Medical Consultants' Committee

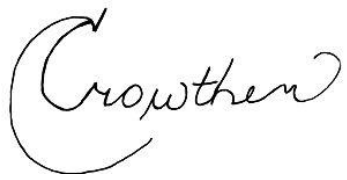
Activity Plan

April 1, 2026 – March 31, 2029

Chairperson's Message

I am pleased to provide the three-year Activity Plan 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 Activity Plan provides an overview of the Committee and identifies key objectives to be accomplished during the period from April 1, 2026, to March 31, 2029. As Chairperson of the Committee, my signature below is indicative of the instruction given to, and the compliance of, the entire Committee for the achievement of the annual objectives contained in this plan.



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Colleen Crowther MD FRCPC
Chairperson

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1.0 Committee Overview

The cost of fee-for-service physician billings in Newfoundland and Labrador is increasing and is now approximately $500 million dollars per year. The Medical Consultants' Committee is a key component in the Department of Health and Community Services' Medical Care Plan (MCP) physician audit function, providing an additional level of record review that adds further credibility to audit findings.

When significant service pattern deviations occur and substantial numbers of claims cannot be supported by record notations, or where significant discrepancies are detected, cases may be referred by Audit Services for professional review by the Medical Consultants' Committee. The Committee advises the Minister of Health and Community Services of its findings. 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:

- A salaried family physician, a non-salaried family physician, and a consultant physician appointed by the Minister of Health and Community Services from a list submitted by the Newfoundland and Labrador Medical Association (NLMA);
- A chartered professional accountant appointed by the Minister; and
- The Department's Director of Medical Services, Assistant Medical Director and Dental Consultant are ex-officio members. The Committee is chaired by the Assistant Medical Director.

The current members of the Committee are as follows:

- Dr. Colleen Crowther (Chairperson), Assistant Medical Director, Department of Health and Community Services;
- Dr. Michelle Zwicker, Dental Consultant, Department of Health and Community Services;
- Mr. Dave Moore, Director of Medical Services, Department of Health and Community Services;
- Dr. Robert Randell, Consultant Physician;
- Dr. Richard Barter, Non-salaried Family Physician;
- Dr. Peggy Coady, Chartered Professional Accountant;
- The salaried family physician position is vacant.

The Committee receives its authority from the **Physicians and Fee Regulations** under the **Medical Care and Hospital Insurance Act**. Members whose terms have expired will be replaced in accordance with the Public Service Commission process. Subsection 15(6) of the **Physicians and Fee Regulations** outlines that when a physician (from the NLMA list) or accountant committee member's term expires, they continue to be a committee member until replaced.

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

2.0 Mandate

The Medical Consultants' Committee is established pursuant to Sections 14 and 15 of the **Physicians and Fee Regulations** under the **Medical Care and Hospital Insurance Act**.

The Medical Consultants' Committee reviews the patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries upon request of the Minister. It advises the Minister with respect to these findings. 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 also be recommended by the Committee to the Minister.

3.0 Vision

The Medical Consultants' Committee supports the Department's vision to administer a comprehensive public medical care plan that reflects high standards of professional accountability and stewardship of public funds.

The Medical Consultants' 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 "for individuals, families and communities to achieve optimal health and well-being". The Committee reviews files referred by the Department's Audit and Claims Integrity Division and may issue or authorize notification to physicians of unacceptable billing practices. The Committee may also recommend recovery of funds or other disciplinary or investigative action. This helps ensure prudent billing practices and recovery of public funds billed erroneously.

4.0 Objectives

Over the course of the three-year period from the beginning of fiscal 2026-27 to the end of fiscal 2028-29, the Committee will meet at least once each year, and review cases prepared by the Audit and Claims Integrity Division. In so doing, this Committee further extends Government's ability to ensure the wise and prudent use of public resources.

In compliance with the **Transparency and Accountability Act**, the Committee will prepare annual activity reports (i.e. for years 2026-27, 2027-28, and 2028-29) using the indicators below to track efficacy.

By March 31, 2027, 2028 and 2029, 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. These reviews assess audit findings and provide an additional layer of accountability to Audit and Claims Integrity. Following review by the Committee, Audit and Claims Integrity can proceed to notify affected physicians accordingly, or recommend recovery or other appropriate action. Annual activity reports will be produced to examine performance of the Committee using the indicators below. Progress will be reviewed at the end of each year to determine if changes in the indicators are necessary.

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 billing audits on fee-for-service physicians;
- The total dollar amount identified for recovery as a result of any completed reviews by the Committee;
- Annual reports produced; and
- Met a minimum of once annually.