MEDICAL SERVICES

COMMISSION

2018/2019

ANNUAL REPORT

BRITISH COLUMBIA

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Function

The function of the Medical Services Commission (Commission) is to facilitate, in the manner provided in the *Medicare Protection Act* (MPA), reasonable access throughout British Columbia, to quality medical care, health care and prescribed diagnostic services for residents of British Columbia (BC), under the Medical Services Plan (MSP).

The Medical Services Commission

Established under the *Medical Services Act, 1967*, and continued under the current MPA, the Commission oversees the provision, verification and payment of medical and health services in an effective and cost-effective manner through the MSP on behalf of the Government of BC. The Commission must have regard to the principles of the *Canada Health Act* and the principle of sustainability. Consistent with these principles is the fundamental belief that access to necessary medical care be solely based on need and not on the individual's ability to pay. The Commission reports to the Minister of Health.

Organizational Structure

The Commission consists of three persons nominated by the Doctors of BC, three public members appointed on the joint recommendation of the Minister of Health and the Doctors of BC to represent MSP beneficiaries, and three members to represent the government. This tri-partite structure represents a unique partnership among physicians, beneficiaries and government. It ensures that those who have a stake in the provision of medical services in BC are involved.

Responsibilities of the Commission

In addition to ensuring that all BC residents have reasonable access to medical care and prescribed diagnostic services, the Commission is responsible for managing and monitoring the Available Amount, a fund which is set annually by government to pay practitioners on a fee-for-service basis for medical services provided to MSP beneficiaries. The Commission is also responsible for:

- establishing payment schedules for practitioners;
- administering the MPA;
- investigating reports of extra billing;
- investigating unjustifiable departure from billing patterns of practice;
- hearing appeals brought by beneficiaries, diagnostic facilities and physicians as required by the MPA; and
- arbitrating disputes that may arise between the Doctors of BC and the Government of BC under the Physician Master Agreement.

Advisory Committees and Overview of Accomplishments

The MPA allows the Commission to delegate some powers and duties to special committees, advisory committees and hearing panels established to assist the Commission in effectively carrying out its function. The following is a description of the responsibilities and an overview of the 2018/2019 accomplishments of some of the Commission's advisory committees, hearing panels and other delegated bodies.

1. Guidelines and Protocols Advisory Committee

The Guidelines and Protocols Advisory Committee (GPAC), an advisory committee to the Commission and a collaboration between the Doctors of BC and the Ministry of Health (MoH), is mandated to provide recommendations to BC practitioners on delivering high quality, appropriate care to patients. These recommendations are published as concise, evidence-based clinical practice guidelines under the brand name BC Guidelines, on the website www.BCGuidelines.ca. GPAC's overall goal is to maintain or improve the quality of medical care in BC, while making optimal use of medical resources.

Guidelines Approved by the Commission in 2018/2019

The *Thyroid Function Testing in the Diagnosis and Monitoring of Thyroid Function Disorder* guideline outlines testing for thyroid dysfunction in patients (pediatric and adult), including pregnant women or women planning pregnancy, and the monitoring of patients treated for primary thyroid function disorders.

The *Testosterone Testing Protocol* guideline reviews the appropriate use of serum testosterone testing in men and women aged ≥ 19 years. This document is intended to direct primary care practitioners and to help constrain inappropriate test utilization, particularly as it pertains to "wellness" and "anti-aging" practices.

The *C-Reactive Protein and Erythrocyte Sedimentation Rate Testing* guideline applies to the clinical use of C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) as investigative tests in adults aged ≥ 19 years.

The *Iron Deficiency – Diagnosis and Management* guideline provides recommendations for the diagnosis, investigation and management of iron deficiency in patients of all ages.

Guidelines Under Development

The following existing guidelines were under revision during 2018/2019:

- *Vitamin D Testing Protocol*
- *Viral Hepatitis Testing (collaboration with BC Centre for Disease Control)*
- *Hypertension – Diagnosis and Management*
- *Chronic Kidney Disease – Identification, Evaluation and Management of Adult Patients*
- *Macroscopic and Microscopic Urinalysis and the Investigation of Urinary Tract Infection*
- *Microscopic Hematuria (Persistent)*

- *Osteoporosis – Diagnosis, Treatment and Fracture Prevention*
- *Alcohol Use Disorder (formerly Problem Drinking)*
- *Cardiovascular Disease – Primary Prevention*
- *Cobalamin (Vitamin B12) Deficiency – Investigation and Management*
- *Cataracts – Treatment of Adults*
- *HFE-Associated Hereditary Hemochromatosis – Investigations and Management*

New guidelines under development during 2018/2019 included:

- *Appropriate Imaging for Common Situations in Primary and Emergency Care*
- *Prostate Cancer (collaboration with the Family Practice Oncology Network)*
- *Adverse Childhood Experiences and Trauma Informed Practice*
- *Fall Risk Assessment and Management (collaboration with BC Injury Prevention Committee)*
- *Managing Pain*

The following guidelines were retired in 2018/2019:

- *Oral Rehydration Therapy in Children (2010)*
- *Febrile Seizures (2010)*
- *Sleep Complaints in Adults – Primary Care Management (2004)*

New Partner Guidelines

Partner guidelines are developed by other stakeholders independent of GPAC. GPAC recognizes the high quality of these guidelines and provides web links to them for informational purposes on our Partner Guidelines web page at BCGuidelines.ca.

