

# **Call for Applications to License Community Surgical and Diagnostic Centres for MRI and CT Services in Ontario**

**Frequently Asked Questions**

**Ministry of Health**

**July 2024**

**Attention:** The Ministry is requesting prospective applicants to indicate if they intend to apply for an MRI/CT licence. This information will help to support ministry preparation for the evaluation process and more timely results.

Please note that this form is not mandatory or binding for applicants as part of the Call for Applications.

The intent to apply form has very few minimal fields to complete and can be accessed at the link below:

[https://deloittecanada.ca1.qualtrics.com/jfe/form/SV\\_6yQXpFxlQMNx8Y6](https://deloittecanada.ca1.qualtrics.com/jfe/form/SV_6yQXpFxlQMNx8Y6)

**Please submit your intent to apply by July 19 at 11:59 PM EST.**

## Application Process

### 1. How should applicants attach the additional information and answers to longer questions? Would a separate document be appropriate?

Please submit completed applications by email to [ICHSC.Applications@ontario.ca](mailto:ICHSC.Applications@ontario.ca) by the application submission deadline of August 12, 2024.

Please submit only one email submission per modality per proposed Health Facility location (i.e., up to one MRI and one CT submission per proposed Health Facility location). The email submission may include multiple attachments or a zip file attachment. For any questions where a supporting file is required and attached to the submission, please indicate the name of the file in the fillable space below each question to assist evaluators with navigating your submission package.

Please note that only the first email submission for each application will be considered.

### 2. Can one application be submitted for multiple Health Facility locations?

Each ICHSC licence is restricted to one civic address. For this reason, separate applications must be submitted for each proposed Health Facility location.

Applicants that are applying for a licence for both MRI scans and CT scans at the same Health Facility location will be required to submit a separate application for each modality. Additional details about the application form can be found on page 8 of the Application Guidelines.

Note: there is no limit to the number of separate applications a person/corporation may submit.

**3. How should sections of the application, such as facility name, be filled out if a facility has not yet been established?**

Please provide the most accurate and up-to-date information available about the proposed Health Facility at the time of application submission and provide a note to explain if any of this information may be subject to change.

**4. What level of detail is the Ministry expecting for questions that have word limits?**

Each applicant is unique, and applicants are expected to use their discretion and professional judgement to determine the level of detail required to respond to each question within the word count.

**5. What does the catchment area referenced in the application form refer to? Does it only apply to ICHSCs providing diagnostic imaging services?**

Please indicate all existing health facilities (e.g., ICHSCs, hospitals) that are providing diagnostic imaging services in the same area of the proposed ICHSC. A list of all active ICHSCs can be found on the community surgical and diagnostics webpage. <https://www.ontario.ca/page/community-surgical-and-diagnostic-centres>

For the purpose of this application form, a catchment zone is an Ontario town or city with a population greater than 100,000.

For towns with a population of 100,000 or less, the catchment zone is the township/municipality in which the town is located. If the township/municipality has a population of 100,000 or less, the catchment zone is the county in which the township/municipality is located.

**6. Is there a more secure way to submit the application than email?**

As described in the Application Guidelines, all completed Applications must be submitted in the same manner: electronically, via email, to the Ministry at [ICHSC.Applications@ontario.ca](mailto:ICHSC.Applications@ontario.ca) by the Application Submission Deadline.

**7. Are corporations able to submit a joint application?**

Applicants may determine whether they work with another corporation or organization to submit an application. Please note that an ICHSC licence held by a corporation can only be held by a single corporation.

**8. How and where do I submit an application?**

Completed Applications must be submitted electronically, via email, to the Ministry at [ICHSC.Applications@ontario.ca](mailto:ICHSC.Applications@ontario.ca) by the Application Submission Deadline. Unless amended by the Ministry, the Application Submission Deadline is August 12, 2024, 11:59 PM (Eastern Standard Time).

