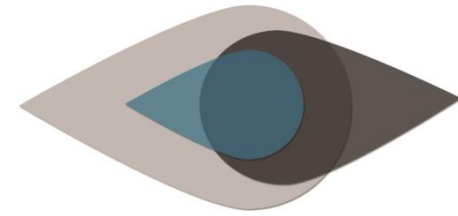


**EYE PHYSICIANS  
AND SURGEONS  
OF ONTARIO**

# **Annual General Meeting**

## **February 27, 2021**



EYE PHYSICIANS  
AND SURGEONS  
OF ONTARIO

## Agenda

- Approval of 2020 AGM Minutes
- Chair Update
- OMA Update
- Treasurer & Membership Update
- EPSO Priorities & Advocacy
- Question Period

## Motions



- Motion to approve minutes from the last AGM which was held on February 22, 2020 at the Toronto Cataract Course in Toronto, Ontario



**OUR VISION** is that all Ontario residents have access to, and receive, high quality eye care to preserve and restore their vision.

We are committed to protecting, maintaining and improving ophthalmic care in Ontario.

**WE VALUE:** Leadership, Collaboration, Innovation and Integrity

# EPSO's Executive



Dr. Raj Rathee  
Chair



Dr. Robert Adam  
Treasurer



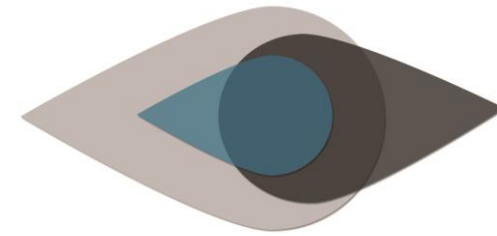
Dr. Baseer Khan  
Tariff Chair



Dr. Jeff Hurwitz  
Academic Rep



Dr. Andrew Budning  
COS Interprovincial Rep  
(non-voting)



**EYE PHYSICIANS  
AND SURGEONS  
OF ONTARIO**

# OMA UPDATE

**2020**

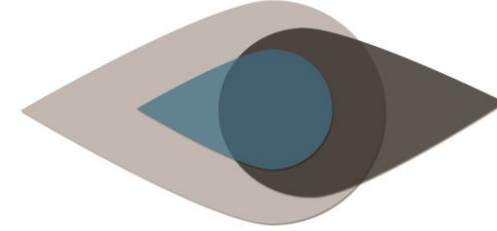
# Negotiations

- Since October 1, 2020, the OMA has been meeting to discuss COVID negotiations with the Ministry to ensure there are supports for physicians.
- 2021 PSA opening proposals were initiated in November 2020.
- The OMA will be focusing on arbitration preparation this spring (March-April).

# Relativity

- Relativity is again being raised by the OMA in the next round of negotiations
- EPSO is a section of the OMA and will advocate for Ophthalmology
- The OMA is developing a relativity model using the FAIR approach
  - This approach will factor in Return on Education and Overhead
  - The proposed approach to address overhead is a StatsCan study which will obtain information on revenues, expenses and overhead by Section (anonymous)
  - The OSA is fighting this stating it is a privacy violation. Their work on this is ongoing.





**EYE PHYSICIANS  
AND SURGEONS  
OF ONTARIO**

# **FINANCIAL UPDATE**

**2020**

# Financial Position

- EPSO revenues from 2020 came from membership dues. We were down \$4,786.
- While overall expenses were down this year EPSO did engage a GR consultant to assist with advocacy - added expense
- The total deficiency of revenue over expenses amounted to \$15,675 which was covered by our savings.
- Currently we have approximately \$100K in cash savings account and \$200K invested in GICs

# Revenue & Expenses

	2020	2019
<b>REVENUE</b>		
Dues	\$ 223,654	\$ 228,440
<b>EXPENSES</b>		
Advertising and promotion	1,017	514
Amortization	1,808	4,019
Automotive	-	272
Business taxes, licences and memberships	317	9,605
Consulting fees	79,513	-
Donations	-	1,000
Honoraria	25,922	20,910
Interest and bank charges	81	5
Meals and entertainment	-	101
Meetings and conventions	2,620	4,105
Office	2,439	7,321
Professional fees	2,398	2,774
Salaries and wages	122,598	119,343
Training	1,300	3,562
Travel	18	685
Utilities	432	1,042
	<u>240,463</u>	<u>175,258</u>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES FROM OPERATIONS</b>	<b>(16,809)</b>	<b>53,182</b>
<b>OTHER INCOME</b>		
Interest income	1,134	5,054
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>\$ (15,675)</b>	<b>\$ 58,236</b>