New partner guidelines added in 2018/2019 were:

- *BC Cystic Fibrosis Standards of Care and Care Guidelines* - Sponsored by the Specialist Services Committee, one of four joint collaborative committees that represent a partnership of Doctors of BC and BC Ministry of Health
- *2018 Eating Disorders Toolkit for Primary Care Practitioners (PCP) in BC and BC Clinical Practice Guidelines for Eating Disorders (2013)* – Health Authorities
- *Choosing Wisely Canada*

Promotion and Education

To further GPAC's strategic goals of increasing the exposure of BC Guidelines and supporting evidence-based high-quality patient-centered care, GPAC participated in the following promotional activities during 2018/2019:

- Rural Health Conference
- BCNPA Nurse Practitioners Conference
- UBC Family Practice Resident Scholarship Day
- BC College of Family Physicians 2018 9th Annual UBC Med Student and Resident Conference
- BC College of Family Physicians 2018 Fall Family Medicine Conference
- St. Paul's Hospital Continuing Medical Education for Primary Care Physicians
- Transition into Practice UBC Med 488 Course

- Post Graduate Review, UBC Continuing Professional Development Conference
- BC Quality Forum

Additional 2018/2019 GPAC Highlights

- A survey was conducted to determine how people would like to hear about newly published BC guidelines, and specifically, whether they would like to receive this information through social media. Due to the survey responses, it was determined that the social media promotion project should be discontinued and that promotional efforts should continue to remain focused on email and conferences.
- GPAC is undertaking a quality improvement project in collaboration with the Behavior Insights Group of the BC Public Service.
- GPAC has continued to strengthen relationships with stakeholders and improve alignment by collaborating with organizations such as BC Centre for Disease Control, BC Injury Prevention Committee and HealthLinkBC.

2. Advisory Committee on Diagnostic Facilities

The Advisory Committee on Diagnostic Facilities (ACDF) provides advice, assistance and recommendations to the Commission in the exercise of the Commission's duties, powers and functions under s.33 of the MPA. The ACDF reviews applications from existing and proposed diagnostic facilities and makes recommendations to the Commission to approve or deny the requests.

Between April 1, 2018, and March 31, 2019, the ACDF considered 49 applications related to electromyography (EMG), polysomnography, pulmonary function, radiology, ultrasound, nuclear medicine and electroencephalography. Most applications were for new certificates of approval and other applications included requests to extend existing approvals, relocate existing sites, expand capacity, add services or transfer interest.

Of the total applications reviewed by the ACDF, 47 requests were approved, 2 were recommended to the Commission for denial. The Commission upheld the denial of those 2 applications.

2018/2019 Project Highlights

Echocardiography Review

The Ministry contracted a medical consultant/resource to undertake a systematic review of current issues impacting delivery of diagnostic ultrasound outpatient echocardiography services.

The consultant interviewed all key stakeholders and put together a comprehensive set of recommendations for actions by the Ministry of Health, Cardiac Services BC, the Medical Services Commission and individual health authorities. There was no recommendation to change current outpatient approval policy limiting echocardiography to public hospitals.

Diagnostic Services attempted to establish a working relationship with Cardiac Services BC as this business unit does not have the resources, expertise or mandate to undertake the provincial coordination and standardization of reporting and other protocols that were the report's chief recommendations. Given the other priorities at the Provincial Health Services Authority (PHSA), this relationship was not able to be established.

Cardiac Services BC had committed to providing the Ministry with a 'Case for Change Template' which we were to work together to complete. That document would have gone to senior leadership to determine if the echocardiography work would be prioritized. Despite several calls and follow up attempts, we never received the 'Case for Change' document. Given the PHSA's expanded mandate and many other priorities, this initiative did not receive support and eventually Diagnostic Services moved on to other priorities.

Spirometry Testing Policy Review

Spirometry testing is a restricted diagnostic service used to diagnose lung diseases, including chronic obstructive pulmonary disease and asthma.

Previously, privately-owned facilities could only bill for one portion of spirometry testing (data interpretation). The long-term result of this approach has been that relatively few qualified practitioners provide spirometry testing in their offices, forcing patients to hospitals and resulting in long wait times.

After a thorough review, the Ministry recommended removing the restriction requiring the graphic interpretation portion of spirometry (Flow Volume Loop) to be performed only in a hospital. Following the Commission’s approval, new capacity was quickly created by upgrading approval of current qualified specialist providers to include Flow Volume Loop. Additionally, the facility approval process was streamlined so that appropriately-qualified practitioners will be approved upon verification of credentialing and accreditation requirements. All Ministry recommendations were accepted by the Commission on December 5, 2018.

Through this review and subsequent stakeholder consultations, it became known that some Pulmonary Function Testing (PFT) Categories, used by practitioners to bill MSP, were considered unnecessarily complex and may benefit from simplification.

The Ministry identified that establishing a Working Group of health professionals, with clinical and technical expertise in the diagnostic procedures used to assess pulmonary function, would be the best vehicle through which to address the current PFT category structure. This group was tasked to:

- Review the organization/categorization of the Commission's fee codes for diagnostic PFT.
- Assess the utility, clarity and overall usefulness of current categories.
- As appropriate, make recommendations on the categorization of the Commission's fee codes for diagnostic PFT services.

