Action Plan and Progress Assessment (APPA) for the implementation of audit recommendations from the OAG- Prepared for the Select Standing Committee of Public Accounts

Attention: Mike Bernier, Chair and Rick Glumac, Deputy Chair of the Select Standing Committee on Public Accounts

Oversight of Physician Services Released 02/14

http://www.bcauditor.com30/09/14/pubs

PAC Meeting Plan[1]	**30/09/14**	**Prepared by:** Rod Frechette, Ministry of Health	**Reviewed by:** Ted Patterson, Assistant Deputy Minister
1st APPA Update	**18/09/15**	**Prepared by:** Rod Frechette, Ministry of Health	**Reviewed by:** Ted Patterson, Assistant Deputy Minister
2nd APPA Update	**30/11/16**	**Prepared by:** Rod Frechette, Ministry of Health	**Reviewed by:** Ted Patterson, Assistant Deputy Minister
3rd APPA Update	**17/11/17**	**Prepared by:** Rod Frechette, Ministry of Health	**Reviewed by:** Mark Armitage, Assistant Deputy Minister
4th APPA Update	**29/03/19**	**Prepared by:** Rod Frechette, Ministry of Health	**Reviewed by:** Mark Armitage, Assistant Deputy Minister
5th APPA Update	**20/02/20**	**Prepared by:** Rod Frechette, Ministry of Health	**Reviewed by:** Mark Armitage, Assistant Deputy Minister
6th APPA Update	**16/02/21**	**Prepared by:** Rod Frechette, Ministry of Health	**Reviewed by:** Mark Armitage, Assistant Deputy Minister

[1] The audited organization will be required to present their initial action plan at this meeting (i.e. First three columns completed for each OAG recommendation included in the audit report)

[2] For each recommendation, the audited organization should state whether or not they have accepted the recommendation and plan to implement it fully by typing either "Yes" or "No" under the number of the recommendation.

[3] Target date is the date that audited organization expects to have "fully or substantially implemented" the recommendation. If several actions are planned to implement one recommendation, indicate target dates for each if they are different.

[4]The Select Standing Committee on Public Accounts (PAC) will request that the audited organization provide a yearly update (i.e completed "Assessment of Progress and Actions Taken" column) until all recommendations are fully implemented or otherwise addressed to the satisfaction of the PAC. This is for the APPA update.

[5] This action plan and the subsequent updates have not been audited by the OAG. However, at a future date that Office may undertake work to determine whether the entity has implemented the recommendations. The results of that work will be reported in a separate report prepared by the OAG.

Please provide your email response to:

Email: Comptroller General's Office of the Government of British Columbia Comptroller.General@gov.bc.ca

Cc email to: the Office of the Auditor General of British Columbia actionplans@bcauditor.com

