

February 26, 2021

**MEMORANDUM TO:** Ontario Hospitals and Ontario Health Regional Leads

**FROM:** Mike Heenan  
Assistant Deputy Minister

**RE:** **Expansion of Non-Cardiac Vascular QBP to Include Outpatient Procedures**

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I am pleased to inform you of an expansion to the Non-Cardiac Vascular (NCV) Quality-Based Procedure (QBP) to include outpatient procedures. This expansion is based on feedback from hospitals with vascular programs and advice from CorHealth Ontario and will be implemented using a phased approach, starting in 2020-21.

The goal of this update is to advance the uptake of minimally invasive and same day procedures in Ontario to help relieve pressures on hospital inpatient resources that have become even more constrained during the COVID-19 pandemic and contribute to the efforts to end hallway medicine in Ontario.

To support this expansion, CorHealth Ontario has updated the QBP Clinical Handbooks for Aortic Aneurysm (AA) and Lower Extremity Occlusive Disease (LEOD) to include outpatient procedures. To support the implementation of the updated handbooks, the Ministry of Health (the "ministry") will update the NCV QBP using a phased approach, as follows:

- For 2020-21 and 2021-22, there will be no recovery of funding for NCV QBP volumes not performed; hospitals will be able to use inpatient QBP funding to perform outpatient procedures; and
- For 2022-23, the ministry will update the NCV QBP to include outpatient procedures, with corresponding carve out and pricing updates and updates to the QBP definition.

This update is expected to result in a number of benefits for hospitals and patients, including:

- Provide immediate flexibility to hospitals to use inpatient QBP funding for outpatient activity;
- Promote the provision of appropriate care for vascular patients and increased flexibility in care settings;
- Reduce fragmentation and ensure consistent management of LEOD revascularization and AA repair procedures;

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- Set the right foundation towards a population-based approach of service provision for patients with vascular disease in Ontario;
- Align with the evolving evidence that includes individualized treatment approaches based on patient and disease characteristics and patient preference;
- Eliminate unnecessary hospital inpatient admissions (in order to quality for QBP funding);
- Align with the evolving evidence to shift vascular care towards same day and minimally invasive modalities, creating opportunities to optimize value for money; and
- Support hospitals in responding to COVID-19 by allowing hospitals to treat more patients on an outpatient basis, thus freeing up valuable resources to address the surgical backlog due to COVID-19.

To ensure that there are no gaps in data, hospitals will be required to code all AA and LEOD same day (outpatient) procedures performed in the Interventional Radiology (IR) suite into the National Ambulatory Reporting System (NACRS). Some hospitals are already coding these procedures on a voluntary basis. For hospitals that are not currently coding these procedures, mandatory reporting will be implemented in 2020-21 with retroactive reporting to April 1, 2020 (with a reporting deadline of May 31, 2021). To support hospitals with this activity, CorHealth will host an information and knowledge sharing session (additional details will be provided by CorHealth). Questions related to NACRS data submission and coding can be submitted via the Canadian Institute for Health Information's (CIHI) eQuery tool under My Services and by selecting Inpatient/ambulatory abstracting and education (DAD & NACRS) as the question topic.

Attached is a Frequently Asked Questions document with additional details and the updated QBP Clinical Handbooks for AA and LEOD QBPs. The updated handbooks will also be posted shortly to the Health Data Branch Web Portal under "Clinical Handbooks & Definitions" at [hsim.health.gov.on.ca/hdbportal/HSFR Quality Based Procedures](https://hsim.health.gov.on.ca/hdbportal/HSFR_Quality_Based_Procedures).

Thank you for your continued commitment to providing high-quality care to vascular patients and for your ongoing efforts to manage the impacts of COVID-19.

Sincerely,



Mike Heenan

Attachments

- c: Mr. Matthew Anderson, President and CEO, Ontario Health  
Ms. Stephanie Lockert, Interim Strategy Lead, Corporate Planning, Ontario Health  
Mr. Elham Roushani, Chief Financial Officer (CFO), Ontario Health  
Ms. Kristin Taylor, Acting Director, Provincial Programs Branch, MOH  
Mr. Sherif Kaldas, Director, Health Sector Models Branch, MOH  
Ms. Melanie Fraser, Associate Deputy Minister, MOH