

MOCAP ADVISORY COMMITTEE

Criteria for the Evaluation of MOCAP Funding Distribution Decisions for 2012 - 2013

A. Introduction

On September 18th, 2009 an agreement rendered by the Ministry of Health and the BCMA resulted in the suspension of the Arbitration process defined in Article 18 of the PMA. Additionally, the Ministry and the BCMA agree that those provisions of the amended PMA that govern the distribution of MOCAP funds by Health Authorities are suspended for the balance of the term of the PMA (specifically the amended PMA Articles 18.3 [c] – [m]) and that the MOCAP funding will be allocated or re-allocated by the Health Authorities for 2010/11 and 2011/12 as they deem necessary to meet the MOCAP Objectives as described in Article 18.3 [a] of the PMA.

The PMA requires, in section 18.3 [a], that Health Authorities distribute their MOCAP funds in a manner that supports the following objectives, in the following order of priority:

- i. first, to provide life and limb support in acute care hospitals, diagnostic and treatment centers, and specified emergency rooms;
- ii. second, where required, for the operational efficiency of hospitals; and
- iii. third, to support General Practitioner care of complex patients in the community.

The IH MOCAP Advisory Committee will continue to work collaboratively to develop the 2010/11 Plan utilizing the process defined below:

B. Process Summary:

- The MOCAP Contract Review Committee (MCRC) was created with the following members:

IH physicians:

- Dr. Mike Ertel - Okanagan ER Physician Representative
- Dr. Rod Dickey - Rural TCS Emergency Physician Representative
- - Rural KB Emergency Physician Representative
- Dr. Alan Barnard - Rural EK Emergency Physician Representative
- Dr. Steve Rollheiser – Hospitalist Physician Representative

IH medical directors:

- Dr. Peggy Yakimov – Acute East Senior Medical Director
- Dr. Michael Murray – Tertiary Senior Medical Director
- Dr. Jonathan Slater – Acute West Senior Medical Director
- Dr. Alan Stewart –Community Senior Medical Director
- Dr. Keith Hutchison - HAMAC Chair

IH medical administration:

- Kelly Murphy - Corporate Director, Medical Administration
- Jaymi Chernoff – Network Director, Critical Care & On-call Physician Specialty Services

C. Guiding Principles:

- MCRC agreed on the following Guiding Principles:
 - i. To maximize time of continuous coverage at the sites in accordance with the IH Service Plan.
 - ii. In order to ensure availability of specialty services in IH, a physician providing coverage for IH may be required to accept a patient referral from elsewhere within IH and/or from outside IH
 - iii. Process will be transparent to all stakeholders with frequent communication to and feedback from the LMAs
 - iv. The MCRC believes that a fair and equitable decision making process takes into account the large and varied geographical area of IH and is based on factors of:
 1. clinical needs
 2. consistency across similar sites
 3. sustainability
 4. and accessibility across IH
 - v. Utilization of the MCRC Process Diagram
 - vi. Any changes to the above principles, requires full agreement by the MCRC
 - vii. Any additions to the completed Plan will be brought forward as a request to MCRC and reviewed for consideration twice a year (September and/or January)
 - viii. In considering requests for additions to the plan, priority will be given to call groups to bring up to full strength
- MCRC identified clinical service needs at:
 - (i) Tertiary Referral Hospitals, (ii) Regional Service Area Hospitals, (iii) Community Hospitals Level 2
 - (iv) Community Hospitals Level 1, (v) Community Health Centres, (vi) IHA Wide
- MCRC will assign the appropriate rankings – A, B, C, n/a, levels 1, 2, 3, DoD, and/or Call Back to services as defined by the PMA.
- Allocation of Proposed Funding **\$24,661,268**