**9. If no word count is specified following a question, does that mean there is no word limit for the response?**

For questions where no word count is specified there is no maximum word count for the Applicant's response.

**10. How do I obtain a certificate of Professional Conduct (CPC) from the CPSO?**

To initiate a request for a Certificate of Professional Conduct (CPC) please contact the College of Physicians and Surgeons of Ontario (CPSO) and/or visit their [webpage](#):

Please note that CPCs can be sent from the CPSO to the ministry via email. The institution email address for the CPSO to issue the CPC is [ICHSC.Applications@ontario.ca](mailto:ICHSC.Applications@ontario.ca).

**11. Can I endorse other Applicants if I am submitting an application?**

There are no restrictions on who an applicant can endorse.

**12. What information should be provided in response to Section 4.5 Decision Making Process of the application form?**

Applicants should outline the decision-making processes of the officers or directors or any person with an interest affecting control of the corporation in financial and non-financial matters, the role of officers and directors (as applicable) and policies in place to address conflict of interest situations.

**13. How should the questions on shareholdings (Section 4.3.2.a) be completed for organizations without share capital (e.g., a corporation incorporated under the Not-for-Profit Corporations Act, 2010)?**

If the Applicant is a non-profit organization that does not have shareholders or beneficial ownership, please complete sections 4.3.1, 4.3.2 and 4.3.2a of the Application Form by marking 'Non-profit organization' in the top line of each table.

**14. If the Applicant currently holds an ICHSC licence but has incorporated a new corporation to apply for the current call for applications (rather than applying with the corporation that holds their existing ICHSC licence), should the Applicant still indicate that they are a current ICHSC?**

If the Applicant owns and/or operates an existing ICHSC, the Applicant should indicate this when responding to question 2.0 of the Application Form.

## Eligibility

### **15. Does an applicant have to be a physician? Can an applicant be a sole proprietor?**

Sole proprietors can apply to the Call for Applications. Note, the sole proprietor does not need to be a physician.

### **16. Does this Call for Applications include existing MRI/CT ICHSCs?**

The Call for Applications is open to all Applicants, including Applicants without a licence who would be proposing to establish a new centre, existing ICHSCs seeking to be licensed for an additional modality, and public hospitals that meet the minimum eligibility requirements as set out in the application guideline.

Existing ICHSCs, including those currently licensed for either MRI or CT services, that are seeking to be licensed for a new modality, are required to submit an application through this Call for Applications process to be considered for new modalities.

### **17. Are mobile MRI and/or CT clinics eligible to apply?**

Licences issued by the Ministry for Integrated Community Health Services Centres, under this Call for Applications, are to fund services that are delivered at one set stationary location / civic address. The delivery of the insured services under the ICHSC licence are restricted to that stationary location / civic address.

Please be reminded that under O. Reg 107/96 of Ontario's Regulated Health Professionals Act, 1991, MRI services can only be provided outside of a hospital setting at a licensed ICHSC site (see O. Reg 107/96 for specific requirements around applying electromagnetism for MRI).

### **18. Can a hospital open an ICHSC in a separate building on hospital property? When is a hospital eligible to apply for an ICHSC licence?**

A public hospital corporation is eligible to apply for an ICHSC licence for MRI and/or CT services provided that the proposed ICHSC will not be located at or within the same building, premises, or place where a public hospital site is operated under the Public Hospitals Act (PHA).

This is to ensure that funding provided to an ICHSC licensee in support of the facility costs for the eligible insured services is completely separate from the funding the corporation receives for hospital purposes (e.g., global funding, QBP, etc.) and will be used solely in support of overhead costs for patient care at an ICHSC.

ICHSCs and hospitals are subject to different regulatory, quality assurance and funding model requirements and are under separate legislative authorities. Maintaining a clear delineation of hospital and ICHSC operations ensures regulatory clarity, financial transparency, and accountability.

If a hospital seeking to apply for the Call has plans to add a building or a facility that would be the location for an ICHSC on property that is an existing hospital site, the hospital should note that there may be a requirement to obtain Ministry approval to add a building or facility under subsection 4(3) of the PHA.

