Description	Old fee	New fee
07055	Ganglia - wrist	\$134.68	\$178.76
07444	Whipple procedure for trauma	\$1,685.02	\$2,400.00
07463	Sigmoidoscopy - decompression volvulus - any method - operation only	\$118.13	\$224.43
07610	Epigastric	\$200.41	\$243.68
70478	Mastectomy - gynecomastia	\$219.21	\$300.00
70604	Diaphragmatic hernia - congenital	\$748.45	\$1,125.00
70627	Gastrectomy - total - with esophagoenterostomy - open	\$1,118.10	\$1,300.00
70628	Gastrectomy - reconstruction - Roux-en-Y - open	\$1,162.46	\$1,300.00
70629	Gastrectomy - intestinal pouch - open	\$1,198.77	\$1,300.00
70641	Gastrotomy, suture perforated duodenal or gastric ulcer - laparoscopic	\$448.45	\$525.00
70643	Gastric restrictive procedure/bypass - open	\$828.98	\$975.00
70645	Gastric restrictive procedure - revision/ reversal - open	\$826.73	\$1,000.00
70648	Jejunostomy	\$263.85	\$350.00
70668	Graft - rectal incontinence/prolapse: - operation only	\$147.65	\$200.00
70680	Destruction of anal lesion, any method - complicated - operation only	\$148.07	\$200.00
70683	EUA - operation only	\$140.60	\$150.00
70694	Choledochotomy or choledochostomy - open	\$519.88	\$615.00
70695	Choledochotomy or choledochostomy - laparoscopic	\$519.88	\$615.00
70701	Cholecystectomy - with exploration of CBD (laparoscopic)	\$779.81	\$900.00
70702	Cholecystectomy - with exploration of CBD (open)	\$779.81	\$900.00
70721	Cholecystoenterostomy/Roux-en-Y	\$761.61	\$800.00
70730	Hepaticoenterostomy	\$646.66	\$1,200.00
70740	Cyst - thyroglossal - infected - operation only	\$125.26	\$200.00
71282	Removal of indwelling enteral tubes with or without exploration of tube insertion site - requiring general anesthesia (op only)	\$104.01	\$200.00
71290	Resection of retroperitoneal or intra-abdominal soft tissue tumour	\$500.00	\$650.00
71291	Resection of retroperitoneal or intra-abdominal soft tissue tumour measuring 10 cm or greater - each additional 15 minutes or greater portion thereof	\$50.00	\$75.00

71532	Esophagoplasty	\$881.86	\$1,100.00
71533	Esophagoplasty - tracheoesophageal fistula	\$1,020.21	\$1,350.00
71538	Oesophagogastric fundoplasty - with gastroplasty - Collis	\$776.62	\$975.00
71548	Oesophageal wound - cervical approach	\$425.82	\$700.00
71549	Oesophageal wound - transthoracic/ transabdominal approach	\$761.61	\$840.00
71550	Oesophagostomy/fistula - closure - cervical approach	\$529.13	\$700.00
71551	Oesophagostomy/fistula - closure - transthoracic/transabdominal approach	\$801.69	\$840.00
71603	Hernia - repair - inguinal or femoral - age 6 months to 12 years	\$313.15	\$350.00
71604	Hernia - repair - inguinal or femoral - age 6 months to 12 years - bilateral	\$438.44	\$525.00
71605	Hernia - repair - inguinal or femoral - age 6 months to 12 years - incarcerated or strangulated	\$375.80	\$425.00
71681	Sphincterotomy	\$153.53	\$200.00
71709	Resectional debridement - pancreas	\$688.38	\$750.00
71712	Pancreatic lesion - excision - limited	\$688.38	\$775.00
71717	Pancreatectomy -distal/near total	\$1,077.27	\$1,250.00
71719	Pancreatectomy - proximal/subtotal	\$1,377.91	\$2,400.00
71720	Pancreatectomy - pyloric sparing	\$1,377.91	\$2,400.00
71721	Pancreatectomy - regional	\$1,565.80	\$2,400.00
71746	Parathyroid - re-exploration	\$873.08	\$920.00
71748	Parathyroidautotransplantation - operation only	\$80.17	\$100.00
72635	Anterior resection - rectosigmoid - carcinoma - open	\$1,033.70	\$1,100.00
72669	Tumor - rectal - excision (operation only)	\$151.85	\$180.00
72672	Tumor - rectal - malignant - electrodesiccation/fulguration (operation only)	\$151.85	\$180.00
72755	Anterior resection - rectosigmoid - carcinoma - laparoscopic	\$1,292.13	\$1,375.00
72794	Laparoscopic non-anatomic sub-segmental excision of liver mass	\$658.03	\$900.00
72796	Laparoscopic segmental resection of liver: two or more segments, bilateral lobes	\$1,453.08	\$1,500.00