After significant discussion there were two key items identified to improve the way PFT categories are presented, particularly for newer physicians practicing in Pulmonary Function:

- Clarify which tests may be undertaken in private office settings and which tests may only be done in a hospital.
- Provide detail as to the credentialing standards required to perform such tests.

A revised PFT Category document was circulated to the Working Group for feedback. Based on this feedback, revisions were made, clarifying that the Ministry uses confirmation of Credentialing from the appropriate health authority, or the College of Physicians and Surgeons of BC's Diagnostic Accreditation Program if the physician is not privileged within any British Columbia health authority.

Sleep Medicine Service - Delivery Environment Review

The Ministry of Health was supported by the Commission to undertake a detailed review of the service delivery environment for the provision of Sleep Medicine in BC.

Reasons for the review include:

- The prevalence of unaccredited, unregulated Home Sleep Apnea Testing (HSAT) facilities.
    - Percentage of testing capacity currently represented by HSAT facilities.
    - Quality control and accuracy of HSAT diagnostic services.
- Impact if free-standing, HSAT facilities were to be approved to bill MSP.
- Current wait-times for Level I (Polysomnography) and Level Ill (HSAT) through the public system.
- Under-utilization of current ACDF approved facilities.
- Potential conflict of interest inherent through the HSAT business model.
- Current referral practices and other clinical standards.

In addition to supporting the detailed review of the service delivery environment, on February 27, 2019 the Commission also established a moratorium on new, expanded or relocated Polysomnography applications through the duration of the review (estimated Spring 2020).

Work to date has included a robust Canadian and International jurisdictional scan, a scientific review of relevant sleep testing technology and a literature review of related policy and best practices.

The Ministry has organized a Sleep Medicine Advisory Committee and engaged with key stakeholder groups including: Sleep Medicine Specialists, General/Referring Practitioners, Facility Owners and Operators, College of Physicians and Surgeons of BC, and internal Ministry of Health officials. Upcoming consultations include owners and operators of unaccredited HSAT facilities.

Information from the research phase and engagement activities will be collated and analyzed through the summer of 2019 with policy options developed for review in the autumn of 2019. Final recommendations are expected to go to the Commission in the spring of 2020.

Facility Edit Project – Revision to MSP Claims Billing System

A project that has been on the Ministry radar for several years, the Facility Edit Project revised the MSP claims billing system to allow claims to be reviewed or 'edited' at an approval-specific Facility Number level. Previously, claims were read at the higher-level Payee Number, which may encompass several departments and approvals, each with its own Facility Number.

This revision helps to ensure accuracy of MSP payments as outpatient diagnostic services billed must now be only those which have been approved under the specific Facility Number quoted in the Claim.

Additionally, Ministry staff save time, and errors are reduced, by eliminating the previous need to maintain two separate data bases in the Claims Billing System (Payee and Facility data bases).

Assignment of Payment Process Transition to Health Insurance BC (HIBC)

The Ministry of Health sought to reduce operational activities by transferring the Diagnostic Services' Assignment of Payment (AOP) and Laboratory Services' Outpatient Operator Payment Administration (OPA) form processing to HIBC.

The AOP/OPA process links a practitioner to an approved facility for the purpose of billing MSP for provision of outpatient diagnostic and laboratory services.

Responsibility for complete AOP/OPA approval and processing for outpatient diagnostic and laboratory facilities moved to HIBC on May 1, 2018. Prior to this date, Diagnostic Services was responsible for vetting/ approving and establishing the facility/practitioner connection. Forms then went to HIBC, which completed the process by establishing the practitioner/payee connection.

This transition allows the Diagnostic Services team to focus less on operational activities and more on policy and related stewardship functions.

3. Audit Committees

Audit and Inspection Committee

The Audit and Inspection Committee (AIC) is a four-member panel comprised of three physicians (one appointed by the Doctors of BC, one appointed by the College of Physicians and Surgeons of BC and one appointed by government) together with one member who represents the public. The Commission has delegated its powers and duties under s.36 of the MPA to the AIC to audit and inspect medical practitioners. On December 1, 2006, s.10 of the *Medicare Protection Amendment Act 2003* was brought into force. This section expanded the audit and inspection powers of the Commission to include the power to audit clinics as corporate entities, rather than just physicians.

The AIC has responsibility for two types of audits. Patterns of practice audits are done to ensure that services billed to MSP have been delivered and billed accurately. Extra billing audits focus on whether beneficiaries are being charged for services in contravention of the MPA. The AIC decides whether on-site audits are appropriate, and it outlines the nature and extent of the audits. It also reviews the audit results and makes recommendations to the Chair of the Commission for further appropriate action.

Special Committees of the Medical Services Commission

The Commission's authority to audit claims from health care practitioners is delegated to Special Committees for each of the following professions: acupuncture, chiropractic, dentistry, massage therapy, midwifery, naturopathy, optometry, physical therapy and podiatry. The Special Committees have been given all the powers and duties necessary to carry out audits.

The Commission's authority to make orders regarding practitioners under sections 15 and 37 of the MPA is delegated to the Health Care Practitioners Special Committee for Audit Hearings (HCPSCAH).