# Net Assets

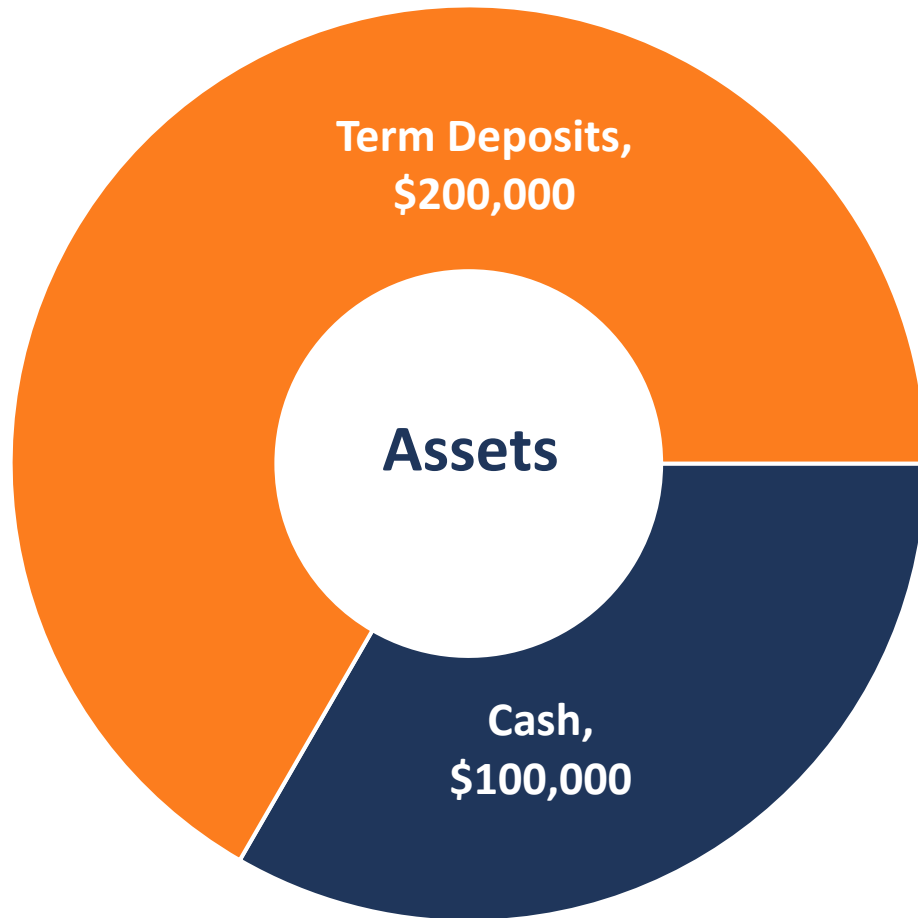
## EYE PHYSICIANS AND SURGEONS OF ONTARIO

### Statement of Changes in Net Assets

Year Ended December 31, 2020

*(Unaudited - See Notice To Reader)*

	2020	2019
<b>NET ASSETS - BEGINNING OF YEAR</b>	<b>\$ 315,867</b>	<b>\$ 257,631</b>
<b>DEFICIENCY OF REVENUE OVER EXPENSES</b>	<b>(15,675)</b>	<b>58,236</b>
<b>NET ASSETS - END OF YEAR</b>	<b>\$ 300,192</b>	<b>\$ 315,867</b>

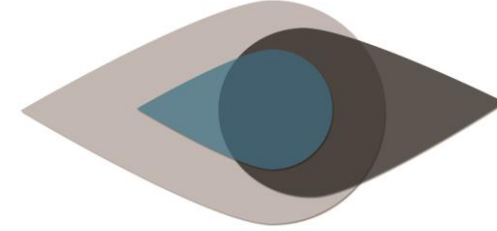


## ASSETS

- Starting 2021 in a strong financial position.
- Approximately \$100K cash.
- Approximately \$200K in Market Linked GIC - \$100K maturing in 2 years, \$100K maturing in 3 years.
- Plan to roll these over if cash position stays strong.
- Can open LOC/loan with these as collateral if unexpected financial needs arise and special contribution route not pursued.

## LIABILITIES

- No outstanding liabilities aside from ongoing operating expenses.