Rec. # Accepted? Yes / No[2]	OAG Recommendations	Actions Planned & Target Date(s)[3]	Assessment of Progress to date[4] and Actions Taken[5] (APPA update)
1 *Yes*	We recommend that the Ministry of Health work with the College of Physicians and Surgeons of British Columbia and the health authorities to: **1.1** define and set measures and targets for high-quality and cost-effective physician services as part of a performance review process; **1.2** document and address barriers that are preventing timely action to ensure that a performance review process is implemented by December 2014 (target completion date of the current Physician Performance Enhancement Framework); **1.3** implement the Physician Performance Enhancement Framework and a performance review process for both community- and facility-based physicians;	The Ministry will launch the BC Medical Quality Initiative (BCMQI) to provide provincial leadership and strategic direction for medical quality activities. The initiative will include work in the quality *assurance* and quality *improvement* streams and will bring together a range of organizations, including the Ministry, College of Physicians and Surgeons, Health Authorities, Doctors of BC, University of British Columbia Continuing Professional Development, General Practices Services Committee, Specialist Services Committee, Joint Standing Committee on Rural Issues and the Rural Coordination Centre of BC, BC Patient Safety and Quality Council and others. The Initiative will be supported by a Medical Quality Office housed at the Provincial Health Services Authority (PHSA) and will provide oversight for a number of medical quality activities initiated through the former Physician Quality Assurance Steering Committee, including Physician Performance Enhancement and implementation of a provincial Credentialing and Privileging (C&P) system. The C&P system will ensure a consistent, standardized approach to privileging across Health Authorities that will include: • a shared provincial information system to support credentialing and privileging processes; • a standardized data set with common forms for application and reappointment of medical staff; • privileging standards for each medical specialty and sub-specialty through specific privileging dictionaries; • a refresh of physician performance review processes in each health authority as part of the privileging process. MSPQI will assist the Ministry in developing a system of effective physician performance measures and targets specific to medical specialties and sub-specialties over the next several years that link individual and group practice, organizational and provincial levels.	Fully implemented <u>Update 16/02/21:</u> In March 2018, the Health Leadership Council, (including Health Authority Chief Executive Officers, senior Ministry of Health officials, and chaired by the Deputy Minister of Health), renewed the BC MQI mandate and advised on a restructuring of the governance to continue the work. Medical quality activities related to physician credentialing, privileging, and applicant assessments are directed by BC MQI's Credentialing and Privileging Oversight Committee (CPOC) (formerly QA Working Group); a group co-chaired by the College of Physicians and Surgeons of British Columbia and a health authority representative. The improvements will re-enforce provincial consistency in terms of approach between health authorities. • A refresh of the content of the original 62 provincial privilege dictionaries is complete. A framework for dictionary maintenance is in place to ensure privilege standards continue to reflect current technologies and best practices. The provincial dictionaries are used in 100% of physician and other medical staff privilege applications in all health authorities. • Six health authorities use Cactus for 100% of initial and reappointment applications. A lean review as conducted to reaffirm the provincial minimum data set and common workflows to ensure standard use of the provincial C&P system. • The Ministry report on radiology quality (2017) recommended to establish provincial consistency for reference checks and procedures for locum management and tracking; all of which are deliverables of CPOC. • In 2019, BC MQI initiated work to establish a provincial system for medical staff performance enhancement, in a health authority-driven process to build on the framework developed by a BC MQI task group in 2017. This work continues with expected soft launch in spring 2021. In 2018 the Ministry of Health, health authorities and Doctors of BC initiated the development of a Measurement System for Physician Quality Improvement (MSPQI) based on a framework negotiated in 2017. A secretariat at the BC Patient Safety & Quality Council is supporting a phased approach that aims to: • Provide data at the individual level to enable physicians to improve the quality of care they provide to patients; and • Enables assessment of overall health system performance and of the value of physician services through aggregated and anonymized data at the facility/population and provincial level. The first phase developed an initial set of primary and surgical care quality indicators and a roadmap for how the technical infrastructure required to collect and share the selected measures will be developed. In 2020, Leadership Council (HA CEOs and senior Ministry officials) and the Doctors of BC Board of Directors

Please provide your email response to:
Email: Comptroller General's Office of the Government of British Columbia Comptroller.General@gov.bc.ca
Cc email to: the Office of the Auditor General of British Columbia actionplans@bcauditor.com

			each agreed to proceed with the second phase of the MSPQI development. This includes: • Expanding the indicator selection process to additional areas of medical care including: Acute and Emergency Care, Community Specialist and Specialized Care, and Diagnostic Care. In addition, the indicator selection process will continue in Primary Care and Surgical Care. • Developing the technical specifications and testing the creation of the Surgical indicators identified in phase 1. • Testing the necessary administrative and technical infrastructure to extract data from private practice electronic medical records for the MSPQI. • Establishing the MSPQI data environment and requisite governance structures to support appropriate use in sharing both individual physician reports and system level aggregate indicators.

Rec. # Accepted? Yes / No[2]	OAG Recommendations	Actions Planned & Target Date(s)[3]	Assessment of Progress to date[4] and Actions Taken[5] (APPA update)
	1.4 use the information for the defined measures and targets, as part of the performance review process, to evaluate the quality and cost-effectiveness of physician services across BC and identify areas of improvement; **1.5** report results at an aggregate level so the Legislative Assembly and the public understand whether the services being provided are achieving value for money; and **1.6** require all physicians to participate in the process.	**Target Date:** The BCMQI will be formally launched in September 2015. Implementation of C&P system began in April 2015 and continue in 2016. Development of a system of performance measures and targets for medical specialties and sub-specialties will take place over the next three years.	