Billing Integrity Program

The Billing Integrity Program (BIP) provides audit services to the MSP and the Commission. The Commission is authorized to monitor the billing and payment of claims in order to manage medical and health care expenditures on behalf of MSP beneficiaries. BIP monitors and investigates billing patterns and practices of medical and health care practitioners to detect and deter inappropriate and incorrect billing of MSP claims. In cooperation with the professions, BIP develops and applies monitoring, case finding and audit criteria, and assists the Commission in the recovery of any funds billed inappropriately. It carries out the audit and inspection function on behalf of the audit committee.

BIP Statistics

- On-site audits conducted: 18
- Extra billing audits conducted: 3
- Issued audit reports: 15
- Estimated overbillings from audit reports: $19,265,460
- Number of settlements: 11
- Dollar amount of settlements: $5,420,000
- Practitioners who have a s. 15(2) sanction: 3
- Number of hearings: 1

Service Verification Audits

Each year, up to 72,000 survey letters are sent to patients to confirm they received practitioner services, which have been billed to the MSP on their behalf. A minimum of 1,200 practitioners (100 per month) are chosen annually (at random) and letters are sent to approximately 50 of their patients who have received MSP billed services in the preceding four months.

A "select" service verification audit (SVA) may be initiated due to findings from a random service verification audit, follow-up of a previous audit, complaints received from the general public/other doctors/referrals by licensing bodies and professional associations, or by atypical practitioner billing profiles.

Letters may be sent to some of the selected practitioner's patients to confirm they received the specific services that have been billed to MSP on their behalf.

SVA Stats

- Number of SVAs conducted 1,017
- Number of letters sent to patients 59,619
- Response rate: 54%

4. Patterns of Practice Committee

The Patterns of Practice Committee (POPC) is a joint committee of the Doctors of BC and the Commission and acts in an advisory capacity to the Commission. The POPC prepares and distributes an annual statistical personal profile summary (mini-profile) to fee-for-service physicians and provides educational information to physicians on their patterns of practice and the audit process. The POPC also provides advice to the MSP regarding inappropriate billing and scrutinizes MSP's process of detecting and deterring inappropriate billing. As well, the POPC listens to physicians who wish to raise their concerns about the audit process and provides feedback on the audit practices employed by the BIP and in conjunction with the College of Physicians and Surgeons of British Columbia; the POPC also nominates Medical Inspectors and Audit Hearing panel members.

The Commission endorsed the POPC's Terms of Reference at its May 25, 2016, meeting and suggested that the Commission Chair be invited to attend POPC meetings as a non-voting member on an ad hoc basis.

The POPC met twice in 2018/2019.

5. Reference Committee

The Reference Committee acts, on requests from physicians, in an advisory capacity to the Commission, on the adjudication of billing and payment disputes between physicians and the MSP. The Reference Committee does, on occasion, perform a similar service for patients billed directly by a physician and physicians providing services to third parties, such as insurance companies. Membership on the Reference Committee is limited to representatives of the Doctors of BC.

In 2018/2019, MSP received 22 new cases from the Doctors of BC, 17 of which are scheduled for referral to the Reference Committee in 2019/2020. During 2018/2019, the Reference Committee also closed 21 cases.

6. Joint Standing Committee on Rural Issues

The Joint Standing Committee on Rural Issues (JSC) was established with the goal of enhancing the availability and stability of physician services in rural and remote areas of BC. This is advanced by addressing some of the unique and difficult circumstances faced by physicians in these areas, and by enhancing the quality of the practice of rural medicine and services delivered to rural patients and communities.

The JSC is comprised of members from Doctors of BC and the Ministry of Health, including health authority representation. The JSC advises the BC Government, Doctors of BC and the health authorities on matters pertaining to rural medical practice.

The JSC currently oversees approximately $143 million annually in rural incentives and programs to sustain patient care and continuity of access in communities falling under the *Rural Practice Subsidiary Agreement of the Physician Master Agreement.* Approximately $50.5 million for rural premiums are funded through the Available Amount.

In 2018/19, the JSC implemented, supported and updated a number of initiatives, including:

- The Rural Retention Program (RRP) flat fee payment was increased by 15 percent and funding was released to all eligible rural physicians for a total amount of $3M.
- Existing RRP program rates were frozen for two years while a comprehensive review is underway.
- The Rural Locum Program rate was increased to reflect the RRP point percentage in addition to the guaranteed daily rate. The JSC also approved a stipend of up to $1,000 for out of province locums going to communities that have difficulties attracting locums.
- Development of the Rural Continuing Medical Education Community Fund Program was completed.
- Since inception, the Practice Readiness Assessment Program has graduated 112 physicians who are now practicing across 44 communities in BC.
- The Rural Surgical and Obstetrical Networks (RSON) initiative supports maternity care at small surgical sites by increasing operational capacity to support 24/7 c-section coverage. RSON was rolled out in five rural communities in Interior Health during 2018/19.

7. Requisition Committee

The Requisition Committee, established in 1997, is a joint committee of the Doctors of BC and the Ministry of Health. The Requisition Committee reports to the Doctors of BC's Board of Directors and the Commission and its mandate includes oversight for the establishment, maintenance and ongoing review of provincial Standard Outpatient Diagnostic Requisition forms for insured medical services. Final approval of all requisitions that are developed rests with the Commission.

Other Delegated Bodies

Medical Services Plan

The Commission delegates day-to-day functions such as the processing and payment of claims, to MAXIMUS BC (HIBC).

MSP and PharmaCare operations were transferred to MAXIMUS BC effective April 1, 2005. The Commission receives regular updates regarding HIBC's service level requirements and program performance. Policy direction and leadership authority remains within the responsibility of the MoH.

