



Medical Services Commission

2023-2024 Strategic Plan

Draft April 5, 2023

Revision: None

Medical Services Commission Mandate

Facilitate Reasonable Access to Quality Medical Care

The Medical Services Commission (MSC) facilitates reasonable access to quality medical care¹ by assessing the performance of the medical system, identifying access and quality issues, and directing working committees to resolve identified issues.

The MSC has the following committees with a focus on improving access and quality:

- Guidelines and Protocols Advisory Committee (GPAC)
- Advisory Committee on Diagnostic Facilities (ACDF)
- Patterns of Practice Committee (POPC)
- Audit and Inspection Committee (AIC)
- Reference Committee

¹ The MSC oversees medical care provided by physicians or other health care practitioners whose services are funded by the Medical Services Plan (MSP).

Manage and Monitor the Available Amount

The MSC has the authority to direct the efforts of its working committees and report to government regarding spending progress against the Available Amount. To manage and monitor the Available Amount, the MSC:

- Reports spending and projections of spending to the Ministry of Health (the Ministry) and Doctors of BC (DoBC).
- Raises awareness of overages.
- Promotes value-for-money by identifying medical services² that could be offered more effectively or more efficiently.

² The MSC oversees medical care provided by physicians or other medical practitioners whose services are funded by the Available Amount.

Administer the Medicare Protection Act (MPA)

The MSC oversees physician billing by monitoring actual billings and receiving questions and concerns raised by the public, patients or other practitioners about a particular physician or clinic.

The MSC reviews and audits identified billing issues. Where required, the MSC uses its powers to resolve issues, prevent reoccurrence and recover funds.

Oversee appeals

The MSC oversees beneficiary hearings for MSP eligibility (residency) and claims for elective out-of-country medical treatment. The MSC also oversees other types of hearings (diagnostic facilities, practitioners, etc.).

Message from the Medical Services Commission

Throughout 2022, the Medical Services Commission pursued several strategic priorities to improve access to quality care, respond to emerging technologies and service models and monitor physician billings.

The MSC has made significant progress in the last year, some highlights include:

- Taking action to bring bundled service providers into compliance with the Medicare Protection Act
- Enabling the use of Virtual Care to increase access to quality care for all British Columbians
- Introducing new guidelines that increased effectiveness of the health system
- Continuing to fulfill its obligations to report on the Available Amount
- Improved monitoring of physician billing and investigation of irregularities

In 2023/24 the Medical Services Commission will focus its attention on several strategic issues that will shape the future of the health system in BC.

Bundled Service Providers

Bundled service providers continue to offer services that appear to violate the Medicare Protection Act. The MSC actively monitors for the emergence of new providers, and takes action to bring providers into compliance with the Act. In the next year, the MSC aims to provide further clarity to all bundled service providers through notifications, negotiation, and where required court actions.

Longitudinal Family Practice Model

In the 2022, BC introduced a new Longitudinal Family Practice Model with the aims to stabilize and grow the primary care services available to British Columbians. The new model will rely on a new compensation model and performance measures. In the next year, the MSC aims to provide input and oversight for this new model so that impacts on patient access, quality of care, and value for money are measurable. Further, with any new model there are unintended consequences, and the intent of oversight and measures is to help clarify unintended consequences and address those that do not align with the mandate of the MSC.

Virtual Care in BC

2022 saw a continued growth and innovation in the delivery of virtual care services in BC. These ongoing innovations have had clear patient benefits by increasing access to services in communities that have historically had reduced or minimal access to many health services. 2022 also saw the emergence of care models that included physicians opting not to provide inpatient services alongside virtual services, and changes in service delivery models that could increase health care costs without a commensurate increase in quality of service. In the next year, MSC aims to update the Virtual Care payment model in BC to continue to promote increased access to services, and at the same time promote quality care, give patients the option of in-person services where they are a necessary part of care, and to promote efficiency.

Nurse Practitioners

Nurse Practitioners are already providing primary care services across BC. Nurse Practitioners are increasingly becoming an important part of improving access to primary care across BC for all British Columbians. However, whereas primary care physician services delivered by a physician are subject to oversight under the Medicare Protection Act, Nurse Practitioner are not. This presents issues of equitable treatment under the Act, and a risk to the protection of the public health system from the Act. In the next year, the MSC aims to engage stakeholders to better understand the emerging and desired role for Nurse Practitioners, and to identify changes necessary to enable the desired role in a publicly funded health system governed by the Medicare Protection Act.

Monitoring Physician Billing

The MSC continues to improve its practices in monitoring physician billing and addressing issues of inappropriate billing. Changes in the last year have improved the effectiveness of this program. Despite these improvements, there are clear opportunities to improve the efficiency of the program, the ability of the MSC to identify instances of inappropriate billing, and to strengthen accountability. In the next year the MSC aims to update the audit program with these improvements in mind.

Priorities for 2023/24

Looking to 2023/24, the MSC will pursue eight strategic priorities, with the understanding that there may be new priorities contingent on the changing healthcare landscape:

1. Continue to bring bundled service providers into compliance with the MPA.
2. Enable monitoring and oversight of the new longitudinal family practice model
3. Update the virtual care payment model for BC to promote access to quality care and value for money
4. Clarify the desired role for Nurse Practitioners in BC to provide primary care services
5. Clarify the oversight of the PMA commitments and related committee spending
6. Assess Diagnostic Imaging services in response to federal policy requirements
7. Report on the Available Amount spending
8. Update the audit program to enhance efficiency and accountability

