

## MSC 2010-2011 Strategic Plan

### Final Status Report

Objectives	Strategies	Status
<b>Manage the Available Amount</b>	<p>Provide data and support to the Patterns of Practice Committee in order to decrease inappropriate ordering of diagnostic and laboratory tests and improve the quality of patient care.</p> <p>Receive quarterly reports on lab utilization and management.</p> <p>Provide input to physician negotiations.</p> <p>Work with the BCMA, health authorities and Medical Services Division to apply fee increases and incentives to relevant strategies.</p> <p>As per the <i>Physician Master Agreement</i>, the MSC Chair will meet at regular intervals with the co-chairs of the Physician Services Committee to assess the management process.</p> <p>Engage in substantive dialogue with the Medical Services Division and BCMA regarding analysis and management of the Available Amount.</p> <p>Explore compensation models used by other jurisdictions.</p> <p>Explore the delineation between insured and uninsured services.</p>	<p>√ Detailed expenditure updates provided to the MSC at October 27/10, January 19 and May 18/11 meetings</p> <p>√ Discussed at MSC's May 18/11 meeting. Letter forwarded to MoH and BCMA in July 2011.</p> <p>√ 184 Minutes of the Commission related to fee items signed off.</p>
<b>Develop and promote guidelines and protocols to support appropriate patient care</b> <i>Continued on page 2</i>	<p>Review and approve guidelines developed through the Guidelines and Protocols Advisory Committee (GPAC).</p> <p>Ensure the guidelines being developed are targeted to areas in which there is the most significant benefit.</p>	<p>√ Nine guidelines approved by the MSC.</p>

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<p><i>Continued from page 1</i></p> <p><b>Develop and promote guidelines and protocols to support appropriate patient care</b></p>	<p>Monitor the Guideline Evaluation Working Group's efforts to measure outcomes.</p> <p>Seek opportunities to align this initiative with other provincial programs and partnerships.</p> <p>Support the promotion of guidelines and protocols.</p>	<p>✓ MSC received a presentation on guidelines and mobile devices at its May 18/11 meeting.</p>
<p><b>Effectively administer the Medical Services Plan</b></p>	<p>Respond to extra billing complaints pursuant to the <i>Medicare Protection Act</i>.</p> <p>Support the Audit and Inspection Committee (AIC) and provide appropriate guidance and direction to enable the AIC to effectively conduct audits that are required.</p> <p>Encourage streamlining of the Medical Services Commission Payment Schedule.</p> <p>Receive regular updates regarding Health Insurance BC/MAXIMUS.</p> <p>Receive regular updates regarding the new Care Card strategy.</p> <p>Advise the Minister and the Ministry if further changes to the legislative framework under which the MSC operates, are required.</p>	<p>✓ Ongoing</p> <p>✓ MSC provided input to the AIC's 18-month audit plan and received a presentation on MSP's random audit process.</p> <p>✓ Ongoing – last update provided at MSC's September 14/11 meeting.</p> <p>✓ Ongoing – last update provided at MSC's June 29/11 meeting.</p>
<p><b>When and where appropriate, pursue an influence agenda to promote appropriate care and accessibility for patients</b></p> <p><i>Continued on page 3</i></p>	<p>Engage with the Health System Planning Division, General Practice Services Committee (GPSC), Specialist Services Committee (SSC), Shared Care Committee, etc. to influence Ministry priorities.</p>	<p>✓ MSC received regular updates on GPSC and SSC initiatives.</p>

## MSC 2010-2011 Strategic Plan

### Final Status Report

Objectives	Strategies	Status
<p><i>Continued from page 2</i></p> <p><b>When and where appropriate, pursue an influence agenda to promote appropriate care and accessibility for patients</b></p>	<p>Invite relevant groups to update the Commission on their initiatives and provide MSC input e.g. GPSC, Shared Care and Scope of Practice Committee, Specialist Services Committee.</p> <p>Acknowledge innovation and pilot projects which contribute to effective and efficient patient care.</p> <p>Receive a presentation from the Ministry's Health Authorities Division regarding surgical wait times.</p>	<p>✓ MSC received regular updates on GPSC and SSC initiatives as well as a presentation from the Divisions of Family Practice.</p> <p>✓ Update on establishing surgical prioritization and wait time targets received at MSC's December 8/10 meeting.</p>
<p><b>The MSC will continue to be accountable for its strategic plan and for its advisory committees</b></p>	<p>Receive regular updates from advisory committees and other reporting entities.</p> <p>Review the policies of the advisory committees on a rotational basis, particularly those related to the provision of reasonable access (e.g., diagnostic facilities).</p> <p>Develop the 2009-2010 MSC annual report, submit to the Minister of Health Services, and post on the MSC website.</p> <p>Re-assess the MSC's roles and responsibilities as new priorities and/or directions emerge (e.g., adjudication issues arising from the <i>Physician Master Agreement</i>, etc.).</p> <p>Review the MSC's strategic plan on a regular basis and comprehensively update the plan annually.</p>	<p>✓ Ongoing</p> <p>✓ Review of ACDF guidelines is underway. Revisions to out-of-country guidelines were approved at MSC's January 19/11 meeting.</p> <p>✓ Report completed, submitted to Minister and posted on MSC's website.</p> <p>✓ Ongoing</p> <p>✓ 2010-2011 strategic plan reviewed at MSC's October 26/11 meeting.</p>

## MSC 2013-2014 Strategic / Work Plan 2013/14

**Mandate:** The Medical Services Commission administers the Medical Services Plan to facilitate reasonable access throughout BC to quality medical care, health care and diagnostic facility services for BC residents.

**Responsibilities:** To ensure that all BC residents have reasonable access to medical care and diagnostic services. To manage the provision, verification and payment of medical and health services in an effective and cost-efficient manner. To guide and support the work of its subcommittees including the Audit and Inspection Committee, the Guidelines and Protocols Advisory Committee, and the Advisory Committee on Diagnostic Facilities.

Objectives	Strategic Priorities	Actions	Status
1. <b>Manage the Available Amount</b>	<b>Provide input into the Available Amount and all other payments authorized by the MSC.</b>	<p>Define the available amount – how is it determined, by whom and how?</p> <p>Define the non-available amount – how is it determined, by whom and how?</p> <p>Provide data and support to the Patterns of Practice Committee to decrease inappropriate ordering of diagnostic and laboratory tests and improve the quality of patient care.</p> <p>Receive quarterly reports on lab utilization and management to look for inappropriate or redundant testing, or the absence of sufficient testing.</p> <p>Provide input to physician negotiations.</p>	<p>✓ Completed on planning day</p> <p>✓ Completed on planning day</p> <p>✓ Ongoing</p> <p>✓ Ongoing</p> <p>✓ MSC letter sent to MOH and BCMA March 7/13 and again Dec. 18/13</p>

Objectives	Strategic Priorities	Actions	Status
1. <b>Manage the Available Amount (continued)</b>	<b>Provide input into the Available Amount and all other payments authorized by the MSC.</b>	<p>Engage in substantive dialogue with the Medical Services Division and BCMA regarding analysis and management of the Available Amount.</p> <p>Continual review of the fee and payment schedule to assist in managing the Available Amount and bring to bear the tools available to the MSC to address concerns and issues.</p> <p>Monitor Health Insurance BC/MAXIMUS against performance standards.</p> <p>Monitor implementation of the new Care Card.</p> <p>Respond to extra billing complaints pursuant to the <i>Medicare Protection Act</i>.</p> <p>Advise the Minister and the Ministry if changes to the legislative framework under which the MSC operates, are required.</p>	<p>√ Process discussion complete. Implementation ongoing.</p> <p>√ Ongoing. MOH and Tariff Committee considering MOH's fee item list and Ophthalmic A-Scan.</p> <p>√ Next written update March/14</p> <p>√ Next in-person update March/14</p> <p>√ Ongoing. Capacity for one audit at a time.</p> <p>√ Initial consultation with DM complete. Maintaining contact with DM.</p>