In the Budget and Fiscal Plan 2018/19-2020/21, Government announced the elimination of MSP premiums by January 1, 2020. Amendments have been completed to the *Medicare Protection Act* and Regulations, in support of government's announcement. With the elimination of premiums, MSP's Temporary Premium Assistance and Premium Assistance program will no longer be available after January 1, 2020. As Premium Assistance is also being eliminated, the MSP supplementary benefits program will now provide confirmation of eligibility for other income-based programs, such as Healthy Kids and reduced/waived ambulance fees.

Although premiums will be eliminated January 1, 2020, individuals can still apply for retroactive Regular Premium Assistance for periods of enrolment prior to January 1, 2020. If eligible, retroactive Regular Premium Assistance provides financial adjustments for previously billed MSP premiums.

In 2018/2019, the MSP paid approximately 20,014 medical and health care providers $3.36 billion relating to nearly 103 million services, rendered on a fee-for-service basis. Medical practitioners can also be paid for services using alternative payment methods including salaries, sessional contracts and service contracts.

The *Medical Services Commission Financial Statement* (the "Blue Book") contains an alphabetical listing of payments made by the Commission to practitioners, groups, clinics, hospitals and diagnostic facilities for each fiscal year.

Copies of the *Medical Services Commission Financial Statement* are available online at: www.gov.bc.ca/msppublications.

Coverage Wait Period Review Committee

New and returning residents are required to complete a wait period before provincial publicly funded health benefits are activated. However, there are exceptional cases based on individual circumstances where the Commission may waive this requirement and enroll new residents before the coverage wait period has expired. The Commission has delegated the power to investigate and decide cases to the Coverage Wait Period Review Committee.

The Committee reviewed 165 waiver of the wait period requests between April 1, 2018, and March 31, 2019, and granted 15 approvals.

150 waiver requests were denied in 2018/2019 including 27 applications from new residents related to pregnancy and prenatal care during the wait periods (10 were sponsored). The onus is on families to have medical insurance in place before arrival in BC, or to budget in advance for the cost of the birth. 110 denials were related to conditions that were not diagnosed in the wait period and/or were not financially devastating or an MSP Benefit (11 were sponsored). 13 denials were related to visitors.

Medical Services Commission Hearing Panels

Commission members, or delegates of the Commission, may conduct hearings related to the exercise of the Commission's statutory decision-making powers.

Some hearings are required by the MPA, and some have been implemented by the Commission to afford individuals affected by its decisions the opportunity to be heard in person. Hearings are governed by the duty to act fairly.

Decisions of the Commission panels may be judicially reviewed by the Supreme Court of British Columbia.

1. Beneficiary Hearings

Eligibility (residency) hearings and panel reviews of claims for elective (non-emergency) out-of-country medical care funding are the two types of MSP beneficiary hearings currently conducted by the Commission.

Eligibility (Residency) Hearings

A person must meet the definition of resident in s.5 of the MPA to be eligible for provincial health care benefits. As per s.7 of the MPA, the Commission may cancel the MSP enrolment of individuals whom it determines are not residents of BC. Individuals whose MSP coverage is cancelled have the right to appeal to the Commission. Section 11 of the MPA requires that prior to making an order cancelling a beneficiary's enrolment, the Commission must notify the beneficiary that he or she has a right to a hearing. The Commission has delegated the responsibility for holding residency hearings to one decision-maker.

The MoH's Eligibility, Compliance and Enforcement Unit investigated 1,079 residency cases between April 1, 2018 and March 31, 2019, verifying BC residences for 187 cases. 892 non-resident accounts were identified, resulting in MSP account cancellations totaling $2,280,796 in hospital, MSP and PharmaCare recoveries.

In 2018/2019, the Commission received 43 new requests for eligibility (residency) hearings. During this period, there were 5 in-person hearings and 7 written hearings held, including some cases carried forward from previous fiscal years. There were 10 hearing requests withdrawn by account holder and 34 were cancelled by the Eligibility, Compliance and

Enforcement Unit following residency verification. The Commission rendered 13 residency decisions and 6 residency hearings are pending.

Out-of-Country Hearings

Provincial coverage may be requested for medical treatment outside Canada, when medically necessary treatment services are not available for a BC resident anywhere in Canada. To obtain provincial coverage for out-of-country medical treatment, the appropriate attending specialist in BC must send an application and the medical documentation to apply on behalf of the patient. The MoH's Beneficiary Services and Strategic Priorities (BSSP) will review the application on behalf of the Commission. The Commission publishes the *Medical Services Commission Out-of-Province and Out-of-Country Medical Care Guidelines for Funding Approval* (January 19, 2011) to explain the provincial coverage.

The Commission has established a review hearing process and a review can be requested when coverage has not been approved by BSSP, for medical treatment outside Canada. The MPA does not impose a duty on the Commission to hear and decide requests to review but rather, it is the Commission's choice to offer the option for review hearings.

From April 1, 2018, to March 31, 2019, BSSP received 1,212 applications for out-of-country, elective medical treatment. BSSP approved provincial coverage for 1,138 applications and provincial coverage was denied for 74 applications. The number of applications reviewed by BSSP has decreased as the responsibility to review and fund elective out-of-province and out-of-country laboratory services was transferred to the PHSA BC Agency for Pathology and Laboratory Medicine on June 1, 2018.

