MEDICAL SERVICES COMMISSION

2006/2007

ANNUAL REPORT

BRITISH COLUMBIA
The Best Place on Earth

Table of Contents

Mandate

The mandate of the Medical Services Commission ("MSC") is to facilitate reasonable access, throughout British Columbia, to quality medical care, health care and diagnostic facility services for residents of British Columbia under the Medical Services Plan ("MSP").

The Commission

Established in 1968 under the *Medicare Protection Act (*the "Act" or "MPA"*)*, the Medical Services Commission is responsible for managing the provision and payment of medical services through the Medical Services Plan on behalf of the Government of British Columbia. The MSC is accountable to government through the Minister of Health.

Organizational Structure

In early 1994, the Commission was expanded from one member to a nine-member body. It consists of three representatives nominated by the British Columbia Medical Association ("BCMA"), three public members appointed on the joint recommendation of the Minister of Health and the BCMA to represent MSP beneficiaries, and three members from government. This tripartite structure represents a unique partnership among physicians, beneficiaries and government. It ensures that those who have a stake in the provision of medical services in British Columbia are involved.

Responsibilities of the Commission

In addition to facilitating reasonable access to medical care for British Columbia residents, the Commission is responsible for managing the Available Amount, a fund which is set annually by government to pay practitioners for medical services for beneficiaries. The MSC is also responsible for investigating reports of extra-billing and hearing appeals brought by beneficiaries, diagnostic facilities and physicians, as required by the Act.

Advisory Committees and Overview of Accomplishments

The Act allows the Commission to delegate some powers and duties. As a result, advisory committees and sub-committees as well as hearing panels have been established to assist the Commission in carrying out its mandate and efficiently managing the Available Amount. Appointments to committees and panels reflect the MSC tripartite representation. The following is a description of the responsibilities and an overview of the 2006/2007 accomplishments of some of the MSC's advisory committees, hearing panels and other delegated bodies.

1. Guidelines and Protocols Advisory Committee (GPAC)

The mandate of GPAC is to support the effective utilization of medical services, principally through guidelines and protocols. The overall goal is to maintain or improve the quality of medical care, while making optimal use of medical resources.

In fiscal year 2006/2007, GPAC continued to assume a leadership role in providing clinical practice guidelines across the broader medical community and to the public. GPAC has additionally placed an increasing focus on patient outcomes and the on-going promotion and provision of high-quality, evidence-based guidelines.

To attain the objective of providing high-quality guidelines, GPAC oversees up to 15 working groups at any one time, each of which researches and drafts particular guidelines. The draft guidelines are subject to extensive peer/external review, approval by the BCMA Board of Directors, and final adoption by the Medical Services Commission.

Over 80 physicians and other experts serve on the various GPAC working groups. Most recently, GPAC has been working with the health authorities, through the Emergency Department Protocol Working Group, on the development of a Stroke Discharge Summary.

Four new guidelines were approved by the MSC during 2006/2007.

- The *B_{12} Deficiency – Investigation and Management of Vitamin B_{12} and Folate Deficiency* guideline summarizes the current knowledge of the investigation and management of vitamin B_{12} (cobalamin) and folate deficiency in adults.

- The *Erythrocyte Sedimentation Rate (ESR)* guideline applies to the clinical use of ESR as an investigative test in adults (19 years of age or over).

- The *Iron Overload – Investigation and Management* guideline provides recommendations for the investigation of iron overload and management of hemochromatosis. It applies to patients of all ages.

- The *Methadone Maintenance Therapy (MMT) Program – Urine Drug Testing of Patients* guideline provides recommendations for appropriate urine drug testing of patients 19 years of age and older who are being assessed for methadone maintenance therapy or are in follow-up with the Methadone Maintenance Therapy Program.

GPAC has also undertaken a number of major initiatives in 2006/2007, including:

- Guideline Web Enhancement: The guideline website has been updated to improve usability by physicians and the public and to provide a more interactive user experience. The new BCGuidelines.ca website was launched on February 15, 2007.
- Guidelines Binder: A print-on-demand binder of all 52 guidelines and protocols has been developed. An electronic warehouse of up-to-date guidelines was established on March 30, 2007.

