



Laboratory Medicine Leadership Summit

FAQ by Topic

August 2026



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APP FTE Expansion

1. **Question:** What would be the expected turnaround time for a submitted business case to receive a decision, whether approval or rejection?

Answer: This is a new process, and we expect it to be more efficient as we work with the ministry to review and approve applications. We aim to be able to notify groups of the decision within 2-3 months following receipt of the case

2. **Question:** Can business cases be sent at any time? Is there any information available online explaining how to submit these?

Answer: Business cases can be submitted at any time. The OMA is preparing a document that will outline the process, and it will be shared as soon as possible. In the meantime, the business case template can be found below (end of document) and completed business cases can be submitted to labdocs.uml@ontario.ca. If there are any questions, please contact the OMA APP team at alternatepaymentplan@oma.org.

3. **Question:** Can we reduce the base from \$270k for new positions (if a new business case is submitted)? This is too high for cash-strapped hospitals.

Answer: As per the 2021 [Physician Services Agreement \(PSA\)](#) and the ongoing work with the new APP, the new payment structure aims to streamline the current funding model into a single payment structure administered through OHIP. The parties will need to discuss the details of the streamlining and implementation.

4. **Question:** Will the new APP include measures to reduce reliance on hospital global budgets for laboratory physician compensation? If not, how will it address the funding inequities created by this model, and are there comparable physician specialties that are funded in the same way?

Answer: In the current LMFFA, hospitals cannot reduce the base from 270k. The section is advocating for a more effective and standardized single stream payment model. Although the framework for laboratory medicine physician APP has not yet been developed, most APPs do not allow for third party funding (including contributions from hospitals) for services funded under the APP. In most cases, hospitals who are signatories to APP agreements are prevented from contributing to physician payments and physicians commit not to accept payments from hospitals for in-scope services.

APP Negotiations

1. **Question:** What safeguards are in place to ensure that important laboratory physician activities such as on-call coverage, consultations, quality assurance, teaching and administrative responsibilities are not overlooked or underfunded during APP development if they were not fully captured in the BBOC process?

Answer: Parties will need to agree on the scope of services included in the APP. The OMA will work closely with the Section of Laboratory Medicine to ensure that the APP captures appropriate services. Note that APPs do not typically include funding for on-call activities.

2. **Question:** Beyond the on-call issues - is there consideration of non-APP areas in the APP? Particularly asking about Transfusion Medicine, the regular day-to-day work, for which many of us get no dedicated time because there is no funding.

Answer: The scope of the current LMFFA includes all laboratory medicine physicians. The scope for the new APP is intended to be the same as the LMFAA.

3. **Question:** What is the status of the Laboratory Medicine APP negotiations, and what are the next steps and expected timelines for reaching an agreement? Could OMA leadership answer this for the section?

Answer: The OMA, through the Negotiations Task Force (NTF) continues to work with the Section of Laboratory Medicine on the development of the APP. Many complex issues continue to remain outstanding, and it is imperative that the final model addresses significant concerns around physician compensation and accountabilities. Our aim is to complete this work as soon as possible.

4. **Question:** What are ways lab doctors can provide feedback on formation of APP?

Answer: The Section Executive is responsible for representing their constituents. Please provide your feedback to them.

Burden-based on Call (BBOC)

1. **Question:** Where can we address specific questions related to BBOC at the OMA?

Answer: Please email info@oma.org with any BBOC related questions.

2. **Question:** Will there be an opportunity to revisit the "one call stipend per institution" decision? We have multiple laboratory physicians on call at any one time.

Answer: The current design provides only one stipend per site, but OMA Staff acknowledged that this creates challenges, particularly for subspecialty-based practice models. They confirmed that feedback is being captured and that there may be an opportunity to revisit and propose changes during the next negotiation cycle for the 2028 PSA, which is expected to begin within the next year. They also noted that inclusion in the program was an initial step, intended to establish a foundation that can be improved in future agreements.

3. **Question:** If there are three sites, each covered by a different physician, is only one stipend available for all three sites, or is the stipend allocated separately for each site/physician?

Answer: The stipend is allocated on a per-site basis, not per physician or subspecialty. If multiple groups or services exist within the same site, they are expected to form a single group and share the stipend internally. As a result, regardless of how many physicians are covering different services at a site, only one stipend is available for that location

4. **Question:** How does BBOC funding apply when multiple laboratory specialties provide separate on-call coverage (Transfusion Med, Pathology, and Microbiology)? If 3 physicians are independently on call for these services, is the funding limited to a single stipend of \$115 or is compensation provided for each on call doc?

Answer: Even when multiple laboratory specialties provide independent on-call coverage, BBOC funding still provides only a single stipend per site. The funding is not adjusted based on the number of subspecialties or physicians on call. OMA acknowledged that this structure does not fully reflect subspecialty realities and is a limitation of the current funding envelope but emphasized that this issue has been heard and may be addressed in future negotiations.

