MEDICAL ELIGIBILITY COMMITTEE

Business Plan 2017 - 2020

Medical Eligibility Committee
151 Bloor Street West, 9th floor
Toronto, Ontario M5S 1S4
Telephone 416-327-8512
Toll free 1-866-282-2179
TTY 416-326-7TTY (889)
TTY Toll free 1-877-301-0TTY (889)
Facsimile 416- 327-8524

Comité D'admissibilité Médicale
151, rue Bloor ouest, 9e étage
Toronto, Ontario M5S 1S4
Téléphone 416-327-8512
Sans frais 1-866-282-2179
ATS 416-326-7889
ATS sans frais 1-877-301-0889
Télécopieur 416- 327-8524

Ontario

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Minister's Office
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

December 30, 2016

Dear Minister:

RE: Medical Eligibility Committee 2017 – 2020 Business Plan

On behalf of the Medical Eligibility Committee (MEC), it is my pleasure to submit the Business Plan for the 2017 – 2020 period.

The MEC is committed to the strategies outlined in the plan and to its role in ensuring high quality health services for the Ontario public.

Yours sincerely,

Christy Hackney
Senior Manager, Health Boards Secretariat
Registrar, Medical Eligibility Committee

Executive Summary

On April 1, 2015, responsibility for the administrative support of the Medical Eligibility Committee transferred from the Health Services Branch of the Ministry of Health and Long-Term Care (the ministry) to the Health Boards Secretariat (the Secretariat) in the Corporate Services Division (CSD) in the ministry. This transfer was undertaken to eliminate the conflict of interest of having both the decision-making function and administrative support for the appeal body within the same branch of the ministry.

The Secretariat also supports other adjudicative health agencies including the Health Professions Appeal and Review Board (HPARB), the Health Services Appeal and Review Board (HSARB), the Ontario Hepatitis C Assistance Plan Review Committee (OHCAP Review Committee) and the Physician Payment Review Board (PPRB), allowing staff resources to shift as needed in support of the various agencies.

Mandate

The Medical Eligibility Committee ("MEC" or "committee") is created under the authority of the *Health Insurance Act*, R.S.O. 1990, C.H.6, (HIA) and is given independence in the determination of all questions of law and fact with respect to matters within its jurisdiction.

When there is a dispute regarding a decision by the General Manager of the Ontario Health Insurance Plan (OHIP) that an insured person is not entitled to an insured service in a hospital or health facility because such services are not medically necessary, the matter may be referred to the MEC.

Mission Statement

The MEC will act with integrity to provide fair, ethical and professional review of the cases before it while complying with all applicable laws and being accountable for its decisions and actions.

Strategic Directions

The MEC will continue to focus on three strategic priorities: 1) to deliver its mandate under the HIA, 2) to deliver quality services efficiently, and 3) to attract and retain skilled and experienced members.

In the coming year, the MEC will concentrate on the following initiatives in support of these priorities:

- The successful recruitment of a skilled Chair and additional committee members in order to meet the three person quorum required by the HIA to fulfill the MEC's legislative functions;
- The recruitment of members reflective of the diversity of the Ontario population;
- Increased efficiencies in the processing of matters before the MEC by updating communications used by staff supporting the committee and further integrating MEC matters into the database used by staff for the other Secretariat supported agencies;
- Retaining of independent legal counsel to ensure appropriate application of the committee's legislative functions; and
- Increased electronic efficiencies in the exchange of file related materials.

More broadly, over the next three years, the MEC will concentrate on the following projects:

- Membership training and succession planning to ensure the committee is able to meet its legislated mandate;
- Creation of staff and member training manuals on MEC dispute resolution processes; and
- Creation of an independent MEC website which is informative to the public, stakeholders and membership, is available in French and English and meets the requirements of the *Accessibility for Ontarians with Disabilities Act, 2005*.

Environmental Scan

Internal Assessment

Strengths

- The committee is administratively supported by the Secretariat and shares its infrastructure with other adjudicative agencies allowing shared staff resources to shift as needed in support of the various agencies.
- A case management system (myCaseload) was already in place in support of the other adjudicative agencies and was utilized, with basic information, for the MEC following its transition to the Secretariat.
- Staff members are familiar with supporting health related agencies and have received diversity, accessibility and customer service training.

Challenges

- Minimal MEC activity results in difficulties in the finalization of internal processes and the training of members due to limited opportunity.
- Due to minimal MEC activity, retaining members may prove challenging for those members seeking more active public service roles than the MEC workload provides.
- The Agencies and Appointments Directive (AAD) states that re-appointment to a further additional term beyond the maximum ten year appointment term in total, may only be made in exceptional circumstances in the public interest. This requirement resulted in the appointment expiry of two of the MEC's four members following its transition to the Secretariat and a loss of knowledge and experience as it relates to membership succession planning.
- Given the MEC does not currently have an appointed Chair and has only one member, training of new members once appointed may require the use of independent legal counsel to ensure the application of the HIA, by a physician member committee, is legally sound.

