

Recommendations of the Advisory Committee on Departmental Deliverables

These recommendations address a variety of problems identified during the work of the Advisory Committee on Departmental Deliverables. As such, they may give the reader a false impression of the work of departments and of the academic physicians within the departments. In most cases Queen's academic physicians work extremely hard and effectively to meet the demands of the academic and clinical programs of this Health Sciences Centre. The Centre provides exemplary patient care. The Centre has achieved an extremely high level of success in its medical education programs and in its postgraduate training programs. The Centre has strong research programs within defined research priorities and a coherent research strategy.

The recommendations that follow should be read in the context of a strong and successful academic health sciences centre. These recommendations are designed to strengthen further an already strong centre and to make the strengths of the centre apparent to others.

➤ **Compliance with requirement to submit claims for all encounters**

SEAMO has a contractual obligation with the Ministry of Health and Ontario Medical Association to capture all clinical encounters through shadow billing. In addition to this obligation, there are practical reasons to capture these data. First, with the elimination of "SEAMO sheets" for capture of much ambulatory activity, there is a gap in the organisation's understanding of what patient care is provided. Secondly, the Ministry's understanding of clinical effort in this Centre is based on claims submission.

SEAMO Governing Committee has on several occasions reaffirmed its position that comprehensive shadow billing is not optional.

1. Department Heads should monitor claims submission by all members of the department to ensure full and timely compliance with the obligation to capture encounters through shadow billing
2. SEAMO should require practice plans to adopt penalties for individuals who do not comply with the claims submission requirement.

➤ **Meeting patient care volume expectations**

Shadow billing was designed by the Ministry of Health and Long-Term Care as the principal method for calculating the amount of patient care provided by SEAMO funded physicians. It is the principal measure by which the Ministry and others will judge clinical performance. Additionally, it is linked directly to level of funding. All clinical units must be brought to a minimum performance standard. The ACDD believes that base funding to departments should be at risk.

3. Given the importance of shadow billing, the ACDD recommends:
 - 3.1. All clinical units must maintain or improve the value of their shadow billing.
 - 3.2. With the exceptions noted below, no clinical unit should submit claims totalling less than 70% of their SEAMO base funding

3.3. Except as may be allowed in 3.4, where a department fails to shadow bill at least 70% of its base funding, SEAMO will reduce base funding to 143% of the shadow billed amount

3.4. Where a department believes that there are extenuating circumstances, or where the fee-schedule is particularly ill suited as a measure of clinical activity for a specialty, the department may apply to SEAMO for special consideration.

If this recommendation is accepted, a mechanism will have to be created by SEAMO to determine whether or not an exception to the minimum shadow billing value should be granted. Specific criteria for determining what constitutes an exception should be developed. The onus should be on the department to show that appropriate work and appropriate clinical volumes are being met. This exercise should be data driven. Any exception should clearly state the terms, conditions, and the time frames of the exception.

➤ **Compliance with hospital program requirements**

SEAMO was created to meet the physician resource needs of the medical school and the hospitals. It is the hospitals, in cooperation with the departments that must determine departmental clinical roles. In the course of pursuing its work, the ACDD was informed of a number of areas in which clinical activity may not meet fully the required roles of departments. It is important to work hard clinically. It is important also to do the right clinical work and to meet the program needs of the hospitals.

The ACDD learned that, in at least one case, the hospitals and a department set explicit service requirements. This should serve as a model for all clinical departments.

4. The hospitals, department heads, and hospital program directors should establish explicit patient care service requirements. These requirements should place service needs in priority order to support dealing with any adjustments that may be required due to vacancies, regional changes or other contingencies. Such priorities must recognise the levels of staffing available in the department.

5. Where a department fails to meet the agreed service requirements, SEAMO will adjust funding to the department.

➤ **Medical education**

SEAMO, and through SEAMO the clinical departments, are explicitly funded to provide medical education.

6. Teaching medical students and meeting the needs of the medical school are requirements of the SEAMO funding agreement and of the GFT agreement. Teaching is not voluntary activity.

6.1. Undergraduate education is a requirement of all departments.

- 6.2. The undergraduate medical education office should identify the teaching and educational leadership requirements of the medical school and then make explicit requests of departments for teaching and educational leadership based on established principles
- 6.3. UGE office requests should be made in sufficient time to allow departments to reschedule other activities if required
- 6.4. Financial penalties will be applied to departments that do not meet teaching requests.

The Committee is not sure how to structure rewards and penalties for medical education. This will require additional work. This consideration should be in the context of a broader examination of the value placed on non-clinical work. Discussion with all departments will be necessary once the UGE office has clarified teaching requirements.

➤ **Practice plan requirements**

SEAMO now has minimum standards for departmental practice plans. A review of these plans shows that they are still insufficiently robust to assure adequate accountability of departments to SEAMO, to the medical school and to the hospitals.

Currently, department practice plans must:

- Have a mechanism for disbursing departmental responsibilities amongst members
 - Have a mechanism for the appropriate disbursement of funds to members
 - Be collegially derived and supported by the department membership
 - Be compatible with principles of self-employment and must include income at risk
 - Require individual role descriptions with clear expectations, regular performance review and feedback, clear rules for determining compensation and which link this compensation to workload, and an acceptable appeals process.
7. Current practice plan requirements should be maintained. Practice plans should be made more robust and meet additional SEAMO requirements.
 - 7.1. Practice plans must be sufficiently robust to influence performance in each of the core activities measured in Table 4 of this report
 - 7.2. Practice plans must link compensation to performance in each of the core activities.