Objectives	Strategic Priorities	Actions	Status
<b>2. Develop and promote guidelines and protocols to support high quality, appropriate patient care</b>	<b>Direct, support and provide feedback to GPAC.</b>	<p>Review and approve guidelines developed through the Guidelines and Protocols Advisory Committee (GPAC).</p> <p>Ensure the guidelines being developed are targeted to areas in which there is the most significant benefit (patient care and/or financial)</p> <p>Monitor the Guideline Evaluation Working Group's efforts to measure outcomes at least annually.</p> <p>Engage in communication and promotion of guidelines and protocols via GPAC. (target – GPs and Public).</p>	<p>√ Ongoing</p> <p>√ e.g., including guidelines for specialists in scope</p> <p>√ GPAC provided in-person update Oct/13 re promotional activities and priorities for guideline development</p>
<b>3. Pursue an influence agenda to promote appropriate care and access for patients</b>	<p><b>Maintain a clear understanding of our authority and responsibility (and review annually).</b></p> <p><b>Direct and support ACDF.</b></p> <p><b>Direct and support AIC and the audit function.</b></p>	<p>Engage with the Health System Planning Division, General Practice Services Committee (GPSC), Specialist Services Committee (SSC), Shared Care Committee (SCC), Joint Standing Committee on Rural Issues (JSC) etc. to influence Ministry priorities.</p> <p>Invite relevant groups to update the Commission on their initiatives and provide MSC input e.g. GPSC, Shared Care and Scope of Practice Committee, Specialist Services Committee, CPSBC.</p> <p>Support the Audit and Inspection Committee (AIC) and provide appropriate guidance and direction to enable the AIC to conduct audits effectively.</p>	<p>√ SCC and JSC attended Dec/13 meeting; GPSC and SSC attended Jan/14 meeting. MSC has concurred with these priorities to date.</p> <p>√ Complete</p> <p>√ Ongoing</p>

Objectives	Strategic Priorities	Actions	Status
3. Pursue an influence agenda to promote appropriate care and access for patients (continued)		Support the Advisory Committee on Diagnostic Facilities (ACDF) and provide appropriate guidance and direction to enable the ACDF to review its policies and applications effectively.  Monitor surgical and other relevant wait times.	√ 48 Modernization Project recommendations approved by MSC, as amended. One deferred recommendation.  √ Last written update received Sept/13
4. Continue to be accountable for its Strategic Plan, its advisory committees and engage in activities to facilitate Objectives 1 to 3	<p>Provide proactive input into negotiations.</p> <p>Maintain and build relationships with any new minister/administration in a proactive way.</p> <p>Continue to be aware of the BCMA's, Ministry of Health's and Health Authorities' strategic priorities.</p>	<p>Receive regular updates from MSC advisory committees and other groups.</p> <p>Review the policies of the advisory committees on a rotational basis, particularly those related to the provision of reasonable access (e.g., diagnostic facilities).</p> <p>Develop the 2013-2014 MSC annual report, submit to the Minister of Health Services, and post on the MSC website.</p> <p>Re-assess the MSC's roles and responsibilities as new priorities and/or directions emerge (e.g., adjudication issues arising from the <i>Physician Master Agreement</i>, etc.).</p> <p>Review the MSC's strategic plan on a regular basis and comprehensively update the plan annually.</p> <p>Stay informed of new, updated priorities.</p>	<p>√ Ongoing</p> <p>√ Ongoing</p> <p>√ Three discussions with DM to date; one with MSC, two with MSC Chair. Further discussion pending gov't RFL decision.</p> <p>√ Ongoing</p> <p>√ Ongoing</p>

Objectives	Strategic Priorities	Actions	Status
<b>CROSS CUTTING</b>	<b>Help preserve and promote a cooperative relationship between MoH and BCMA.</b>	<p>Better integrate the Audit and Inspection Committee and Patterns of Practice Committee.</p> <p>Ensure committees and groups work collaboratively when working in common areas.</p> <p>Promote a productive relationship between MOH and BCMA executive levels</p>	<p>√ May/13 and Jan/14 MSC meetings. July/13 letter.</p> <p>√ May/13 MSC meeting. July/13 letter.</p> <p>√ Ongoing</p>
<b>CROSS CUTTING</b>	<b>Work to maintain a balanced, engaged, open-minded MSC.</b>	<p>Ensure staggered terms.</p> <p>Work to disallow vacancies.</p> <p>Orientation for new members.</p>	<p>√ Completed I.M. term extension and BCMA appointments</p> <p>√ As required.</p>



## Medical Services Commission (MSC) 2014-2015 Strategic / Work Plan 2014/15

**Mandate:** To ensure compliance with the *Medicare Protection Act* the Medical Services Commission administers the Medical Services Plan to facilitate reasonable access throughout BC to quality medical care, health care and diagnostic facility services for BC residents.

**Responsibilities:** To ensure that all BC residents have reasonable access to medical care and diagnostic services. To manage the provision, verification and payment of medical and health services in an effective and cost-efficient manner. To guide and support the work of its subcommittees including the Audit and Inspection Committee (AIC), the Guidelines and Protocols Advisory Committee (GPAC), and the Advisory Committee on Diagnostic Facilities (ACDF).

Objectives	Strategic Priorities	Actions	Status
1. <b>Manage the Available Amount</b>	<b>Provide input into the Available Amount and all other payments authorized by the MSC.</b>	<p>Define the available amount.</p> <p>Define the non-available amount.</p> <p>Support the Patterns of Practice Committee (POPC) by providing data and other support to the POPC to decrease inappropriate ordering of diagnostic and laboratory tests and improve the quality of patient care.</p> <p>Facilitate communication and coordination between relevant MSC sub-committees and related groups, including POPC.</p>	<p>√</p> <p>√</p> <p>√ Ongoing</p> <p>√ MSC committees to provide regular updates re cross-communication activities</p>

Objectives	Strategic Priorities	Actions	Status
1. <b>Manage the Available Amount (continued)</b>	<b>Provide input into the Available Amount and all other payments authorized by the MSC.</b>	<p>Receive quarterly reports on lab utilization and management to look for inappropriate or redundant testing, or the absence of sufficient testing.</p> <p>Provide proactive input to physician negotiations in the months prior to <i>Physician Master Agreement</i> (PMA) expiration or reopening. (Completed in 2013/14 for the 2014/15 PMA discussions.)</p> <p>Engage in substantive dialogue with the Ministry of Health and the Doctors of BC regarding analysis and management of the Available Amount.</p> <p>Continual review with the Ministry of Health and the Doctors of BC, generally, through the Tariff Committee, of the fee and payment schedule to assist in managing the Available Amount and bringing to bear the tools available to the MSC to address concerns and issues.</p> <p>Monitor Health Insurance BC/MAXIMUS against performance standards.</p> <p>Advise the Minister and the Ministry if changes to the legislative framework under which the MSC operates, are required</p>	<p>√ Ongoing</p> <p>√</p> <p>√ May/14 discussion with MoH staff</p> <p>√ MSC's proposal to Tariff re Ophthalmology A-scan vs IOL measurement. Broader work on Ophthalmology.</p> <p>√ Written update Sept/14</p> <p>√ Sept/14 discussion between DM and MSC Chair</p>

Objectives	Strategic Priorities	Actions	Status
<b>2. Promote quality, appropriate patient care</b>	<b>Direct, support and provide feedback to GPAC.</b>	<p>Review and approve guidelines developed through the Guidelines and Protocols Advisory Committee (GPAC).</p> <p>Ensure the guidelines being developed are targeted to areas in which there is the most significant benefit (patient care and/or financial).</p> <p>Monitor the Guideline Evaluation Working Group's efforts to measure outcomes at least annually.</p> <p>Engage in communication and promotion of guidelines and protocols via GPAC (target – physicians and public).</p> <p>Identify additional opportunities for the MSC to promote and support quality medical care.</p>	<p>√ Ongoing</p> <p>√ Ongoing</p> <p>√ GPAC to update MSC Oct/14</p> <p>√ GPAC to update MSC Oct/14</p> <p>√ MSC's in-depth analysis of ophthalmology</p>
<b>3. Pursue an influence agenda to promote appropriate care and access for patients</b>	<b>Maintain a clear understanding of our authority and responsibility (and review annually).</b>	<p>Engage with the Health System Planning Division, General Practice Services Committee (GPSC), Specialist Services Committee (SSC), Shared Care Committee (SCC), Joint Standing Committee on Rural Issues (JSC) etc. to influence and support the relevant Ministry and Doctors of BC priorities.</p> <p>Invite relevant groups to update the Commission on their initiatives and provide MSC input e.g. GPSC, Shared Care and Scope of Practice Committee, Specialist Services Committee, CPSBC.</p>	<p>√ MSC Chair to discuss with ADM (Health System Planning Division)</p> <p>√ Ongoing</p>