- Personal Digital Assistant (PDA): A joint initiative with the Ministry of Health, the BCMA and the UBC Division of Continuing Professional Development was undertaken to provide physicians with PDA-based clinical practice guidelines for chronic disease.
- Guideline Promotion Opportunities: A GPAC booth was set up at the St. Paul's Hospital CME Conference for Primary Care Physicians, November 14-17, 2006. Very positive feedback on the BCGuidelines.ca test site and on the PDA pilot was received from the many visitors to the GPAC exhibit.

2. Advisory Committee on Diagnostic Facilities (ACDF)

Section 33 of the *Medicare Protection Act* provides for the Commission's approval of diagnostic facilities. The ACDF provides advice, assistance and recommendations to the MSC in the exercise of the Commission's duties, powers and functions under this section of the Act. On behalf of the Commission, the ACDF reviews applications from existing and proposed diagnostic facilities and makes recommendations to the MSC to approve or deny the requests.

Between April 1, 2006 and March 31, 2007, the ACDF received 184 applications (15 applications for new facilities and the rest to relocate or amalgamate sites, expand capacity, transfer certificates of approval or expand test menus). Of the total applications reviewed, 178 requests were approved and six were denied. The ACDF handled 97.83 percent of all applications within one meeting.

In 2006/2007, the MSC approved a new ACDF policy framework related to remote interpretation of diagnostic imaging modalities. Guidelines for the approval of new echocardiography facilities were also developed by the ACDF and accepted by the Commission. On the recommendation of an MSC hearing panel, the guidelines for reviewing medical imaging applications were revised.

Under the terms of the new *Renewed Laboratory Agreement Between the British Columbia Medical Association and the Government of British Columbia*, the current ACDF framework is being reviewed by the Laboratory System Improvement Committee.

3. Audit and Inspection Committee (AIC)

The AIC is a four-member committee comprised of three physicians (one representing the BCMA, one representing the College of Physicians and Surgeons of British Columbia, and one representing government) together with one member who represents the public. It performs the powers and duties of the Commission to audit and inspect medical practitioners and as of December 2006, clinics, as well. On December 1, 2006, by Regulation 306/06, s.10 of the *Medicare Protection Amendment Act 2003* was brought into force. This section expanded the audit and inspection powers of the Commission to include the power to audit clinics as opposed to just physicians. Audits are done to make sure that services billed to MSP have been delivered and billed accurately. The AIC decides whether on-site audits are appropriate, and it outlines the nature and extent of the audits. The AIC reviews the audit results and makes recommendations to the Chair of the MSC regarding whether matters should be referred for recovery.

The AIC received 13 new audit referrals during 2006/2007, including two referrals directly from the Commission. Audit reports from 10 on-site inspections were also reviewed by the AIC during this period.

- ***Billing Integrity Program (BIP)***

The Billing Integrity Program is responsible for audit of fee-for-service billings, to ensure that physicians are accountable for the billings they submit. It carries out the audit and inspection function on behalf of the Audit and Inspection Committee and assists the MSC in the recovery of any funds billed unjustifiably. To help instill confidence and ensure transparency, the Commission involves the BCMA, the College of Physicians and Surgeons of British Columbia and individual physicians in the medical audit program.

In 2006/2007, the Billing Integrity Program completed six on-site audits. It negotiated settlements for five cases and three cases were closed, with no recovery pursued. Cash received by BIP this year totaled $434,337.12 (including recoveries negotiated in previous years).

- ***Special Committees of the Medical Services Commission***

The Commission has delegated its authority to audit claims from health care practitioners to the Health Care Practitioners' Special Committee for Audit. Special Committees have also been established for the following: chiropractic; dentistry; massage therapy; naturopathy; optometry; physical therapy; and podiatry. The Special Committees have been given all of the powers and duties necessary to carry out audits under s.36 of the Act. The same Chair is appointed to each of the eight Special Committees.

4. Patterns of Practice Committee (POPC)

The POPC is a committee of the BCMA that acts in an advisory capacity to the Medical Services Commission. The POPC prepares and distributes an annual statistical personal profile summary (mini-profile) to fee-for-service physicians; provides educational information to physicians on the audit process and their patterns of practice; listens to physicians who wish to raise their concerns about the audit process; is informed of, and provides feedback on, the audit practices employed by the Billing Integrity Program; and jointly, with the College of Physicians and Surgeons of British Columbia, nominates medical inspectors and audit hearing panel members.