Where a hospital is proposing to dispose of any interest in any land, a building or other premises that were acquired or used for the purposes of a hospital, the hospital would need to obtain approval under subsection 4(4) of the PHA.

**19. Would public hospital corporations that are applying for an ICHSC licence be allowed to utilize hospital equipment, technology, and human health resources at the proposed ICHSC?**

Hospitals may apply for an ICHSC licence for MRI and/or CT services provided the proposed ICHSC will not be located at or within the same building, premises, or place where a public hospital site is operated under the Public Hospitals Act (PHA). See response above for additional information.

The purpose of this restriction is to ensure that the ICHSC and its facility cost funding is completely separate from the funding the corporation receives for hospital purposes and will be used solely in support of patient care at an ICHSC.

Conversely, hospital funding from the Ministry, such as global funding, QBP or any other source of overhead funding from the Ministry should be used solely in support of patient care in a hospital.

As a result, any resources the hospital acquires and maintains using hospital funding (e.g., equipment, infrastructure, corporate service, personnel, etc.) should not be used at the proposed ICHSC.

**20. Are there any machine preferences or restrictions?**

Section 2.2 of the Application Form requires applicants to provide the details on the MRI and/or CT scanners that will be used in the Health Facility. While there are no machine preferences or restrictions, applicants are encouraged to provide additional information on why the proposed equipment is suitable to meet the healthcare needs of their patient populations. Please also note the requisite approvals and associated restrictions that may apply relating to a CT machine under the *Healing Arts Radiation Protection Act* and its regulation.

**21. Can this Call for Applications process be used to apply for MRI or CT base funding at a hospital?**

No. This Call for Applications is to licence community surgical and diagnostic centres for MRI and CT services. The call for application process for ICHSCs is not a pathway for hospitals to apply for base funding for MRI or CT scanners located at or within a public hospital site.

As outlined in the Application Guidelines, hospitals seeking to be licensed as an ICHSC may apply for an ICHSC licence for MRI and/or CT services, if the proposed ICHSC will not be located at or within the same building, premises, or place where a public hospital site is operated under the Public Hospitals Act (PHA).

**22. Is there a limit to the number of scanners per licence?**

There is no limit to the number of MRI or CT scanners per licence.

**23. How do I demonstrate evidence of partnerships with health sector partners?  
Am I still eligible to apply if I do not have any partnerships with health system partners?**

The Applicant should provide a description of how they connect or partner with local health system partners, such as Ontario Health teams, local hospitals, Ontario Health, primary care providers, etc. to deliver healthcare.

The Applicant should also provide a description of how these relationships will be continued, or expanded, should they be licensed as an ICHSC. Any endorsements from health system partners may also be included to demonstrate partnerships.

If an Applicant does not have any existing connections or partnerships with, or endorsements from, local health system partners they are still eligible to apply for a licence. In this case, the Applicant should describe any efforts made to establish partnerships with local health system partners, as well as any challenges experienced when attempting to establish these partnerships.

**24. Are facilities that are currently operating under a temporary/time limited (s. 4(2) PHA) approval eligible to apply to become an ICHSC?**

Yes. Health facilities that are currently approved to temporarily operate under the subsection 4(2) of the PHA are eligible to apply to the Call for Applications, provided the proposed services are completely separate from services provided on behalf of the hospital.

**25. Is it a requirement for radiologists working at the ICHSC to have hospital privileges?**

There will be no requirement for physicians working at the proposed Health Facility to have hospital privileges.