Objectives	Strategic Priorities	Actions	Status
3. Pursue an influence agenda to promote appropriate care and access for patients (continued)	Direct and support AIC and the audit function.	Support the Audit and Inspection Committee (AIC) and provide appropriate guidance and direction to enable the AIC to conduct audits effectively.	√ Ongoing
	Direct and support ACDF.	Support the Advisory Committee on Diagnostic Facilities (ACDF) and provide appropriate guidance and direction to enable the ACDF to review its policies and applications effectively.	√ Ongoing
		Recommend an appropriate scope for the MSC respecting laboratory services.	No longer applicable
	Patient Access.	Review, assess and monitor surgical and other relevant wait times.	√ May/14 MoH presentation
		Engage with Health Authorities by: <ul style="list-style-type: none"> <li>• Reviewing, on a regular basis, the agenda of the Leadership Council to identify issues relevant to the MSC; and,</li> <li>• Liaising with the Leadership Council on issues of shared concern particularly with respect to technology assessment.</li> </ul>	√ Regular updates from Dr. R. Halpenny
		Work with the Ministry of Health and Health Authorities to prepare a response to the Auditor General's report, <i>Oversight of Physician Services</i> , February 2014.	√ MoH/technology assessment presentation to MSC Dec/14
		Monitor implementation of the new BC Services Card.	√ Presentation Sept/14
		Respond to extra billing issues and complaints pursuant to the <i>Medicare Protection Act</i> .	√ Ongoing

Objectives	Strategic Priorities	Actions	Status
<b>4. Influence provincial health care policy.</b>	<b>Provide proactive input into negotiations.</b>	Receive regular updates from MSC advisory committees and other groups.	√ Ongoing
	<b>Maintain and build relationships with the Minister/administration in a proactive way.</b>	Review the policies of the advisory committees on a rotational basis, particularly those related to the provision of reasonable access (e.g., diagnostic facilities).	√ Ongoing
		Develop the 2013-2014 MSC annual report, submit to the Minister of Health Services, and post on the MSC website.	√ Ongoing
	<b>Continue to be aware of the Doctors of BC's, Ministry of Health's and Health Authorities' strategic priorities.</b>	Re-assess the MSC's roles and responsibilities as new priorities and/or directions emerge (e.g., adjudication issues arising from the <i>Physician Master Agreement</i> , etc.).	√ Sept/14 discussion between DM and MSC Chair
		Review the MSC's strategic plan on a regular basis and comprehensively update the plan annually.	√ Ongoing
		Stay informed of new, updated priorities.	√ Ongoing
<b>CROSS CUTTING</b>	<b>Help preserve and promote a cooperative relationship between MoH and the Doctors of BC.</b>	Build on recent progress in integrating the Audit and Inspection Committee and Patterns of Practice Committee.	√ Invite AIC and POPC to future MSC meeting
		Ensure committees and groups work collaboratively when working in common areas.	
		Promote a productive relationship between MOH and the Doctors of BC executive levels	√ Ongoing

Objectives	Strategic Priorities	Actions	Status
<b>CROSS CUTTING</b>	<b>Work to maintain a balanced, engaged, open-minded MSC.</b>	<p>Ensure staggered membership terms.</p> <p>Work to disallow vacancies.</p> <p>Orientation for new members.</p>	<p>√</p> <p>√</p> <p>√</p>

## Medical Services Commission (MSC) 2015-2016 Strategic / Work Plan

**Mandate:** The Medical Services Commission administers the Medical Services Plan (MSP) to facilitate reasonable access throughout BC to quality medical care, health care and diagnostic facility services for BC residents, under the *Medicare Protection Act*.

**Responsibilities:** To ensure that all BC residents have reasonable access to medical care and diagnostic services. To oversee the provision, verification and payment of medical and health services in an effective and cost-efficient and sustainable manner. To guide and support the work of its subcommittees: Audit and Inspection Committee (AIC), Guidelines and Protocols Advisory Committee (GPAC), Advisory Committee on Diagnostic Facilities (ACDF), Patterns of Practice Committee (POPC), and Reference Committee.

Objectives	Strategic Priorities	Actions	Status
1. <b>Manage the Available Amount</b>	<b>Provide input into the Available Amount and all other payments authorized by the MSC.</b>	<ul style="list-style-type: none"> <li>➤ Discuss and confirm the Available Amount with the Ministry of Health (MOH).</li> <li>➤ Support the POPC by providing data and other support to decrease inappropriate ordering of diagnostic and lab tests and to improve the quality of patient care.</li> <li>➤ Facilitate and require communication between relevant MSC subcommittees and related groups.</li> <li>➤ Receive quarterly reports on lab utilization and management to look for inappropriate testing or the absence of sufficient testing (until the <i>Laboratory Services Act</i> and Regulations are proclaimed).</li> <li>➤ Participate in the Physician Services Committee (PSC) as required in the <i>Physician Master Agreement</i>.</li> <li>➤ Engage with MOH and Doctors of BC regarding analysis and management of the Available Amount.</li> <li>➤ Continual review with MOH and Doctors of BC, generally through the Tariff Committee, of the fee and payment schedule to assist in</li> </ul>	<p>Preliminary discussion on 13 May 15. Discussed with MOH at June and Sept MSC meetings.</p> <p>Ongoing</p> <p>Ongoing</p> <p>MSC Chair at PSC on June 12, Aug 2, 28, Sept 3 and 25/15 Begun on 13 May 15. Ongoing Ongoing Complements MOH fee schedule review</p>

Objectives	Strategic Priorities	Actions	Status
	Assist in development, implementation and monitoring other types of physician compensation.	<p>managing the Available Amount and bringing to bear the tools available to MSC to address concerns and issues.</p> <ul style="list-style-type: none"> <li>➤ Increased interaction with Tariff Committee to assist in managing the available amount in the medium and long terms.</li> <li>➤ Monitor HIBC / MAXIMUS against performance standards.</li> <li>➤ Monitor the implementation of MOH Policy Frameworks and transfer funds to and from the Available Amount as required.</li> <li>➤ Support development of budget flexibility to enable local solutions to provision of care.</li> </ul>	<p>process. Tariff Chair at MSC's Sept/15 meeting. Regular Tariff info exchange via Nancy South.</p> <p>HIBC at Sept/15 MSC.</p> <p>Awaiting MOH transition from discussion to implementation “</p>
2. Promote quality, appropriate patient care	Direct, support and provide feedback to GPAC.	<ul style="list-style-type: none"> <li>➤ Review and approve guidelines developed through GPAC.</li> <li>➤ Ensure guidelines being developed are targeted to areas in which there is the most significant benefit (patient care and/or financial).</li> <li>➤ Monitor GPAC's Evaluation Working Group's efforts to measure outcomes at least annually.</li> <li>➤ Engage in communication and promotion of guidelines and protocols via GPAC targeting physicians and the public.</li> </ul>	<p>Ongoing regular MSC function. Attended GPAC , 3 Jun 15.</p> <p>“</p> <p>GPAC to MSC in Oct 15</p> <p>GPAC to MSC in Oct 15</p>



Objectives	Strategic Priorities	Actions	Status
	<b>Direct and support the AIC and the audit function.</b>	<ul style="list-style-type: none"> <li>➤ Support the AIC and provide appropriate guidance and direction to enable the AIC to conduct audits effectively.</li> <li>➤ Support MOH and Doctors of BC to increase awareness of sound billing practices and of the audit function.</li> <li>➤ Seek to expand information sharing between the MSC/AIC, College of Physicians and Surgeons of BC (CPSBC) and Health Authorities.</li> </ul>	<p>Ongoing</p> <p>POPC to MSC in Oct 15</p> <p>Location code work throughout 2015 with College and MOH. Now with MOH for implementation. Requires MSC monitoring.</p>
<b>3. Promote appropriate care and access for patients</b>	<p><b>Maintain a clear understanding of our authority and responsibility (and review annually).</b></p> <p><b>Direct and support the ACDF.</b></p> <p><b>Enforce MPA extra billing prohibiton.</b></p>	<ul style="list-style-type: none"> <li>➤ Engage with the Health System Planning Division, General Practice Services Committee (GPSC), Specialist Services Committee (SSC), Shared Care Committee (SCC), Joint Standing Committee on Rural (JSC), Provincial Surgical Executive Committee (PSEC) and others to influence and support relevant MOH and Doctors of BC priorities. Invite these groups to update MSC on their initiatives and enable MSC to provide input. Invite HEABC in early 2016 re HHR initiative.</li> <li>➤ Support the ACDF and provide appropriate guidance and direction to enable it to review its policies and their application effectively.</li> <li>➤ Complete extra-billing audit now underway (AIC / Audit and Investigations Branch).</li> <li>➤ Support legal staff in pursuing extra billing through the Courts.</li> <li>➤ Investigate, monitor and seek to address other extra billing</li> </ul>	<p>To be scheduled for MSC visits</p> <p>PSEC at MSC in June/15.</p> <p>Ongoing. A regular MSC agenda item.</p> <p>Reinitiated in May. Paused in June for tactical legal reasons.</p> <p>Ongoing</p> <p>Ongoing</p>

