Table of Contents

1.0 Message from the Chairperson

2.0 Committee Overview
   2.1 Mandate
   2.2 Primary Client
   2.3 Vision
   2.4 Mission

3.0 Report on Performance  2009-2010
1.0 Message from the Chairperson

I am pleased to provide the 2009-2010 Activity Report for the Medical Consultants’ Committee (the Committee) in accordance with the requirements of the Transparency and Accountability Act for a Category 3 Government Entity. This report addresses the strategic directions of the Department of Health and Community Services, as communicated by the Minister responsible and as deemed relevant to the work of this Committee.

This Activity Report provides an overview of the Committee and the extent to which planned and actual objectives were met during the fiscal period covered by the report and objectives in the 2008-2011 Activity Plan. As Chairperson of the Medical Consultants’ Committee, my signature below is indicative of the entire Committee’s accountability for the preparation of this report and for the achievement of the specific objectives contained therein.

Yours sincerely,

BLAIR FLEMING MD
Chairperson
Medical Consultants’ Committee
2.0 Committee Overview

The Medical Consultants’ Committee (MCC) 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 advises the Minister of Health and Community Services of its findings.

The Committee is a key component in the Department of Health and Community Services (DHCS) audit function. It can recommend recovery of funds billed in error and other corrective actions and serves to deter misbilling by fee-for-service physicians.

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 and 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.

Committee membership during 2009/2010 was as follows:
1. Dr. Blair Fleming MD, Assistant Medical Director, Department of Health and Community Services, Chairperson
2. Dr. Larry Alteen, Director of Physician Services, Department of Health and Community Services (appointed June 1, 2009)
3. Dr. Ed Williams DDS, Dental Director, Department of Health and Community Services
4. Dr. Michael Paul, Specialist (term expired May 31, 2009 - currently vacant)
5. Dr. Stephen Major, fee-for-service General Practitioner (term expired May 31, 2009 – currently vacant)
6. Dr. Karen Horwood, salaried General Practitioner (term expires June 14, 2011)
7. Mr. Robert Healey, Chartered Accountant (term expired May 30, 2009 – currently vacant)

All members, except Dr. Larry Alteen were appointed prior to the beginning of 2009/2010. Members whose terms expired before the end of fiscal year 2009/2010 will be replaced in accordance with Section 15 of the Medical Care Insurance Physicians and Fee Regulations.

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. The Medical Consultants’ Committee holds its meetings at the Belvedere Building, 57 Margaret’s Place in St. John’s.
The Medical Consultants’ Committee is not required to prepare an audited financial statement. Administrative support and remuneration of the Committee’s members’ expenses are provided by the Audit and Claims Integrity Division of the Department of Health and Community Services. In 2009-2010 the committee met once. Total expenses for the meeting held were as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Diems</td>
<td>$1,750</td>
</tr>
<tr>
<td>Food/Refreshments</td>
<td>$154</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,904</strong></td>
</tr>
</tbody>
</table>

2.1 Mandate

The Medical Consultants’ Committee is established pursuant to Sections 14 and 15 of the Medical Care Insurance Physicians and Fee Regulations. 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.

2.2 Primary Client

The primary client of the Medical Consultants’ Committee is the Minister responsible for the Department of Health and Community Services.
2.3 Vision

The Medical Consultants’ Committee supports the vision of the Department of Health and Community Services. The Committee works to ensure the financial integrity of a key component of the health care system based on the belief that proper stewardship of public funds adds strength to the Department’s efforts to realize its vision.

“The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well being.”
3.0 Report on Performance 2009-2010

MISSION

The Medical Consultants’ Committee’s mandate is not broad enough to develop a separate Mission; therefore the Departmental Mission has been adopted. The following is the mission from the Department’s and the Medical Consultant’s Committee’s 2008-2011 plans *:

“The Department of Health and Community Services will have guided implementation of provincial policies and strategies that are developed to ensure equitable and quality services in population health, enhanced public health and accessibility to priority services and improved accountability and stability in the health and community services system.”

The MCC contributed to improved accountability and stability in the delivery of health and community services within available resources. By reviewing patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries, the Medical Consultant’s Committee utilizes information to make decisions and in turn, the results from their review provides further evidence for improvements in physician billing practice and health system planning.

