

**Medical Consultants'
Committee**

Activity Plan

2017-2020

Chairperson's Message

I am pleased to provide the three-year Activity Plan for the Medical Consultants' Committee (MCC) in accordance with the requirements of the *Transparency and Accountability Act* for a Category 3 Government Entity.

This Activity Plan provides an overview of the MCC and identifies key objectives to be accomplished during the fiscal period covered by the plan. As Chairperson of the Medical Consultants' Committee, my signature below is indicative of the instruction given to, and the compliance of, the entire committee for the achievement of the annual objective contained in this plan.

In the development of this plan, careful consideration was given to the strategic directions of Government, as communicated by the responsible minister (See Appendix A).

A handwritten signature in blue ink, appearing to read 'Ed Williams', is written over a horizontal line.

Dr. Ed Williams
Chairperson (Acting)

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1.0 Introduction

The Department of Health and Community Services has an Audit and Claims Integrity Division. Part of their mandate is to ensure that funds the Department of Health and Community Service pay to physicians, who submit claims to the Medical Care Plan (MCP), have been appropriately billed. This is achieved by ensuring that billable services have been rendered as claimed in accordance with the appropriate legislation and Departmental policy and procedures. This mandate is fulfilled through the performance of audits. The Medical Consultants' Committee is a key component in the Department of Health and Community Services audit function.

2.0 Overview

The Committee reviews the patterns of practice and billing procedures of physicians who submit claims to the Medical Care Plan (MCP) as well as the utilization of services by beneficiaries. The Committee is an additional level of record review that adds further credibility to audit findings. The Committee reviews all evidence presented and can recommend recovery of funds billed in error and other corrective actions that serve to deter misbilling by all fee-for-service physicians. The Committee makes recommendations to the Minister of Health and Community Services with regard to cases of physician and beneficiary over-utilization, inappropriate billing and/or abuse. Recommendations are then considered and once finalized a notification letter is prepared and forwarded to the provider.

The Medical Consultants' Committee consists of seven members, as follows:

- Three physicians appointed by the Minister of Health and Community Services from a list submitted by the Newfoundland Labrador Medical Association. These members serve for a period of up to five consecutive years;
- A chartered accountant appointed by the Minister. This member serves for a period of up to five consecutive years;
- The Department's Medical Director, Assistant Medical Director and Dental Director who are ex officio members.

The Medical Consultants' Committee is chaired by the Assistant Medical Director.

As of April 1, 2017, membership on the Committee is as follows:

- Dr. Colleen Crowther, Assistant Medical Director, Department of Health and Community Services, Chair (on leave).
- Ms. Angela Batstone, Medical Director, Department of Health and Community Services
- Dr. Ed Williams DDS, Dental Director, Department of Health and Community Services (acting chair)
- Dr. Robert Randell, Specialist (term expired January 22, 2016)
- Dr. Richard Barter, Non-salaried General Practitioner (term expired January 22, 2016)
- Salaried General Practitioner (vacant)
- Ms. Peggy Coady, Chartered Accountant (term expired January 22, 2016)

Members whose terms have expired 2016/17 will be replaced in accordance with Section 15 of the Medical Care Insurance Insured Services Regulations. The Department has begun the process of replacing members whose terms have expired, and current members will continue in their roles until a replacement has been found.

The Committee meets when one or more medical billing audits have reached the stage where they are ready for review by the Committee. Historically, the Committee has met from one to four times a year. Meetings are held in St. John's at the MCP Building, Major's Path. The Committee does not have its own staff or budget; administrative support and remuneration expenses of the Committee's members are provided by the Audit and Claims Integrity Division of the Department of Health and Community Services.

It should be noted that Departmental representation on the Committee is being addressed to reflect changes in departmental positions and titles as a result of recent restructuring.

At time of development of this report, Dr. Ed Williams is acting chairperson.