Objectives	Strategic Priorities	Actions	Status
		<p>complaints as they are brought to MSC's attention.</p> <ul style="list-style-type: none"> <li>➤ Clarify and adjust fees to reduce opportunities to directly bill patients for medically necessary services.</li> </ul>	Ophth A Scan and IOL Master issue addressed. No further examples avail from MOH.
<b>4. Influence and support the development of provincial health care policy.</b>	<p><b>Continue to be aware of Doctors of BC, MOH and Health Authorities' (HA) Strategic Priorities and Policy Frameworks.</b></p> <p><b>Provide input to MOH policy papers and assist in implementing new policy where and when appropriate.</b></p> <p><b>Increase engagement in BC Services Card Implementation</b></p>	<ul style="list-style-type: none"> <li>➤ Monitor strategic plans and planning of the Doctors of BC and the Ministry of Health.</li> <li>➤ Read, discuss and provide input and feedback to MOH with respect to its Policy Frameworks. Identify where MSC may be of assistance in implementation.</li> <li>➤ Assist with implementation of MOH policy as legislation and the PMA allow.</li> <li>➤ Receive regular briefings and updates on implementation of the BC Services Card.</li> <li>➤ Clarify MSC's responsibility with MOH.</li> <li>➤ Discuss with MOH and resolve potential policy issues related to implementation and enforcement.</li> </ul>	<p>Complete for MOH. No Drs of BC Strat Plan is to be refreshed in 2015.</p> <p>Complete</p> <p>Ongoing</p> <p>A regular MSC agenda item. Implementation concerns communicated to DM MOH, Apr 15.</p> <p>Discussed with DM MOH, Apr 15.</p> <p>Discussed at MSC with MOH and DM MOH. Not yet resolved.</p>

Objectives	Strategic Priorities	Actions	Status
<b>CROSS CUTTING</b>	<b>Help preserve and promote a productive, collaborative relationship between and among MOH, Doctors of BC and MSC.</b>	<ul style="list-style-type: none"> <li>➤ Continue to build on progress integrating the efforts of POPC and AIC</li> <li>➤ Help groups and committees identify and work collaboratively on issues of common interest.</li> <li>➤ Promote a productive relationship between MOH and Doctors of BC at the working and executive levels.</li> <li>➤ Complete delayed MSC annual reports.</li> </ul>	<p>MSC participation at PSC</p> <p>2011/12-2013/14 report posted on web.</p> <p>2014/15 report completed</p>
<b>CROSS CUTTING</b>	<b>Work to maintain a balanced, engaged, open-minded MSC which is mindful of Triple Aim objectives and the social determinants of health in its deliberations and decisions.</b>	<ul style="list-style-type: none"> <li>➤ Fill vacant MSC positions.</li> <li>➤ Provide orientation to new members including what constitutes the Available Amount.</li> <li>➤ Stagger membership terms.</li> </ul>	<p>Replaced one public member whose term expired and extended another public rep.</p> <p>Completed for one new member.</p> <p>Ongoing and in place. Prompt replacement of lapsed public member terms has been challenging. Recent extension of one public rep assisted with reasonable staggering of terms.</p>

## Medical Services Commission (MSC) 2016-2017 Strategic / Work Plan

**Mandate:** The Medical Services Commission administers the Medical Services Plan (MSP) to facilitate reasonable access throughout BC to quality medical care, health care and diagnostic facility services for BC residents, under the *Medicare Protection Act*.

**Responsibilities:** To ensure that all BC residents have reasonable access to medical care and diagnostic services. To oversee the provision, verification and payment of medical and health services in an effective and cost-efficient and sustainable manner. To guide and support the work of its subcommittees: Audit and Inspection Committee (AIC), Guidelines and Protocols Advisory Committee (GPAC), Advisory Committee on Diagnostic Facilities (ACDF), Patterns of Practice Committee (POPC), and Reference Committee.

Objectives	Strategic Priorities	Actions	Status
1. <b>Manage the Available Amount</b>	<p>Provide input into setting the Available Amount.</p> <p>Analyze expenditure patterns and identification of potential issues for further monitoring or investigation.</p> <p>Consult with the MoH and DoBC on developing strategies and measures to prevent the overrun of the Available Amount.</p> <p>Initiate the process for fee</p>	<ul style="list-style-type: none"> <li>➤ Review timing and process for setting the Available Amount.</li> <li>➤</li> <li>➤</li> <li>➤ Ongoing as per regular updates from Nancy South and Eric Larson</li> <li>➤</li> <li>➤ Letter sent Feb 8/17 from MSC Chair to MoH and DoBC advising of AA projected overrun for 2016/17.</li> <li>➤ MSC Chair met with fee review consultant – Dr. David Peachey – on</li> </ul>	

Objectives	Strategic Priorities	Actions	Status
	<p>review – beginning with Ophthalmology.</p> <p>Participate in <i>Physician Master Agreement (PMA)</i> discussions that relate to the MSC.</p>	<ul style="list-style-type: none"> <li>➤ Sept 12/16.</li> <li>➤ MSC Chair to further discuss status of fee review with MoH staff on Feb 22/17.</li> <li>➤ MSC Chair met with MoH on Aug 22 and Sept 15/16.</li> <li>➤ MSC Chair to receive update on negotiations from MoH and DoBc.</li> <li>➤</li> </ul>	
<b>2. Promote quality, appropriate and accessible patient care</b>	<p>Review GP scope of practice of walk in clinics.</p> <p>Update on Patient Medical Home/Primary Care Home.</p> <p>Improve integration of GPAC/POPC/BIP/AIC/Reference Committee.</p> <p>Collaborate with the College of Physicians and Surgeons of BC (CPSBC) to improve information sharing.</p> <p>Collaborate with the Laboratory Services Agency.</p>	<ul style="list-style-type: none"> <li>➤ MSC Chair to follow up with Nancy South re systematic data collection re walk in clinics.</li> <li>➤</li> <li>➤ Ministry of Health and Doctors of BC presentation.</li> <li>➤ MSC to schedule an update from the General Practice Services Committee (GPSC).</li> <li>➤ Receive meeting minutes of committees and an annual report from each one.</li> <li>➤ MSC Chair attended POPC meeting on Oct 13/16. MSC Chair will follow up with new POPC Chair.</li> <li>➤ MSC Chair attended GPAC meeting on Nov 9/16.</li> <li>➤ Annual update to MSC from the CPSBC.</li> <li>➤ Invite the College to attend a future MSC meeting.</li> <li>➤</li> <li>➤ Annual update.</li> <li>➤ Invite reps from the Laboratory Services Agency to attend a future MSC meeting.</li> </ul>	

Objectives	Strategic Priorities	Actions	Status
3. Ensure that beneficiary services are equitable.	<p>Bi-annual reports on beneficiary services for: waivers, residency, out of country requests, premium assistance, MSP portal for adding/deleting dependents.</p> <p>MAXIMUS updates.</p> <p>Cambie litigation.</p> <p>Promote increased supply of sonographers.</p> <p>Review new technology related to genetic testing/Point of Care testing.</p> <p>Update from the Ministry of Health on “virtual care”.</p> <p>Monitor Healthcare Human Resources and Strategic Plan.</p>	<ul style="list-style-type: none"> <li>➤ Ongoing as per regular updates from Stephanie Power.</li> <li>➤</li> <li>➤</li> <li>➤ Review contract status.</li> <li>➤ MSC received update re manual adjudication at Sept 7/16 meeting.</li> <li>➤</li> <li>➤ Trial started on Sept 6/16.</li> <li>➤ Litigation updates provided to the MSC at Sept and Oct meetings</li> <li>➤</li> <li>➤ Coordinate communication between stakeholders e.g., MoH/Ministry of Education/BCIT/Health Authorities/private providers.</li> <li>➤ MSC approved recommendations from <i>Diagnostic Ultrasound – Outpatient Facility Policy Report</i> at its Oct 26/16 meeting.</li> <li>➤ MSC to receive a health technology assessment update from Heather Davidson at its Apr 5/17 meeting.</li> <li>➤</li> <li>➤ Presentation to MSC re virtual care at Oct 26/15 meeting.</li> <li>➤ MSC to receive a virtual care update from Greg Leake at its Apr 5/17 meeting.</li> <li>➤ Annual update from MoH and HEABC.</li> <li>➤ Annual update from MoH and DoBC.</li> </ul>	

Objectives	Strategic Priorities	Actions	Status
<b>CROSS CUTTING</b>	<b>Help preserve and promote a productive, collaborative relationship between and among MoH, Doctors of BC and MSC.</b>	<ul style="list-style-type: none"> <li>➤ Help groups and committees identify and work collaboratively on issues of common interest.</li> <li>➤ Promote a productive relationship between MOH and Doctors of BC at the working and executive levels.</li> </ul>	
<b>CROSS CUTTING</b>	<b>Work to maintain a balanced, engaged, open-minded MSC which is mindful of Triple Aim objectives and the social determinants of health in its deliberations and decisions.</b>	<ul style="list-style-type: none"> <li>➤ Fill vacant MSC positions.</li> <li>➤ Letter sent Feb 27/17 from MSC Chair to Minister of Health re public member position that has been vacant since June 2016.</li> <li>➤ Provide orientation to new members including what constitutes the Available Amount.</li> <li>➤ Stagger membership terms.</li> </ul>	



## **Medical Services Commission**

### **2017- 2018 Strategic Plan**

**Document Date: Jun 28, 2017**



## Medical Services Commission Mandate

To facilitate reasonable access throughout B.C. to quality medical care, health care and prescribed diagnostic facility services for B.C. residents under MSP.