* Note: For an updated and complete version of the Department’s and Medical Consultants’ Committee 2008-2011 Plans, which contain the current mission, contact the Department of Health and Community Services Tel: 709-729-4984 or email: healthinfo@gov.nl.ca or visit http://www.health.gov.nl.ca/health/.
GOAL 2008-2011

Over the course of the three year period covered by the 2008-2011 Activity Plan (i.e. the beginning of fiscal 2008/2009 to the end of fiscal 2010/2011), the Medical Consultants’ Committee is mandated to review cases prepared by the Audit and Claims Integrity Division of the Department of Health and Community Services. In identifying and monitoring the outcomes for MCP billing by fee for service physicians and utilization of services by beneficiaries, the Medical Consultants’ Committee ensures the wise and prudent use of public resources. This supports the DHCS strategic direction of improved accountability and stability in the delivery of health and community services within available resources.

Goal: By March 31, 2011 the Medical Consultants’ Committee will have contributed to improved accountability and stability in the health and community services system by reviewing 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 Division of the Department of Health and Community Services.

Measure: Contributed to improved accountability and stability in the health and community services system

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
- Yearly reports provided
- Met a minimum of once annually

Progress on the above goal will be reported on in the 2010-2011 Annual Performance Activity Report. In continuously striving to meet the 2011 goal in the Activity Plan for 2008-2011, the Committee submitted a Performance Activity Report for 2008-2009. (Note: This 2009-2010 Activity Report was submitted after March 31, 2010 and will go in the 2010-2011 report on progress). The remainder of this section reports on progress in the 2009-2010 year and provides indicators for the 2010-2011 annual objective.
ANNUAL OBJECTIVE 2009-2010

The Medical Consultants’ Committee has developed the following annual objectives to accomplish the stated goal. At this time, the defined mandate of this Committee results in the annual objective remaining the same for each year. The objective and indicators for 2010-2011 are provided at the end of this section. Similar to the objective, there is expected to be little if any variation in the indicators for the respective years or in the manner in which the Committee contributes to the DHCS strategic directions.

By March 31, 2010 the Medical Consultants’ 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 Division of the Department of Health and Community Services.

Measure: Reviews completed

<table>
<thead>
<tr>
<th>Planned Activity</th>
<th>Actual Activity in 2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators:</td>
<td>By the end of the 2009/2010 fiscal year, the Committee:</td>
</tr>
<tr>
<td>• Number of cases forwarded by the Audit and Claims Division</td>
<td>• Met once and were presented with 2 MCP billing audits on 2 fee-for-service physicians by the Audit and Claims Integrity Division,</td>
</tr>
<tr>
<td>• Number of cases reviewed</td>
<td>• Completed review of 2 MCP billing audits on 2 fee-for-service physicians,</td>
</tr>
<tr>
<td>• Number of reports submitted</td>
<td>• Two reports were submitted and they recommended recovery of a total of $121,541 that had been billed in error by the 2 physicians.</td>
</tr>
</tbody>
</table>
Discussion of Results

This additional level of record review adds further credibility to audit findings. The Committee reviews all evidence presented by the Audit and Claims Integrity Division and can recommend recovery of funds billed in error and other corrective actions that serves to deter misbilling by all fee-for-service physicians. This focused review contributes to the wise and prudent use of public resources and increased accountability and stability in the delivery of health and community services.

During 2009-2010 fiscal year, the MCC also submitted an Activity Report for 2008-2009.

Activity for 2009-2010 was less than hoped for because the number of Committee vacancies occurred nearly simultaneously and the process for replacing members took longer than anticipated based on past experience.

Four positions on the MCC were or became vacant in 2009-2010. One position was filled when Dr. Larry Alteen was hired as Director of Physician Services for the Department of Health and Community Services. The incumbent for that position automatically becomes a member of the MCC.

The Minister of Health and Community Services wrote the Institute of Chartered Accountants and requested nominees to fill the vacant Chartered Accountant position on the MCC during 2009-2010. The Minister also wrote the Newfoundland and Labrador Medical Association and requested nominees for the two vacant physician positions on the committee. Each of the organizations has responded and submitted a list of nominees, which is under consideration.
ANNUAL OBJECTIVE 2010-2011

The annual objective remains the same for each reporting year of the 2008-2011 Activity Plan.

By March 31, 2011 the Medical Consultants’ 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 Division of the Department of Health and Community Services.

Measure: Reviews completed

Indicators:

- Number of cases forwarded by the Audit and Claims Integrity Division
- Number of cases reviewed of MCP billing audits on fee-for-service physicians
- Yearly reports submitted
- Met a minimum of once annually

Membership on the Committee has remained stable over the years, however, in the coming year, several positions on the Committee are expected to be vacant for some time while the process for appointing new members is being completed. This may be a consideration for the attaining the objective in the 2010-2011 year as new members become accustomed to the work of the Committee.

In 2010-2011 we look forward to submitting the 2010-2011 report, which will conclude reporting for the 2008-2011 planning and reporting period and developing a new Activity Plan for the 2011-2014 period.