

MEMORANDUM OF AGREEMENT

COLLABORATION ON VIRTUAL CARE FEES

BETWEEN:

HIS MAJESTY THE KING IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA,
as represented by the Ministry of Health

(the “**Ministry**”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “**Doctors of BC**”)

AND:

MEDICAL SERVICES COMMISSION

(the “**MSC**”)

(individually a “**party**” and collectively the “**parties**”)

COLLABORATION ON VIRTUAL CARE FEES

WHEREAS:

- A. At the outset of the COVID-19 pandemic, the parties agreed to make temporary changes to the MSP payment schedule, including establishing new temporary fees to support patient access to services and physician income security in a time of great uncertainty.
- B. Changes to clinical services through telehealth over the course of the pandemic have impacted the expectations of both patients and physicians for how the delivery of health care services may be provided.
- C. The temporary virtual fee structure has supported patient access to virtual medical services but has also created challenges in which some patients are facing barriers to obtaining appropriate in-person medical care.
- D. The College of Physicians and Surgeons of BC (“CPSBC”) has issued a clear Practice Standard with regards to virtual care that outlines the minimum standard of professional behaviour and ethical conduct expected by the CPSBC.
- E. The parties agree that the exclusive provision of virtual care is inappropriate in most circumstances. In most cases the routine use of telehealth as a screening modality is also not appropriate.
- F. The parties agree that appropriate care includes both in-person and virtual care. A patient can request an in-person or virtual visit which should be provided in a time frame appropriate to the urgency and type of patient concern. If the clinical judgement of the physician determines that an in-person visit is necessary for meeting care requirements, a patient request for a virtual visit will not override the professional judgement of the physician.
- G. Recognizing the need to better integrate virtual care service delivery within practices in the post-pandemic environment, the parties agree there is a need to develop more detailed practice guidance on virtual care to use as a basis for more permanent rules and fees for virtual care services in the Payment Schedule.
- H. The parties recognize the importance of consultation with Doctors of BC and its Sections to establish rules and fees that support the provision of appropriate medical services to patients.

Therefore, the parties agree to the following:

1. Virtual Care Clinical Reference Group

- a. The Ministry will establish a Virtual Care Clinical Reference Group (“VCCRG”) to develop detailed guidance on clinical practice to support the provision of high quality

patient care through the appropriate provision of virtual care together with in-person care (the “**Guidance**”)

- i. The purpose of the Guidance is to inform the Ministry of Health and the Tariff Committee on decisions regarding the appropriate rules and fees for telehealth services.
 - ii. The Guidance should be relevant to all physicians who may provide telehealth clinical services to patients.
 - iii. The VCCRG will not make any recommendations for revisions to Virtual Care fees.
- b. The VCCRG will be comprised of a chairperson mutually selected by the parties who will select the rest of the VCCRG after consultation with the parties.
- i. The VCCRG will include the following additional members: 2 family physicians, one of which has rural experience; 2 specialists; a representative of the CPSBC; two experts with telehealth expertise relevant to medical practice from outside BC who are viewed as leaders in the field.
- c. The VCCRG will be in place from November 7, 2022, to February 28, 2023, and the focus of the VCCRG will be on two main objectives for guidance:
- i. Identify, create and or recommend consolidated guidance to support an appropriate balance of both in person and virtual care in primary care and specialty care. Guidance should include but not be limited to:
 1. Clinical considerations such as practice setting (e.g. primary care, specialty care), location (e.g. urban, rural), relationship with patient (such as longitudinal, episodic, new), nature of concern;
 2. Provider considerations such as practice readiness and legal considerations;
 3. Individual patient considerations such as language barriers, digital literacy and geographic barriers.
 - ii. The VCCRG will consider the future need to develop a framework to measure safety and quality of virtually provided care and with a practical implementation strategy.
- d. The process for the VCCRG will include:
- i. Compile existing guidance and literature, including a McMaster Rapid Evidence review or like process.
 - ii. Input from Doctors of BC Sections and Societies.

- iii. Relevant data from the MSC. The MSC will provide any data requested by the VCCRG on an expedited basis.
- e. The Ministry will provide appropriate secretariat support to the VCCRG.
- f. The VCCRG will begin its work as soon as possible after the Doctors of BC Board of Directors recommends that the 2022 Physician Master Agreement (“PMA”) be sent to its members for approval.
- g. The VCCRG will provide the Guidance to the Ministry and the Tariff Committee by February 28, 2023.