### Responsibilities:

1. Facilitate reasonable access to quality medical care
2. Manage and Monitor the available amount
3. Administer the Medicare Protection Act
4. Hear appeals initiated by beneficiaries, diagnostic facilities, or physicians
5. Arbitrate disputes between DOBC and the Government of BC in relation to the Physician Master Agreement and facilitate adherence to the agreement

# 1. Facilitate reasonable access to quality medical care

What is working?	What is not working?
<ul style="list-style-type: none"> <li>BC has established programs to promote service delivery in areas that are underserved.</li> <li>MSC has established several working groups to help fulfill its mandate.</li> </ul>	<ul style="list-style-type: none"> <li>There are areas in the province where it is difficult to access core services such as finding a family doctor.</li> <li>Working group activities<sup>1</sup> are not explicitly or regularly aligned with MSC priorities.</li> </ul>
<b>Priorities for 2017-2018</b> 1-1 Align the efforts of the working groups 1-2 MSC capacity and membership	

1 – The MSC directs a number of committees or working groups to fulfill its mandate. These working groups include the Guidelines and Protocol Advisory Committee, the Advisory Committee on Diagnostic Facilities, the Audit Inspection Committee, the Patterns of Practice Committee (POPC), the Reference Committee, the Requisition Committee, and the Joint Standing Committee on Rural Issues (JSC)

1-1 Align efforts of the working group	Owner	End Date	Status
<b>Create MSC 2017 Strategy</b>			
<ul style="list-style-type: none"> <li>Draft MSC Strategy</li> </ul>	MSC Chair	June 2017	Complete
<ul style="list-style-type: none"> <li>Align MSC Strategy with the MoH strategy and DoBC / MoH Master Agreement. Review the DoBC strategic plan and ensure MSC is aware of the strategic plan.</li> </ul>	MSC Chair	Sep 2017	
<ul style="list-style-type: none"> <li>Publish final 2017 MSC Strategy</li> </ul>	MSC Secretariat	Sep 2017	
<b>Create a template mandate letter for each committee</b>			
<ul style="list-style-type: none"> <li>Create template that identifies sections for mandate, terms of reference and draft 2018 objectives for each committee (<i>committees will complete the templates</i>)</li> </ul>	MSC Secretariat	Sep 2017	
<ul style="list-style-type: none"> <li>Share draft template with chairs of each committee</li> </ul>	MSC Chair	Sep 2017	
<ul style="list-style-type: none"> <li>Conduct a cross committee workshop to identify areas to align and coordinate activities.</li> </ul>	MSC Chair	Dec 2017	
<ul style="list-style-type: none"> <li>Create 2018 MSC Strategy</li> </ul>	MSC Chair	Mar 2018	
<ul style="list-style-type: none"> <li>Draft <b>ACDF 2018</b> mandate letter</li> </ul>	MSC Secretariat	April 2018	
<ul style="list-style-type: none"> <li>Draft <b>AIC 2018</b> mandate letter</li> </ul>	MSC Secretariat	April 2018	
<ul style="list-style-type: none"> <li>Draft <b>GPAC 2018</b> mandate letter</li> </ul>	MSC Secretariat	April 2018	
<ul style="list-style-type: none"> <li>Draft <b>POPC 2018</b> mandate letter</li> </ul>	MSC Secretariat	April 2018	
<ul style="list-style-type: none"> <li>Draft <b>Reference 2018 committee</b> mandate letter</li> </ul>	MSC Secretariat	April 2018	
<ul style="list-style-type: none"> <li>Draft <b>Requisition 2018 committee</b> mandate letter</li> </ul>	MSC Secretariat	April 2018	
<ul style="list-style-type: none"> <li>MSC completes a review of mandate letters</li> </ul>	MSC Chair	April 2018	

1-1 Align efforts of the working group	Owner	End Date	Status
<b>Progress Reporting</b>			
<ul style="list-style-type: none"> <li>Create a consolidated status report (dashboard) for all subcommittee objectives to be used on a regular basis to the MSC (dates to be determined)</li> </ul>	MSC Secretariat	May 2018	
<ul style="list-style-type: none"> <li>Establish reporting schedule – reporting schedule should coincide with MSC meeting schedule</li> </ul>	MSC Secretariat	Sept 2017	
<ul style="list-style-type: none"> <li>Prepare and submit regular progress reports</li> </ul>	Committee chair	As per schedule	
<b>Other Reporting</b>			
<ul style="list-style-type: none"> <li>Request <u>Quality Council</u> make a presentation to the MSC in the October meeting covering the following topics: mandate, how they fulfill their mandate, priorities for 2018</li> </ul>	MSC Chair	Oct 2017	
<ul style="list-style-type: none"> <li>Request Doctors of BC make a presentation to the MSC in the October meeting covering the following topics: mandate, how they fulfill their mandate, priorities for 2018</li> </ul>	MSC Chair	Oct 2017	
<ul style="list-style-type: none"> <li>Request College of Physicians make a presentation to the MSC in the December meeting covering the following topics: mandate, how they fulfill their mandate, priorities for 2018</li> </ul>	MSC Chair	Dec 2017	
<ul style="list-style-type: none"> <li>Future presenters in 2018: GPSC, SSC, Shared Care, MoH</li> </ul>	To be defined	To be defined	

1-2 MSC Capacity and Membership	Owner	End Date	Status
<b>Establish full membership</b>			
<ul style="list-style-type: none"> <li>Make formal request for appointment of a 9<sup>th</sup> member</li> </ul>	MSC Chair	Sept 2017	
<ul style="list-style-type: none"> <li>Seek commitment to stagger appointments of board members to balance numbers of new members and tenured members</li> </ul>	MSC Chair	Sept 2017	

## 2. Manage and Monitor the available amount.

What is working?	What is not working?
<ul style="list-style-type: none"> <li>MSC regularly updates MoH and DoBC regarding the budget status</li> <li>MSC focuses its efforts on those aspects of the available amount that it can influence e.g. ensuring spending is as effective as possible</li> </ul>	<ul style="list-style-type: none"> <li>There is evidence across the system of areas where effectiveness of spending can be improved.</li> </ul>
<b>Priorities for 2017-2018</b> 2-1 Align efforts of the working committees with the Triple Aim: Experience of the patient, experience of the practitioner, cost effective, and high quality as related to cost. 2-2 Introduce new tools to help practitioners make decisions that are aligned with the Triple Aim	

2-1 Align efforts of working committees with the Triple Aim	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Seek confirmation from the Ministry that the Triple Aim is endorsed. Also, obtain specific language used by the Ministry for the Triple Aim</li> </ul>	MSC Chair	Sept 2017	
<ul style="list-style-type: none"> <li>Identify objectives for each working committee in their mandate letter that align with the triple aim</li> </ul>	MSC Chair	April 2018	

2-2 Introduce tools to help practitioners	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Explore adding Pharmacy data to the Mini Profile <i>E.g. including pharmacy usage and costs</i> <i>MSC Chair to have a discussion with the Committee Chair and then the Head of Pharmacare to explore sharing Pharmacy data and including in physician profiles</i></li> </ul>	MSC Chair	Sept 2017	
<ul style="list-style-type: none"> <li>Request MoH Data analysis group to pilot data analysis of new subject area(s) that could be added to the profile <i>e.g. new subject areas that could be added to the profile such as lab and imaging usage such as home care utilization, and emergency visits</i></li> </ul>	MSC Chair	Deferred until discussion with new Minister	
<ul style="list-style-type: none"> <li>Identify tools that can be used by Physicians to change their behavior and better align their actions with the Triple Aim i.e. confirm if Mini Profile should be expanded, or if new tools should be introduced</li> </ul>	MSC Chair	Deferred until discussion with new Minister	

