MINISTRY OF HEALTH AND LONG-TERM CARE
Primary Health Care and Family Health Teams

FACT SHEET

Title: Colorectal Cancer Screening Management Fee Q005A

Date: April 2008

Eligible Patient Enrolment Models (PEMs):

- ☑ Family Health Networks (FHNs)
- ☑ Family Health Organizations (FHOs)
- ☑ Blended Salary Model
- ☑ Family Health Groups (FHGs)
- ☑ Comprehensive Care Models (CCMs)
- ☑ Group Health Centre
- ☑ Rural and Northern Physician Group Agreement (RNPGA)
- ☑ St. Joseph's Health Centre
- ☑ Weeneebayko Health Ahtuskaywin (WHA)
- ☑ South Eastern Ontario Academic Medical Organization (SEAMO)

Colorectal Cancer Screening Management Fee Q005A

Effective April 1, 2008, all Family Health Group (FHG) and Comprehensive Care Management (CCM) physicians are eligible for the Colorectal Cancer Screening Management Fee (Q005A). Thus all Patient Enrolment Models are now eligible for this fee.

Eligible physicians may submit the Q005A fee code at six dollars and eighty-six cents ($6.86) for enrolled patients aged 50 -74 years inclusive who have been contacted in the prescribed manner for the purpose of scheduling an appointment for colorectal cancer screening.

Contacting the Patient
The written notices and the telephone call must meet the following requirements.

The written notices will be sent via regular mail, e-mail or facsimile. The physician will address the written notices to the enrolled patient and use the patient's current address on record.

The **first written notice** must include the following information:

- the specific test (FOBT) that is recommended;
- the material risks and benefits of the test, and the recommended frequency of the test;
- the date at which the test was last done by the enrolled patient, if applicable; and
- the physician's/group's office and telephone number for scheduling an appointment.

The **second written notice** must be delivered one to three months after the first written notice and must include the following:

- an offer to schedule an appointment for the specific recommended test (FOBT);
- a description of the medical benefits of the recommended test; and
- the name of a contact person in the physician's/group's office and telephone number for scheduling an appointment.

The **telephone call** will be made to the enrolled patient at the phone number the physician has on record for the patient. The telephone call must be made by a PEM Physician or a member of the staff in the PEM in order to convey the medical benefit of the recommended test or procedure.

Maintaining Records
The PEM physician must retain written records of all correspondence with the enrolled patient, including copies of the written notices, dates of delivery of the written notices and the date and a detailed description of the telephone call;

The enrolled patient who is contacted must not already have had the recommended FOBT test in the past two years.

Claiming the fee code Q005A:

A physician may only claim the Q005A fee code once the patient has been contacted in the prescribed manner and one of the following has occurred:

(a) the enrolled patient has responded to the physician's efforts to contact the enrolled patient by appearing for a scheduled appointment with the physician for the recommended test or procedure;

or

(b) the enrolled patient has responded to the physician's efforts to contact the enrolled patient by declining the recommended test or procedure, either verbally or in writing;

or

(c) the physician has provided two written notices to the enrolled patient and telephoned the enrolled patient.

Should you have any questions regarding the Colorectal Screening Management Fee please contact your Ministry site team at 1-866-766-0266.