3.0 Mandate

The Medical Consultants' Committee is established pursuant to Sections 14 and 15 of the Medical Care Insurance Physicians and Fee Regulations under *The Medical Care Insurance Act*, (1999). The duties and responsibilities of the Committee include providing advice to the Minister as follows:

- Review the patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries;
- Where the Committee concludes that no corrective action is warranted beyond notification to the physician of a finding that a deviant pattern or unacceptable billing practice exists, that notification may be given or authorized by the Committee;
- Recovery of funds or other disciplinary or investigative action may be recommended by the Committee to the Minister.

4.0 Primary Client

The primary client of the Medical Consultants' Committee is the Minister of Health and Community Services.

5.0 Objectives

Over the course of the three-year period from the beginning of fiscal 2017/18 to the end of fiscal 2019/20, the Medical Consultants' Committee will meet at least once each year and review cases prepared by the Audit and Claims Integrity Division of the Department of Health and Community Services. In so doing, this Committee further extends Government's ability to ensure the wise and prudent use of public resources. This supports the strategic direction of "Improved performance and efficiency in the health and community services system to provide quality services that are affordable and sustainable." (See Appendix A)

The Committee has developed the following annual objective to measure its performance in auditing fee-for-service physician billing practices. The defined mandate of this Committee results in the annual objective remaining the same for each year of this Activity Plan. Progress will be reviewed at the end of each year to determine if changes in the indicators are necessary. In compliance with the *Transparency and Accountability Act*, the Committee also intends to prepare annual activity reports (i.e. 2017-2018, 2018-2019 and 2019-2020) on the extent to which the annual objective has been achieved. The final year will also summarize the contribution that this Committee has made to

delivering physician services within the available resources of the health and community services system.

By March 31, 2018, 2019 and 2020, the Committee will have reviewed the patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries in cases prepared by the Audit and Claims Integrity Division of the Department of Health and Community Services.

Measure:

Reviews completed

Indicators:

- Number of cases forwarded by the Audit and Claims Integrity Division of the Department of Health and Community Services;
- Number of completed reviews of MCP billing audits on fee-for-service physicians;
- Annual Activity Report prepared and tabled in the House of Assembly;
- Annual meetings of committee (minimum).

Appendix A: Strategic Direction

Strategic directions are the articulation of desired physical, social, or economic outcomes and normally require action by or involvement of, more than one government entity. These directions are generally communicated by the Provincial Government through platform documents, Throne and Budget Speeches, policy documents and other communiqués. They summarize the outcomes desired for the health sector and are communicated to entities that plan and report in collaboration with the Department. The direction and focus area related to the work of the Medical Consultants' Committee for the planning period 2017-20 is as follows:

Strategic Direction #1: Better Value through improvement

Outcome: An improved health and community services system that lowers cost while improving patient outcomes through appropriateness of care and the appropriate utilization of resources.

This outcome will require focus in the following areas:

- E-health (e.g., evidence based decision making, electronic medical record, electronic health record, health analytics,)
- Performance Measurement (e.g., public reporting and accountability, setting meaningful and measurable goals for future improvements)
- Health Workforce Planning
- Policy Development
- Sharing Services (e.g., lab reform)

Strategic Direction #2: Better health for the population

Outcome: Improved health outcomes and well-being for the people of Newfoundland and Labrador.

This outcome supports a healthy population and will require focus in the following areas:

- Cardiovascular Health
- Chronic Disease Prevention and Management
- Mental Health and Addictions (e.g., including mental wellness, all party committee recommendations)
- Primary Healthcare (e.g., expand primary health care teams)
- Public Health (e.g., child health risk assessments for school age children)
- Health in All Policies

Strategic Direction #3 Better Care for Individuals

Outcome: Improved accessibility of health and community programs and services toward better care of the population, including vulnerable persons.

This outcome supports an accessible health and community services system and will require focus in the following areas:

- Wait times (e.g., cardiovascular services)
- Community capacity (e.g., long term care, community supports, home support, ambulance reform, supports for children with disabilities, healthy living assessments for seniors)
- Infrastructure Improvements (Procure the Corner Brook Long Term Care Facility)