### 3. Administer the Medicare Protection Act

What is working?	What is not working?
<ul style="list-style-type: none"> <li>The MSC has established an approach to identify, investigate and remedy billing anomalies.</li> <li>The MSC has used its full range of powers to resolve specific instances of billing anomalies.</li> </ul>	<ul style="list-style-type: none"> <li>The current approach does not enable the MSC to address billing issues consistently or in a timely manner. There is a growing backlog of audits.</li> </ul>
<b>Priorities for 2017-2018</b> 3-1 Implement an audit approach that ensures fair, transparent, appropriate and timely reviews, audits and remediation. 3-2 Confirm the process for referrals to the Special Investigation Unit. Specifically, who is involved, and what information is shared with the Commission. 3-3 Complete audits of private clinics	

3-1 Implement a revised audit approach	Owner	End Date	Status
<ul style="list-style-type: none"> <li>The Audit Inspection Committee will prepare a risk based investigation, inspection and staffing model that will result in timely reviews.</li> </ul> <p>The Audit Inspection Committee should work with: POPC to ensure POPC activities can support the model</p> <p>The proposed model should include Billing Integrity Program Activities</p>	AIC Chair	Dec 2017	
<ul style="list-style-type: none"> <li>Prepare a business case to explore the value potential of increasing audit resources</li> </ul>	AIC Chair	Dec 2017	
<ul style="list-style-type: none"> <li>MSC to review the proposed model</li> </ul>	MSC Chair	Dec 2017	
<ul style="list-style-type: none"> <li>The Billing Integrity Program should work with the POPC to balance a focus on education with remediation</li> </ul>	BIP Chair	Feb 2018	
<ul style="list-style-type: none"> <li>MSC to review the proposed policy</li> </ul>	MSC Chair	Feb 2018	

3-2 Confirm referral process to the Special Investigation Unit	Owner	End Date	Status
<ul style="list-style-type: none"> <li>The Billing Integrity Program will define criteria that will be used to identify candidates for criminal prosecution</li> </ul>	MSC Chair	Sep 2017	

3-3 Complete audits of private clinics	Owner	End Date	Status
<ul style="list-style-type: none"> <li>The Billing Integrity Program will complete the audit of all private clinics selected for audit in 2016</li> </ul>	MSC	Mar 2018	

#### 4. Hear appeals initiated by beneficiaries, diagnostic facilities, or physicians

##### What is working?

- We provide thorough and fair hearings

##### What is not working?

- Hearings take a long time to complete

##### Priorities for 2017-2018

4-1 Establish measures of hearing timeliness and process

4-1 Establish measures of hearing timeliness and process	Owner	End Date	Status
<ul style="list-style-type: none"> <li>• Beneficiary Hearings: Request Executive Director Beneficiary Services Branch to:               <ul style="list-style-type: none"> <li>○ Describe hearing process</li> <li>○ Measure timeliness for each hearing</li> <li>○ Identify a benchmark performance level for timeliness</li> <li>○ Identify operational issues causing hearing delays</li> </ul> </li> </ul>	MSC Chair	Mar 2018	
<ul style="list-style-type: none"> <li>• Diagnostic Facilities: Request Executive Director Diagnostic Facilities to:               <ul style="list-style-type: none"> <li>○ Describe hearing process</li> <li>○ Measure timeliness for each hearing</li> <li>○ Identify a benchmark performance level for timeliness</li> <li>○ Identify operational issues causing hearing delays</li> </ul> </li> </ul>	MSC Chair	Mar 2018	
<ul style="list-style-type: none"> <li>• Practitioner Hearings: AIC Chair and HCP Chair to:               <ul style="list-style-type: none"> <li>○ Describe hearing process</li> <li>○ Measure timeliness for each hearing</li> <li>○ Identify a benchmark performance level for timeliness</li> <li>○ Identify operational issues causing hearing delays</li> </ul> </li> </ul>	MSC Chair	Mar 2018	

## 5. Arbitrate disputes between the DoBC and the Government of BC in relation to the Physician Master Agreement and facilitate adherence to the agreement

### What is working?

- MSC use an unbiased and collaborative approach to assist with dispute resolution

### What is not working?

- There are specific agreement provisions that have not been fulfilled

### Priorities for 2017-2018

5-1 Ensure that provisions in the Physician Master agreement are completed

5-1 Ensure provisions in the Physician Master agreement are completed	Owner	End Date	Status
<ul style="list-style-type: none"> <li>• Identify provisions of the PMA that should be a focus for the coming year for action by the MoH and DoBC</li> </ul>	MSC Chair	Oct 2017	

### Parked Items for 2018-2019 Strategic Plan

- Identify the responsibilities that MSC has with respect to other healthcare practitioners



## **Medical Services Commission**

**2018 - 2019 Strategic Plan**

*Document Date: September 10, 2018*

*Final*



## **Medical Services Commission Mandate**

To facilitate reasonable access throughout B.C. to quality medical care, health care and prescribed diagnostic facility services for B.C. residents under MSP.

### **Responsibilities:**

- 1. Facilitate reasonable access to quality medical care**
- 2. Manage and monitor the Available Amount**
- 3. Administer the Medicare Protection Act**
- 4. Monitor appeals initiated by beneficiaries, diagnostic facilities, or physicians / health care practitioners**

## 1. Facilitate reasonable access to quality medical care

*The Medical Services Commission facilitates reasonable access to quality medical care<sup>1</sup> by assessing the performance of the medical system, identifying access and quality issues, and directing working committees to resolve identified issues.*

*The Medical Services Commission has the following committees with a focus on improving access and quality:*

- Guidelines and Protocols Advisory Committee
- Advisory Committee on Diagnostic Facilities
- Patterns of Practice Committee
- Audit and Inspection Committee
- Requisition Committee

<sup>1</sup> The MSC oversees medical care provided by physicians or other health care practitioners whose services are funded by the Medical Services Plan.

Strengths	Areas to Improve
<ul style="list-style-type: none"> <li>Identifies access issues and brings necessary attention required to improve access</li> <li>Introduces guidelines for high priority health issues to assist practitioners provide quality health care</li> </ul>	<ul style="list-style-type: none"> <li>Committees have not provided aligned mandate</li> <li>Report independently on medical care access and quality performance</li> <li>Facilitate coordination of quality initiatives</li> </ul>

### Priorities for 2018-2019

1-1 Clarify authority and responsibility of the Commission

1-2 Create 2018 – 2019 MSC strategy

1-3 Align efforts of the subcommittees

1-4 Request 2018 presentations to assist the Commission

1-1 Clarify authority and responsibility of the Commission	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Clarify the authority and responsibility of the Commission               <ul style="list-style-type: none"> <li>Define the levers the commission has to facilitate reasonable access e.g.                   <ul style="list-style-type: none"> <li>What role does MSC have with respect to quality?</li> <li>What role does MSC have with respect to value for money?</li> <li>Who is responsible for APP?</li> <li>Can we set a fee?</li> </ul> </li> </ul> </li> </ul>	MSC Chair	May 2018	MSC is not responsible for APP. Discussion with Deputy Minister Brown – MSC has an oversight role in quality. MSC should participate in a detailed analysis of the Available Amount. Presentation by Legal Counsel R Alexander Oct 24/18 providing overview of

1-1 Clarify authority and responsibility of the Commission	Owner	End Date	Status
			roles and responsibilities. Dr. Halpenny participated in a "Dialogue on Quality" with the BCPSQC Dec 17/18 and anticipated follow up meeting in early 2019.
•			

1-2 Create 2018 – 2019 MSC Strategy	Owner	End Date	Status
• Draft MSC Strategy	MSC Chair	April 2018	Complete
• Publish final 2018 MSC Strategy	MSC Chair	May 2018	Complete

1-3 Align efforts of the working groups	Owner	End Date	Status
• Communicate 2018 MSC strategy with each committee	MSC Administrator	May 2018	Complete
• Each committee to submit a proposed 2018 work plan to MSC	Committee Chairs	August 2018	Received ACDF
• Establish a reporting schedule that coincides with MSC meetings that identifies when each committee should report to the MSC	MSC Administrator	June 2018	MSC dates for 2019 approved.
• Each committee to prepare and submit regular progress reports as defined by the schedule	Committee chairs	As per schedule	

1-4 Request 2018 presentations to assist the Commission	Owner	End Date	Status
• Request MoH make a presentation to the MSC about: patient medical home and associated payment models	MSC Administrator	June 2018	Complete
• Request Doctors of BC make a presentation to the MSC about: mandate, how they fulfill their mandate, 2018 priorities	MSC Administrator	June 2018	Complete
• Request College of Physicians make a presentation to the MSC about: mandate, how they fulfill their mandate, 2018 priorities	MSC Chair	June 2018	Complete
• Request Pharmaceutical Services Division make a presentation to the MSC about the interface between PSD expenses and physician expenses; and areas important to PSD about quality and cost	MSC Administrator	June 2018	

1-4 Request 2018 presentations to assist the Commission	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Request Health Services Analytics make a presentation to the MSC</li> </ul>	MSC Administrator	June 2018	Complete
<ul style="list-style-type: none"> <li>Request MoH present how available amount is set</li> </ul>	MSC Chair	October 2018	Complete
<ul style="list-style-type: none"> <li>Request Finance and Corporate Service to present criteria and process that will be used to identify candidates for criminal prosecution</li> </ul>	MSC Chair	June 2018	Complete

## 2. Manage and monitor the Available Amount

*The Medical Services Commission has the authority to direct the efforts of its working committees and report to government regarding spending progress against the Available Amount.*

*To manage and monitor the Available Amount the Medical Services Commission:*

- *Reports spending and projections of spending to the government and Doctors of BC*
- *Raises awareness of overages*
- *Promotes value-for-money by identifying medical services<sup>1</sup> that could be offered more effectively or more efficiently*

<sup>1</sup> The MSC oversees medical care provided by physicians or other medical practitioners whose services are funded by the Available Amount.

