SPECIALIST SERVICES COMMITTEE

Committee Report
for
2012/13 to 2013/14

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Background

The Specialist Services Committee (SSC) formed in 2006 to facilitate collaboration between Government and Doctors of BC. Under Article 8.2 of the Physician Master Agreement (PMA), the Agreement allows for the enhancement and expansion of programs that support the delivery of high quality specialty services to British Columbians.

Mandate

The SSC will continue to collaborate with Specialist Physicians to improve access to needed, evidence-based, quality services to meet patients' medical needs for optimum health outcomes. The approach is to be built on understanding population health needs linked to optimizing the mix of service delivery options, technology options and health human resource options. The SSC's specific mandate is laid out in Article 8.1 and 8.3 of the PMA, and The Specialists Subsidiary Agreement (see Appendix B). .

Organizational Structure

The SSC consists of four voting members from Doctors of BC and four voting members from the Government. Committee guests representing Health Authorities, the Ministry of Health, Doctors of BC also participate on a regular basis (see Appendix A). SSC is one of three collaborative committees between Doctors of BC and the Government.

COLLABORATIVE COMMITTEES

Report on Activities for Fiscal Years 2012/13 and 2013/14

Overview

In 2012/13 and 2013/14 the Specialist Services Committee continued efforts toward improving and enhancing the specialist interface with the health care system. During this reporting period, the committee focused on developing and implementing new innovative and relevant initiatives to benefit the patient, physician, and health care system. Specifically, the SSC's Quality and Innovation Strategy included implementing new fees and incentives to support specialists to enhance communication and coordination of patient care, and to support and fund specialist physician-lead initiatives and projects that improve patient care.

Membership

In 2011, the Government Co-Chair transitioned to Ms. Kelly McQuillen, Executive Director of the Integrated Primary and Community Care Branch. Dr. Ken Seethram, Doctors of BC co-chair continued in his leadership role during this period.

Physician membership transitioned with the departure of Dr. Erin Brown, alternatively paid representative to Dr. Sean Virani assuming the vacancy. Dr. Andrew Attwell and Dr. Sam Bugis also joined providing additional specialist representation on the committee.

Health authority representation includes many of the Vice President of Medicine and Quality representatives or their Senior Medical Directors.

Principles and Priorities

The SSC developed new initiatives guided by the Institute of Healthcare Improvement's Triple Aim principles (modified) and the SSC's own guiding principles.

The Institute for Healthcare Improvement's Triple Aim principles (modified) are:

- Improve the health of the population;
- Enhance the patient (and provider) experience of care (including quality, access, and reliability); and
- Reduce, or at least control, the per capita cost of care.

Building upon the objectives of the Triple Aim, the SSC's guiding principles intend to:

- Addresses a care gap (improves the health of a defined population)
- Improves/benefits patient experience

- Improves/benefits provider experience
- Demonstrates a positive cost benefit
- Improves collaborative practice
- Improves/supports patient engagement
- Has an achievable, measureable outcome
- Encourages efficient capacity
- Encourages appropriate access to care
- Improves knowledge, skills and judgment of individual physicians that will positively affect patient management and outcomes.

Committee Structure

The SSC undertook a major change in focus over the period of the report. A strategy to support and enhance specialist physician involvement in Quality Improvement approaches and provide regional quality support structures were planned and developed. To support this shift in focus the committee adopted a revised administrative and executive structure to lead and support the work of the SSC through the transformation and for future activities. The committee's renewal was advanced also through the inclusion of additional physician and Health Authority alternate members to broaden the voice across regions, and ensure committee continuity and succession planning. A new SSC staff structure was also adopted, with an Executive Lead supported by two Initiative Leads who are accountable to both the Ministry of Health and BCMA Co-chairs.

The new structure mirrors that of the other Joint Clinical Committees, including the GP Services Committee and the Shared Care Committee, and set the framework for a governance model that is inclusive and in-line with the other committees. A regular meeting of the Joint Clinical Committee Co-Chairs was initiated and allowed for alignment of initiatives and planning across committees. In addition a Practice Support Program (PSP) Steering Committee was broadened to include representation from each of the Committees and associated program areas to effectively plan and provide governance to the Practice Support Program, which aims to provide office-based practice support to physicians.

