

July 24, 2008
President's Letter

BCRS News

Of Interest...

- Meet the new BCRS Executive Director
- Attend the 1st BCRS BMD Conference – October 24, 2008
- BCRS General Meetings

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Microallocation Arbitration

The hearings for the Microallocation arbitration concluded on May 4th and on June 6th, the Microallocation award was issued by Justice Murray Clemens. The Section of Radiology was part of the "Coalition" group of 19 (of 32) Sections including Psychiatry, Lab, OBGYN, ENT, Orthopaedics, Emergency Medicine, and others. In short, there is something for everyone in the award -

- each section receives an annual COLA increase based upon overhead. House Study O/H of up to 30% get 1% annual increase, 31 - 60% 1.25%, and > 60% (radiology included) receive 1.5% over the 4 years of the award.
 - Unfortunately Mr. Clemens chose to use the 1995 Radiology O/H value of 69% for the calculations rather than the current 75%, suggesting the O/H number could be disputed or negotiable.

- \$3 million to match the 10% increase in callout and continuing care surcharges awarded to the Society of GP's
- Specific allocations of \$977,000 and \$60,000 for Plastic Surgery and Emergency Medicine
- Transfers among section within the Coalition will be made in amounts set out in the first page of Appendix A of the Coalitions written submission
- Remaining balance of the \$100,500,000 will be allocated among all of the sections based upon the Modified Wiseman Alpha Scenario (put forth by the Coalition, and agreed to by all of the Sections save Anaesthesia prior to the triggering of arbitration)

The Executive is currently working on how to best allocate the funds awarded to the Section of Radiology.

Years 1 to 3

At the BCRS General Meeting on June 1st it was agreed that the allocation of the 6.9% awarded to the Section of Radiology should be allocated "across-the-board" with the exclusion of CT fees. This was reaffirmed by the executive by TCON July 19th and forwarded to the BCMA. We are anticipating that retroactive payments for Years 1 and 2 (and Year 3 to date) may be out in late September. Year 4 monies have yet to be allocated by the BCMA. The Executive felt that we should consider updating our fee schedule to correct underpaid services as part of this settlement. We are seeking feed back from the membership in this regard. Some of the undervalued fees that we have heard about include: diagnostic mammography, breast sonograms, biopsies and Doppler ultrasound. Please let us know your thoughts on these and others not mentioned. We would like to develop a proposal for acceptance at the AGM in late October. Thank you!

Radiology Backlash

While Mr. Clemens was sympathetic to the other arguments he did not specifically award monies based upon Inter-Provincial Disparity (as put forward by Anaesthesia) or CRIM.

At first pass the award appears close to what we had had almost settled for back several months ago without an expenditure of a huge amount of time, effort and money in the Arbitration process.

Unfortunately it appears that Justice Clemens did not take into consideration the final overhead figure for Radiology in the allocation, ie. he used the 68.9% figure versus the 75% figure. By doing this, Justice Clemens has: (i) diminished our base amount; (ii) reduced the overall award to 6.9% from a potential 8%; and (iii) made it appear that the figure put forward by Dr Ron House is negotiable (and inaccurate), which it is not.

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BCRS Meetings

The next BCRS meeting will be the **ANNUAL GENERAL MEETING** Saturday, October 25th

Be sure to attend this dinner meeting at the Vancouver Renaissance Hotel Harbourside.

Notices will be sent out in early September.

The BCRS had a successful General Meeting on June 1, 2008, at the BCMA. Thank you for your tremendous support on attending the meeting in person and on the phone. It was great to see a few new faces! A copy of the minutes are attached for your reference.

At the meeting Dr Brad Halkier announced the appointment of Bob Rauscher as the new BCRS Executive Director. Bob resides in Victoria and has a strong history working in healthcare both on behalf of the (Manitoba) government and more recently with the Pharmaceutical industry. In the last several years Bob specialized in relationships with government and Health Authorities. We are excited to welcome Bob onto our team!