Strengths	Areas to Improve
<ul style="list-style-type: none"> <li>• MSC regularly updates MoH and DoBC regarding the budget status</li> <li>• MSC focuses its efforts on those aspects of the Available Amount that it can influence e.g. ensuring spending is as effective as possible</li> </ul>	<ul style="list-style-type: none"> <li>• Clarify the best means of working with the Health System to take action that improves effectiveness of spending of the Available Amount</li> <li>• Explore options to increase MSC input into directing available amount to support access and quality</li> </ul>

### Priorities for 2017-2018

2-1 Introduce Available Amount value-for-money reporting

2-2 Improve health care delivery for priority areas

2-3 Introduce new tools to help practitioners make decisions that are aligned with the Triple Aim

2-1 Introduce Available Amount value-for-money reporting	Owner	End Date	Status
<ul style="list-style-type: none"> <li>• Identify desired analysis outcomes</li> </ul>	MSC Chair	December 2018	Ongoing
<ul style="list-style-type: none"> <li>• Create a first segment of the report that assesses Available Amount value-for-money</li> </ul>	TBD	Mar 2019	

2-2 Improve health care delivery for priority areas	Owner	End Date	Status
<ul style="list-style-type: none"> <li>• Raise the profile and facilitate the development of policy for:               <ul style="list-style-type: none"> <li>○ Primary care                   <ul style="list-style-type: none"> <li>▪ quality and value</li> <li>▪ understanding who is practicing where and how                       <ul style="list-style-type: none"> <li>▸ walk in clinics</li> </ul> </li> <li>▪ how different models impact the health system</li> </ul> </li> <li>○ Virtual care                   <ul style="list-style-type: none"> <li>▪ quality and value</li> <li>▪ understanding who is practicing where and how</li> <li>▪ how different models impact the health system</li> </ul> </li> </ul> </li> </ul>	MSC Chair/ MSC Administrator	Mar 2019	<p>Meeting with C Roy CEO PHSA regarding new mandate and interface. Discussed areas of potential alignment with PHSA:</p> <ul style="list-style-type: none"> <li>• Prescribing habits</li> <li>• Stoke care/GPAC</li> <li>• DI/ACDF</li> <li>• Value for money</li> <li>• IMIT/virtual care</li> </ul> <p>Letter sent to S Brown and A Seckel requesting</p>

			that walk-in clinics and virtual care be addressed in PMA negotiations and support for implementation of location codes and medication profiles.
<ul style="list-style-type: none"> <li>Raise profile of the MSC with presentations to key stakeholders</li> </ul>	MSC Chair	Mar 2019	Presentation to Leadership Council, Medical Directors of BC and Provincial Surgical Executive Committee

2-3 Introduce tools to help practitioners	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Explore adding Pharmacy data to the Mini Profile <i>MSC Chair to have a discussion with the Committee Chair and Head of Pharmacare to explore including Pharmacy data in physician profiles</i></li> </ul>	MSC Chair	Mar 2019	Met with CPSBC, TI, M Moneo (Px Division)

### 3. Administer the Medicare Protection Act

*The Medical Services Commission oversees physician billing by monitoring actual billings and receiving questions and concerns raised by the public, patients or other practitioners about a particular physician or clinic.*

*The Medical Services Commission reviews and audits identified billing issues. Where required the MSC uses its powers to resolve issues, prevent reoccurrence and recover funds.*

Strengths	Areas to Improve
<ul style="list-style-type: none"> <li>Audit resources have been increased</li> <li>The MSC has used and continues to use its full range of powers to resolve specific instances of billing anomalies.</li> </ul>	<ul style="list-style-type: none"> <li>There is a backlog of audits, and as a result many audits are not completed in an optimal amount of time</li> <li>Use the audit process to strengthen practitioner education about MSP billings</li> </ul>

#### Priorities for 2017-2018

3-1 Identify impacts to the MSC from Bill 92

3-1 Identify impacts to the MSC from Bill 92	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Assess impacts and make changes to the monitoring and billing oversight function that result from Bill 92</li> </ul>		Mar 2019	Ongoing

#### 4. Oversee appeals initiated by beneficiaries, diagnostic facilities, or medical/healthcare practitioners

The Medical Services Commission oversees beneficiary hearings for eligibility or out of country funding. The MSC also oversees a small number of other types of hearings (diagnostic facility, medical practitioner etc).

Strengths	Areas to Improve
<ul style="list-style-type: none"> <li>Hearings are held when needed and follow due process</li> </ul>	<ul style="list-style-type: none"> <li>Improve timeliness of hearings where possible with existing resources</li> </ul>

#### Priorities for 2017-2018

4-1 Continue to provide oversight

4-1 Continue to provide oversight	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Continue to receive hearing updates</li> </ul>	MSC Chair	Ongoing	



## **Medical Services Commission**

### **2019 - 2020 Strategic Plan**

*Document Date: July 3, 2019*



## Medical Services Commission Mandate

To facilitate reasonable access throughout B.C. to quality medical care, health care and prescribed diagnostic facility services for B.C. residents under MSP.

### Responsibilities:

1. Facilitate reasonable access to quality medical care
2. Manage and monitor the Available Amount
3. Administer the *Medicare Protection Act*
4. Oversee appeals initiated by beneficiaries, diagnostic facilities, or physicians / health care practitioners

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## 2019 - 2020 Summary

During the last Fiscal Year, the Medical Services Commission made progress on each of its mandate areas. Key achievements included:

- Clarifying the authority and responsibility of the commission
- Aligning the committees and working groups
- Receiving presentations from multiple organizations and promoting a system level awareness and understanding
- Advocating and driving change in areas important to the MSC and to other health stakeholders including the Ministry
- Increasing audit resources

The Commission noted that a large part of their success resulted from a collaborative and opportunistic approach whereby the Commission identifies a number of priorities core to its mandate, and then places greater emphasis on those priorities that enjoy a broader level of support across the system. The Commission recognizes that to be successful it must raise awareness of key issues, and create a broad base of support to drive action across the health system.

In the coming year the Medical Services Commission will continue to take a collaborative and opportunistic approach. The Commission has, in response to urgent and emerging health system trends and performance in BC, set several priorities 2019-2020 including:

- Improving Quality Coordination
- Provide oversight of Virtual Care implementation into the BC Medical System
- Oversight of Non-Physician Services
- Improving Utilization Management
- Monitor implementation of Service Location Codes as a foundation to enable oversight of virtual care

The next sections of this plan identify the objectives for each of these priorities, and several others, that the MSC would like to achieve in the coming year.

# 1 Facilitate reasonable access to quality medical care

The Medical Services Commission facilitates reasonable access to quality medical care<sup>1</sup> by assessing the performance of the medical system, identifying access and quality issues, and directing working committees to resolve identified issues.

The Medical Services Commission has the following committees with a focus on improving access and quality:

- Guidelines and Protocols Advisory Committee
- Advisory Committee on Diagnostic Facilities
- Patterns of Practice Committee
- Audit and Inspection Committee
- Requisition Committee

<sup>1</sup> The MSC oversees medical care provided by physicians or other health care practitioners whose services are funded by the Medical Services Plan.