An annual work planning process was undertaken with a multi-year focus to ensure accountability and guide the direction of current and future initiatives. The work plans of each of the Committees are presented to the Physician Services Committee, the senior level body with oversight responsibility for the Joint Clinical Committees.

Funding Allocation

The Government previously provided $49 million in annual funding to support the work of the SSC, of which $2,159,372 was transferred to the Alternative Payments Program to provide ongoing funding for successful projects funded through the Medical Consultant Services initiative. In addition, $10 million was made available for allocation to Fees in

accordance with section 1.1(b) of Appendix F to the 2012 Physician Master Agreement. The remaining $36,840,628 in annual funding is to support the work of the SSC in enhancing and expanding the programs that support the delivery of high quality specialty services to British Columbians.

Fees/Incentives

Existing Fees:

The Specialist Services Committee continued to fund and improve upon fees that were established in 2010, including:

- ***Peri-operative Billing Limits:*** The SSC change to the MSC Payment Schedule Preamble updated billing rules to reflect with modern practice and ultimately provide appropriate patient care when needed. The previous peri-operative billing rules paid visits up to 2 weeks pre-operatively and after 6 weeks post-operatively. As of April 1, 2010, Specialists were paid for all visits pre-operatively and post-operatively in office; and following 14 days post-operatively in hospital.

- ***Physician to Physician Telephone Communication:*** The communication fee structure was introduced to remunerate specialists that provide advice to primary care physicians to better manage their patients and provide knowledge transfer. It is anticipated unnecessary or inappropriate referrals would be prevented, and may reduce unnecessary emergency room visits or acute care admissions/re-admissions. The fee structure is based on the urgency of the advice requested with a 2-hour response time fee and a non-urgent response within a one-week period.

  In 2012, the SSC made several changes to the two Physician to Physician Telephone Communication Fees:
  - The Urgent fee (G10001) was modified to remove the billing requirement to document start and end times, as this was deemed unnecessary.
  - The Non-Urgent fee (G10002) was modified from a fixed-rate fee to a time-based fee to accommodate and remunerate the Specialist Physician for longer conversations regarding patients with complex care needs. As well, this fee was broadened to also remunerate Specialists if they were contacted for advice by allied care providers.

- ***Specialist to Patient Telephone Communication:*** This fee was developed to essentially replace the need for an unnecessary follow-up office visit by conducting a scheduled telephone call between the Specialist and their patient when appropriate. The fee was implemented on April 1, 2010, and intends to create capacity in Specialist's practices at the same time improve patient access and provide more efficient patient care, particularly for patients that are not able to travel to the Specialist office.

In 2012, the SSC modified this fee (G10003) from a fixed-rate fee to a time-based fee to accommodate and remunerate the Specialist Physician for longer conversations regarding patients with complex care needs.

- ***Group Medical Visits:*** The SSC created Group Medical Visit fees to support specialist physicians to deliver care to groups of patients at the same time. The intent of this service is to increase access and efficiency, and improve patient experience through group discussion and sharing.

New Fees:

In 2012, the SSC also developed two new fees to improve care planning and coordination for patients, including:

- ***Discharge Planning Fee:*** A new fee was developed and implemented in 2012 to provide incentive for coordinated care planning upon hospital discharge. Specialist Physician involvement in the discharge processes will better coordinate multi-disciplinary care and provide valuable discharge information to patients and their General Practitioner with the aim to reduce readmissions and ultimately improve patient care.

- ***Advance Care Planning Fee:*** A fee premium to encourage advance care planning discussions was developed in 2012 that leverages the government's My Voice Advance Care Planning tools. The goal is to see better coordination with primary care providers and opportunities for discussions with patients around advance care planning decisions.

Labour Market Adjustment Funding:

The SSC allocated $10 million for labour market adjustments linked to recruitment and retention pressures. The SSC funds were made available in relation to proposed initiatives that met the overall objectives of the 2009 Agreement, that met the necessary thresholds regarding demonstrable recruitment and retention pressures and, further, provided for new fees or initiatives that could be monitored and managed within the fixed amount.