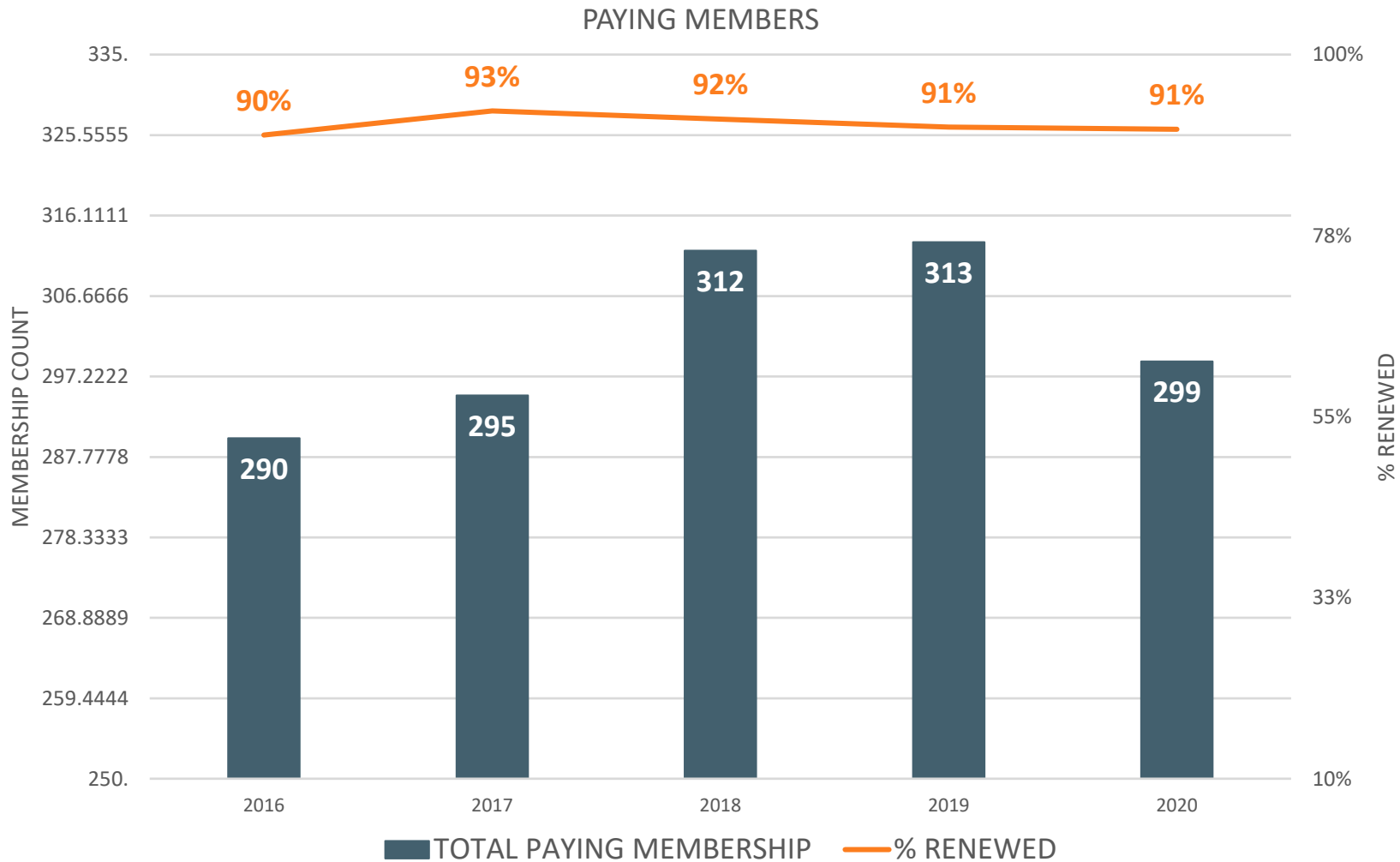


**EYE PHYSICIANS  
AND SURGEONS  
OF ONTARIO**

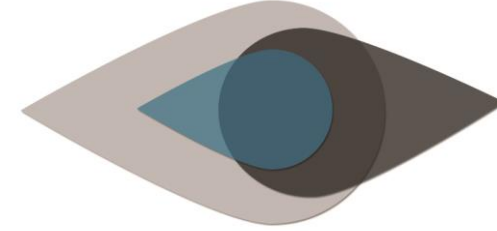
# **MEMBERSHIP UPDATE**

**2020**

# 2020 MEMBERSHIP RENEWAL UPDATE



- Rate of Renewal holds steady at 90+ %
- Over the past 3 years the rate of attrition (loss of paying members) is in the range of 5-10%. Each year between 5-8 members retire and/or move in to the 75+ category and do not pay.
- 15 new and re-engaged members
- Total active membership number including honorary category is 306.



