Sixteen-patient-an-hour MD loses $1 million after audit

Barbara Sibbald

A 45-year-old GP is out more than $1 million in billings following an investigation by Ontario's Medical Review Committee. The GP, who wasn't identified by the committee, practises in an urban area and saw between 150 and 300 patients per day, at an average of 16 per hour.

Members' Dialogue, published by the College of Physicians and Surgeons of Ontario, says the number of patients wasn't the only issue in the decision (March/April 1999;28-31). The committee says the physician billed for services he didn't provide, his patient records were often scanty, 2-word notations, and many visits were not medically necessary.

The general manager of the Ontario Health Insurance Plan (OHIP) refers about 100 cases to the college's Medical Review Committee (MRC) every year; this one was referred because of "the extremely large number of services billed for and because of [his] past history." The doctor had already been referred to the MRC twice, appealed the findings both times and lost.

In this third case, the physician resorted to the provincial courts to block auditing of his practice. After considerable — but undisclosed — legal expenses, the MRC was allowed to proceed with the audit. A physician inspector reviewed some 900 chart entries and interviewed more than 40 patients, 22 of whom disputed the accuracy of the number of claims billed under their names. According to the college, patients said the physician was always in a hurry and frequently did not explain any of his findings or diagnoses. Many of the patients were not fluent in English and required an interpreter.

After this case — though not because of it — changes were made to the Health Insurance Act that forced college members to cooperate with the MRC. "The case highlights the problems the committee had with the old legislation," explains college spokesperson Jill Hefley.

Dr. Gary Ollson, manager of monitoring and control at the health ministry's Provider Services Branch, says new legislation passed in 1996 outlines more specifically the powers of the committee and its inspectors. Under the new rules, OHIP's general manager has the discretion to publish the names of health care workers whom an audit has determined have broken the rules. Those who are audited are also required to pay the MRC's costs — as yet undisclosed. In addition, the general manager can now recover money directly from the physician without going through the MRC if it is evident from claims alone that rules have been broken. The new legislation took effect May 1, 1996 — before this case was completed.

In addition to losing more than $1 million in billings, the physician may also have faced disciplinary action from the college. Since he was not named, this is not known.

According to the MRC report, the physician's chart entries usually "consisted of 1 or 2 words that were generally illegible." Visits involved little history taking and scant physical examination: "The physician was seeing such a high volume of patients that he simply did not have time to record or provide care in accordance with accepted professional standards."

The physician said he normally worked Monday to Saturday from 10 am until 12 or 1 am. Office staff included 1 full-time and 2 part-time secretaries, plus a "technician" who worked with the doctor after the secretary left. The secretary was supposed to obtain patient and family histories, do a functional inquiry, take patients' blood pressure and place this information in the patient's chart.

Patients, including those with colds, eczema and conjunctivitis, were routinely seen in follow-up a week later. The single chart entry for these follow-up visits was usually "better." The MRC "had serious concerns about the medical necessity of many of these visits."

The physician also billed for psychotherapy sessions but he had destroyed many of his records of these visits and was unable to explain why. Ontario's Health Insurance Act states that if there is no record for a service, payment is nil.

Ollson wouldn't disclose why OHIP focused on the physician, but techniques ranging from computer screening to random patient audits are in routine use. OHIP also receives reports and complaints from physicians and other health care professionals, insurance agencies and the college.

Barbara Sibbald is CMAJ*'s Associate Editor, News and Features.*

© 1999 Canadian Medical Association