An independent panel reviewed the submissions from interested Specialist Sections for new fees as part of the Labour Market Adjustment exercise. Funding was awarded to the following sections to create their own fees using SSC funding: Internal Medicine, Endocrinology, Respiratory Medicine, Infectious Disease, Rheumatology, Obstetrics/Gynecology, Geriatric Medicine, Neurology, and Anesthesiology.

Initiatives

Funding for Physician Participation in System Redesign Activities

With an increased focus around system process redesign activities, such as LEAN, and other quality improvement initiatives led by health authorities, the SSC recognized that physician participation in those activities was essential. The SSC provided funding to specialists that participate in specific health authority initiated projects and activities. By funding physicians who would not normally be involved in these discussions, or in the development of system revisions, the health authorities is able to garner experiences and essential perspectives, as well as ultimately achieve better support of the revised processes.

Physician Leadership Training

A provincial approach to leadership development and training continues to be explored with the SSC sponsoring Specialist Physician participation across the province in the University of British Columbia's newly developed Sauder Business School's Physician Leadership Program.

The SSC continued to provide scholarships for physicians to receive training in leadership activities initiated by the Specialist directly or through the health authorities. Physician applications are endorsed by their health authority executive prior to review and approval by a working group of the SSC.

SSC routinely sponsored physicians to attend Physician Management Institute courses and modules run by the Canadian Medical Association. Physicians have indicated these course offerings are valuable and helpful for physician leadership and quality improvement skills development.

Additionally, the SSC has sponsored the costs of several regionally-delivered health authority in-house physician leadership learning programs and courses. This approach provides physicians with learning opportunities alongside administrative colleagues and with a local customized content.

Quality and Innovation Projects

In 2012, the SSC made up to $8 million available on a one-time basis to support specialist initiatives that would improve specialist care delivery in BC. SSC called for submissions from specialists and specialist sections. The fund offered one-time funding to support innovation and system change initiatives led by specialist physicians. The initiatives aimed to improve the quality of specialist care and access for patients, as well as improve the efficiency of care.

The SSC received 166 proposals in the Stage One process, from which approximately 60 proposals were invited to submit more detailed information in Stage Two. The scope of

proposals ranged considerably but can be categorized as follows: Multidisciplinary Care, Information Technology, Surgical Care, Training and Professional Development.

After reviewing the Stage Two proposals against the criteria, the SSC provided preliminary approval to 13 projects for one-time funding worth approximately $5 million in total. The SSC subsequently approved another eight projects from Stage Two ($3 million), for a total of 21 projects worth $8 million in one-time funding.

In early 2014, SSC dedicated up to $15 million in new one-time funding to support specialist-led initiatives that focused on quality improvement and addressed care gaps. Taking lessons learned from the first round of funding, all applicants are required to engage with key stakeholders and/or health authority clinical, operational and financial contacts before submissions are developed. The process for submissions will begin in fiscal year 2014/2015.

Practice Support and Quality Improvement for Specialist Physicians

The Practice Support and Quality Improvement Program (PSPQI) provides physicians and medical office assistants (MOA) with learning opportunities through module learning sessions and in-office support. The program was originally created for General Practitioners, but was broadened in 2010 to include Specialist Physicians. The learning modules available for Specialist Physicians include advanced access/office efficiency and group medical visits. Other modules such as end of life care are under development.

Specialists, and their medical office assistants, who participate in PSPs are compensated for their time commitment by the SSC. Implementing an advanced access model in specialist physician practices has proven to create additional system capacity, improve patient care, increase the physician's satisfaction, as well as contribute to higher earnings. Additional information concerning learning modules are available on the SSC's webpage.

The SSC is putting a greater focus on the concept of quality improvement. The SSC has worked with health authorities and physicians to discuss models that could support QI from the health authority and physician perspectives. Conceptual discussions continue and the SSC looks forward to partnering with physicians, Health Authorities and the PSPQI group to resource and support this fundamental component of SSC's direction.