**26. What electronic health systems will applicants be required to connect to?**

To be considered under this Call for Applications, applicants must agree to all of the minimum eligibility requirements as set out in section 1 of the Application Form, including:

- Establishing a connection with the Wait Times Information System (WTIS) and supporting the integration requirements as set out in section 1 of the Application;
- Confirming understanding that future licensing requirements can include digital connectivity and reporting requirements, such as participation in the centralized waitlist management program, the regional central intake program, the provincial electronic health record, etc.; and
- Submitting information in the format and frequency as specified in the Transfer Payment Agreement (TPA), that may include requirements for data entry into specific information systems. Data and reporting may include, but is not limited to, the following information:
  - ICHSC service volumes,
  - Staffing details (e.g., headcount and earned hours by employment status, occupational class),
  - Quality-based indicators,
  - Priority populations being served and how the Health Facility is meeting health equity needs,
  - Financial report.

### **27. Are private hospitals eligible to apply to the Call for Applications?**

As set out in O.Reg 215/23 under the Integrated Community Health Services Centres Act, a corporation that holds a licence under the Private Hospitals Act is not eligible to receive a licence to operate an ICHSC.

### **28. Can this Call for Applications process be used to apply for additional MRI or CT volume funding at an existing MRI or CT ICHSC?**

No. This Call for Applications process is to license new community surgical and diagnostic centres for MRI and CT services. The call for applications process for ICHSCs is not a pathway for existing ICHSCs to apply for additional volume funding for a modality for which they are already licensed. If you are an existing MRI or CT ICHSC that is seeking additional volume funding for a service that is already included on your existing licence, please contact the ICHSC program area directly.

## **Funding**

### **29. Is the Health Facility responsible for physician payment?**

The ICHSC licensee is not responsible for paying the physician fee for insured services delivered at the centre under the ICHSCA. Physicians submit claims directly to OHIP and the ministry pays physicians directly for the professional fee component of the insured service provided in an ICHSC, as outlined in the Schedule of Benefits: Physician Services under the Health Insurance Act.



### **30. How will facilities operating more than one scanner be compensated?**

ICHSCs licensed through this Call for Applications process will be paid facility costs according to an hourly funding model. The facility cost funding rates are \$297/hour of eligible MRI service delivery and \$250/hour of eligible CT service delivery.

The ICHSC program does not allocate facility costs on a per scanner basis. A centre with more scanners may be allocated a higher total of annual funded volumes because the total capacity of the ICHSC to provide eligible services would likely be higher than an ICHSC with one scanner.

ICHSCs licensed through this Call for Applications process will be allocated a total annual volume of funded hours.

The total annual volume of funded hours will be established between the ministry and the ICHSC based on factors such as the ICHSC's total service delivery capacity and the regional need for MRI and/or CT services. This total annual funded volume is the maximum number of hours for which the ICHSC will be paid facility costs by the ministry.

MRI and CT services that are eligible for facility cost funding are listed in the Application Guidelines. When an eligible service is performed by an ICHSC affiliated physician, the time spent delivering that service will count towards the ICHSC's total annual volume of funded hours. The ICHSC will track the total time spent providing services that are eligible for facility cost funding and will submit this data to the ministry on a monthly basis.

### **31. Will the following fee codes be eligible for payment, as they are not listed in the 'Scope of Services' section in the Application Guidelines: X425, X435, X455, X465, X235**

The fee service codes listed in the Application Guidelines document are the insured MRI and CT services that will be eligible for facility cost funding when performed in licensed MRI and CT ICHSCs. These services align with the services that are currently funded in existing MRI and CT ICHSCs.

An ICHSC licence is a mechanism that enables the ministry to provide facility cost funding to a licensee in support of the overhead costs of specifically listed insured services – it is not a licence to operate a health facility or perform clinical services. Insured MRI and CT services that are not listed in the Application Guidelines may be performed in a community surgical and diagnostic centre, however those services would not be eligible for facility cost funding from the ministry.

### **32. Will there be additional funding for centres open longer than 8hrs?**

ICHSCs licensed through this Call for Applications process will be paid facility costs according to an hourly funding model. The facility cost funding rates are \$297/hour of eligible MRI service delivery and \$250/hour of eligible CT service delivery.