In 2018/2019, there were no hearings before the Commission to review provincial coverage for out-of-province medical treatment.

2. Diagnostic Facility Hearings

Under s.33 of the MPA, the Commission may add new conditions or amend existing ones to an approval of a diagnostic facility. This may be done either on application by the facility owner, or on the Commission's own initiative. Before taking action, the Commission is required to provide the owner of the facility an opportunity to be heard [s.33 (4)]. A hearing before the Commission is usually requested for one of the following two reasons:

- The ACDF has recommended to the Commission that an application to amend or add conditions to an existing approval be denied; or
- The ACDF has recommended to the Commission that an approval be suspended, amended or cancelled because the facility owner is alleged to have contravened the MPA, the regulations, or a condition on the approval.

Diagnostic facility hearings are conducted before either a single-person or three-person Commission panel, depending on the type of appeal.

No diagnostic facility appeals were filed, and no hearings were held in 2018/2019.

3. Hearings Related to Medical Practitioners

Audit hearings are held before the Commission for medical practitioners in relation to either s.37 repayment matters and/or s.15 de-enrolment from MSP for "cause".

Audit Hearings for Repayment of Money and De-enrollment

Under s.37 of the MPA, the Commission may make orders requiring medical practitioners or owners of diagnostic facilities to make payments to the Commission in circumstances where it determines, after a hearing, an amount due to (a) an unjustified departure from the patterns of practice or billing of physicians in this category; (b) a claim for payment for a benefit that was not rendered; or (c) a misrepresentation about the nature or extent of benefits rendered. Under section 15, the Commission may also determine that a practitioner should be de-enrolled from MSP after providing him or her an opportunity to be heard. These are formal administrative hearings by the Commission. Practitioners are usually represented by legal counsel and the hearings may last one to three weeks.

Since the introduction of the Alternative Dispute Resolution (ADR) process in 2000, fewer audits proceed to formal hearings. The ADR process employs both unassisted and assisted (with a mediator) negotiation to encourage medical practitioners and the Commission to reach a negotiated settlement of s.37 and s.15 matters.

In 2018/2019, settlement agreements were reached for cases related to medical practitioners. There were no audit hearings relating to medical practitioners.

De-enrollment of Medical Practitioners for "Cause"

In 2018/19, two medical practitioners were de-enrolled for "cause".

4. Hearings Related to Health Care Practitioners

Audit hearings are held before the Health Care Practitioners Special Committee for Audit Hearings (HCPSCAH) for health care practitioners in relation to either s.37 repayment matters and/or s.15 de-enrolment from MSP for "cause".

Audit Hearings for Repayment of Money and De-Enrollment

The HCPSCAH under s.4 of the MPA exercises the Commission's hearing powers over health care practitioners. Under s.37 of the MPA, the HCPSCAH may make orders requiring health care practitioners to make payments to the Commission in circumstances where it determines, after a hearing, an amount due to (a) an unjustified departure from the patterns of practice or billing of practitioner in this category; (b) a claim for payment for a benefit that was not rendered; or (c) a misrepresentation about the nature or extent of benefits rendered. Under section 15, the HCPSCAH may also determine that a practitioner should be de-enrolled from MSP after providing him or her an opportunity to be heard. These are formal administrative hearings by the HCPSCAH. Practitioners are usually represented by legal counsel and the hearings may last one to two weeks.

Since the introduction of the ADR process, fewer audits proceed to formal hearings. The ADR process employs both unassisted and assisted (with a mediator) negotiation to encourage health care practitioners and the HCPSCAH Commission to reach a negotiated settlement of s.37and s.15 matters.

In 2018/2019, there was one audit hearing related to a health care practitioner.

De-enrolment of Health Care Practitioners for "Cause"

In 2018/2019, no health care practitioners were de-enrolled for "cause".

Other 2018/2019 Commission Highlights and Issues

The Commission held 8 regular business meetings between April 1, 2018 and March 31, 2019.

Physician Master Agreement and Subsidiary Agreements

As a result of negotiations between the Government of BC and the Doctors of BC, a comprehensive *2019 Physician Master Agreement* (PMA) (including five subsidiary agreements) is in effect until 2022. The PMA provides a consolidated agreement structure and administrative committees with health authority representation. The Commission is a signatory to the PMA and subsidiary agreements.

Copies of the negotiated agreements are available online at:
https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/negotiated-agreements-with-the-doctors-of-bc

The Physician Services Committee (PSC) is the senior body that oversees the relationship between the government and the Doctors of BC and the implementation and administration of the PMA and subsidiary agreements. The Chair of the Commission attends PSC meetings as a non-voting member.

Medical Services Commission Payment Schedule

The *MSC Payment Schedule* is the list of fees approved by the Commission payable to physicians for insured medical services provided to beneficiaries enrolled with the MSP. Additions, deletions, fee changes or other modifications to the *MSC Payment Schedule* are implemented in the form of signed Minutes of the Commission (MoC).

In 2018/2019, 171 MoC related to the *MSC Payment Schedule* were approved, resulting in 78 new fee items.

Four fees were moved from Specialist Services Committee funding into the Available Amount on a provisional basis.

Strategic Planning

The Commission identified its objectives and priority directions for 2018/2019 at a strategic planning session held in April 2018.