External Assessment

Strengths

- The MEC maintains a dialogue with the Public Appointments Secretariat (PAS) of the Treasury Board Secretariat and the Agency Liaison and Public Appointments Unit (ALPAU) of the Ministry of Health and Long-Term Care in order to move the appointments process forward and enable the committee to fulfill its mandate.
- The committee posts governance accountability documents on the Ministry of Health and Long-Term Care website increasing transparency regarding the mandate and activity levels of the committee.

Challenges

- Public appointments are the prerogative of the Minister. Recruitment for potential new members through the PAS and the ALPAU are provided to the Minister's Office (MO). The MO is aware of the pressure caused by the natural attrition of senior appointees to the MEC and is committed to moving forward with new appointments as efficiently as possible.
- The MEC's accountability documents are currently posted on the Agency Governance page of the Ministry of Health and Long-Term Care website. Currently the MEC is weighing the appropriate time to initiate a dedicated website based on new Chair direction and insight, MEC activity and financial and staffing resources (IT resources) available to HBS.

Board Activity

The MEC considers the facts relevant to disputed decisions between the General Manager of OHIP and an insured person. After giving consideration to the matter, the MEC shall make recommendations to the General Manager that the sum or sums claimed by the insured person should be paid, or that the General Manager may refuse as such services have been found not medically necessary.

The MEC caseload of 2015-16 fiscal year and anticipated future projections are outlined below.

MEC Caseload					
Workload Requirements	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
	Actual	**Estimated Work Volume**			
New Requests Received	6	9	8	8	8
Matters Considered	8	0	17	8	8
Decisions Issued	8	0	17	8	8

Proposed Budget

Fiscal Year	Budget Allocation ($)
2015-16	1, 352 (Actual)
2016-17	2, 500
2017-18	18, 000
2018-19	9, 000
2019-20	9, 000

There have been expenditures realized within the fiscal year of 2016-17 although no matters were considered by the committee during that time period. The expenditures are the result of claims submitted by committee members for matters considered during the fiscal year of 2015-16.

As the staffing and infrastructure is shared amongst the MEC, HPARB, HSARB, OHCAP Review Committee, and PPRB, it is not possible to determine the financial expenditures related to staffing support and infrastructure as it relates to individual agencies. These shared costs are incorporated in the fiscal planning cycle by the Secretariat and are reported to the ministry.

Performance Measures

As per the HIA, the Minister of Health and Long-Term Care can appoint up to fifteen physician members to the committee. Currently the MEC has only one member. Without at least three members required by the HIA to constitute a quorum, the committee cannot exercise its mandate.

The following performance measures are based upon expectations of committee priorities once the committee's legislated membership requirements have been met.

- To review matters within the committee's mandate within a four month period from receipt of request to decision issuance.
- To create a public website that meets the requirements of the *French Language Services Act, 1990* and *The Accessibility for Ontarians with Disabilities Act, 2005* by fiscal year 2018-19.

Annual Performance Targets

The committee's annual performance targets for the upcoming three years include meeting the legislatively required quorum set out by the HIA in order to fulfill its mandate. Ongoing communication with the ministry and PAS will take place in an effort to recruit members expeditiously while ensuring they meet the competencies and skill set required for appointment. Once the committee has an appointed Chair and other members, member training will be conducted to ensure the membership is educated regarding their role and obligations under the *Public Service of Ontario Act, 2006.* Committee activity and the number of matters considered within each fiscal time frame can then be analyzed to determine areas for increased efficiency.

Secretariat staff will work with committee members to ensure the exchange of health information is secure, confidential and electronic when possible to increase efficiencies and reduce the committee's carbon footprint. Committee meetings can also be conducted via teleconference when there are few matters to consider which reduces travel costs for those members who may live outside of Toronto (where the Secretariat office is located) and positively impact committee green initiatives.

Risk Analysis

There is inherent risk associated with every decision and action that is undertaken by an adjudicative agency. Within the legislated framework which directs the MEC activity, as well as sound governance and controllership structures in place, these risks are well mitigated. Current MEC risks are outlined in five distinct categories:

- Strategic
- Accountability/Compliance
- Operational
- Workforce
- Infrastructure and Information Technology (I & IT)

Strategic Risk

The jurisdiction of the MEC is limited and each review is adjudicated by a panel that sits independently and is responsible for interpreting and applying the relevant legislation. An inability to demonstrate accuracy and consistency in interpreting and applying the legislation may result in a lack of confidence from Ontarians when attempting to access health care services from OHIP. The physical relocation of the MEC from the Health Services Branch of OHIP to a health adjudicative agency cluster has highlighted the Committee's independence in decision making. In addition, Committee access to independent legal counsel in future will reduce the errors in application of legislation.