**EYE PHYSICIANS  
AND SURGEONS  
OF ONTARIO**

# **ADVOCACY UPDATE**

**2020**



# CNIB Eye Van

- Canceled last year as a result of COVID – unlikely will resume until most have been vaccinated
- CNIB has been restructured into:
  - CNIB Foundation
  - VLRC (Vision Loss Rehab Canada) > Eye Van
  - Deaf Blind
- Medical Advisory Committee represents EPSO and are working with VLRC to update the Terms of Reference to ensure medical decisions are made by medical doctors

# Optometry Scope Expansion

- The College of Optometry in Alberta is lobbying for scope expansion:
  - Three specific laser treatment procedures – Peripheral Iridotomy (PI), Selective Laser Trabeculoplasty (SLT) and Nd-YAG Capsulotomy. All are performed in-office.
  - Minor surgical procedures to remove minor skin lesions such as skin tags, papilloma, verrucae, etc. performed in-office under local anesthesia.
- The COS is working with EPSA and each have engaged their own consultants to aid in their advocacy.
- This impacts all provinces and EPSO has offered support.

# Advocacy Update

- In Spring 2020, EPSO engaged Navigator to work to strengthen GR relations and advocate on the following:
  - Relief funding for COVID,
  - Forgiveness of COVID advance pay,
  - K Code extension to September 30, 2021,
  - After hours premium extended to November 29, 2021, and
  - Ensuring QBP funding was utilized as intended; encouraging support for hospital to open un/under used ORs and afterhours/weekends as well as outsourcing to ASCs when unable to address wait lists.

# Call for IHF Applications

- Other specialties and OMA supportive of IHF expansion post COVID (unrelated to Ophthalmology)
- January 15, 2021: Call for applications was issued
- January 19, 2021: Call for applications announced
- January 25, 2021: EPSO wrote to MOH with concerns
- January 27, 2021: Member template letter shared for those who wished to write letters of concern
- February 4, 2021: EPSO met with MOH senior policy advisor

# Current Status IHFA

- February 16, 2021: Call for IHF applications closed
- Evaluation Committee Selected / Physicians are Engaged in Process
- February 25, 2021: Written correspondence to EPSO letter received from IFH Program Manager George Clarke
- February 26, 2021: meeting request with IHF director Pauline Ryan denied

# IHF Program Manager George Clarke EPSO Response (excerpt)

The Ministry of Health's decision to authorize the call for applications was made after considering the criteria under section 5(2) of the Independent Health Facilities Act (IHFA). As part of this process, the Ministry consulted with Ontario Health, the organization responsible for health system planning.

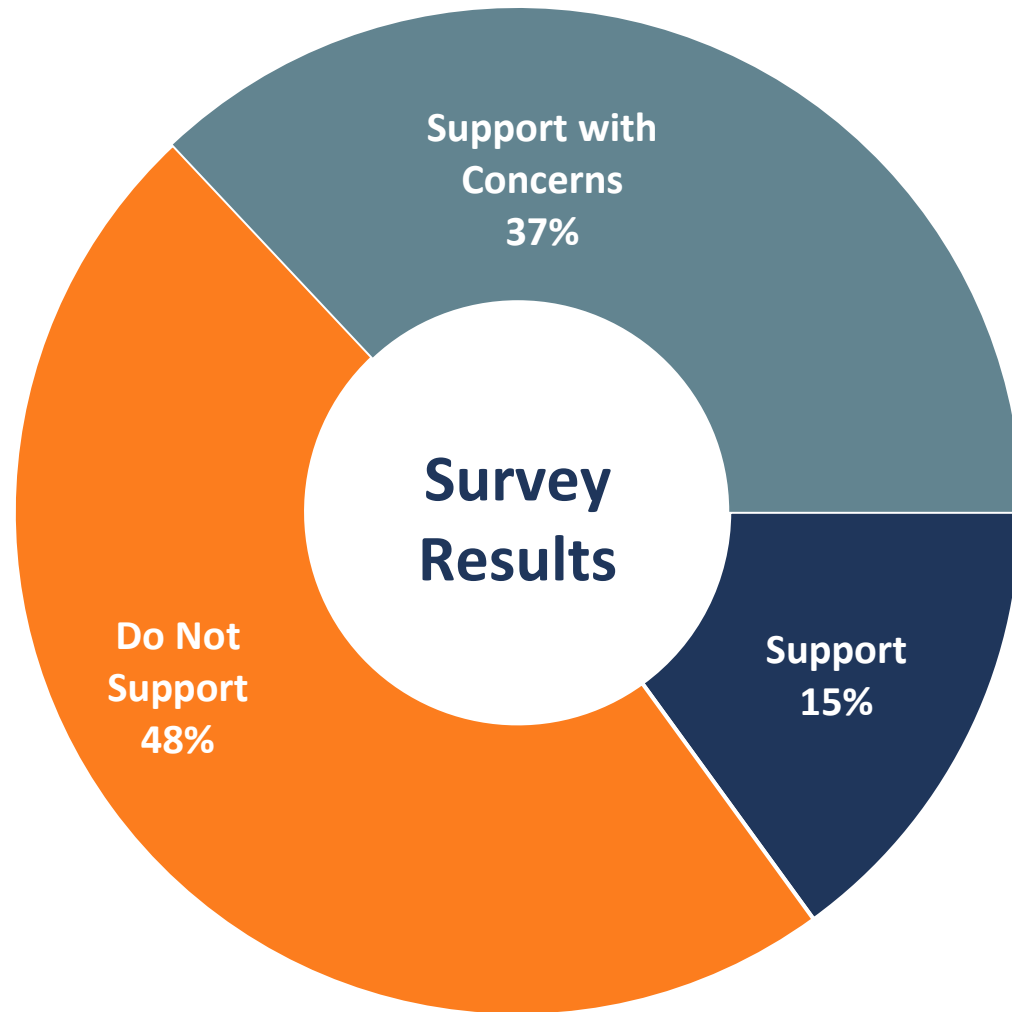
Increasing the number of IHFs that can provide low-risk cataract surgery will create capacity to help Ontarians receive the high-quality health care they expect.

