

**MEDICAL CONSULTANTS' COMMITTEE**

**ACTIVITY REPORT**

**2010-2011**

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# 1.0 Message from the Chairperson

I am pleased to provide the 2010-2011 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 Government's strategic directions, as communicated by the Minister responsible and as deemed relevant to the work of this Committee.

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

Yours sincerely,



**BLAIR FLEMING MD**  
**Chairperson**  
**Medical Consultants' Committee**

## 2.0 Committee Overview

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The Medical Consultants' Committee (MCC) reviews the patterns of practice and billing procedures of physicians who submit claims to the Medical Care Plan (MCP) as well as the utilization of services by beneficiaries. The Committee advises the Minister of Health and Community Services of its findings.

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

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

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

Committee membership during 2010/2011 was as follows:

1. Dr. Blair Fleming MD, Assistant Medical Director, Department of Health and Community Services, Chairperson
2. Dr. Larry Alteen, Director of Physician Services, Department of Health and Community Services
3. Dr. Ed Williams DDS, Dental Director, Department of Health and Community Services
4. Dr. Karen Horwood, salaried General Practitioner
5. Dr. Robert Randell, Specialist (appointed January 21, 2011)
6. Dr. Richard Barter, non-salaried General Practitioner (appointed January 21, 2011)
7. Ms. Peggy Coady, Chartered Accountant (appointed January 21, 2011)

Dr. Fleming, Dr. Alteen, Dr. Williams and Dr. Horwood were appointed prior to the beginning of fiscal year 2010/2011. Dr. Randell, Dr. Barter and Ms. Coady were appointed to the Committee during 2010/11 in accordance with Section 15 of the Medical Care Insurance Physicians and Fee Regulations. They replaced members whose terms expired in 2009/10.

The Committee meets when one or more medical billing audits have reached the stage where they are ready for review by the Committee. Historically, the Committee has met from one to four times a year. The Medical Consultants' Committee holds its meetings at the Belvedere Building, 57 Margaret's Place in St. John's.

The Medical Consultants' Committee is not required to prepare an audited financial statement. Administrative support and remuneration of the Committee's members' expenses are provided by the Audit and Claims Integrity Division of the Department of Health and Community Services. In 2010-2011 the committee met once. Total expenses for the meeting held were as follows:

Per Diems	\$0.00
Food/Refreshments	<u>\$210.31</u>
	<u>\$210.31</u>

## 2.1 Mandate

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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

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

## 3.0 Highlights and Accomplishments

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### Appointments to the Committee

Three positions on the MCC became vacant prior to the beginning of fiscal year 2010/11:

- The Specialist Physician;
- The Non-salaried General Practitioner;
- The Chartered Accountant.

It is a pleasure to report that each of the vacant positions was filled during 2010/11.

# 4.0 Report on Performance 2010-2011

## 4.1. Vision\*

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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."*

## 4.2. 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 plan:

*"By 2011, the Department of Health and Community Services will have guided implementation of provincial policies and strategies that are developed to ensure equitable and quality services in population health, enhanced public health and accessibility to priority services and improved accountability and stability in the health and community services system."*

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

\*Note: For an updated and complete version of the Department's and Medical Consultants' Committee 2008-2011 and 2011-2014 plans, which contains the above vision and mission, contact the Department of Health and Community Services Tel: 709-729-4984 or email: [healthinfo@gov.nl.ca](mailto:healthinfo@gov.nl.ca) or visit <http://www.health.gov.nl.ca/health/>.

### 4.3 Goal

Over the course of the three year period covered by the 2008-2011 Activity Plan ( i.e. the beginning of fiscal 2008/2009 to the end of fiscal 2010/2011), the Medical Consultants' Committee was 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 ensured the wise and prudent use of public resources. This supported 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

Goal Indicators 2006-2011							
Indicator	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	Total
Number of cases forwarded by the Audit and Claims Integrity Division of the Department of Health and Community Services.	6	2	7	4	2	3	24
Number of completed reviews of MCP billing audits on fee-for-service physicians	6	2	7	4	2	3	24
Yearly reports provided	1	1	1	1	1	1	6
Met a minimum of once annually (number of meetings per year)	2	1	4	2	1	1	11
Amount Recommended for Recovery (rounded up)	\$1,489,163.	\$142,920.	\$386,045.	\$246,973.	\$121,141.	\$169,719.	\$2,555,961.



The information provided in the Goal Indicator Summary Table was possible because in continuously striving to meet the 2011 goal, the Committee submitted a Performance Activity Report for every year.

As progress has been reported consistently, the remainder of this section reports on progress in the 2010-2011 year.

**Annual Objective**

The Medical Consultants’ Committee has worked to fulfil the following annual objective over the 2010-2011 period. The defined mandate of this Committee results in the annual objective remaining the same for each year. There is 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. While the volume of work or number of reviews may vary, each review encompasses the patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries.

**By March 31, 2011 the Medical Consultants’ Committee will have reviewed the patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries in cases prepared by the Audit and Claims Division of the Department of Health and Community Services.**

**Measure:** Reviews completed

Planned Activity	Actual Activity in 2010-2011
<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of cases forwarded by the Audit and Claims Integrity Division</li> <li>• Number of cases reviewed of MCP billing audits on fee for service physicians</li> <li>• Yearly reports submitted</li> <li>• Met a minimum of once annually</li> </ul>	<p>By the end of the 2010/2011 fiscal year, the Committee:</p> <ul style="list-style-type: none"> <li>• received 3 MCP billing audits on 3 fee-for-service physicians by the Audit and Claims Integrity Division,</li> <li>• completed review of 2 MCP billing audits on 2 fee-for-service physicians. The MCC recommended additional investigation in the 3<sup>rd</sup> audit and it will be carried over to 2011/12.</li> <li>• submitted two reports and recommended recovery of a total of \$169,718.85 that had been billed in error by the 2 physicians.</li> <li>• met once this year.</li> </ul>

## **Discussion of Results:**

This additional level of record review of the patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries 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.

The objective and indicators for 2011-2012 are provided in the Activity Plan 2011-2014 , which is available at the Department of Health and Community Services Tel: 709-729-4984 or email: [healthinfo@gov.nl.ca](mailto:healthinfo@gov.nl.ca) or visit <http://www.health.gov.nl.ca/health/> .

In 2011-2012, we look forward to submitting the 2011-2012 Annual Activity Report, which will commence reporting on the 2011-2014 Activity Plan.

## Appendix A: Strategic Direction

**Title: Accountability and stability of health and community services**

**Outcome: Improved system performance and sustainability**

Health is a priority of Government, such that record investments have been made for several consecutive years. In 2010, health and community services consumed approximately 42 % of all government expenditures with the largest percentage allocated to regional health services (74.8 %). The ability to sustain the provision of quality services requires the coordination and integration of services, increased standardization and monitoring of clinical practice and service, and innovation. A focus on increased monitoring and evaluation, the achievement of balanced budgets, the stabilization of health human resources and increased utilization of information for evidence based practice will lead to a more sustainable health system and contribute to improved health outcomes for the people of the Province.

Focus Areas of the Strategic Direction 2011-2017	The Strategic Direction of Improved Accountability and Stability in the Delivery of Health and Community Services within Available Resources, is			
	Addressed by			
	Entities reporting to the department	department's strategic plan	department's operational plan	work plan of a branch/ division within the department
Clinical / Administrative Guidelines / Program Standards				
Evaluation of Legislation, Programs and Services				
Health Research				
Information Management and Technology				
Performance Measurement/ Monitoring	<b>X</b>			
Provincial Health Human Resources				
Quality and Safety				