ICHSCs licensed through this Call for Applications process will be allocated a total annual volume of funded hours. The total annual volume of funded hours will be established between the ministry and the ICHSC based on factors such as the ICHSC's total service delivery capacity and the regional need for MRI and/or CT services. This total annual funded volume is the maximum number of hours for which the ICHSC will be eligible to be paid facility costs by the ministry.

### **33. Where can the MRI/CT funding be found in the Schedule of Facility Costs?**

Facility costs for MRI and CT services are not listed in the Schedule of Facility Costs. Facility Cost allocations for both services are set out and managed under transfer payment agreements with the Ministry.

As noted in the Application Guidelines posted on the community surgical and diagnostic centre webpage, the facility cost for eligible MRI scans will be paid at \$297 per hour of service delivery and the facility cost for eligible insured CT scans will be paid at \$250 per hour of service delivery.

ICHSCs licensed through this Call for Applications process will be allocated a total annual volume of funded hours.

The total annual volume of funded hours will be established between the ministry and the ICHSC based on factors such as the ICHSC's total service delivery capacity and the regional need for MRI and/or CT services. This total annual funded volume is the maximum number of hours for which the ICHSC will be eligible to be paid facility costs by the ministry.

When an eligible service is performed by an ICHSC affiliated physician, the time spent delivering that service will count towards the ICHSC's total annual volume of funded hours. The ICHSC will track the total time spent providing services that are eligible for facility cost funding and will submit this data to the ministry on a monthly basis.

### **34. Is the facility cost based on the number of hours scanned or clinic hours of operation?**

ICHSCs licensed through this Call for Applications process will be paid facility costs according to an hourly funding model. The facility cost funding rates are \$297/hour of eligible MRI service delivery and \$250/hour of eligible CT service delivery.

The ICHSC program does not allocate facility costs on a per scanner basis. A centre with more scanners may be allocated a higher total of annual funded volumes because the total capacity of the ICHSC to provide eligible services would likely be higher than an ICHSC with one scanner.

ICHSCs licensed through this Call for Applications process will be allocated a total annual volume of funded hours.

The total annual volume of funded hours will be established between the ministry and the ICHSC based on factors such as the ICHSC's total service delivery capacity and the regional need for MRI and/or CT services. This total annual funded volume is the maximum number of hours for which the ICHSC will be paid facility costs by the ministry.

MRI and CT services that are eligible for facility cost funding are listed in the Application Guidelines. When an eligible service is performed by an ICHSC affiliated physician, the time spent delivering that service will count towards the ICHSC's total annual volume of funded hours. The ICHSC will track the total time spent providing services that are eligible for facility cost funding and will submit this data to the ministry on a monthly basis.

**35. Will the Ministry be re-evaluating the facility cost in the future, and if so, how often?**

As noted in the Application Guidelines, facility costs may undergo periodic review and/or rate refresh.

**36. Will the Ministry provide any additional funding for the establishment of a new centre?**

No additional funding will be provided to centres for the establishment of a new centre. Facility cost funding is the only funding that the Ministry provides to an ICHSC under the ICHSCA. The Ministry does not provide ICHSCs with funding for:

- The establishment of a new Health Facility;
- Acquisition, installation, replacement of MRI or CT scanners;
- Renovation or expansion of an existing Health Facility; or
- Any other capital or leasehold improvements.

**37. What does the Facility Cost of \$297 per hour pay for?**

The ICHSCA defines a Facility Cost as a charge, fee or payment for or in respect of a service or operating cost that supports, assists, or is a necessary adjunct to an insured service, and is not part of the insured service. Further, the Schedule of Facility Costs generally provides more detail on the specific elements for facility cost components.

For physician payments, physicians must submit claims to OHIP for the professional fee component of insured services provided in an ICHSC, as outlined in the Schedule of Benefits: Physician Services under the Health Insurance Act.

**38. Can this Call for Applications process be used to apply for facility cost funding for other insured services?**

No. This Call for Applications process has been issued for the purposes of licensing community surgical and diagnostic centres for MRI and CT services only. Licensing to provide facility cost funding for other insured services or modalities will not be considered through this Call for Applications.