5. Joint Utilization Committee (JUC)

The JUC advises and makes recommendations to the MSC regarding changes in the utilization of medical services. The Committee is co-chaired by a representative of the BCMA and the Ministry of Health.

A large portion of the JUC's work in 2006/2007 involved following up on the recommendations of the Best Practice Budget Management Working Committees, including the Comprehensive Primary Care Committee; Primary/Secondary Care

Interface Committee; Quality Maternity Care Committee; Specialist Care Committee; and Primary/Secondary Care/Laboratory Interface Committee.

Recommendations from these groups were passed to the MSC and to new committees formed under the *2006 Letter of Agreement*. Included were suggestions to improve access to laboratory and diagnostic results to prevent duplicate testing, encouragement for the development of group visit fees, and recommendations from all of the working committees for the application of information technology to improve care.

The JUC contacted physicians identified as high users of folate testing to remind them of existing protocols and to encourage improved compliance. It undertook a review of possible efficiencies in the process of booking operating rooms and began studies, which have been initially reviewed with the MSC, regarding the use of screening tests in British Columbia and the status of periodic health examinations. The JUC also initiated Medical Office Assistant (MOA) training which is attracting significant interest from the profession.

6. Joint Standing Committee on Rural Issues (JSC)

The JSC oversees approximately $66 million in rural incentive programs to sustain patient care and continuity of access in communities falling under the *Subsidiary Agreement for Physicians in Rural Practice* (the "RSA"). The goal of the JSC is to enhance the availability and stability of physician services in rural and remote areas of British Columbia. The JSC attempts to achieve this goal by considering the unique circumstances experienced by rural physicians and uses this information to enhance the quality of the practice of rural medicine. Some of the funding for the work of the JSC comes from the Available Amount managed by the Medical Services Commission.

In January 2007, the Commission was authorized by the Minister of Health to consider two questions of interpretation and application of the RSA that the JSC had been unable to resolve, and was subsequently asked by the Ministry and the BCMA to render a decision. With no view to establishing precedent, the MSC determined that (a) Parksville/Qualicum is entitled to points pursuant to the "Specialist Centre Criterion" of the Medical Isolation Point Rating System and that (b) Nanoose Bay should not, going forward, be considered part of Parksville/Qualicum for purposes of determining eligibility for Rural Retention Plan ("RRP") flat sum premiums and Rural Continuing Medical Education ("RCME") benefits. However, the MSC specified that until a new *Subsidiary Agreement for Physicians in Rural Practice* is negotiated, seven physicians currently residing in Nanoose Bay and practicing in Parksville/Qualicum should be treated as meeting the eligibility criteria for RRP and RCME benefits.

The JSC will conduct a review of all the rural programs under the RSA to evaluate their effectiveness in recruiting and retaining physicians in rural British Columbia.

Other Delegated Bodies

- ***Medical Services Plan (MSP)***

The Commission delegates day-to-day functions such as the processing and payment of claims, to the Medical Services Plan.

In November 2004, the Medical Services Commission supported MAXIMUS BC's signing of an agreement with the Ministry of Health to manage MSP and PharmaCare administrative services on behalf of the Government of British Columbia. Medical Services Plan and PharmaCare operations were transferred to MAXIMUS BC effective April 1, 2005. The new program name is Health Insurance BC ("HIBC"). The Commission receives regular updates regarding HIBC's program performance.