2. Collaborative Review of Virtual Care Fees

- a. “**Virtual Care Fees**” include all virtual care fees, including the temporary virtual care fees and revisions to fees to facilitate virtual care implemented during the COVID-19 pandemic.
- b. Any revisions of Virtual Care Fees will be carried out through the process set out in Articles 12 and 13 of the PMA as amended through this memorandum.
- c. After February 28, 2023 and considering the Guidance provided by the VCCRG, the Ministry will notify the Doctors of BC (through the Tariff Committee), by no later than March 10, 2023, in writing, of its recommendation for the creation or revision of any Virtual Care Fee items in accordance with section 12.2 of the PMA, as modified below.
- d. In order to expedite the fee review process for Virtual Care Fees as outlined in section 12.2 (a)(i) (b), (c), (d) and (f) of the PMA as amended below, the parties will begin the process for selecting an ad hoc joint review panel within 2 weeks of when the Doctors of BC Board recommends that the PMA be sent to its members for approval so that, if it is required, it is available to begin its work without delay.

i. 12.2(a)(i) ~~consult with the Tariff Committee and with Health Authorities to identify any comments or concerns they may have respecting such recommendations, for up to 60 (sixty) days, commencing when the Government notifies the Doctors of BC, in writing, of its recommendation for the creation or revision of Virtual Care Fee items.~~

ii. 12.2(b) ~~If agreement is not reached between the Government and the Doctors of BC pursuant to section 12.2(a)(ii) within 90 60 (sixty) days of written notification from the Government to the Doctors of BC of a proposed revision(s) pursuant to this section 12.2, or such additional time as may be agreed, the Government may will advise the Doctors of BC that it intends to refer the matter to an ad hoc joint review panel as provided in section 12.2(c).~~

iii. 12.2(c) The joint review panel must be appointed no later than March 31, 2023 ~~within 60 days of the Government advising the Doctors of BC that it intends to refer the matter to an ad hoc joint review panel.~~ The composition of the joint review panel shall be three members, with one member appointed by the Doctors of BC, one member appointed by the Government, and the third member who shall be the Chair, selected ~~from a roster of individuals agreed upon by the Government and the Doctors of BC.~~ ~~The members appointed shall be chosen so as to avoid conflicts of interest.~~ If the Government and the Doctors of BC ~~cannot have not~~ agreed, by ~~January 31~~ February 28, 2023 ~~upon the roster~~ on the selection of the Chair, the MSC will appoint the Chair.

1. The funding for the cost of the Chair will be shared by the Ministry of Health and by Doctors of BC. Funding for the Doctors of BC portion of the cost of the Chair and of the Doctors of BC member on the joint review panel will be provided from one-time funds available to the Shared Care Committee.

iv. 12.2(d) The joint review panel must render a majority recommendation to the parties and the MSC within ~~three~~ one months of ~~appointment~~ the date of referral under 12.2(b).

v. 12.2(f) If either the Government or the Doctors of BC does not support in writing the recommendation of the joint review panel within one week of the recommendations being issued, the MSC will decide the matter in accordance with section 13.2, and if the MSC decides that a change to the Guide to Fees should be made, the Doctors of BC will implement the change to the Guide to Fees.

3. Continuation of Temporary Virtual Care Fees

- a. The MSC will not unilaterally cancel any of the temporary Virtual Care Fees nor act on the cancellation of any temporary Virtual Care Fee by the Provincial Health Officer.
- b. Any changes to the temporary Virtual Care Fees will be accomplished through the application of Articles 12 and 13 of the PMA as amended by this Memorandum of Agreement.



4. Dispute Resolution

- a. Where there is a dispute between the Ministry and Doctors of BC regarding the interpretation, application, operation or alleged breach of this Memorandum of Agreement, it shall be resolved in the same manner as set out in Article 22 of the PMA for resolution of Provincial Disputes.

IN WITNESS WHEREOF the parties have executed this Memorandum of Agreement by or in the presence of their respective duly authorized signatories as of the 1st day of April, 2022.

SIGNED, SEALED & DELIVERED on)
behalf of HIS MAJESTY THE KING IN)
RIGHT OF THE PROVINCE OF)
BRITISH COLUMBIA, by the Minister)
of Health or their duly authorized)
representative:)

Mark Armitage)
Name)

ADM, HSWBS, MoH)
Position)



Signature of Authorized Signatory



THE CORPORATE SEAL of the)
ASSOCIATION OF DOCTORS OF BC)
was hereunto affixed in the presence of:)

)
Signature of Authorized Signatory)

Dr. Ramneek Dosanjh)
Name)

President of Doctors of BC)
Position)



MEDICAL SERVICES COMMISSION

Per: )
Authorized Signatory)

DR. ROBERT HALPENNY)
Name)

Chair Medical Services Commission)
Position)

