

President's Letter

October 21, 2015



Jonathan Greenland
MD, FRCPC
President

How does the new MOA improve physician influence?

This President's Letter is the first of several that I will be sending you over the next few weeks to provide more in-depth explanations of some of the features of our new Memorandum of Agreement with the Provincial Government. In today's Letter I will address the improved physician influence that can be achieved through new co-governance arrangements. In future letters I will address primary health care, fee schedule review, and physician human resources.

I invite your feedback on this series of Letters and, with your permission, we will post your responses to our website to create a dialogue about the issues.

As we prepared for the recent round of negotiations the Board of Directors noted a widespread feeling among physicians that their voice, or their influence, over key health care decisions has eroded over time. Physicians in facilities have less confidence that their views are being taken into account by regional health authorities (RHAs). Some physicians have migrated away from facilities to community-only practices to exercise more control over their quality of work life. There is a sense that decisions in the health system could be more effective, and costly mistakes could be avoided, if physician input was taken seriously.

Given the significance of these views, the Board decided that the negotiating mandate for the new Agreement should include improving physician influence through co-governance. We were pleased with open-minded effort by government to accommodate this direction. We have made progress in the following ways:

1. Agreement Oversight

The Agreement now has an oversight committee known as the Physician Services Liaison Committee (PSLC) to ensure that commitments made in the Agreement are acted upon in a timely and effective way. The PSLC will have equal appointees by government and the NLMA and its decisions will be made by consensus.

2. Primary Health Care

- a) The new primary health care program with an annual allocation of \$4.5 million, will be administered by a joint governance committee called the Family Practice Renewal Committee (FPRC). Again, the FPRC will have equal appointees and it will make decisions by consensus. It has a powerful mandate to design new programs and initiatives for spending the allocated funding and thus will become an influential body in the future evolution of the physician role in primary health care in this province.
- b) This program will also see the establishment of new regional Family Practice Networks (FPNs) of physicians. These networks will be physician-governed non-profit corporations, similar to the Divisions of Family Practice in British Columbia. One of the most important functions of the FPNs will be to participate on Collaborative Services Committees with senior managers in the RHAs to identify and solve problems facing family medicine in each region. The decisions of these committees will also be made by consensus, thereby giving real influence to family physicians at the regional level in a collaborative relationship with RHAs. This new structure has worked very well in British Columbia and has raised the professional satisfaction of family doctors in a significant and measurable way.



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3. Fee Schedule Review

A new fee schedule review process has been established under the Agreement. Both the government and the NLMA, and indeed any section of the NLMA, can propose fees for review. A new Payment Schedule Review Committee (PSRC) will be responsible for conducting the individual fee reviews and making recommendations to the Minister to change the MCP schedule. Only recommendations that achieve consensus will move forward to the Minister.

In addition to the foregoing, the NLMA is currently negotiating an agreement for the future co-governance of the Electronic Medical Record system.

These new Committees and their contractual mandates are important new roles for the NLMA. We will need significant participation and input from members to make them work, including the recruitment and development of physician leaders to take on roles within these structures.

The Board of Directors believes that we can build a new culture in the health system that values and supports the role of physicians. These new opportunities are very exciting but will require hard work, leadership, and constant commitment. The key to success is to stay on course over the long term. Physician leaders can make significant improvements to the way our health system operates, to sustainability, and to the quality of outcomes for patients, by cultivating relationships and influence through these new channels.

I look forward to hearing your views on these new directions. I encourage you to email your feedback to president@nlma.nl.ca for posting to our online dialogue on the NLMA website. Please indicate if you prefer not to post your comments online.

Regards,

A handwritten signature in blue ink that reads "Jonathan Greenland". The signature is fluid and cursive, with the first name being more prominent.

Jonathan Greenland, MD, FRCPC
President