Support to Other Committee Prototype Projects and Programs

The SSC has supported other individual projects and programs directly through SSC or through SSC funding provided to other committees such as the Shared Care Committee. These projects include:

- Specialist Innovation Lab on Prevention
- Patient Reported Outcome Measures (PROMs) pilot for orthopedic patients in Victoria
- Mood Disorder
- Rapid Access to Clinical Advice (RACE)

- Child and Youth Mental Health collaborative
- Funding Specialist Involvement in Divisions of Family Practice
- Funding Specialist Participation in Privileging and Credentialing Development
- Teledermatology Project

Communications

The Doctors of BC's direct mail communication with specialist physicians on SSC initiatives in *The Specialist Consult* newsletter during 2012-2013 helped reach over 4000 physicians. Communication underwent a revamp at the end of 2012-2013 that included a renewed website and replacing The Specialist Consult newsletter with a quarterly (December, March, June, September) e-newsletter *SSC Focus* that goes out to over 5,000 physicians and stakeholders. The information in *SSC Focus* links readers to the renewed SSC website.

The SSC's renewed website (www.sscbc.ca) contains information on all SSC funded programs, fees, and current projects and initiatives. A new feature called Specialists: Your Stories provides a venue to learn of the innovations Specialists and their colleagues are undertaking, as well as other news items for Specialists.

Program Evaluation

A mid-term evaluation and survey was conducted by the independent consulting group MNP. Using the baseline evaluation information the early impact of the initiatives could effectively be measured and evaluated.

As part of the 2011 mid-term external evaluation, consultants interviewed and sought feedback from the SSC and its stakeholders including Specialist Sections, the Society of Specialist Physicians and Surgeons, health authority representatives, and staff of the SSC and the Practice Support Program for Specialists. The SSC also contracted with a public opinion polling firm to assist in surveying GPs and Specialists across the province on their perceptions of the SSC initiatives as well as physician communication and collaboration.

The key evaluation findings were:

- There is a strong need for the SSC initiatives in BC.
- The SSC initiatives have had positive impacts and have made progress towards achieving their intended objectives since its implementation in April 2010.
- Program uptake varies across the SSC initiatives.
- There is an opportunity to improve the communication and promotion of the SSC initiatives.
- There is an opportunity to tailor the SSC program offerings and content to make them more effective and relevant to Specialists.
- One unintended consequence was identified resulting from the implementation of the peri-operative billing rule changes. In particular, expenditures exceeded the original allocation due to higher than anticipated billing of fees by some sections.

The SSC is pleased that the initiatives overall are perceived as having a positive impact for both physicians and patients, particularly regarding the support for improving communication and collaboration between physicians and improving access and quality of care for patients. The SSC has acted upon identified opportunities for improvement where feasible, including changes to the implementation and promotion of the initiatives.

The final evaluation is delayed to allow recent fee changes to be captured to provide fulsome results in summer of 2014.

Appendix A: 2012-2014 | Committee Membership

Specialist Services Committee Members for the period ending March 31, 2014

Doctors of BC Representatives:

Dr. Sean Virani (Co-Chair)
Plastic Surgeon - Alternatively Paid Representative

Dr. Gordon Hoag
Laboratory Medicine - Diagnostic Representative

Dr. Ian Courtice
Anesthesia – Medicine Representative

Dr. Kenneth Seethram
Obstetrician/Gynecologist - Surgical Representative

Dr. Andrew Attwell
Medical Oncologist - Alternatively Paid Representative (Alternate)

Government Representatives:

Ms. Kelly McQuillen (Co-Chair)
Executive Director, Integrated Primary and Community Care Branch - Ministry of Health

Mr. Jeremy Higgs
A/Executive Director, Workforce Research and Analysis Branch - Ministry of Health

Ms. Effie Henry
Executive Director, Acute and Provincial Services Branch, Ministry of Health (Alternate)

Health Authority Representatives:

Dr. Steve Gray
Vice President, Physician Support Services
Provincial Health Services Authority

Dr. Jatinder Baidwan
Executive Vice President and Chief Medical Officer
Island Health

Dr. Martin Wale (Alternate)
Executive Medical Director
Island Health

Dr. Brenda Wagner
Senior Medical Director, Richmond Health Services
Vancouver Coastal Health Authority

Dr. Alan Stewart
Senior Medical Director, Acute Services
Interior Health Authority

Dr. Roy Morton
Executive Medical Director, Physician Partnerships and Performance
Fraser Health Authority