Rec. # Accepted? Yes / No[2]	OAG Recommendations	Actions Planned & Target Date(s)[3]	Assessment of Progress to date[4] and Actions Taken[5] (APPA update)
2. *Yes*	We recommend that the Ministry of Health, the health authorities, the Medical Services Commission and the College of Physicians and Surgeons of British Columbia, in consultation with the British Columbia Medical Association, clarify: **2.1** the roles and accountabilities for ensuring that the health system supports quality and cost-effective physician services; and **2.2** the relationship and accountability of individual physicians to Government for the quality and cost-effectiveness of their services.	The Ministry's strategic planning guide document, *Setting Priorities for the BC Health* System, identifies as a key priority that the Ministry will establish a clear performance management accountability framework built on public reporting, and include role clarity and accountability mechanisms for the Ministry of Health, health authorities, physicians, nurses and allied health professional and support staff focused on population and patient needs. The Ministry will work with stakeholders on an ongoing basis to develop this role clarity and accountability, including specifically with respect to oversight for physician services. **Target Date:** Ongoing	Substantially implemented . <u>Update 29/03/19 and ongoing:</u> • Roles and accountabilities continue to be clarified in a number of ways, including for example: o Ongoing discussions between government, health authorities, physician representatives and other partners in a number of forums, such as joint collaborative committees under the Physician Master Agreement; o Continued efforts to improve accountability of joint collaborative committees through improving the oversight function provided by the Physician Services Committee, also established under the Physician Master Agreement; o Discussions between the Chair of the Medical Services Commission (MSC) and Ministry staff to clarify roles and responsibilities and increase the visibility of the MSC and enhance the level of support provided by the Ministry to the MSC; o The Ministry communicating clear expectations to HAs in terms of their role in managing physician resources, particularly through the Provincial Medical Services Executive Council and its Physician Compensation Working Group; o Enhancement of the role of the Physician Services Secretariat, housed at the Health Employers Association of BC, in terms of supporting the Ministry and HAs in terms of more effectively managing physician resource issues and taking provincial approaches on significant negotiation issues; etc. o Through the new Physician Master Agreement, the MSC advisory committees - Guidelines and Protocols Advisory Committee (GPAC) and Patterns of Practice Committee (PPC) - will work more closely together including on-going joint review of GPAC guidelines. Additionally, PPC will complement new GPAC guidelines with related educational material and will review impacts on utilization; and, the joint collaborative committee mandates will be updated so that they provide input to the work and effectiveness of GPAC and PPC.

Please provide your email response to:
Email: Comptroller General's Office of the Government of British Columbia Comptroller.General@gov.bc.ca
Cc email to: the Office of the Auditor General of British Columbia actionplans@bcauditor.com