Accountability / Compliance

The adjudicative health boards, including the MEC, receive administrative and case management support from the Secretariat. Human and financial resources are not dedicated to any one Board within the Secretariat; instead a financial allocation and 21 permanent Ontario Public Service employees are assigned to the Secretariat. These resources are distributed in line with the mandate of the Secretariat, which includes supporting the adjudicative agencies in meeting their legislative requirements.

With increasing public interest in government expenditure, particularly in the sector of agencies, boards and commissions, it is challenging to demonstrate transparency in expenditure related to

any one Board, in particular given the shared resourcing structure. There are risks associated with the public's perception that some costs incurred by any one Board in particular may be reported in line with general Secretariat expense, such as staff salaries. This risk is balanced by the financial and operational efficiencies gained through the operating of a shared resourcing structure, with the benefit of the ability to shift resources as needed in line with what can be variable appeal volumes amongst the adjudicative tribunals. This shared resourcing model is in line with recent clustering trends in the administrative tribunal sector in Ontario.

Operational

The legislated structure of the MEC outlines that the Minister may appoint such number of physicians as he/she consider appropriate from time to time, not to exceed fifteen. The *Health Insurance Act*, R.S.O. 1990, requires a minimum of three members in order to constitute a quorum and that a quorum is sufficient for the exercise of all functions of the Medical Eligibility Committee.

Given the historic and anticipated minimal intake volumes, the MEC will face challenges in maintaining a membership base that is well trained and engaged in the operations of the MEC. To mitigate against this risk, the MEC will work collaboratively with the PAS to ensure that a knowledgeable and diverse membership is maintained. Additional training will also be provided to ensure that new and reappointed MEC members maintain a sound understanding of the applicable legislation and insurer benefits.

Workforce

In receiving administrative and case management support from the Secretariat, which is staffed by 19 of 21 positions belonging to bargaining agents, the MEC may be impacted by labour related actions. The MEC activities are not deemed to be an essential service; however, the mandate is vital to the parties engaged in the appeals process. Prolonged disruption to service may result in a lack of confidence in the ability and authority of both the MEC and the Ministry.

Experienced and efficient staff at the Secretariat is vital to the MEC's operational efficiency and to the delivery of its legislated mandate. To ensure this efficiency, a comprehensive education

and training program must be in place for all staff, particularly those members of the Case Management Team who process the requests from intake to decision issuance. A further reduction of OPS staff, or any prolonged vacancy rates impact the appeal processing times, and may impede upon the quality of services provided to the MEC and, in turn, the Ontario public.

Infrastructure and Information Technology

The MEC is required to handle highly confidential personal information. Breaches in privacy may result in significant risk not only to the Ministry, but also to the applicant whose personal health information is no longer secure. As such, the Secretariat has implemented a number of measures to mitigate against these risks and members and staff are trained in best practices of I & IT security and the responsible handling and disposing of parties' personal health information.

With an administrative appeals process in which the exchange of documents between parties and the Committee is vital, the MEC relies upon the Secretariat's I & IT resources. Without adequate resources to maintain and develop the case management system(s) and the computer infrastructure, the MEC is at risk of not meeting its legislated mandate. A comprehensive Continuity of Business Operations Plan is in place, as is a daily backup of all systems information, which is stored at an offsite location.

Medical Eligibility Committee Membership

The Minister of Health and Long-Term Care can appoint up to fifteen physician members to the committee, however, there is currently only one member and no appointed Chair. As per the HIA, any three members constitute a quorum and are sufficient for the exercise of all functions of the committee. In order to meet legislative requirements and ensure operational efficiency, the MEC has been actively recruiting throughout the past fiscal year in line with the competitive and merit based process outlined in the *Adjudicative Tribunals Accountability, Governance and Appointments Act*, *2009* (ATAGAA). All MEC members are part-time appointees.

MEC Appointees as of December 31, 2016

Last Name, First Name	City	Occupation	Start Date	Expiry Date
Au, Susan	Toronto	Family Physician	06-Feb-2008	05-Feb-2018

Health Boards Secretariat Staff as of December 31, 2016

Staff Member	Position
Christy Hackney	A/ Registrar
Adam Langley	A/ Deputy Registrar
Anna Dunscombe	Executive Assistant / Researcher
Kamyla Chutkaë	Scheduler / Administrative Assistant
Natalya Demyanenko	Case Management Coordinator
Alpha Aberra	Bilingual Case Officer
Maureen Baker	Case Officer
Margaret Bolinas	Case Officer
Andrew Clifford	Case Officer
Randi Cull	Case Officer
Natalie Moskowitz	Case Officer
Tiffany Sarfo	A/ Case Offer
Glenn Sequeira	Case Officer
Shanti Persaud	Administrative Coordinator
Hassan Badreddine	A/ Administrative Assistant
Ann Ing	Administrative Assistant
Nusaiba Khan	Administrative Assistant
Dragana Miletic	A/ Administrative Assistant
Suketu Bhavsar	Senior Technology / Business Systems Administrator
Ketan Patel	Systems Analyst / Programmer
Aldeen Watin	Senior Systems Analyst / Lead Programmer