# MSPQI STEERING COMMITTEE TERMS OF REFERENCE

## INTRODUCTION

In 2017, the Doctors of BC and government agreed to work together during the term of the 2014 – 2019 Physician Master Agreement in a focused and structured way on areas of mutual interest. As part of the Mid-Term Policy Consultations the Parties engaged in collaborative discussions focused on the development of a system of measurements to sup-port continuous quality improvement and high value to patients that:

- Provides data at the individual level to enable physicians to improve the quality of care they provide to patients, and
- Enables assessment of overall health system performance and of the value of physician services through aggregated and anonymized data at the facility/population and provincial level. *(Statement of Joint Interests and Foundational Principles, Mid Term Consultation on Quality and Cost Effectiveness, dated June 23, 2017)*

Under the Measurement System for Physician Quality Improvement Framework Agreement, the Parties agreed to establish the Measurement System for Physician Quality Improvement Steering Committee (the "MSPQI Steering Committee") to oversee the development and implementation of the Measurement System for Physician Quality Improvement (the "MSPQI").

## MANDATE

The MSPQI Steering Committee will oversee the development and implementation of the MSPQI in accordance with the MSPQI Objectives and Foundational Principles. This includes overseeing the work of and providing direction as required to the Quality Measures Groups, the Technical Working Group, and the MSPQI Secretariat.

## OBJECTIVES

1. Establish, harmonize and oversee the work of the Quality Measures Groups (QMGs). Determine the sequence in which the QMGs are initiated.
2. Taking into account input from the QMGs, establish measurement priorities in terms of known quality gaps, unwarranted variation in care or significant opportunities to advance population health to be included in the measure sets developed by QMGs.
3. Review and approve or recommend to the QMGs revisions to measure sets identified by the QMGs.
4. Establish and sponsor the Technical Working Group.
5. Oversee the work of the MSPQI Secretariat in providing support and coordination to the MSPQI Steering Committee, QMGs and the Technical Working Group.
6. Utilizing the MSPQI Secretariat, develop and approve an acceptable use policy and security access model for the MSPQI and negotiate all required information sharing agreements, ensuring consistency with the MSPQI Objectives and Foundational Principles.
7. Approve QMG work plans, ensuring harmonization of physician participation strategies.

8. Monitor progress of the QMGs and Technical Working Group with reference to identified timelines.
9. Ensure effective co-ordination and cooperation of the work of the QMGs and the Technical Working Group and the work of the Health Data Coalition (HDC) to avoid duplication of efforts and to obtain the benefit of the experience of the HDC in developing and implementing quality measures and an access platform.

**DECISION MAKING**

All members and the Co-Chairs of the MSPQI Steering Committee will commit to making reasonable efforts to achieve consensus. On matters where consensus is not immediately identified, the co-chairs will invite each member present at the meeting for their advice and input, and seek to build consensus by addressing concerns and proposing a decision that all members may be willing to support.

Where either co-chair feels consultation of members not present at a meeting is required prior to making a decision, the co-chair can request members provide their views in writing.

Where unanimous support of the Steering Committee is not possible, a final decision of the Steering Committee must have the support of at least a majority of the members of the committee, including at least 3 members from the Doctors of BC and at least 3 members from among the Government and Health Authority members. Areas of ongoing disagreement will be documented in the minutes and reported to the MSPQI Secretariat.

Quorum is set at 50% + 1

**MEMBERSHIP**

Membership will be representative of the appropriate stakeholders.

- 5 representatives from the Doctors of BC, including one who is a senior Doctors of BC staff member who is responsible for physician quality improvement.
- 3 executive-level representatives from the health authorities, which must include at least one with responsibility for medical quality, one with responsibility for information management, and one with understanding of rural medical services delivery.
- 2 executive-level representatives from the Ministry of Health.
- The Parties will each appoint a co-chair from among their representatives on the Steering Committee.
- *Non-voting member:* Representative from Ministry Health Sector Information, Analysis and Reporting Division.

**INDIVIDUAL MEMBER RESPONSIBILITIES**

- Work collaboratively and draw on expertise to resolve issues and reach decisions to support successful outcomes.

- Act as a bridge with own organization and/or committee they are representing to help with integration and alignment across the system by connecting and communicating relevant opportunities, priorities and concerns of each organization to the other.
- Fulfill role of sponsor through positively positioning and advancing the work of the Committee.
- Ensure preparedness for meaningful participation in meetings.
- On occasion, Committee members may possess documentation or information of a confidential nature. The Co-Chairs will ensure that everyone participating in the meeting, telephone discussion, email exchange, or in another form of communication has received clear instructions of the sharing of confidential material.

**REPORTING, RELATIONSHIPS & ACCOUNTABILITY**

The MSPQI Steering Committee will prepare and submit:

- Interim Phase I progress report to Leadership Council and Doctors of BC.
- Phase I report and Phase 2 workplan and budget for Phase 2 to Leadership Council and Doctors of BC.

The MSPQI Steering Committee's working groups will submit work plans and reports to the MSPQI Steering Committee as requested.

**RESOURCES**

Direct support and coordination for the MSPQI Steering Committee is provided by the MSPQI Secretariat. This includes administrative support with meeting logistics, timely distribution of meeting materials, preparing summary materials on behalf of the Committee, and assisting the Group in preparing work plans.

If required to support the objectives of the MSPQI Steering Committee and if authorized in advance by the Co-chairs, staff from the Doctors of BC, Ministry of Health and /or the Health Authorities who are not members of the MSPQI Steering Committee may attend meeting of the MSPQI Steering Committee.

**MEETINGS**

The Steering Committee will meet as determined by the Co-Chairs.

Agenda items and materials must be submitted to *<administrative support staff>* for circulation to Steering Committee members no later than 1 week prior to each meeting.

Last revised