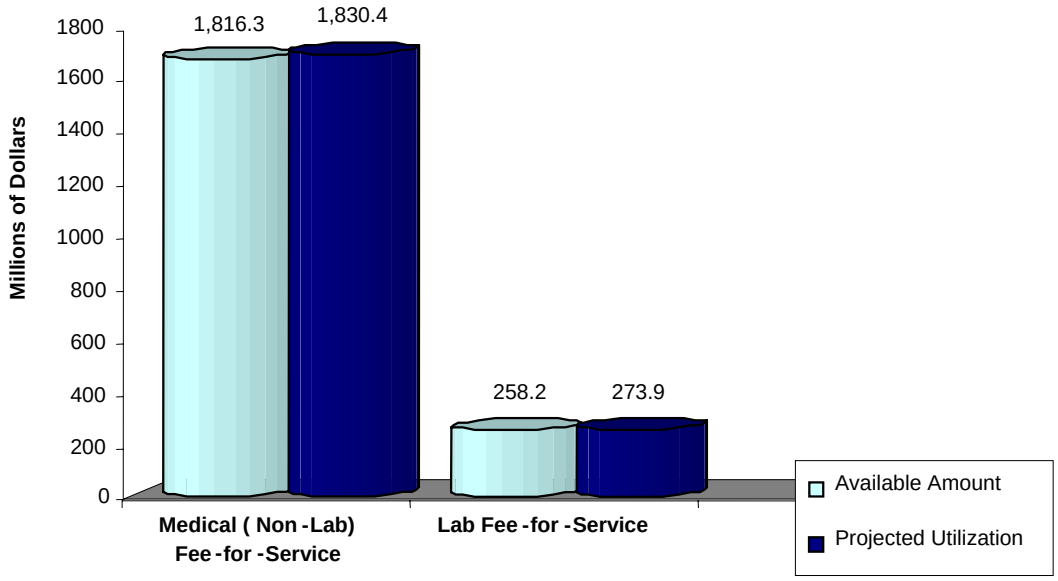
For more information, visit HIBC's website at http://www.health.gov.bc.ca/insurance.

The government assists over 1.2 million people with payment of their MSP premiums**.** The Regular Premium Assistance Program offers subsidies ranging from 20 percent to 100 percent based on net incomes. In February 2007, following a review by the Ministry of Health and the Ministry of Small Business and Revenue, s.14 of the *Medical and Health Care Services Regulation* was changed to allow for greater retroactivity when providing premium assistance. As a result, beneficiaries can now apply for earlier years, for premium assistance they would have been entitled to if they had applied at that time. Previously, premium assistance could not be provided any further back than January 1 of the preceding year.

Additional information regarding premium assistance is available on the MSP website at http://www.health.gov.bc.ca/msp/infoben/premium.html.

The Medical Services Plan pays over 12,500 medical and healthcare practitioners over $2.1 billion dollars relating to approximately 74 million services, rendered on a fee-for-service basis. Doctors can also receive their payments through other alternative payment methods including salaries, sessions and service contracts. The *MSC Financial Statement* (the "Blue Book") contains an alphabetical listing of payments made by the MSC to practitioners, groups, clinics, hospitals and diagnostic facilities for each fiscal year. Copies of the *MSC Financial Statement* are available on the website: http://www.health.gov.bc.ca/msp/financial_statement.html.

2006/2007 Available Amount and Projected Utilization*



***** Actual expenditures will be reported when MSP finalizes payments for 2006/2007.

- ***Coverage Wait Period Review Committee***

The *Medicare Protection Act* requires individuals to live for at least three months in British Columbia to be eligible for MSP coverage. However, there are exceptional cases based on individual circumstances where the MSC waives this requirement and enrolls new residents. The MSC has delegated the power to investigate and decide cases to the Coverage Wait Period Review Committee.

The Committee reviewed 54 waiver of the wait period requests between April 1, 2006 and March 31, 2007, and approved nine cases.

One unique case involved granting approval to waive the wait period to Canadian citizens and persons with permanent resident status in Canada who were evacuated from Lebanon by the federal government due to warfare in the country. These individuals did not have time to arrange for private medical insurance prior to their evacuation. To qualify for a waiver, persons had to establish residency in British Columbia between July 15 and August 31, 2006. Approximately 30 MSP accounts benefited from this approval.

The Committee denied several applications in the past year from new residents expecting babies during their wait periods, as the onus is on families to have medical insurance in place before arrival in British Columbia, or to budget for costs of birth.

MSC Hearing Panels

Commission members, or delegates of the Commission, may conduct hearings related to the exercise of the MSC's statutory decision-making powers.

Some hearings are required by the Act, and some have been implemented by the Commission to afford individuals affected by its decisions, the opportunity to be heard in person. Hearings are governed by the duty to act fairly. All decisions of MSC hearings are subject to judicial review in the Supreme Court of British Columbia.