Rec. # Accepted? Yes / No[2]	OAG Recommendations	Actions Planned & Target Date(s)[3]	Assessment of Progress to date[4] and Actions Taken[5] (APPA update)
3. *Yes*	We recommend that the Ministry of Health and the health authorities, in consultation with the British Columbia Medical Association and other health system partners, rebuild physician compensation models so they align with the delivery of high-quality, cost-effective physician services.	In support of the Ministry's strategic agenda for the health system, the Ministry will *strategically* and *opportunistically* identify opportunities to work in collaboration with our health system partners to develop and implement new and innovative compensation models to better support the *Triple Aim* objective of: • Improving the health of populations; • Improving the patient experience of care (including quality and satisfaction), to which B.C. has added the requirement of improving the experience of delivering care for providers and support staff; and, • Reducing the per capita cost of health by focusing on quality (especially effectiveness and appropriateness) and the efficiency of health care delivery. **Target Date:** Ongoing	Substantially implemented <u>Update 16/02/21:</u> • The Ministry continues to actively pursue opportunities to work with HAs and physicians to develop new compensation models and incentives in support of Ministry priorities for the health system. o In support of the Ministry's Primary Care Strategy, particularly implementation of the Primary Care Network (PCN), service contract templates were developed in 2018 to engage physicians and Nurse Practitioners who are interested in establishing a family practice and building patient panels. o In consultation with the Doctors of BC, the Ministry developed and introduced in 2020, a group service contract for practicing full service family physicians as a compensation alternative to fee-for-service that better supports teambased care and Patient Medical Homes/PCNs. Physicians transitioning to the contract must be participating in PCNs or if a PCN is not currently in active planning, participate when available. o Service contracts have been developed for primary care initiatives such as Urgent and Primary Care Clinics, First Nations clinics, Community Health Clinics to better support teambased care and patient-centric services. o A new incentive based, group accountability service contract for anesthesiologists, to support increased surgeries. o The Ministry has developed a draft Alternate Payment Program Framework to guide decision on when to enter into Agreements o Then Ministry is launch the APP Transformation Initiative in 2020/21. This project will improve the data information/quality and interface between the health authorities and the Ministry with respect to the effective and efficient management of the provincial APP budget. • Other compensation options that better support team-based care than fee-for-service will be expanded to practitioners in approved PCN communities. The Ministry continues work on Population Based Funding (blended capitation) models to enable expansion of the program across the province. As well, foundation work is being undertaken on the Northern Model, currently being piloted in Fort St. John, to enable expansion to Prince George. • The Ministry and the Doctors of BC, through the GPSC Incentive Working Group, have created and implemented a new financial payment to full service family physicians that supports panel management (i.e. EMR and file data clean up/organization, clinical quality improvement to improve patient care)

Please provide your email response to:
Email: Comptroller General's Office of the Government of British Columbia Comptroller.General@gov.bc.ca
Cc email to: the Office of the Auditor General of British Columbia actionplans@bcauditor.com

Rec. # Accepted? Yes / No[2]	OAG Recommendations	Actions Planned & Target Date(s)[3]	Assessment of Progress to date[4] and Actions Taken[5] (APPA update)
4. *Yes*	We recommend that as long as fee-for-service and alternative payment remain significant funding models for physician services in British Columbia: **4.1** the Ministry of Health should ensure that it has the degree of influence necessary to align funding with health system priorities; **4.2** fees and contracts are adjusted on a regular basis so	The Ministry will refresh its organizational structure and capacity to ensure the effective management of physician compensation policies and programs. **Target Date:** June 2017	Fully implemented <u>Update 29/03/19:</u> • A Compensation Policy and Programs Branch (CPPB) was created in July 2015 and assumed oversight for all physician compensation policy and programs in the Ministry, which were previously managed across a number of different parts of the organization. A reorganization occurred in 2018 to ensure adequate and appropriate focus on work required to support the Ministry's Strategic Priorities; but a subsequent reorganization in 2020 repatriated the Alternative Payments Program (APP) back to the branch. • The Ministry has also increased its capacity in the area of health human resource economics and analytics and consolidated its analytical resources within a single division. • The Doctors of BC, through the Physician Services Committee, have acknowledged the need to align funding with the Ministry's priorities.

Rec. # Accepted? Yes / No[2]	OAG Recommendations	Actions Planned & Target Date(s)[3]	Assessment of Progress to date[4] and Actions Taken[5] (APPA update)
	physician compensation reflects changes in the knowledge, skills, time and technology required to deliver a service; and **4.3** the health authorities adhere to negotiated ranges and rates, work as one entity to negotiate expectations, and document the rationale for any non-adherence to negotiated ranges and rates.	The Ministry will conduct a high-level review of health authority physician human resource management structures, processes and capacity as well as the role of the Health Employers' Association of BC (HEABC) in supporting effective physician human resource management. **Target Date:** November 2015	Fully implemented <u>Update 20/02/20:</u> • Through the Provincial Health Workforce Planning Process, established in 2016/17, the Ministry works collaboratively with health authorities to ensure that the supply, mix and distribution of physicians and the broader health workforce is aligned with patient and population health needs across BC. • As part of this process, the Ministry has clearly defined and communicated expectations for health authorities through policy and detailed instructions. • As a result of this collaborative work, the Provincial Health Workforce Strategy 2018/19-2020/21 was released in April 2018. • In recent years, health authorities have increased their corporate capacity to engage in physician workforce planning. The Ministry supports this work and is actively addressing data gaps and other barriers at the health system level. • In 2019/20, the Ministry and Health Authorities embarked on a new provincial health workforce planning cycle. A clear focus of this work was aligning health authority workforce planning with provincial-level strategic direction and ensuring cross-system plans are in place to address the highest priority issues and challenges. The Provincial Health Workforce Strategy is being updated to reflect this work. • The Ministry continues to maximize the HEABC Physician Services Secretariat to provide the Ministry and HAs with more capacity to manage local, regional and provincial physician resource issues in a more effective and consistent way.