This initiative does not represent a shift of volumes and funding from hospitals, but rather an incremental increase to health system capacity. The vast majority of cataract surgeries will continue to be provided in hospitals. In addition to this Call for Applications for IHFs, there are also concurrent hospital initiatives being undertaken to address the current surgical backlog, such as surgical volume premiums that support hospitals to open operating rooms for weekend and evening surgeries.

# IHF Program Manager George Clarke EPSO Response (excerpt)

The location of potential IHFs will be dependent on the applications submitted. The ministry will have the support of Ontario Health in reviewing the submitted applications. The Director of IHFs will consider all criteria specified in the Call for Applications, including regional patient wait times and provincial need, along with the criteria set out in the IHFA when determining whether to issue an IHF licence.

In closing, I would like to reiterate that this initiative does not represent a shift of volumes and funding out of hospital, but an incremental increase to health system capacity. IHF services are publicly funded, OHIP-insured services. The vast majority of cataract surgeries will continue to be performed in hospital, even if additional IHFs are licensed for cataract surgery as a result of this Call for Applications process.



## MEMBER SURVEY RESULTS

- 87 responses = 26%

### CONCERNS:

- Lack of stakeholder consultation
- Lack of IHF oversight
- Young ophthalmologists
- Hospital affiliation / emergent care
- Impact to hospital resources/funding
- Pressure for uninsured services
- Application evaluation process
- Academic resources and training



# EPSO Executive – Open Positions

## Call for Volunteers – Members at Large

- Get involved & have a voice
- Participate as a vital part of the executive leadership
- Gain valuable board experience
- Required: Approximately 1 hour teleconference 10 months/year
- Honorarium eligible
- Several individuals have expressed interest from different geographies

# EPSO Executive – Strategic Recruitment

## Example: Academic Representative

- The Academic Representative is a voting member of EPSO
- This position will be filled by a candidate put forward by the 5 Academic Chairs of Ophthalmology
- Their role will be to inform EPSO of academic issues in the province and,
- Advise Academic Chairs of current issues that EPSO is addressing.

# EPSO Recent Work

- Best relationship in years with the OMA, which going into a relatively year, is critical
- Despite not having any input on IHF, we at least have a line of communication with government that we didn't have before
- We were able to ensure no more cuts in the last round of negotiations (despite odds against us)
- We are no longer a red circled ("high biller") target specialty
- We have played a leadership role at the OSA which has advanced our interests
- We have been able to manage the increasing aggressiveness of optometry (including their recent job action) - advocacy that must continue

# EPSO Executive Renewal

- *The current executive wishes to transition out over the next few months*
- Bright, dynamic members needed to continue our important advocacy work



*QUESTIONS?*



---

*THANK YOU!*

**EYE SURGEONS AND PHYSICIANS OF ONTARIO**