## Evaluation and Results

### **39. Will licences be renewed after 5 years?**

Licences for Integrated Community Health Service Centres are typically issued for a 5-year period. Section 9 of the Integrated Community Health Services Centres Act, 2023 (ICHSCA) outlines the provisions governing the renewal process for ICHSC licensees. The renewal process includes Director review of a licensee's compliance with licence requirements under the ICHSCA. The renewal process is initiated by the ministry with existing licensees being notified six months in advance of the renewal date. The ministry sends the licensee a renewal application to review current contacts, services, affiliated physicians, and other operational details.

A Transfer Payment Agreement (TPA) will also be established with successful applicants for an ICHSC licence; the term and renewal of the TPA may be separate from the ICHSC licence period.

### **40. How will the Applications be scored and how will successful Applicants be determined?**

All applications received prior to the submission deadline will be reviewed against the minimum eligibility and for completeness. Any incomplete applications will not be considered further.

Applications that meet the initial screening will then be evaluated by a panel of evaluators based on criteria set out in the Call materials, the legislation, and the regional need for MRI and/or CT services.

Through this evaluation process, recommendations will be made to the Director to inform licensing decisions.

Although all completed applications will be considered by the Director, the issuance of a licence to any person in accordance with section 6 of the ICHSCA is discretionary and despite this Call for Applications or any communication in respect of an Application, the Director is not required to issue a licence to any person and may prefer any application over other applications.

### **41. What is the expected timeline for successful applicants to begin providing services?**

As part of the Application Form, applicants are required to provide information on their proposed timeline to begin providing services upon issuance of an ICHSC licence,

including the estimated date for beginning service delivery and an explanation and evidence of how this date would be feasible.

To be issued a licence, applicants that receive conditional approval will be required to have fully met all minimum eligibility requirements, including compliance with identified legislation, regulations, be fully compliant with the mandatory pre-licensing inspection conducted by Accreditation Canada, etc. Please refer to the Application Guidelines and Application Form for additional information.

#### **42. Will successful clinics be posted online?**

All applicants, including unsuccessful applicants, will receive written notice from the ministry about the decision on their application.

Additionally, all active, licensed community surgical and diagnostic centres are posted on the ministry's community surgical and diagnostic webpage.

#### **43. How many new licences are expected to be issued?**

The ministry does not have a predetermined number of licences to be issued. The number of new MRI and CT licences to be issued through this Call will be informed by consideration of regional needs at the time of licensing.

Please note that the issuance of a licence to any person in accordance with section 6 of the ICHSCA is discretionary and despite this Call for Applications or any communication or negotiation in respect of an Application, the Director is not required to issue a licence to any person and may prefer any application over other applications.

#### **44. When does the Ministry expect to have the applications reviewed and licences awarded?**

The application submission deadline is August 12, 2024. It is anticipated that successful applicants will be notified starting in Fall 2024. The evaluation of Applications and issuance of licences may occur over a period of time as licences are issued by the Director and funding begins to be provided at the point the centre becomes operational. There is no requirement or expectation that all licences would be issued on the same date, especially as each successful Applicant may take varying lengths of time to meet the pre-conditions to becoming licensed.

If the Application is successful, the Director will advise the Applicant in writing that the Application is conditionally approved, subject to completion of certain specified requirements including a pre-licensing quality assurance inspection of the proposed facility.

The Applicant must complete all requirements set out in the conditional approval for the Director to consider issuing the successful Applicant a licence under the *Integrated Community Health Services Centres Act, 2023 (ICHSCA)*.

## Location

### **45. Are applicants required to have their proposed facility location at the time of application (i.e., an active lease)?**

Proof or confirmation of a leased facility location at the time of application is not required to be considered for a licence. Please provide the most accurate information available about the proposed facility at the time of application submission.