BC Medical Services Commission Strategic Goals and Priorities for 2021		
Long Term Goal <i>Access to Quality Medical Care</i>	Long Term Goal <i>Manage and Monitor the Available Amount</i>	Long Term Goal <i>Administer the MPA</i>
This means... Facilitate reasonable access to quality medical care by identifying access issues and adopting policies and advocating for actions that promote access.	This means... Direct the efforts of working committees and report to government regarding spending progress against the Available Amount.	This means... Monitoring physician billing and investigating potential incidence of billing that does not adhere to billing requirements.
Why? Ensuring the public have access to quality medical care is a key outcome necessary for a functioning, supported, and sustainable public health system. Our health system must seek out and resolve barriers that prevent reasonable access to quality care.	Why? Physician billings account for more than \$3B in annual expenses to the province. Use of health services should be monitored to enable to government to manage its finances, protect taxpayers and ensure ongoing access to health services.	Why? The integrity of the billing program relies on decisions and actions of thousands of physicians. Where physicians bill contrary to billing requirements, they are denying health care resources to others.
2023/24 Strategic Priorities	2023/24 Strategic Priorities	2023/24 Strategic Priorities
<ul style="list-style-type: none"> Bundled medical services, oversight of new family practice model, virtual care, nurse practitioners, PMA commitments, and Diagnostic Imaging assessment. 	<ul style="list-style-type: none"> Report Available Amount spending. 	<ul style="list-style-type: none"> Update the Audit Program

<p>Long Term Goal <i>Access to Quality Medical Care</i></p>	<p>Long Term Goal <i>Manage and Monitor the Available Amount</i></p>	<p>Long Term Goal <i>Administer the MPA</i></p>
<p>Priorities.</p>	<p>Priorities</p>	<p>Priorities</p>
<p>Continue to bring bundled service providers into compliance <i>This means...</i> Continue to identify providers in noncompliance and take action to resolve noncompliance.</p> <p>Enable oversight of the new Family Practice Model and its impacts on MSC Mandate <i>This means...</i> Provide oversight and input into to measure the outcomes from the new model.</p> <p>Update the virtual care model for BC <i>This means...</i> Define a virtual fee model and clarify when physicians can offer virtual services in BC.</p> <p>Clarify the desired role for Nurse Practitioners <i>This means...</i> Conduct a jurisdictional scan, consult with stakeholders in BC, and identify changes needed to enable the desired role.</p> <p>Clarify oversight of the PMA commitments <i>This means...</i> Engage with the PSC, and clarify oversight of commitments and spending.</p> <p>Assess Diagnostic Imaging services <i>This means...</i> Review Diagnostic Imaging services and identify a plan to bring services into compliance with federal policy requirements.</p>	<p>Report Available Amount spending <i>This means...</i> Continue to operate as we have been to meet our monitoring obligations with the development of a utilization dashboard.</p>	<p>Update the audit program to enhance efficiency and accountability. <i>This means...</i> Gather legal advice, review the criteria for using hearings or mediations, update polices, and improve ability to identify inappropriate billings.</p>

2023/24 Expected Results

Take action to bring Bundled Service Providers into compliance with the Medicare Protection Act	
March 31, 2024 Expected Results	Status
<p>1. Continue to take action with each provider identified as potentially contravening the Medicare Protection Act.</p> <p>This includes:</p> <ul style="list-style-type: none"> - Continue to identify providers that may be offering services in contravention to the Act - Alert the providers of what it means to be in compliance with the Act and consequences of offering services in contravention to the Act - Initiate actions to resolve ongoing instances of non-compliance 	•
<p>2. Through negotiation and court actions clarify bundled service provider practices that are deemed to be contravening the Medicare protection Act.</p>	•

Provide Longitudinal Family Practice Model Oversight	
March 31, 2024 Expected Results	Status
<p>1. Provide oversight of the MSP approach to measure the new family practice model in BC</p> <p>This includes:</p> <ul style="list-style-type: none"> - Access to care - Efficiency and effectiveness of care - Value for money 	•
<p>2. Recommend physician reporting measures to participate in the new family practice model to enable auditability, accountability, and measuring access</p>	•

Update the Audit Program	
March 31, 2024 Expected Results	Status
1. Consult with in-house legal and clarify options available to the MSC to respond to identified instances of inappropriate billing, specifically related to repeat offenders	•
2. Review the eligibility criteria that determine when the MSC offers mediation or a hearing in respond to an identified instance of inappropriate billing	•
3. Update the policies and procedures for conducting hearings	•
4. Identify risk factors that can be used to help identify practitioners at-risk for inappropriate billing	•

Update the Virtual Care Model for BC	
March 31, 2024 Expected Results	Status
1. Support the implementation of a virtual service payment model. This includes: - Review the proposed payment model - If required provide guidance on what is required to accept the fee proposal	•
2. Propose a policy to define when a physician is eligible to bill MSP for a virtual service.	•
3. Contribute to the Health Canada position on developing the role of out-of-province physicians when providing care to patients that are in-province.	•

Clarify the desired role for Nurse Practitioners in BC	
March 31, 2024 Expected Results	Status
1. Conduct a jurisdictional scan and clarify how other provinces have defined the role of Nurse Practitioners in their provision of primary care services	•
2. Engage key BC stakeholders and clarify the desired role of Nurse Practitioners in the provision of primary care services in BC	•
3. Identify changes needed to enable Nurse Practitioners to fill the desired role in BC.	•

Clarify Oversight of PMA Commitments	
March 31, 2024 Expected Results	Status
1. Engage with the PSC and clarify the approach to: <ul style="list-style-type: none"> - approve committee spending - ensure spending is aligned to mandates - evaluate progress towards mandates 	•

Report on Changes to Diagnostic Services	
March 31, 2024 Expected Results	Status
1. Review Diagnostic Imaging services provided in BC and establish a plan which considers the federal policy requirements	•
2. Identify a plan to bring Diagnostic Imaging services into compliance with federal requirements	•