

MEDICAL CONSULTANTS' COMMITTEE

ANNUAL PERFORMANCE ACTIVITY REPORT

2008-2009

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1.0 Message from the Chairperson

I am pleased to provide the 2008-2009 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 Consultant's 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 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.

Current membership of the Committee is as follows:

1. Dr. Blair Fleming MD, Assistant Medical Director, Department of Health and Community Services, Chairperson
2. Director of Physician Services, Department of Health and Community Services (vacant)
3. Dr. Ed Williams DDS, Dental Director, Department of Health and Community Services
4. Dr. Michael Paul, Specialist (term expires May 31, 2009)
5. Dr. Stephen Major, fee-for-service General Practitioner (term expires May 31, 2009)
6. Dr. Karen Horwood, salaried General Practitioner (term expires June 14, 2011)
7. Mr. Robert Healey, Chartered Accountant (term expires May 30, 2009)

Members whose terms expire before the end of fiscal year 2009/10 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.

Services. In 2008-2009 the committee met two times. Total expenses for the meetings held were as follows:

Per Diems	\$3500.00
Food/Refreshments	<u>\$328.10</u>
	<u>\$3828.10</u>

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."

2.4 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 *:

“By 2011, the Department of Health and Community Services will have guided implementation of provincial policies and strategies 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/> .

3.0 Highlights and Accomplishments

Protection of Confidential Information:

At one of the MCC meetings held in 2008-09 the Chairperson presented a confidentiality agreement which had been reviewed and approved by the Department's solicitor. The agreement was discussed, distributed, signed and returned by all members' external to government who were present.

The Auditor General's Report:

Staff of the Audit and Claims Integrity Division made a summary presentation to the Committee regarding the Auditor General's January 2008 report on the MCP Fee-for-service Physician audit process for the period ending March 31, 2007. The Department's response to the report was also discussed with Committee members. The Report did not contain any recommendations specific to the MCC. The Office of the Auditor General recommended that "*The Department should continue its efforts in auditing payments to FFS (fee-for-service) physicians to ensure that only legitimate and accurate payments have been made.*" The MCC will continue to perform the role that has been assigned to it which will support the recommendation.

4.0 Report on Performance 2008-2009

Over the course of the three year period covered by the 2008-2011 Activity Plan (i.e. the beginning of fiscal 2008/09 to the end of fiscal 2010/11), 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, the Committee completed an Activity Plan for 2008-2011 and submitted a Performance Activity Report for 2007-2008. (Note: The 2008-09 report was submitted after March 31, 2008 and will go in the 2009-10 report on progress)

Report on Performance 2008-2009

The remainder of this section reports on progress in the 2008-2009 year and provides indicators for the 2009-2010 annual objective.

Annual Objectives 2008-2009

The Medical Consultants' Committee has developed the following annual objectives to accomplish the above 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 2009-2010 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.

In 2008-2009, the Committee prepared an Activity Plan for 2008-2011 and activity during 2008-2009 was greater than that planned. The Committee objective and performance activity during this period follows:

Annual Objective 2008-2009

By March 31, 2009 the Medical Consultant's 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

Planned Activity	Actual Activity in 2008-2009
Indicators: <ul style="list-style-type: none">• Number of cases forwarded by the Audit and Claims Division• Number of cases reviewed	By the end of the 2008/09 fiscal year, the Committee: <ul style="list-style-type: none">• Met 2 times and were presented with 4 MCP billing audits on 4 fee-for-service physicians by the Audit and Claims Integrity Division,• Completed review of 4 MCP billing audits on 4 fee-for-service physicians,• Recommended recovery of a total of \$246,973 that had been billed in error by the 4 physicians,

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 2008-2009 the MCC completed an Activity Plan for 2008-2011, and submitted an Activity Report for 2007-2008. The 2008-2009 report was submitted after March 31, 2008 and will go in the 2009-10 report on progress.

Annual Objective 2009-2010

As stated above, the annual objective remains the same for each reporting year of the 2008-2011 Activity Plan. Membership on the Committee has remained stable over the years, however, in the coming year, several members will have their term of office end and it will be necessary to seek new members. This is not expected to detract from the functioning of the Committee but may be a consideration in the 2009-2010 year.

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

Indicators:

- Number of cases forwarded by the Audit and Claims Division
- Number of cases reviewed
- Number of reports submitted

Annual Objective 2010-2011

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.

The 2010-2011 indicators will be provided in next year's annual report based on progress in that year. In compliance with the Transparency and Accountability Act, the Committee also intends to prepare annual performance based activity reports (i.e.2009-2010 and 2010-2011) on the extent to which the above goal and annual objectives have been achieved.