See pages 4-5 for a brief description of what Bob has been doing since his appointment.

Dr Ted Lyons, the President Elect of the CAR attended the meeting in person giving a presentation on "Why Join the CAR". Ted and updated the BCRS on the current activities and the future plans for growing the CAR now that it's moved to Ottawa. The CAR has completely "morphed" over the last year with a new governance model, new board and new CEO – Ms. Adele Fifield! Dr. Andrew Mason is our BC Rep on the CAR Board and a member of the BCRS Executive solidifying this relationship and insuring direct communication between our members and the CAR. The presentation is available for those who are interested.

BMD Conference – Friday, October 24th

**BMD Conference:
Practical Osteoporosis**

Friday, Oct 24, 2008
Renaissance Vancouver
Hotel Harbourside
8:30 a.m. to 5:00 p.m.

Contact the BCRS
for more information

The BCRS is moving in an exciting new direction providing educational events!. THE GOAL of our first full day educational session will provide the participants with an introduction to osteoporosis assessment and measurement, standardized reporting, quality initiatives and accreditation. Tuition is only \$75. Come out and join us! You can register by contacting Willa Kriebel, DWK Services Inc – p 604.739.3763 or info@dwk-inc.com. Registration deadline is October 17, 2008.

Programme Highlights

Delivered by a world-class faculty, **Practical Osteoporosis** will cover a wide range of topics to interest all participants set in an interactive learning environment that includes:

- Bone Anatomy
- Therapy Essentials
- Bone Densitometry
- Pitfalls to Avoid
- Osteoporotic Fracturing Care Gap
- Quality Control
- Alternate Technologies
- Risk Reporting
- Non PMO Osteoporosis
- Interventional Radiology Fracture Recognition

Diagnostic Accreditation Program

The deadline for payment of DAP dues for 2008 is nearing. The amounts were negotiated by the PFDAGW - Private Facilities Dues Allocation Working Group (Dr. Halkier is our representative) over a period of several weeks. The dues were decreased to ~\$1600 per imaging modality with a small discount for each additional modality for those facilities with multiple modalities. This is significantly less on a per modality basis than last year prior to

the last minute government subsidy we forced through our actions.

The agreement by the PFDAGW was contingent upon MOH funding for on site surveys. Unfortunately, the DAP was unable to secure that funding so there is still considerable work to be done. *Stay tuned for further directives!* We need to stick together here to apply significant pressure.

Changes to MOCAP – Impending deadlines

IMPORTANT: *If you currently have a MOCAP contract or expect to have one in the future the information in this bulletin could significantly affect you.*

Health Authority Allocation of MOCAP Funds

All health authorities were supposed to disclose to doctors in their region how they are going to allocate their MOCAP funds for the period October 1, 2008 to March 31, 2010 by July 1.

If a Doctor is Dissatisfied With the Announced Allocation the doctor(s) must request a debriefing on the allocation from the health authority by August 31. The debriefings must be completed by **September 30**.

If, following the debriefing, the doctor is still dissatisfied, he/she may initiate a MOCAP Distribution Dispute by giving written notice to the health authority and to the Joint Agreement Administration Group (through the BCMA) by **no later than 15 days following the debriefing in “a”**.

The Physician Master Agreement identifies what information is necessary to initiate a Dispute. Check with the BCMA Negotiations Department for further information. The BCMA has the final decision on which Disputes go forward to arbitration.

Doctor’s Whose Current MOCAP Level is Reduced or Eliminated

Under a separate agreement with the BCMA, all doctors who are currently receiving MOCAP payments and whose payments will be reduced or eliminated under the health authorities’ allocation **may continue to provide MOCAP services under their existing contracts and at their current MOCAP level until June 30, 2009**. Doctors who wish to continue under this provision must so advise their health authority in writing by **no later than September 30, 2008**.

A graphic illustration of the MOCAP Distribution Dispute process can be found on the BCMA web page at https://www.bcma.org/files/MOCAP_Allocation_Disputes.pdf.

