

Medical Organizational Issues

New Eastern Regional Integrated Health Authority

Meeting Notes **February 7, 2005**

Present: Dr. Vinod Patel, Medical Director, Long-term Care, St. John's
Dr. Gary Baker, Medical Director, Avalon Health Care Institutions Board
Dr. Kevin Beamont, Medical Director, Peninsulas Health Care Corporation
Dr. Bob Williams, Vice President Medical Services, Health Care Corporation of St. John's

- This meeting was held in prelude to the meeting scheduled with Medical Directors, Chiefs of Medical Staff / MAC Chairs, and Presidents of the Medical Staff from the Hospital Institutional Boards who will be part of the new Eastern Regional Integrated Health Authority.
- Dr. Williams gave a background overview of the request from the President and CEO from the Eastern Regional Integrated Health Authority relating to this meeting.
- Dr. Beamont alluded to the fact that Clarenville physicians got together on a conference call with physicians from Carbonear last week. They discussed how the new organization is going to pan out and the need to have the current level of autonomy with each region. They would like to retain the ability to run their affairs as they do right now.

Peninsulas Health Care Board

- Dr. Beamont then gave an overview of his role in the Peninsulas Board as Medical Director. Dr. Beamont's office is located in the hospital rather than the administrative offices in the community of Clarenville. This is more facilitating in terms of his role. Dr. Beamont is also acting as Chief Operating Officer for the Clarenville and Bonavista portion of the Peninsulas Board. He spends one to two days a week on the road going around to the various centres, as this is important to have a presence there. He said there is a need for an onsite trouble-shooting role, as there are often many issues that arise between Medical Staff, and they need an administrative person to sort them out. There are also a lot of locums to recruit at short notice. There are many complexities of the MOU interpretation and implementation, e.g. extra call payments which take a lot of his time.
- Dr. Beamont said that at the Burin site they have a paid Chief of Staff. His name is Dr. Justice Arthur, and he is a trained Obstetrician & Gynecologist as well as a lawyer. As Chief of Staff, he is paid a stipend of \$13,500.00 per year, and this is doubled because he also has a commitment to do onsite administrative issues one

day per week. This does not involve recruitment which is done by Dr. Beamont's office. They also have a Chief of Staff at Clarendville, Dr. Ejaz Ghumman. He is paid a stipend of \$13,500.00 per year for his role as Chief of Staff at the site.

- Dr. Beamont said that they have District Medical Advisory Committees for both the Clarendville area and the Burin Peninsula area. The District Medical Advisory Committees meet about 9 or 10 times per year. In addition, Dr. Beamont has monthly administrative meetings with St. Lawrence, Bonavista and Grand Bank physicians, as their issues are not often addressed in the District Medical Advisory Committee meetings which usually focus on the Burin and Clarendville sites.
- Dr. Beamont said he has 65 physicians in the region covered by the Peninsulas Board. Most of these are affiliated with the Board, with the exception of two General Practitioners on the Burin Peninsula. GP's in the larger areas are usually fee-for-service and this includes Catalina. Most other GP's in the smaller centres are salaried. They have salaried physicians in each of the core medical specialties and do not have any medical subspecialists. The only exception being they have three Internal Medicine specialists at Burin and three Radiologists, two in Clarendville and one in Burin.
- He also alluded to the fact that Dr. Mark Brannan, who is a salaried Anaesthesiologist, works a lot of extra time in the ER and other areas and is paid fee-for-service for this, and there are some issues here, especially in his role looking after General Practice patients at the facility in Clarendville. Some years ago there was an alternate payment plan discussed with the Department of Health and Community Services and salaried physicians in Clarendville. This broke down at the last minute, and there is some animosity between physicians and the Department of Health and Community Services over this. The GP's in Clarendville subsequently withdrew from utilizing their hospital privileges and a lot of their patients, when admitted, are under the care of Dr. Brannan, as I understand it. This matter has now been referred to the Physician Service Coverage Committee chaired by Dr. Ken Jenkins. This committee deals with issues where there is a service delivery issue.
- Dr. Beamont is fully salaried with the Board, and part of his role is to do one day per week in Paediatrics. He does occasional call and an occasional locum. Dr. Beamont says that there's no funding available for his Paediatric role, should his administrative role be impacted by Board consolidation.