1. Beneficiary Hearings

Residency hearings and panel reviews of claims for elective (non-emergency) out-of-country medical care funding are the two types of beneficiary hearings currently conducted by the Medical Services Commission.

a) Residency Hearings

A person must meet the definition of resident in s.5 of the Act in order to be eligible for provincial health care benefits. As per s.7 of the Act, the MSC may cancel the MSP enrollment of individuals whom it determines are not residents. Section 11 of the Act requires that prior to making an order cancelling a beneficiary's enrollment, the MSC must notify the beneficiary that he or she has a right to a hearing. Individuals whose MSP coverage is cancelled have the right to appeal to the Commission. One of the MSC's public representatives conducts the residency hearings. In the reporting period, no residency hearings have been held.

b) Out-of-Country Hearings

The Medical Services Plan will reimburse medically necessary services performed outside of Canada when the required services are not available in Canada. Appropriate British Columbia specialists recommending these services must obtain prior approval on behalf of their patients for subsequent medical claims to be considered for payment. The decision to approve MSP payment for out-of-country medical services is based on published criteria available in the *Medical Services Commission Out-of-Province and Out-of-Country Medical Care Guidelines for Funding Approval* (the "Guidelines").

More information regarding out-of-country services is available on the MSP website at http://www.health.gov.bc.ca/msp/infoben/leavingbc.html.

An MSC appeal process is in place for beneficiaries who are denied funding for elective (non-emergency) out-of-country medical care. The Act does not impose a duty on the Commission to hear and decide requests to review MSP's decisions regarding claims for out-of-country medical care, but rather, it is the Commission's choice to offer beneficiaries the option of review hearings.

From April 1, 2006 to March 31, 2007, MSP received 916 requests for out-of-country elective treatment. Funding was authorized for 811 requests and 105 cases were denied. Of the denied out-of-country cases, three were appealed to the MSC. Panel hearings were held for two of the appeals, and one case remains pending.

2. Diagnostic Facility Hearings

Under s.33 of the Act, the MSC may add new conditions or amend existing ones to an approval of a diagnostic facility. This may be done either on application by the facility owner, or on the Commission's own initiative. Before taking action, the Commission is required to provide the owner of the facility an opportunity to be heard [s.33(4)]. A hearing is usually requested for one of the following two reasons:

- The Advisory Committee on Diagnostic Facilities (ACDF) has recommended to the Commission that an application to amend or add conditions to an existing approval be denied; or

- The ACDF has recommended to the Commission that an approval be suspended, amended or cancelled because the facility owner is alleged to have contravened the Act, the regulations, or a condition on the approval.

An MSC panel reviewed one ACDF appeal during 2006/2007.

The ACDF is planning to review and streamline its hearing panel procedures during the coming year.

3. Hearings Related to Practitioners

Audit hearings and de-enrollment of practitioners for "cause" are the two types of MSC statutory hearings related to practitioners.

a) Audit Hearings

Under s.37 of the Act, the Commission may make orders requiring medical practitioners or owners of diagnostic facilities to make payments to the MSC in circumstances where it determines, after a hearing, an amount due to (a) an unjustified departure from the patterns of practice or billing of physicians in this category; (b) a claim for payment for a benefit that was not rendered; or (c) a misrepresentation about the nature or extent of benefits rendered. These hearings are the most formal of all the administrative hearings currently done by the MSC. Practitioners are usually represented by legal counsel and the hearings may last one to two weeks.

Since the introduction of the Alternate Dispute Resolution process in 2000, fewer billing matters proceed to formal hearings.

One audit hearing scheduled for May 2006 subsequently proceeded to mediation and in September 2006, one audit hearing was held but adjourned for further review of records.

b) De-enrollment of Practitioners for "Cause"

In the reporting period, there have been no de-enrollment hearings.

Other 2006/2007 MSC Highlights and Issues

The Medical Services Commission held 10 meetings between April 1, 2006 and March 31, 2007.

- ***Negotiated Agreements Between the Government and the BCMA***

Negotiations between the Government of British Columbia and the BCMA resulted in the six-year *2006 Agreement*, effective from 2006 until 2012, and an *Amended Second Master Agreement.* The MSC is a signatory to the *2006 Agreement*, which provides for system redesign and renewal. Key elements include increases to rural incentive programs for physicians; funding of new fees; incentives to support full service family practice; improvements to specialist services through establishment of a Specialist Services Committee; and various information technology (I/T) initiatives.

Negotiation of a new *Physician Master Agreement* including five subsidiary agreements continued throughout 2006/2007. The Commission will be a signatory to this agreement upon its completion.