The Commission's objectives for 2018/2019 involved:

- facilitating reasonable access to quality medical care;
- managing and monitoring the Available Amount;
- administering the MPA; and
- hearing appeals initiated by beneficiaries, diagnostic facilities or physicians.

Some strategies for the Commission included:

- clarifying the authority and responsibility of the Commission
- creating and publishing 2018/2019 Commission strategy
- aligning efforts of the advisory committees
- requesting various presentations from the Ministry of Health, Doctors of BC and College of Physicians and Surgeons to assist the Commission
- introducing Available Amount value-for-money reporting
- improving health care delivery for priority areas by raising the profile and developing policy in relation to primary care and virtual care and by raising the profile of the Commission by presenting to key stakeholders
- introducing tools to help practitioners make decisions that are aligned with Triple Aim
- identifying the impacts to the Commission from Bill 92
- continuing to provide oversight and receiving regular updates regarding beneficiary, diagnostic facility and physician hearings.

BC Services Card

The BC Services Card (BCSC) project was initiated in 2009 to create a provincial identity solution and to replace the BC CareCard with security-enhanced photo identification. The project is a partnership involving the MoH, the Ministry of Citizens' Services and the Insurance Corporation of BC (ICBC). In February 2013 the BCSC launched with a five-year planned rollout. By February 2018 most BC residents had obtained a BCSC. As of March 31, 2019, 93% of MSP beneficiaries had been issued a BCSC.

In 2018/19, major focuses of activity included developing solutions for name mismatches and developing and implementing a non-binary gender identifier for use on government issued identification. In September 2018, phase 1 of the name mismatch project was launched to reduce name mismatches between HIBC and ICBC. This phase of the project addressed legacy ICBC client names, hyphenated names and other low instance name mismatches. Further phases of the name mismatch project are underway and aim to resolve complex name mismatch issues. In November 2018 government announced British Columbians who do not identify as male or female will have the choice to display an "X" as a third option in the gender field of their BC issued driver's license, identity card, birth certificate and BCSC.

Presentations to the Commission

Throughout 2018/2019, the Commission received presentations on several topics including:

- Virtual care and the scope and direction of the Virtual Care Strategy Framework
- Primary Care Networks including compensation models, team-based care, policy direction, Urgent Primary Care Centres and Community Health Centres
- MSP residency reviews and hearings
- An overview of the Health Sector Information Analysis and Reporting Division including the Ministry's consolidated analytics and operating model, products/services and areas of focus
- Bill 92 implementation
- Setting of the Available Amount by Finance and Corporate Services
- Update on the Health Insurance BC procurement project
- Physician audits including statistics and extra billing audits
- An overview of the Ministry of Health's Digital Health Strategy
- College of Physician and Surgeon's priorities and strategic plan
- Doctors of BC's strategic framework

Commission-Related Legal Cases

The Commission monitors legal issues that arise in relation to MSP, as part of its oversight of MSP. From time to time, it is also actively involved in litigation as a named party. The following cases were considered and/or participated in by the Commission during 2018/2019:

Extra Billing/Private Clinic Issues

The purpose of the MPA is to preserve a publicly managed and fiscally sustainable health care system for BC in which access to necessary medical care is based on need and not on an individual's ability to pay. As such, the MPA prohibits "extra billing", which is a charging to an MSP beneficiary for or in relation to an insured medical service that is provided by a physician who is enrolled in MSP.

On October 1, 2018, the MPA was amended when certain provisions of the *Medicare Protection Amendment Act, 2003* came into force. These new provisions expand the Commission's ability to enforce extra billing that is contrary to the MPA and make it an offence to extra bill. However, on November 23, 2018, the British Columbia Supreme Court issued an injunction preventing such enforcement of extra-billing until June 1, 2019. Further, on January 24, 2019, the British Columbia Court of Appeal dismissed the application seeking leave to appeal this injunction decision.

Extra Billing Investigations

The Commission has developed processes for dealing with cases that come to its attention when concerns or complaints of extra billing arise.

In 2018/2019, the Commission commenced audits of three private clinics to determine compliance with the extra billing provisions of the MPA.

Multiple additional extra billing clinic audits ordered by the Commission remained pending during 2018/2019.

Extra Billing Litigation

In January 2009, Cambie Surgeries Corporation and others commenced litigation in British Columbia Supreme Court that challenges the validity of the extra billing provisions in the MPA, and the provision in the MPA that prohibits private insurance contract for insured services. The plaintiffs allege that these provisions contravene the *Canadian Charter of Rights and Freedom*. The trial of this litigation was ongoing throughout 2018/2019.

Pacific Centre for Reproductive Medicine

On September 7, 2018, the British Columbia Supreme Court dismissed a judicial review by PCRM, in which PCRM challenged the Commission's decision to deny PCRM's application for approval to bill MSP for specialized ultrasound procedures. PCRM appealed this decision to the British Columbia Court of Appeal.

British Columbia Society of Eye Physicians and Surgeons (BCSEPS)

On November 2, 2018, the British Columbia Supreme Court dismissed an application by BCSEPS, in which BCSEPS sought an injunction to prevent the Commission from reducing two MSP fees paid to physicians in relation to cataract surgery.