Rec. # Accepted? Yes / No[2]	OAG Recommendations	Actions Planned & Target Date(s)[3]	Assessment of Progress to date[4] and Actions Taken[5] (APPA update)
		The Ministry will review and refresh its major compensation policies and programs (including administration of these policies and programs), starting with Alternative Payments Program (APP) and followed by the Medical Services Commission Payment Schedule (Fee for Service). Fee Item review methodology and process to be completed by December 2017, including preliminary analysis of internal relativity of core codes. APP Policy and Administrative reviews to be completed by December 2015. Implementation of changes to APP will occur in 2016.	Substantially implemented <u>Update 29/03/19 and ongoing:</u> The Ministry completed a review of Medical Services Commission Payment Schedule and its fee codes across all specialties based on a relative comparison of price per unit of time. Based on that review and its findings, and pursuant to the Physician Master Agreement, Article 12.2(a), the Ministry advised the Doctors of BC Tariff Committee of its recommendations to reduce five fee codes (in ophthalmology and cardiology). The Tariff Committee recommended reductions to two of the ophthalmology codes which were implemented October 1, 2018. The cardiology fee code along with concerns about how different cardiologists were billing add-on fees lead the section of cardiology to rewrite portions of their fee schedule which received approval at Tariff Committee on March 15, 2019. The Ministry also continues with a number of efforts to improve administration of the Alternative Payments Program, including: • Improvements to Ministry and HA business processes; • Strengthening the role of HEABC Physician Services Secretariat in managing physician contract issues, including creation of a provincial APP contracts Database housed at HEABC; • Setting clear expectations through the Provincial Medical Services Executive Council and its Physician Compensation Working Group on approaches to managing physician compensation issues; • Development of provincial negotiation principles/parameters for key physician groups; • Recent settlement of long-standing dispute between the Ministry and Doctors of BC regarding pay rates for physicians on APP, which should provide clarity and lead to less conflict on these matters in the future; etc. The 2019 Physician Master Agreement Negotiations include: • Improvements to the APP template contracts and the creation of a new group template service contract • Provisions to measure and address workload of physicians under APP contracts • Targeted Service Contract and Salary Agreement Increases to address 'equity' and after hours • Introduction of a new 90 day physician consultation process for government when developing new non-fee-for-service compensation models.

Please provide your email response to:
Email: Comptroller General's Office of the Government of British Columbia Comptroller.General@gov.bc.ca
Cc email to: the Office of the Auditor General of British Columbia actionplans@bcauditor.com