- ***Screening Tests***

The Commission reviewed the role of screening tests in the context of prevention and in June 2006, endorsed a report written for the MSC by Dr. Vicki Foerster – *Do Canada's Fee-for-Service Medical Plans Fund Screening?* Future policy work regarding this issue may be undertaken.

- ***MSC Payment Schedule***

The *MSC Payment Schedule* is the list of fees approved by the Medical Services Commission payable to physicians for insured medical services provided to beneficiaries enrolled with MSP. The Commission decides upon additions, deletions, fee changes or other modifications to the *MSC Payment Schedule* upon advice from the BCMA's Tariff Committee. In September 2006, the Commission approved revisions to the Preamble of the *MSC Payment Schedule* to ensure consistency between wording in the Preamble and wording in the *Medicare Protection Act.* Copies of the *MSC Payment Schedule* are available on the website:
http://www.health.gov.bc.ca/msp/infoprac/physbilling/payschedule/index.html.

- ***Leadership Council and the Health Authorities***

In its 2006/2007 strategic plan, the Commission identified the need to establish linkages with the health authorities. In February 2007, two Commission members attended a Leadership Council meeting and provided the CEOs of the health authorities with an overview presentation of MSC priorities and issues of common interest. The key topic for discussion was the potential benefit of guidelines and protocols to the health authorities and the health system overall.

- ***Wait Times***

Wait times is one of the major public concerns regarding health care in British Columbia. During 2006/2007, an MSC public member continued to serve on the Steering Committee headed by the Provincial Health Services Authority to coordinate the province-wide Surgical Services Project. This Project aims to establish some fair criteria for a common surgical waitlist.

- ***Conversation on Health***

The Government of British Columbia launched the Conversation on Health on September 28, 2006. Sixteen forums, meetings and focus groups with members of the public, patients and health professionals have been held around the province. The Commission received an update on the Conversation on Health in February 2007 and plans to re-assess its role when the Conversation is complete and the government has established its position.

Additional information and statistics pertaining to the Conversation on Health can be found on the website: http://www.bcconversationonhealth.ca.

- ***Strategic Planning***

The Commission met in February 2007 to identify its strategic objectives and priority actions for 2007/2008. The work plan produced by the Commission includes a primary focus on the development of a comprehensive integrated strategy regarding extra-billing to ensure full compliance and effective administration of the *Medicare Protection Act.* Continuing objectives include improving the uptake of guidelines and protocols by physicians and measuring the outcomes, and supporting prevention initiatives where there is an opportunity and it is appropriate. The Commission will also continue to receive regular reports and review annual work plans from its advisory committees. In the next year the MSC will incorporate an assessment of its roles and responsibilities into an orientation session for its members.

- ***MSC-Related Legal Cases***

As part of its oversight of the Medical Services Plan, the Commission monitors legal issues that arise as a result of MSP or Ministry of Health related decisions and is sometimes actively involved in litigation as a named party. In 2006/2007, the following cases were considered and/or participated in by the Commission.

BC Nurses' Union (BCNU) Litigation

On December 20, 2006, the BCNU filed a new petition for judicial review in the Supreme Court of British Columbia, adding the MSC as a respondent and seeking specific relief against the Commission. The petition arises from complaints about government (both the Commission and the Attorney General) not enforcing the extra-billing prohibitions in the *Medicare Protection Act* to the BCNU's satisfaction.

The Union seeks a declaration that the Commission is not acting in accordance with the MPA by not enforcing the statutory restrictions on extra-billing. The Union further seeks orders to compel the MSC to adhere to s.5(2) of the MPA [to not act contrary to the principles in the *Canada Health Act*]; to take action to address specific instances of extra-billing of named individuals; and to require sufficient particulars from all practitioners to determine if the practitioner is in compliance with the *Medicare Protection Act.* The Union raises facts related to payment to practitioners associated with certain named private surgical centres and facts related to the availability of earlier appointments with specialists upon payment of a fee. The Union also seeks a declaration that the Attorney General has failed to ensure that the administration of the MPA is in accordance with the law.

The Chair of the MSC (among others) provided affidavit evidence in support of the Province's position in response to this petition.

BC Government and Service Employees' Union (BCGSEU) Litigation

In this case, the BCGSEU sought to have the Master Services Agreement relating to the administration of the Medical Services Plan and PharmaCare quashed on the basis that it does not meet the public administration requirement of the *Canada Health Act* which is alleged to be incorporated into the *Medicare Protection Act*.