Dr. Ronald Chapman
Vice President, Medicine and Clinical Programs
Northern Health

Non-Voting Members:

Mr. Allan Seckel
Chief Executive Officer – Doctors of BC

Mr. Ted Patterson
Assistant Deputy Minister, Health Sector Workforce Division
Ministry of Health

Staff:

Mr. Adrian Leung
Executive Lead, Specialist Services Committee – Doctors of BC

Mr. Jim Aikman
Executive Director, Economics and Policy Analysis Department – Doctors of BC

Dr. Sam Bugis
Executive Director, Physician and External Affairs Department – Doctors of BC

Ms. Marissa Adair
Executive Director
Communications and Public Affairs Department – Doctors of BC

Ms. Andrea Elvidge
Executive Director - Society of Specialist Physicians and Surgeons of British Columbia

Mr. Rob Hulyk
Director, Physician and External Affairs Department – Doctors of BC

Ms. Meredith Cormier

Lead, Rural and Specialist Services, Economics and Policy Analysis Department – Doctors of BC

Ms. Christina Beck
Initiatives Lead, Specialist Services Committee – Doctors of BC

Ms. Ann MacDonald
Senior Manager, Communications and Public Affairs Department – Doctors of BC

Ms. Nadeen Johansen, (Secretariat)
Senior Policy Analyst, Integrated Primary and Community Care Branch - Ministry of Health

Appendix B: Excerpts from the Specialists Subsidiary Agreement

ARTICLE 4 - COLLABORATION WITH SPECIALIST PHYSICIANS

4.1 The Government and the BCMA agree to collaborate with Specialist Physicians to improve access to needed, evidence-based, quality services to meet patients' medical needs for optimum health outcomes. This approach will be built on understanding population health needs, linked to optimizing the mix of service delivery options, technology options and health human resource options.

ARTICLE 5 - SPECIALIST SERVICES COMMITTEE

5.1 A Specialist Services Committee shall continue under this Agreement to facilitate collaboration between the Government, the BCMA and the Health Authorities on the delivery of the services of Specialist Physicians to British Columbians and to support the improvement of the specialist care system. In addition to the core mandate outlined in section 8.2 of the 2012 Physician Master Agreement, the Specialist Services Committee will fulfill the specific mandate as set out in this Agreement.

5.2 The Government and the BCMA shall each appoint an equal number (not to exceed four each) of members to the Specialist Services Committee.

5.3 The Specialist Services Committee will be co-chaired by a member chosen by the Government members and a member chosen by the BCMA members.- 71 -

5.4 Decisions of the Specialist Services Committee shall be by consensus decision.

5.5 If the Specialist Services Committee cannot reach a consensus decision on any matter that it is required to determine under section 5.6(a), the BCMA and/or the Government may make recommendations to the MSC and the MSC, or its successor, will determine the matter. If the Specialist Services Committee cannot reach a consensus decision with respect to any matter that is referred to it under section 5.6(d) and that requires a determination, the Physician Services Committee will determine a process for resolving the dispute, which may include referral to the Adjudication Committee or the MSC.

5.6 The Specialist Services Committee will have the following responsibilities:

(a) allocating funds referred to in Article 6;

(b) identifying possible time limited projects that have measurable patient-centred goals focused on the following areas:

(i) system redesign; and

(ii) expediting access;

(c) consulting with representatives of allied health professionals as necessary in

the completion of its mandate; and

(d) other matters that may be referred to it by the Physician Services Committee.

5.7 On an annual basis, the Specialist Services Committee will develop a work plan, ensure that evaluations to measure outcomes are an integral part of the work plan, and report to the Physician Services Committee in the manner outlined in section 6.3(a) of the 2012 Physician Master Agreement.

5.8 The Specialist Services Committee must follow any communication protocol developed by the Physician Services Committee, and in any event must ensure that the co-chairs of the Specialist Services Committee pre-approve any communication about the business and/or decisions of the Specialist Services Committee.

5.9 The costs of administrative and clerical support required for the work of the Specialist Services Committee and physician (other than employees of the Government, BCMA and Health Authorities) participation in the Specialist Services Committee, will be paid from the funds referred to in Article 6 of this Agreement.