5. **Question:** May I ask if a hospital has 6 lab physicians on call covering various lab programs is the \$115 per diem to be shared amongst them.

Answer: Yes. The intent is that the stipend is paid to the group at the site level, and the physicians on call are expected to share it among themselves. The exact distribution is not prescribed centrally; instead, it is determined locally through formal or informal governance arrangements within the group, meaning groups decide how to divide the payment among physicians.

6. **Question:** We have different on-call physicians every night for HP, Transfusion, Coagulation, AP and Micro.

Answer: The funding model does not change based on how on-call coverage is structured. Even if multiple physicians across different subspecialties (e.g., hematopathology, transfusion, microbiology, etc.) are on call simultaneously or rotating, the program still provides only one stipend per site per night. Those physicians must share that single payment, regardless of the complexity or number of subspecialty services involved.

7. **Question:** Will hospitals that did not initially apply for the on-call payments be able to do so in the near future?

Answer: The groups are finalized for the term of this agreement. It is the OMA's position that future groups will be considered when additional funding becomes available

8. **Question:** For hospital salary-based pathologist groups, how could they apply for call payment?

Answer: The groups are finalized for the term of this agreement. It is the OMA's position that future groups will be considered when additional funding becomes available

9. **Question:** Was there an environmental scan of other provinces considered? The model of each laboratory discipline is funded separately exists in all other jurisdictions.

Answer: Yes, the environmental scan was conducted. There are various key factors impacting the burden of call (including the need for continuous and regular in-hospital attendance, the response time required, the acuity of the services provided, and the frequency of on-call and the number, duration and complexity of phone calls received and associated follow-up). BBOC attempts to account for these factors by relying on existing specialty call levels, after-hours billings, interprovincial comparisons and various other elements of expert and clinical judgement. Laboratory medicine was not previously included in HOCC, but it is now included under BBOC. Not all subspecialties were recognized in this round of negotiations. Groups who applied under subspecialties (not listed in the BBOC program – [Appendix A](#)) such as Pediatric Gastroenterology or “stroke”, were considered under the main specialty (i.e. pediatrics, neurology). The HOCC working group considered the application for several subspecialties, but given limited funding, this is what they have been able to achieve for now.

1. **Question:** For LMFFA questions for which an answer cannot be obtained from the labdocs email or from Diahann, who should such questions go to?

Answer: Please direct questions to the OMA at info@oma.org.

2. **Question:** If the hospital is unable to cover the base funding, would it be possible for the full payment to be provided from the allocated funds instead?

Answer: As per the LMFFA, hospital base payment is required for position to be eligible for top-up payment.

3. **Question:** What is the current 'Base' salary - is it the current LMFFA rate and then any additional funding is what will be paid by ministry?

Answer: The current UMLC rate is \$418,920 which comprises a base contribution from the hospital and top up to the UMLC level by the MOH. Any increases to the UMLC such as PSA negotiated increase will be paid via flow-through to the hospital.

Negotiations

1. **Question:** Why could the 120 M investment into Lab medicine not be used for recruiting a pathologist assistant?

Answer: The \$120 million award is for new and expanded APPs, including Lab Medicine and other relevant APPs. Since PSA awards are only for changes in physician compensation and the physician services budget, the funds cannot be used for allied health providers.

Ontario Laboratory Medicine Program (OLMP)

1. **Question:** Digital pathology: Is there any MOH-OH-OLMP plan for cold storage across the province? It is too expensive for hospitals. We need something akin to radiology ASAP. Provincial funding for digital pathology would also help.

Answer: Work is underway to develop a provincial digital pathology strategy, which includes evaluating storage solutions such as both hot and cold storage. They are also exploring the use of existing provincial infrastructure, such as virtual network archives used in diagnostic imaging. However, while a model and recommendations will be presented to the Ministry, there is currently no confirmed provincial funding, and this will depend on future Ministry decisions.

2. **Question:** What is the OLMP position on digital pathology generally?

Answer: OLMP is currently working with the ministry to explore a provincial digital pathology strategy.

3. **Question:** OLMP question: Are there any provincial guidelines for critical values of lab tests and pathology? Or does this still have to be individualized for each lab?

Answer: We are hoping to create some guidance - right now we are surveying labs.

4. **Question:** Digital networking for subspecialties (e.g., pediatrics!) would be brilliant

Answer: Digital networking across subspecialties is aligned with the broader vision for OLMP's digital integration. There is support for enabling collaboration and sharing through digital platforms, including the idea of virtual “communities of practice” where subspecialists can consult and collaborate in real time. However, it was also noted that implementation must be carefully designed to avoid overburdening already stretched academic centers and to ensure expertise is distributed more broadly across the system.

5. **Question:** Are there any guidelines for validation of digital pathology systems between institutions to share cases.