BCMA members with questions on the MOCAP distribution and dispute processes should **contact Ms. Tania Keefe, BCMA Negotiations Department, (604) 638-2871**.

BCRS SurveyMonkey

The BCRS is your advocate and will lobby for the best MOCAP scenario possible. Knowledge is King! We are conducting a brief on-line survey to gather detailed information regarding existing and proposed MOCAP contracts across the province. It is imperative that we have this detailed information so that we can develop and implement an effective and successful negotiation strategy. Together we can accomplish our goals! Please look for the link to be sent to you via email in the next couple of days. It will look something like this, “www.surveymonkey.com/xxx.” Please complete the survey ASAP or at least before August 5th.

The key to our success is timely information! Many thanks in advance for your cooperation.

Demographic Survey

Along the same lines we will also be conducting a detailed demographic survey of all radiologists and radiological practices in British Columbia. This should be well underway by mid September. In order to understand and represent our members more fully we need to identify who we are, how and where we practice, and our plans for the future. Please watch for and participate in this critical survey in the coming weeks.

Radiology Backlash...continued from page 1

Some of the other Specialist groups have reacted negatively toward Justice Clemens’ decision, the SSPS and Radiology. In particular, the Section of Community and Rural Internal Medicine (CRIM) is so aggrieved with the SSPS that they have collectively resigned.

Additionally, CRIM has taken issue with Dr Rick Smith’s testimony at the arbitration hearings questioning his “honesty and integrity.” They have made explicit threats to work against and “expose” Radiology before government and the public.

The arbitrator and all other Sections, including the Coalition representatives found Dr Smith’s testimony honest and forthright. All of the answers to the questions of Dr Myers were factual. We wish to be clear that despite the aspersions by CRIM there was no misrepresentation by our Section or Dr. Smith on any issue at the arbitration hearing. Thanks go out to our Coalition leaders and the BCRS team (Cheryl RB and Drs. Smith, Jenkins, Warner and Halkier) in yeomans work under trying conditions.

Prenatal Genetic Screening

The BCRS has recently been in contact with Dr. Duncan Farquharson, a Perinatologist at RCH, the Medical Director of the BC Perinatal Health Program (BCPHP), and is on the Diagnostic Imaging Committee of the SCOG (Canadian Society of Obstetrics and Gynecology). He is interested in improved linkage with the BCRS and CAR to promote fetal health. This would be through information dissemination of protocols and guidelines, education, etc. to Radiologists since we report most of the obstetrical scans in BC. The BC Perinatal Health Program has published *Fetal Health Surveillance Guidelines* that are based upon evidence-based peer review and are involved in other initiative such as accreditation for Nuchal Translucency (NT).

It appears that various regions have been approached to develop sites where NT can be offered, with tech/radiologist training/accreditation funding available. The BCRS wishes to support these initiatives and feels it is important for the Society to be directly involved on behalf of Radiologists and our US technologists (who together currently perform the vast majority of fetal sonograms in BC).

FYI, here are the web addresses for the BC Perinatal Health Program (www.bcphp.ca) and the Society of Obstetricians/Gynaecologists of Canada (SOGC) (www.sogc.org).

NEW BCRS Executive Director Robert (Bob) Rauscher

As this is my first entry into the newsletter, as well as my first exposure to many of you as your Executive Director, I thought I'd take the one time risk of being verbose and cover off a few points that include a brief bio, my activities to date and the priority areas of focus over the next year.

Bio

I'm a long time Winnipegger who eventually saw the light, moving to Victoria 5 years ago with my family – a move we wished we did years ago. While in Manitoba, I gained wide experience in health care being involved in the redesign of the system that saw the introduction of the health authorities, as well as the reengineering of the Ministry of Health. My last assignment was in the role of Senior Advisor to the Minister of Health, a role that exposed me to a vast array of issues including physician remuneration and fee structures at the bureaucratic, policy and political levels.