The timing and certainty around securing a proposed facility location will be a key consideration for those applicants who may be offered conditional approval for a licence following the evaluation process.

### **46. Will any geographic regions be prioritized?**

As part of the Your Health plan, the Ontario government is taking the next step to make it easier and faster for people to connect to publicly funded services to reduce wait times for MRI and CT scans across the province.

Applications for community surgical and diagnostic centres in all regions of Ontario will be considered for licensing at this time.

### **47. Could more information on the Ontario Health regions be provided?**

For further information on the Ontario Health regions, please visit the [Ontario Health Regions webpage](#).

## Operations

### **48. What are the maximum hours of operation a centre can have?**

The ministry has not prescribed a minimum or maximum number of hours of operation of MRI or CT service delivery that can take place in a proposed Health Facility.

Applicants are required to provide an approximation of both the projected minimum and maximum number of hours of insured MRI and CT service delivery that could be provided annually at the proposed Health Facility. Additionally, applicants are required to provide detail on the required volumes of scans and hours of insured service delivery annually to be viable for at least the next five years.

Note that under a Transfer Payment Agreement, a licensed ICHSC would be allocated a maximum amount of funding for facility costs that the Ministry can pay the licensee over the term of the agreement.

### **49. Is there a guideline for providing uninsured services?**

Applicants should carefully review sections 29 and 30 under the ICHSCA and its Regulation which have provisions around uninsured services. It is a violation of

Subsection 29(4) for a licensee to charge a patient or accept payment for a facility cost for an insured service other than payment by the Ministry or other prescribed person under the ICHSCA.

In addition, no centre can refuse an insured service to a patient who chooses not to purchase uninsured upgrades and no patient can pay to receive insured services faster than anyone else at the centre.

Additionally, centres are required to post an up-to-date list of costs associated with all uninsured services and options on the centre's website, if applicable, and in a visible place within the centre.

As well, every licensee must also establish and maintain a process for receiving and responding to patient complaints. Under the ICHSCA and its regulation, there are requirements for the patient complaints process, including timelines for a response, components required to be included in communications to patients and a requirement to maintain a record of all complaints received. Each centre must also post a copy of the complaints process and the contact information for the Patient Ombudsman under the Excellent Care for All Act, 2010 (ECFAA) on the licensee's website (if any) and in the centre.

Please also review the *Commitment to the Future of Medicare Act, 2004* for additional restrictions around insured and uninsured services.

For information related to providing uninsured services, physicians are advised to contact the Ontario Medical Association which has a practice and professional support program or their own legal representation.

Ontario Medical Association

150 Bloor Street West, Suite 900

Toronto, Ontario, M5S 3C1

Canada

[info@oma.org](mailto:info@oma.org)

Toll-free: 1-800-268-7215

Tel: 416-599-2580

## Other

**50. What is the Ministry's position on any inherent conflicts of interests and the fiduciary duty of a public hospital or individuals applying on behalf of the public hospital (e.g., hospital administrator or board officer) who may successfully apply, become licensed under the ICHSCA, and then may have a conflicting interest arise between the ICHSC and public hospital?**

As part of the Application Form, applicants must submit a conflict-of-interest declaration. Please also be advised of the obligations under Ontario's Not-for-Profit Corporations Act, 2010 with respect to conflict of interest and related financial disclosures that may pertain to a public hospital corporation.

If licensed under the ICHSCA, the Ministry would be relying on the licensee to manage and mitigate any conflicts of interest and uphold its fiduciary duty pursuant to the hospital organization's rules and policies on this issue.

**51. Must all scans be interpreted by a board-certified radiologist?**

Physicians practicing in Ontario must be registered with the College of Physicians and Surgeons of Ontario (CPSO).

The CPSO is the body governing the practice of medicine in Ontario. The CPSO is responsible for establishing regulations, policies, and standards of practice for the profession.