Rec. # Accepted? Yes / No[2]	OAG Recommendations	Actions Planned & Target Date(s)[3]	Assessment of Progress to date[4] and Actions Taken[5] (APPA update)
5. *Yes*	We recommend that the Ministry of Health work with the health authorities, in consultation with the British Columbia Medical Association, to: **5.1** identify work environment barriers to physician engagement; **5.2** develop and implement a plan to improve the organizational culture between administrators and physicians so the focus is on delivering high-quality, cost effective services that meet both individual patient and population health needs; **5.3** identify and implement performance measures and targets to evaluate physician engagement; **5.4** monitor and evaluate progress in addressing areas requiring improvements; and **5.5** report the results to physicians and health administrators.	The Ministry of Health, Health Authorities and Doctors of BC will work collaboratively to improve the relationship between physicians working in health authority programs and facilities and health authority administrators. **Target Date:** Ongoing - 2014 through 2019.	Substantially implemented <u>Update 16/02/21:</u> • The Ministry of Health continues to engage and work constructively on health care policy issues with physicians, health authorities and other partners through the joint collaborative committees. • In terms of family physicians, the Ministry has worked extensively with its partners through the General Practice Services Committee in 2017 to shape up and gain consensus around a new provincial policy direction for primary and community care. • These efforts have included reinforcing local relationships between family physicians and health authorities through Collaborative Services Committees consisting of individual Divisions of Family Practice and HAs, as well as Inter-Divisional Strategic Councils, consisting of regional representation from Divisions and HAs. • In terms of facility-based physicians, the Ministry, health authorities and physicians continue to work through the Specialist Services Committee on a provincial engagement initiative. The initiative was established through a Memorandum of Agreement on Regional and Local Engagement as part of the 2014-19 Physician Master Agreement and was renewed in the 2019-22 Physician Master Agreement. • The initiative is supported by annual funding from the Ministry intended to support improved relationships between local Medical Staff Associations and HAs. Medical Staff Associations receive funds once they are organized to receive and manage the funds. There are presently 72 of 75 local sites receiving full funding to carry out engagement related activities with the HAs. • There are approximately 5,300 physicians & medical staff participating in facility engagement. • The Doctors of BC conducts an annual member survey that includes measures of engagement from the Accreditation Canada's Physician Worklife Pulse Tool. These survey results are shared with Leadership Council, health authority leaders, and physicians. • Additionally, the University of British Columbia (UBC) has been contracted to evaluate the process, outcomes, benefits and related costs of the Facility Engagement initiative at the provincial level. The UBC Evaluation Team will gather information from participating, fully-funded sites to identify ongoing improvements to the initiative, and to assess its success in improving physician engagement in facilities. • Funding guidelines for the facility engagement initiative have been developed to ensure funding is targeted at engagement activities and aligned with provincial priorities.

Please provide your email response to:
Email: Comptroller General's Office of the Government of British Columbia Comptroller.General@gov.bc.ca
Cc email to: the Office of the Auditor General of British Columbia actionplans@bcauditor.com

Rec. # Accepted? Yes / No[2]	OAG Recommendations	Actions Planned & Target Date(s)[3]	Assessment of Progress to date[4] and Actions Taken[5] (APPA update)
6. *Yes*	We recommend that the Ministry of Health: **6.1** work with the health authorities, health care facilities and the College of Physicians and Surgeons of British Columbia to identify regulatory framework barriers; **6.2** create and implement an action plan to address the barriers; and **6.3** work with the health authorities, facilities and the College of Physicians and Surgeons of British Columbia to ensure they are able to work collaboratively to maximize the quality and cost-effectiveness of patient care.	Recommendations for legislative and regulatory reform to be brought forward for consideration by government in 2018. In 2012, the former Physician Quality assurance Steering Committee (PQASC) commissioned a legal review of the legislative and regulatory framework governing physician services in BC. Work is underway to address barriers identified in the report. **Target Date:** Changes to Medical Staff Bylaws will be targeted for implementation in 2017.	Partially implemented <u>Update 26/02/20</u>: • The Ministry has engaged a number of partners in preliminary discussions on legislation and regulation governing physician services in the province. Based on these discussions, as well as policy work to date, a number of broader health system legislative and regulatory issues have been identified that may need to be addressed in order to refresh the Medical Staff Bylaws and address specific legislative and regulatory barriers raised in the OAG report. • The Ministry continues to work with health authorities to make minor revisions to their medical staff bylaws to clarify that nurse practitioners are members of the medical staff. • In July 2017 a draft policy paper emphasized the importance of positioning a more significant update of MSBs as part of a larger policy discussion respecting the medical governance framework (including the Hospital Act and Hospital Act Regulation) and additional work has been waiting further direction • For 2020/21, the Ministry and the health authorities have asked Physician Services at HEABC to propose an approach on what specific sections of the Medical Staff bylaws should be amended. Once complete, the Provincial Medical Services Executive Council (PMSEC) will review the plan and discuss through Leadership Council the opportunity to move forward on the proposed changes.

Please provide your email response to:
Email: Comptroller General's Office of the Government of British Columbia Comptroller.General@gov.bc.ca
Cc email to: the Office of the Auditor General of British Columbia actionplans@bcauditor.com