Appendices

Appendix 1: Members of the Medical Services Commission as of March 31, 2019

Medical Services Commission representatives and alternate members are appointed by Order of the Lieutenant Governor in Council (OIC). Additional information regarding Commission appointments is available on the Crown Agencies and Board Resourcing and Office's website at https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/central-government-agencies/crown-agencies-and-board-resourcing-office.

Government of British Columbia Representatives:

- Dr. Robert Halpenny (Chair)
- Dr. Heather Davidson (Deputy Chair)
- Mr. Colin Kinsley
- Alternate Members:
    - Ms. Stephanie Power (1st Alternate)
    - Dr. Ian Rongve (2nd Alternate)
    - Ms. Marie Ty (3nd Alternate)

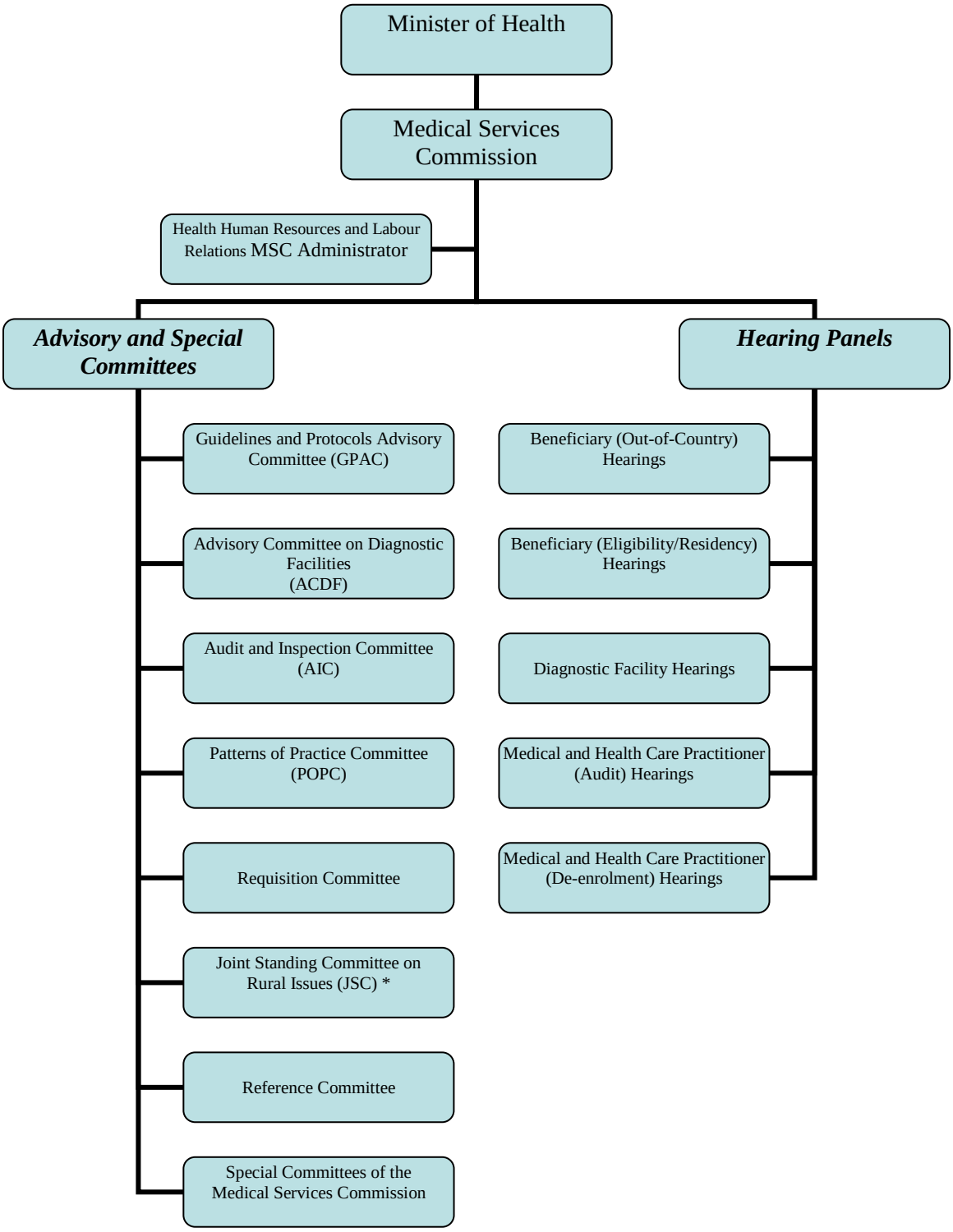
Doctors of BC Representatives:

- Dr. William Cavers
- Dr. Sam Bugis
- Dr. Matthew Chow
- Alternate Members:
    - Dr. Trina Larsen Soles (1st Alternate)
    - Dr. Kathleen Ross (2nd Alternate)
    - Mr. Allan Seckel (3rd Alternate)

Public (Beneficiary) Representatives:

- Ms. Ellen Godfrey
- Mr. Kenneth Werker
- Dr. Jillianne Code

Appendix 2: Medical Services Commission Organization Chart



***** Some of the funding for the work of the JSC comes from the Available Amount managed by the Medical Services Commission.

Appendix 3: Medical Services Commission Mailing Address and Website

1515 Blanshard Street
PO BOX 9649 STN PROV GOVT
Victoria BC V8W 9P4

Email: MSC@gov.bc.ca

Further information regarding the Commission can be found online at:
www.gov.bc.ca/medicalservicescommission.

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