For information on the qualifications of physicians performing or interpreting Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) examinations the CPSO may be contacted at:

College of Physicians and Surgeons of Ontario

Tel: 416-967-2603

Toll Free: 1-800-268-7096

Fax: 416-961-3330

Email: [feedback@cpso.on.ca](mailto:feedback@cpso.on.ca)

Website: [www.cpso.on.ca](http://www.cpso.on.ca)

**52. Will teleradiology services be permitted?**

Applicants are required to provide a detailed staffing model for the proposed ICHSC and evidence of its sustainability. Please refer to the Application Form for additional detail related to the staffing model.

It may be helpful to note that an ICHSC licence is a mechanism that enables the ministry to provide facility cost funding to a licensee in support of the overhead costs for



specifically listed insured services, it is not a licence to operate a facility or perform clinical services.

Physician professional fees for insured services under the Ontario Health Insurance Plan (OHIP) are separate from facility costs.

The physician services that are insured under OHIP are set out in the Schedule of Benefits for Physician Services (the 'Schedule') under Regulation 552 of the Health Insurance Act (HIA). To be eligible for payment, each service must be medically necessary, not experimental, prescribed under the Act and regulations, and rendered in accordance with any applicable payment rules or conditions.

As per Regulation 552 of the HIA, only services rendered while the physician and patient are physically present in Ontario are insured services under OHIP. Therefore, with respect to "teleradiology" for Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scan, the physician must be physically present in Ontario when interpreting the scan and submitting the report.

For additional information on the required specific elements for submission of fees for MRI interpretation please see Section F of the Schedule and similarly for CT scan interpretation please see Section D of the Schedule.

**53. Will there be a cost to participate in the mandatory quality assurance program?**

Yes, there are annual fees that ICHSCs are required to pay to the Inspecting Body named under the ICHSCA, which is Accreditation Canada as of April 1, 2024.

New ICHSCs will enroll in the Accreditation Canada Quality Assurance Program by entering into an agreement with Accreditation Canada. The agreement will provide more information on the applicable fees which are determined based on clinic-specific information.

**54. What are the requirements for a Quality Advisor? Can they be a general practitioner?**

For ICHSCs licensed to provide MRI and CT services, the Quality Assurance Advisor must hold an independent practice certificate of registration and must be a healthcare professional who ordinarily provides services in or in connection with the ICHSC (i.e., MRI or CT services) and whose training enables them to advise the licensee with respect to the quality and safety standards of services provided in the facility.

Please see s. 7 of O. Reg 215/23 under the ICHSCA for details regarding the requirements and obligations of a quality assurance advisor.

**55. Is there information available on wait times for diagnostic imaging services in the province?**

Ontario has an [online tool](#) that was developed to help people find wait times information for surgeries and procedures, including diagnostic imaging at hospitals and some ICHSCs across the province.

**56. Could you provide more information on Accreditation Canada quality assurance standards and the pre-licensing inspection?**

Accreditation Canada (AC) has been prescribed under the ICHSCA as the new inspecting body for Integrated Community Health Services Centres (ICHSCs), effective April 1, 2024.

As the Inspecting Body, AC is responsible for ensuring the highest quality facility standards and strengthened oversight of the 900+ current and all future community surgical and diagnostic centres. All centres undergo a facility inspection every 4 years and the most recent results are posted on the Community Surgical and Diagnostic Centre Listing on the ministry's website.

Successful applicants will be required to undergo a pre-licensing facility inspection as a condition to becoming licensed. Accreditation Canada's core requirements and modality specific requirements for MRI and CT services can be accessed in .pdf format on the Accreditation Canada e-store for download. The Accreditation Canada Program Standards and Core Requirements can be found here: [ICHSC CT & MRI Requirements List – Accreditation Canada E-Store](#).

The webpage linked above also has a hyperlink to the Program Information, where there is a general overview of the ICHSC Quality Assurance Program.

**57. Can ICHSCs deliver pediatric MRI and/or CT services?**

The ministry relies on health care professionals to determine the medical necessity of services and to arrange appropriate treatment and care.