Strengths	Areas to Improve
<ul style="list-style-type: none"> <li>• Improving alignment of the working committees</li> <li>• Introducing guidelines that are adopted</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring and reporting on quality care</li> <li>• Monitoring and reporting non-physician services</li> <li>• Using healthcare practitioner protocols to improve use of service and health spending</li> <li>• Continue to improve alignment of committees</li> </ul>

## Priorities for 2019-2020

1-1 Improving Quality Coordination

1-2 Provide oversight of Virtual Care implementation into the BC Medical System

1-3 Oversight of Non-Physician Services

1-1 Improving Quality Coordination	Owner	End Date	Status
<ul style="list-style-type: none"> <li>• Define The Commission's role with respect to quality</li> </ul>	Chair	Aug 2019	
<ul style="list-style-type: none"> <li>• Following the definition of the Commission's role, identify any other objectives related to quality that would be relevant in the next year</li> </ul>	Chair	Aug 2019	
<ul style="list-style-type: none"> <li>• Select a high priority area and identify how quality could be evaluated and reported               <ul style="list-style-type: none"> <li>○ Identify parameters for value for money</li> <li>○ Identify parameters for quality of care</li> </ul> </li> </ul>	Chair	Mar 2020	
<ul style="list-style-type: none"> <li>• Presentation from Provincial Health Officer about health care outcomes</li> </ul>	Chair	Jun 2019	Complete Presentation June 2019

1-2 Provide oversight of Virtual Care implementation into the BC Medical System	Owner	End Date	Status
<ul style="list-style-type: none"> <li>• Formulate MSC position on virtual care</li> </ul>	Chair	May 2019	Ongoing
<ul style="list-style-type: none"> <li>• Advise and Influence Ministry and DoBC in the development of Virtual</li> </ul>	Chair	Sep 2019	Ongoing

<b>1-2 Provide oversight of Virtual Care implementation into the BC Medical System</b>	<b>Owner</b>	<b>End Date</b>	<b>Status</b>
Care Policy <ul style="list-style-type: none"> <li>• Anticipate issues with respect to access, quality of care, utilization, appropriateness of care and continuity of care</li> <li>• Recommend policy/fee that will be aligned with MSC goals</li> </ul>			
<ul style="list-style-type: none"> <li>• Request presentations / symposium about Virtual Care from PHSA, Ministry, other agencies, the college, Telus, Babylon               <ul style="list-style-type: none"> <li>○ Intent is to coordinate and share information across the system</li> </ul> </li> </ul>	Chair	June 2019	Babylon and Greg Leake presented at May meeting

<b>1-3 Oversight of Non Physician Services (supplementary benefit providers)</b>	<b>Owner</b>	<b>End Date</b>	<b>Status</b>
<ul style="list-style-type: none"> <li>• MoH to present how supplementary benefit providers are monitored including the portions of the services that are funded by MSP</li> </ul>	Stephanie	April 2019	Complete Presentation April 2019

## 2 Manage and monitor the Available Amount

*The Medical Services Commission has the authority to direct the efforts of its working committees and report to government regarding spending progress against the Available Amount.*

*To manage and monitor the Available Amount the Medical Services Commission:*

- *Reports spending and projections of spending to the Ministry of Health and Doctors of BC*
- *Raises awareness of overages*
- *Promotes value-for-money by identifying medical services<sup>1</sup> that could be offered more effectively or more efficiently*

<sup>1</sup> *The MSC oversees medical care provided by physicians or other medical practitioners whose services are funded by the Available Amount.*

Strengths	Areas to Improve
<ul style="list-style-type: none"> <li>Reporting is appropriate and useful</li> <li>Appropriate mechanisms to assess and project available amount</li> </ul>	<ul style="list-style-type: none"> <li>Clarify who is responsible for utilization management <i>e.g. Are there services that are being accessed that are not required</i></li> </ul>
<b>Priorities for 2019-2020</b> 2-1 Utilization Management 2-2 Available Amount value-for-money definition	

2-1 Utilization Management	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Clarify who is responsible for utilization management</li> </ul>	MSC Chair	Dec 2019	
<ul style="list-style-type: none"> <li>Work with responsible agencies to identify an approach that will help ensure we identify utilization management opportunities across the system</li> </ul>	MSC Chair	Dec 2019	

2-2 Available Amount value-for-money definition	Owner	End Date	Status
Following presentations from patient outcomes, and MSPQI			
<ul style="list-style-type: none"> <li>Identify a definition of value for money:               <ul style="list-style-type: none"> <li>Explore concept of VBHC</li> <li>Possible this will be covered as part of utilization management</li> </ul> </li> </ul>	MSC Chair	Mar 2020	

### 3 Administer the *Medicare Protection Act*

*The Medical Services Commission oversees physician billing by monitoring actual billings and receiving questions and concerns raised by the public, patients or other practitioners about a particular physician or clinic. The Medical Services Commission reviews and audits identified billing issues. Where required the MSC uses its powers to resolve issues, prevent reoccurrence and recover funds.*

Strengths	Areas to Improve
<ul style="list-style-type: none"> <li>Audit resources have been increased</li> <li>The MSC has used and continues to use its full range of powers to resolve specific instances of billing anomalies.</li> </ul>	<ul style="list-style-type: none"> <li>There is a backlog of audits, and as a result many audits are not completed in an optimal amount of time</li> <li>Use the audit process to strengthen practitioner education about MSP billings</li> <li>Injunction on Section 17 and 18 of MPA restrict our ability to promote appropriate billing</li> </ul>

#### Priorities for 2019-2020

3-1 Promote appropriate billing

3-2 Seek clarification of injunction on Section 17 and 18

3-3 Monitor implementation of service location codes

3-1 Promote appropriate billing	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Review DOBC and MOH reviews of best practices to promote appropriate billing practices</li> <li>Research paper on inappropriate billing</li> </ul>	Chair	Nov 2019	Research update at June 2019 meeting
<ul style="list-style-type: none"> <li>Advocate for increase in resources to implement best practices               <ul style="list-style-type: none"> <li>E.g. education, auditors etc.</li> </ul> </li> </ul>	Chair	Mar 2020	

3-2 Seek clarification of injunction on Section 17/18	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Advocate for resolution to the injunction of Section 17/18</li> </ul>	Chair	May 2019	

3-3 Monitor implementation of service location codes	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Continue to implement codes that will enable identification of where physician services are provided (location of patient, location of physician)</li> </ul>	Chair	Mar 2020	

## 4 Oversee appeals

*The Medical Services Commission oversees beneficiary hearings for eligibility or out of country funding. The MSC also oversees a small number of other types of hearings (diagnostic facility, medical practitioner etc).*

Strengths	Areas to Improve
<ul style="list-style-type: none"><li>Hearings are held when needed and follow due process</li></ul>	<ul style="list-style-type: none"><li>Improve timeliness of hearings where possible with existing resources</li></ul>
<b>Priorities for 2019-2020</b>	
4-1 Continue to provide oversight	

4-1 Continue to provide oversight	Owner	End Date	Status
<ul style="list-style-type: none"><li>Continue to receive hearing updates</li></ul>	MSC Chair	Ongoing	



## 5 Operational Objectives

This section of the strategic plan identifies important actions the MSC would like to commit to that are operational and not strategic in nature. For

### Priorities for 2019-2020

5-1 Align efforts of the working groups

5-2 Request 2019 Updates to the Commission

5-1 Align efforts of the working groups	Owner	End Date	Status
<ul style="list-style-type: none"> <li>Obtain workplan, presentation and updates from each committee</li> </ul>	MSC Administrator	Ongoing	

5-2 Request 2019 Updates to the Commission	Owner	End Date	Status
<ul style="list-style-type: none"> <li>PMA Overview (ADM)</li> </ul>		May 2019	
<ul style="list-style-type: none"> <li>Pharmaceutical services (ADM)</li> </ul>		Mar 2020	
<ul style="list-style-type: none"> <li>Digital Health Strategy (ADM)</li> </ul>		Mar 2020	
<ul style="list-style-type: none"> <li>PHSA Mandate (PHSA)</li> </ul>		Mar 2020	
<ul style="list-style-type: none"> <li>Patient reported measurement groups experience and outcome (Steering Committee)</li> </ul>		Mar 2020	
<ul style="list-style-type: none"> <li>Surgical Strategy (PSEC)</li> </ul>		Mar 2020	
<ul style="list-style-type: none"> <li>MSPQI (Dr. Ken Hughes and Dr. G Fradet)</li> </ul>		Mar 2020	
<ul style="list-style-type: none"> <li>Priorities and Strategic Plan (College and DoBC)</li> </ul>		Mar 2020	
<ul style="list-style-type: none"> <li>Priorities and Strategic Plan (MoH Deputy)</li> </ul>		Mar 2020	
<ul style="list-style-type: none"> <li>Physician Compensation Models (ADM)</li> </ul>		Mar 2020	
<ul style="list-style-type: none"> <li>Priorities and Direction Minister of Health</li> </ul>		Mar 2020	