Looking for my next career "stretch" opportunity I opted to make the bold move of accepting a position in the pharmaceutical industry in the area of government affairs. I say bold in that many of my colleagues had a negative view of this industry. Never backing down from a challenge, I went head long into this industry and spent the last 9 years developing a tremendous amount of business experience across a number of different portfolios across Canada. My last assignment was BC specific where I negotiated and then implemented private-public partnerships with the health authorities in the area of primary care.

Activities to Date

Recognizing that the learning curve will be steep based on my discussion with the Executive, we agreed that an "immersion" approach would be best and it's been busy! My first official duty was attending the Executive meeting the last day of May and the night before the general membership meeting, which I also attended. Struggling to keep up with the acronyms, both meetings proved to be extremely beneficial to my learning and complimented the research/reading done. This was also first opportunity to dialogue with some of the membership who attended the general meeting.

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NEW BCRS Executive Director – Continued from Page 4

Shortly after this introduction, Brad and I made our way up to Prince George for a multi-purposed trip. The first part involved attending my first meeting of the Provincial Imaging Council or “PIC”, whose membership is primarily made up of the Directors of Imaging from your respective health authorities. It was obvious that Brad has done a great job of positioning the BCRS within PIC, as the Society’s input was actively being sought in a number of different areas that included the development of provincially accepted patient prioritization criteria/guidelines related to wait time measurement and QA strategies, as well as the ongoing review of imaging by the BC Ministry of Health.

The remainder of the day was spent with Nicholas Lamb (thanks Nicholas!) and his colleagues touring the community imaging clinic and the hospital. The day ended with a dinner with the local radiologists where there was lively discussion around the many issues being actively pursued by the BCRS.

The following week I found myself in Kamloops, where Cheryl Rentz-Bennett continued to support my advancement up the learning curve. Cheryl is indeed a significant asset and resource to the BCRS. Through Kevin Beckner (thanks Kevin!), Cheryl and I toured the imaging department at the Royal Inland Hospital, having the opportunity to speaking to the Radiologists working that day. As with Prince George, this trip was capped off with a dinner meeting with the radiologists where a number of issues were discussed. This group also provided some very good ideas on how to improve attendance for the upcoming AGM in October, which we are moving to implement so stay tuned!

My travels continued, having the opportunity to join Emil Lee in Abbotsford to get a good snapshot of a “day in the life” of a radiologist as well as joining Marty Jenkins in Richmond. Emil arranged for a tour of the new MSA Hospital and it is nothing short of amazing. Marty took me through the Richmond Hospital and then through his extremely impressive community clinic. Thanks to both as I know my many questions put your day behind schedule.

Finally, I also had my first opportunity to engage an external stakeholder in the capacity as your Executive Director around an issue of significant concern to the BCRS. The BC Cancer Agency sent a letter out to a member who operates a mobile screening unit that contained a short dated deadline to come to agreement on a new (and lengthy) operating contract, which would ultimately serve as a template for other sites. Following an emergency teleconference involving the Chief Screeners, I met Lisa Kan of the BCCA to both voice our concerns and at the same time our willingness to serve as part of the solution to this issue. Ms. Khan was very receptive and welcomed BCRS’s involvement in this as well as other issues.

I am very excited about being affiliated to the BCRS as Executive Director and give you my commitment to work hard to advance your interests through the management of these priorities and daily operations of the BCRS.

Priorities for the Next Year

My priorities are your priorities, as identified and agreed to at the June 1st general meeting:

1. **DSCO – MOH Review** of Delivery of Diagnostic Radiology Services in British Columbia
2. **Preparation for next round of Negotiations** with BC Government for the Working Agreement.
3. **DI Project** – Transition to Digital Imaging
4. **Community Imaging Clinics/Outpatient Radiology** -Re-defining the role and ensuring financial viability
5. **BCRS Revitalization**- a more proactive and effective organization