ARTICLE 6 - FUNDING TO IMPROVE ACCESS TO SPECIALTY SERVICES BY BRITISH COLUMBIANS

6.1 The Government previously provided $49 million in annual funding to support the work of the Specialist Services Committee, of which $2,159,372 has been transferred to the Alternative Payments Program and $10 million has been made available for allocation to Fees in accordance with section 1.1(b) of Appendix F to the 2012 Physician Master Agreement. The Government will continue to provide the remaining $36,840,628 in annual funding to be allocated by the Specialist Services Committee to support the work of the Specialist Services Committee in enhancing and expanding the programs that support the delivery of high quality specialty services to British Columbians.

6.2 The Government will provide an additional $10 million in annual funding to be made available effective April 1, 2012, with such funding to be allocated by the Specialist Services Committee to, amongst other things, offset utilization pressures on its programs.

6.3 The Government will provide an additional $8 million in annual funding to be made available effective April 1, 2013, with such funding to be allocated by the Specialist Services Committee to, amongst other things, offset utilization pressures on its programs.

6.4 Any funds identified in this Article 6 that remain unexpended at the end of any Fiscal Year will be available to the Specialist Services Committee for use as one time allocations to improve the quality of care.

ARTICLE 7 – SPECIALIST SERVICES COMMITTEE REPORTING

7.1 The Specialist Services Committee will submit a semi-annual written report to the Government and the BCMA, as of March 31 and September 30 of each year, on the use of the funds referred to in section 6.4, with each such report to include the following information:

(a) the total amount of such funds available at the beginning of the reporting period in issue (October 1 for reports as of March 31 and April 1 for reports as of September 30);

(b) an itemized account, by initiative, of all funds spent since the prior report including a description of each initiative, an explanation of how each initiative meets the objective of improving the quality of care, and the total amount of the funds spent on each initiative;

(c) an itemized account, by initiative, of all funds committed, but not spent, since the prior report including a description of each initiative, an explanation of how each initiative meets the objective of improving the quality of care, and the total amount of the funds committed to each initiative;

(d) the amount of any funds identified in any previous report as having been committed, but not spent, that the Specialist Services Committee has determined will not be spent, identified by initiative, with an explanation of why the funds were not spent as initially contemplated; and

(e) the balance of the funds remaining available at the end of the reporting period in issue.

ARTICLE 8 - DISPUTE RESOLUTION

8.1 Disputes as to the interpretation, application, operation, or alleged breach of this Agreement, are Provincial Disputes and will be resolved in accordance with the provisions of Articles 20, 21, and 22 of the 2012 Physician Master Agreement applicable to Provincial Disputes.

Full Agreement:

http://www.health.gov.bc.ca/msp/legislation/pdf/pma-consolidated-amendment-7.pdf

Appendix C: Excerpts from the 2012 Physician Master Agreement

8.2 **Core Mandate of the Joint Clinical Committees**

In fulfilling each of their specific mandates, each of the Joint Clinical Committees will operate from a core mandate to:

(a) identify changes in current physician service delivery that could result in improvements in patient care, more effective utilization of physician and other healthcare resources, and measurable savings in expenditures that could be reallocated for more optimal provision of healthcare services;

(b) support the integration and alignment of physician services with other health service delivery;

(c) strengthen the application of Triple Aim Principles in service design and delivery;

(d) encourage appropriate collaborative practice with other physicians and integration of physicians with other healthcare professionals in the delivery of services;

(e) identify gaps in care and address population health needs;

(f) support the delivery of quality and evidence based care including promoting the adoption and effective implementation of appropriate clinical practice guidelines, where appropriate;

(g) prior to making decisions, consider the unique issues arising from rural practice;

(h) use total expenditure data for services as an aid to making decisions;

(i) form temporary sub-committees (that may be allocated a specific budget) where required to address issues of patient care which engage the mandates of more than one Joint Clinical Committee;

(j) make recommendations on appropriate shared care between physicians and other healthcare professionals; and

(k) establish measures for accountability and achievement of outcomes.

8.3 **Specialist Services Committee**

In addition to the core mandate outlined in section 8.2, the Specialist Services Committee will fulfill the specific mandate outlined in the Specialists Subsidiary Agreement.