At the Supreme Court of British Columbia level, the Court dismissed the Union's challenge on the basis that the relief sought was not available by way of judicial review. The judge went on, however, to consider the substance of the Union's allegations and rejected them. The BCGSEU then appealed the decision to the British Columbia Court of Appeal.

The appeal was heard June 6, 2006 by Madam Justice Rowles, Madam Justice Levine and Mr. Justice Smith, who reserved their decision. It is not known when their decision will be handed down, although it is expected to be sometime in 2007.

Private Clinic/Extra-Billing Issues

The Medical Services Commission has made the pursuit of extra-billing cases its primary strategic goal for 2006/2007, and has developed protocols, including a flow chart and ongoing status report, for dealing with cases that come to its knowledge where extra-billing appears to have taken place.

The MSC is currently pursuing audits of some private clinics where contravention of the MPA extra-billing prohibitions is suspected.

Amendments to the Medicare Protection Act

Sections 10 and 11 of the *Medicare Protection Amendment Act 2003* were brought into force through regulation on December 1, 2006. These sections contain an expansion of the audit and inspection powers in s.36 of the MPA and introduce a new s.45.1 giving

injunctive powers to the MSC regarding contravention of certain stated provisions including the prohibition against extra-billing.

Emergency Facility

The MSC convened a special meeting on December 1, 2006 to review the new amendments to the *Medicare Protection Act* and to discuss the recent opening of an emergency room-like facility in Vancouver associated with a well-known private surgical clinic. The Commission recommended that the Audit and Inspection Committee initiate an audit, but the case was resolved when the facility indicated that it would employ out-of-province physicians who would not be enrolled with the Medical Services Plan. This arrangement would not offend the extra-billing provisions of the MPA.

Human Rights Challenge re PSA Testing

On December 12, 2006, the Human Rights Tribunal began a four day hearing on the complaint of a man suffering from prostate cancer who alleges that the Province's funding of Pap testing and mammography as screening tests for cervical cancer and breast cancer, while not funding prostate-specific antigen (PSA) testing as a screening test for prostate cancer, constitutes discrimination on the basis of sex.

Government experts testified at the hearing that PSA testing is controversial and that there is no scientifically reliable evidence that its use leads to any better outcomes for those with prostate cancer. No decision has yet been handed down by the Tribunal in this matter.

Appendices

Appendix 1: Members of the Medical Services Commission (MSC) as of March 31, 2007

Government Representatives:

- Tom Vincent (Chair)
- Bob Nakagawa (Deputy Chair) *
- Dr. Robert Halpenny

British Columbia Medical Association (BCMA) Representatives:

