



Steve Major, MD

## **GNL pausing and overhauling MCP Claims Monitoring System; update on sick notes; President's Tour highlights need to reassert physician voice**

Dear Colleagues,

Thank you to everyone who met with us during this year's President's Tour. As we visited with members across the province, I was struck by the magnitude of the challenges facing physicians and patients at every stop. There are widespread physician shortages in all areas of the province that are not being adequately addressed in areas like general internal medicine, family medicine, pediatrics, psychiatry, anesthesia and many others. These shortages are impacting core services required to operate hospitals safely. This has led to unacceptable wait times, limited access to specialists, ongoing closures of emergency departments, increased diversions, clinic closures, and an overreliance on virtual services to fill gaps. It has also led to excessive call burden and physician burnout.

The resounding theme I heard from physicians in all areas of the province is the loss of the physician voice and influence in decisions that impact the delivery of medical services, including those in hospitals and newly formed family care teams. Members feel their voices are not being heard or prioritized by decisionmakers when it comes to policies that impact patient care. Clinical directives are being introduced without adequate consultation with physicians or consideration as to how a singular provincial policy may affect sites differently. The culmination of these issues is having a profound effect on physician morale. However, despite these challenges, I was moved by the dedication of our members to their patients. Each day, physicians in this province continue to show up to provide quality care despite the fractured system that is putting their patients at risk.

During the week of the Presidents Tour, I spoke with NTV, CBC, VOXM and the Telegram about what we were hearing from members. Following the tour, I met with Premier Andrew Furey and Health and Community Services Minister John Hogan to relay some of what we heard. The Premier and the Minister expressed their shared concern and committed to establishing a regular meeting with the NLMA to work towards solutions. The NLMA will also raise member concerns, including the need for cultural change, engagement, and inclusion of physicians in decisions, at an upcoming meeting with NLHS leadership next week.

### **MCP Claims Monitoring System Overhaul**

During the tour, we also heard from physicians who are not being remunerated appropriately by MCP for services rendered. Physicians have been telling us for several years that they are opting not to claim for some services to patients because they know that it will result in an automatic flag or rejection by MCP. This was also communicated to Premier Furey at our recent meeting.

I am happy to report that the Department of Health and Community Services has agreed to pause the Compliance Program under the MCP Claims Monitoring System (CMS). Physicians who have outstanding CMS TADs, as of November 19, 2024, which read - ***"Claim selected for CMS. Fax Record, Claim, Item & Provider Number to Audit Services @ 1-866-819-3052"*** - are no longer required to submit those records. All claims outstanding in both the Compliance Program and Verification Program of the CMS will also be released for payment. The Department has also agreed to work with the NLMA on a review of the CMS Compliance Program prior to its relaunch in 2025 to ensure it complies with its intended objective of providing proactive feedback and education.

The CMS program was originally developed in 2003 following a joint Audit Review Committee of the NLMA and GNL to monitor the integrity of claims billed under MCP. It also sought to assist physicians through timely education and feedback on how to comply with the MCP Payment Schedule and reduce the occurrence of audits. Unfortunately, the original intent of the CMS is no longer being fulfilled. It has been reported that the number of TADs generated in recent years have increased, bringing greater burden and stress in an already stressed system. Members also regularly report not receiving adequate communications about billing shortfalls or helpful instruction.

The NLMA raised this issue as part of our ongoing MOA negotiations with the government. We developed a comprehensive proposal for modernizing the CMS, which included suspending the system and paying all claims in the CMS until such a time that a review could be conducted, and better clarification on claims could be provided to physicians in writing. We are very pleased to be able make progress on this issue now without having to wait for negotiations to conclude.

For more information about the suspension of the CMS, and preliminary details on the review, please refer to the attached MCP newsletter released today [RE: Modernization of the MCP Claims Monitoring System.](#)

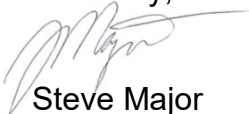
### **Update on Sick Notes**

A year ago, the NLMA submitted a brief to the Ministers responsible for the Department of Health and Community Services; the Public Service Commission; Labour & Workplace NL, advocating for legislative amendments following new legislation in Nova Scotia on sick notes. We reengaged the government again following the release of the Canadian Medical Association's new policy on sick notes last month, which included contributions from the NLMA. The NLMA proposed amendments to the province's *Labour Standards Act* to permit employers to request a medical certificate only when an employee is on sick leave for five or more consecutive days, and to permit employees to obtain a medical certificate from any regulated health care provider in the province (beyond physicians) if it was within their scope of practice. The NLMA also requested amendments to the *Act* that permit employers to only request a medical certificate for the purposes of facilitating an employee's return to work (e.g. providing an opinion on functional abilities or medically indicated restrictions) and to preclude employers from requesting medical certificates (sick notes) for short-term, self-limiting minor illnesses.


Today, the provincial government issued a notice to all government employees advising that as of December 1, 2024, there will be changes to sick leave documentation requirements effective for a one-year trial period. Medical certificates will be required when "an employee has used eight or more consecutive working days of leave for sick purposes; or (when) an employee has used leave for sick purposes that totals 10 or more sick leave days in a fiscal year." Employees may still be required to submit sick leave documentation outside of those parameters (e.g. as per language set out in union collective agreements).

This is a positive step forward and NLMA will continue to press for the recommendations we submitted. We will continue to monitor this issue and will report back once we've received a fulsome response from the government to our brief.

Sincerely,



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President



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