Answer: Validation guidelines are usually developed by the site(s), while OLMP is currently working on some guidance documents (interoperability etc.) which we hope to make available shortly there is a variety of information available online and through CAP that could guide the considerations.

6. **Question:** What is the current practice for filling in the PHOL requisitions? Physicians themselves? Laboratory support? Other support? And what are the timelines for the laboratory interface project with PHOL?

Answer: We cannot speak to the multiple workflows for filling in PHO req's by the many practitioners, some use a fillable PDF within their EMR's to then fax to PHO, others go via the laboratories. The lab-to-lab referral (i.e. lab to PHO) pilot is in the early with a few pilot sites, the results of the pilot will then inform a future roll out plan

Relativity

1. **Question:** What is the best way for us to tackle data quality issues adversely impacting our relativity score? As you know, the score was arrived at based on an analysis of billings, which most of us don't do. Can we meet with the Relativity Advisory Committee to get this changed?

Answer: There is an adjustment made to account for Lab Medicine physicians under the LMFFA. It's not exclusively billings but these are considered as well. The RAC has not actually met in some time so it might be best if the section met with EPR staff first so that the section is made aware of how their CANDI score is calculated.

Schedule of Benefits

1. **Question:** Can we create new MCC OHIP fee for pathologists? At my hospital, 10.2 FTE pathologists cover 4 weekly conferences 52 weeks per year at 7 am.

Answer: We have submitted requests to the Physician Payment Committee to add MCC codes as well as a billing code for the interpretation of molecular testing to the OHIP schedule; however, this would only apply to external cases done in consultation. For hospital-based pathologists, OHIP billings are restricted to external (consultation) work. This is due to the outdated LMFFA, which was meant to remunerate all hospital-based work. However, it is recognized that this is becoming unsustainable, as pathologists face increasing volumes, complexity (including expansion of biomarker testing), and responsibilities (including participation in MCCs).

Despite these restrictions, the Laboratory Section continues to advocate for recognition and remuneration of these responsibilities. Additionally, these have been flagged as crucial responsibilities that need to be accounted for under an alternative payment plan, so that departments are able to adequately manage the increasing workloads.

2. **Question:** Can we get a new OHIP fee code for billing for cancer biomarkers? We cannot continue to add interpretations for free.

Answer: We have submitted requests to the Physician Payment Committee to add MCC codes as well as a billing code for the interpretation of molecular testing to the OHIP schedule; however, this would only apply to external cases done in consultation. For hospital-based pathologists, OHIP billings are restricted to external (consultation) work. This is due to the outdated LMFFA, which was meant to remunerate all hospital-based work. However, it is recognized that this is becoming unsustainable, as pathologists face increasing volumes, complexity (including expansion of biomarker testing), and responsibilities (including participation in MCCs).

Despite these restrictions, the Laboratory Section continues to advocate for recognition and remuneration of these responsibilities. Additionally, these have been flagged as crucial responsibilities that need to be accounted for under an alternative payment plan, so that departments are able to adequately manage the increasing workloads.

Business Plan (Format For MOH)

1. Contact Information

Contact information of the provider or provider group.

- Name
- Phone Number
- Address
- Email
- OH Region

2. Previous/Existing Funding

Is this expression of interest related to an existing contract or a new idea? If funding model is an existing model, identify type and name. (FHT, Psychiatric stipend etc.)

3. Context

4. Current state

In this section describe the present state as it relates to the group including patient population and any unique features. If the group is representing a hospital describe the hospital corporation it is serving. Include any related evidence or data to support the current state.

- **Patient/Region Population Profile**

Describe the catchment area including the patient population, regional profile, and unique features of the population.

- **Previous solutions implemented.**

Indicate if there have been any past improvements related to this proposal.

- **Current opportunity**

Describe the current issue/opportunity and its impacts to:

- patient population
- the provider groups resource plan
- current funding

5. The Solution

In this section describe the solution or initiative that you are requesting/proposing. Indicate how it will fill the gaps of the current state. Include an action plan with timelines, resources plans, budget, and any results. Include supporting data to help illustrate the future state.

- **Proposed solution**

Describe the proposal or commitment. If this proposal is related to an existing agreement describe the changes that are being requested and how it will fill the current need. Also, describe how this will be sustainable for the future of health care.

- **Ministry alignment**

Describe how the proposal aligns with the ministry priorities. (*Ontario's Action Plan for Healthcare*)

- **Funding**

Include the amount of funding requested and details of what this funding will cover (ie. FTE, equipment, start-up one-time costs etc.). Explain how this funding will support your proposed solution.

- **Impact of proposed solution**

Describe how the proposed solution will benefit the provider group and your patient population. Include how you will evaluate the success of the proposed solution.

- **Alternatives considered**

Include other alternatives that were explored to address the problem and reasons as to why the alternatives are inappropriate or not feasible at this time.

6. Signatories