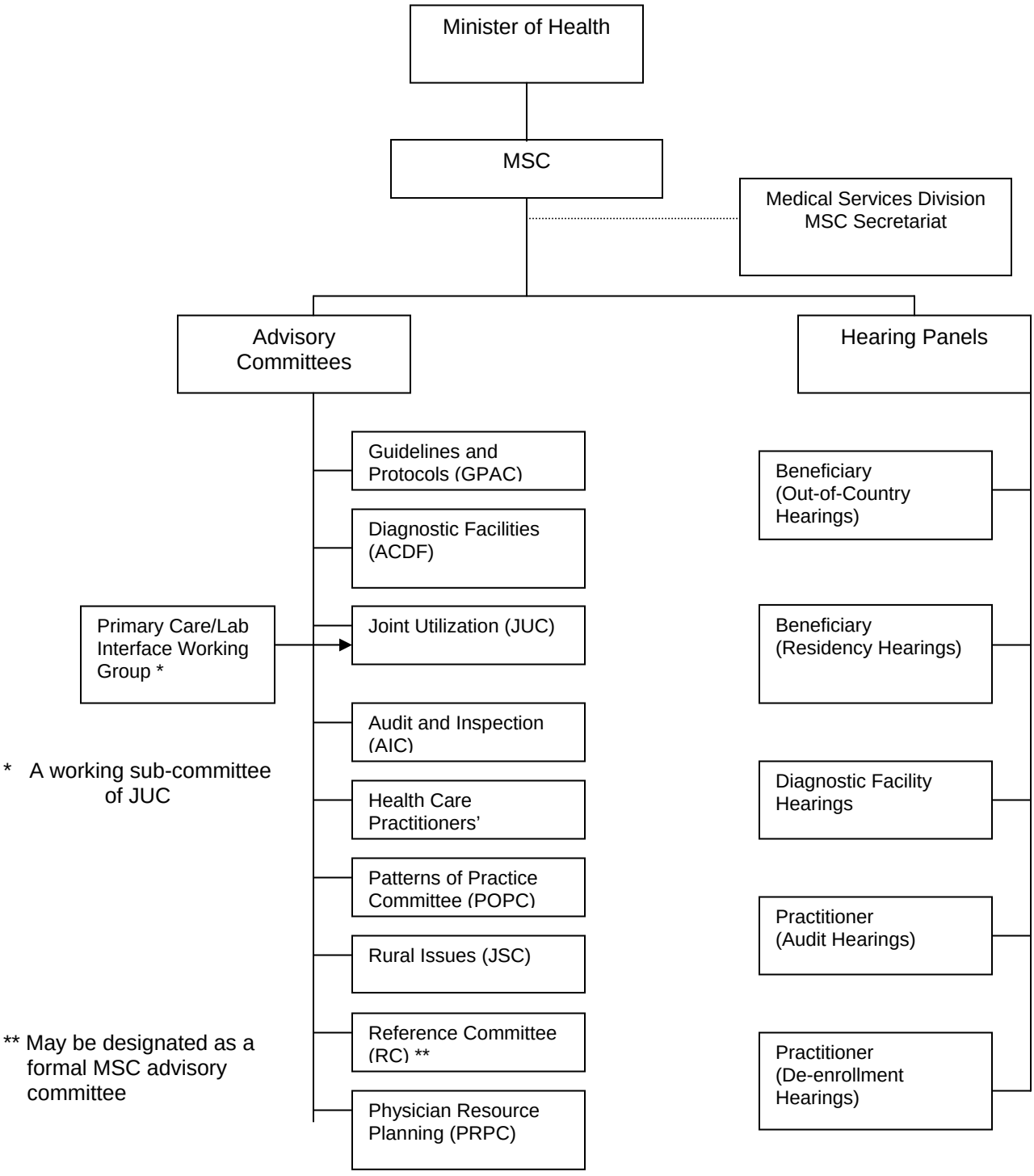
- Dr. Marshall Dahl
- Dr. Douglas McTaggart
- Darrell Thomson **

Public Representatives:

- Robert Cronin
- Gordon Denford
- Isidor Wolfe

* New appointment – December 2006
** New appointment – July 2006

Appendix 2: MSC Organizational Chart



* A working sub-committee of JUC

** May be designated as a formal MSC advisory committee

Appendix 3: Guidelines and Protocols Approved by the MSC in 2006/2007

Title	Type (New/Revised)	Date of MSC Approval
B_{12} Deficiency – Investigation and Management of Vitamin B_{12} and Folate Deficiency	New	October 25/06
Erythrocyte Sedimentation Rate (ESR)	New	October 25/06
Iron Overload – Investigation and Management	New	October 25/06
Methadone Maintenance Therapy (MMT) Program – Urine Drug Testing of Patients	New	October 25/06

Available at http://www.bcguidelines.ca

Appendix 4: List of Useful Websites and Addresses

- Medical Services Commission (MSC) (Legislation and Governance; Advisory Committees; Negotiated Agreements with the BCMA): http://www.health.gov.bc.ca/msp/legislation/msc.html

- Medical Services Plan (MSP): http://www.health.gov.bc.ca/msp/index.html

- *MSC Financial Statement* (the "Blue Book"): http://www.health.gov.bc.ca/msp/financial_statement.html

- *MSC Payment Schedule*: http://www.health.gov.bc.ca/msp/infoprac/physbilling/payschedule/index.html

- Guidelines and Protocols Advisory Committee (GPAC): http://www.bcguidelines.ca

- British Columbia Medical Association (BCMA): http://www.bcma.org

- Health Insurance BC (HIBC): http://www.health.gov.bc.ca/insurance

- Conversation on Health: http://bcconversationonhealth.ca

Medical Services Commission Mailing Address:

3-1, 1515 Blanshard Street
Victoria, BC
V8W 3C8

Telephone: 250-952-3073
Fax: 250-952-3131

Queen's Printer for British Columbia
Victoria, 2006