New money 2016-17 \$252K

Code	Description	Old fee	New fee
0798	Oesophageal, Motility Test - professional fee	\$61.66	\$100.00
7027	Abscess - under GA - operation only	\$125.26	\$200.00
7045	Abscess - anterior closed space - operation only	\$38.60	\$80.00
7059	Abscess - deep - with local/regional anaesthesia - operation only	\$56.37	\$80.00
7061	Wound infection - post-op/GA - operation only	\$79.88	\$200.00
7072	Hidradenitis suppurativa excision - axillary - operation only	\$119.77	\$200.00
7073	Tenotomy Congenital Torticollis - operation only	\$131.91	\$200.00
7075	Hidradenitis suppurativa excision - inguinal - operation only	\$119.77	\$200.00
7076	Hidradenitis suppurativa excision - perianal - operation only	\$119.77	\$200.00
7082	Hidradenitis suppurativa excision - perineal - operation only	\$119.77	\$200.00
7109	Stripping short saphenous	\$144.85	\$200.00
7110	Ligations and strippings - 3 to 5 incisions - operation only	\$108.28	\$225.00
7111	Ligations and strippings - 6 or more incisions	\$188.11	\$250.00
7112	Ligation of 2 or more perforators	\$196.20	\$225.00
7141	Catheter removal - Broviac type - operation only	\$37.59	\$100.00
7404	Liver mass - subsegmental excision	\$526.42	\$750.00
7406	Hepatectomy - two or more segments	\$1,162.46	\$1,250.00
7433	Laparotomy and removal of injured spleen	\$632.22	\$675.00
7470	Nipple exploration	\$166.42	\$200.00
7516	Salivary cyst - sublingual - operation only	\$119.77	\$200.00
7522	Parotid tumor; without nerve dissection - local excision - operation	\$131.91	\$200.00

	only		
7526	Salivary duct - dilation - operation only	\$27.41	\$150.00
7528	Placement gastroesophageal venous compression balloon - operation only	\$64.89	\$150.00
7596	Hernia - incisional - repair following laparotomy - operation only	\$80.17	\$100.00
7603	Abdominal wound evisceration - resuture	\$263.85	\$300.00
7632	Gastrotomy, suture of perforated duodenal or gastric ulcer, wound or injury - open	\$448.45	\$500.00
7646	Enterostomy, large or small intestine - closure of loop - without resection	\$369.49	\$500.00
7648	Revision of ileostomy or colostomy - simple - incision of scar, etc.	\$220.23	\$300.00
7653	Atresia; small bowel; excision or bypass	\$722.34	\$1,125.00
7666	Fistula-in-ano; second stage; division of sphincter after placement of seton	\$153.53	\$200.00
7675	Fistula-in-ano - subcutaneous or submucous (operation only)	\$148.07	\$200.00
7689	Anoscopy with dilation, any method - operation only	\$89.59	\$150.00
7703	Choledochoduodenostomy	\$814.22	\$915.00
7705	Choledochojejunostomy (anastomosis of extra-hepatic biliary ducts and GI tract)	\$901.92	\$915.00
7706	Cholecystoenterostomy - direct (loop)	\$641.61	\$800.00
7711	Pancreatic pseudocyst internal drainage or anastomosis to gastrointestinal tract	\$591.73	\$725.00
7732	Pancreatic pseudocyst - drainage	\$722.34	\$725.00
7740	Biopsy of thyroid - open	\$187.90	\$225.00
7741	Local excision of thyroid lesion - subtotal unilateral	\$329.17	\$400.00
7744	Parathyroidectomy or exploration of parathyroids - subtotal parathyroidectomy	\$721.51	\$800.00
7745	Parathyroidectomy or exploration of parathyroids	\$658.89	\$675.00
7749	Partial maxillectomy for malignancy - fenestration	\$534.15	\$630.00
7756	Pancreatic pseudocyst - open	\$425.82	\$700.00
7758	Pancreatic pseudocyst - laparoscopic	\$425.82	\$875.00
7769	Duodenotomy and sphincteroplasty	\$647.89	\$700.00
7771	Picking operation; metastatic neck nodes for thyroid carcinoma	\$400.27	\$600.00
7790	Lesion - benign - floor of mouth - operation only	\$119.77	\$150.00
7796	Neurogenic neoplasm - neck - excision	\$534.15	\$850.00
70020	Certified surgical assistance- after one hour	\$26.28	\$27.50
70023	Biopsy - lymph glands - neck - operation only	\$131.24	\$200.00
70025	Biopsy - lymph glands - groin - operation only	\$79.87	\$200.00
70044	Mastotomy - GA	\$156.58	\$200.00
70084	Abscess - pilonidal cyst/sinus - incision/drainage - operation only	\$56.37	\$60.00
70471	Biopsy - breast - excisional - operation only	\$120.44	\$200.00

Notes

07055 ganglia fee increased to match Plastics fee

07063 decompression volvulus increased to match other decompression volvulus fee

07610 epigastric hernia fee increased to match umbilical hernia fee

Proposed motions:

- that the Executive of the Section of General Surgery are enabled to reduce fees with a value exceeding the Alberta fee equivalent and reallocate the funds as needed to avoid a forced fee reduction