Avalon Health Care Institutions Board

- The meeting then discussed issues pertinent to the Avalon Board.
- Dr. Baker said that there is some 58 physicians credentialed with the Avalon Board with a mixture of both fee-for-service and salaried. The system they have now evolved over the past 10 years and now works well. Dr. Baker is a part-time Medical Director and full-time Pathologist with the Board. He has an administrative assistant who spends her time dealing with recruitment issues and payment of physicians. This is quite time consuming. Dr. Baker, in his role as Medical Director, also chairs

the Medical Advisory Committee. There is a President of the Medical Staff, Dr. Robert Bartlett, elected by all Medical Staff members. They have Senior Medical Officers at Old Perlican, Whitbourne and Placentia. They only have one Medical Advisory Committee which meets monthly.

- As for medical staffing, none of the GP's admit to the facilities in Carbonear. This has been in place now for about four years. They have three hospitalists who are salaried and approved by the Department of Health and Community Services who look after a lot of the chronic care inpatients at their facilities in Carbonear. The area has all the basic core specialties covered with usually two members in each specialty. The exceptions are: they have only one Pathologist, Dr. Baker, one ENT specialist, and two and a half Psychiatrists. The other exception is the fact that they have three surgeons. The ENT specialist and surgeons are fee-for-service. The rest are salaried. They have a Medical Staff Association which meets quarterly.

Long-Term Care Board

- Dr. Patel then alluded to the situation with the Long-Term Care Board in St. John's. He is part-time in his position as Medical Director. There are 15 fee-for-service General Practitioners who are credentialed with their organization. They run six nursing homes with 1000 beds. They have a Regional Medical Advisory Committee which meets quarterly, and all physicians participate in the Medical Advisory Committee meetings. The MAC is chaired by Dr. Pat O'Shea. They have their own Medical Staff Bylaws and there is a strong functional Ethics Committee within the long-term care sector. The physicians would like a better liaison with the acute-care services sector of the health system, and this will be facilitated by the new organization. They have their own credentialing process in place.

Credentialing

- The meeting then looked at how credentials are organized within each of the facilities.
- In the Peninsulas Board, credentials go to the Board for approval. Two Chiefs of Staff, two Presidents of the Medical Staff Organization, the CEO and two Vice Presidents with the clinical responsibilities sit as members of the Board. As well as discussing issues of credentials, the Chiefs of Staff and Presidents of the Medical Staff can bring up other issues with respect to quality of medical services or issues from the Medical Staff Organization.
- With respect to the Avalon Board, the Medical Director, Dr. Baker who chairs the MAC, the President of the Medical Staff Organization, the Assistant CEO for Patient Care Services, and the CEO sit on the Board. Matters of credentialing and issues from the MAC are dealt with in that forum.

- Long-Term Care Board – as above

Conclusion

- Dr. Williams gave an overview of the medical organizational structure within the Health Care Corporation of St. John's. He then alluded to his discussions with Mr. Tilley and discussions with similar organizations in terms of mandate and geography in British Columbia, i.e. the Fraser Health Authority. He alluded to the fact that there were seven distinct organizational pods in the Fraser Valley Health Authority, and that they each had their local Medical Advisory Committees and then had a Regional Medical Advisory Committee which had the CEO as well as the two VP's of Medical Services as members for those discussions.
- There was a consensus from the spokespeople for Avalon and Peninsulas that the system they have in place now evolved over the past 9 – 10 years and it seems to be working well. They both felt that there would need to be continued medical administrative presence to deal with the day-to-day issues within both these organizations. It was felt that representatives, the Chiefs of Staff and the Presidents of the Medical Staff Organizations would probably echo the sentiments at our upcoming meeting on Wednesday. They felt that the new organizational structure just released on Friday from Mr. Tilley's office, with respect to having Chief Operating Officers for the Peninsulas and Avalon areas, could facilitate and maintain the current structures that they have in place.