

## APPENDIX "C"

### COMMITTEE TERMS OF REFERENCE

#### Joint Governance Committee (JGC)

##### **Purpose:**

This committee provides contract management, leadership and oversight to assure the contract is achieving the defined objectives and facilitates regular dialogue/discussion on topics of mutual interest in the provision of medical services to injured workers.

##### **Scope/Goals:**

- a) Contract Management – to monitor and assure the contract is achieving the desired outcomes.
- b) Clarification/Interpretation – to provide clarity and interpretation of the contract terms and conditions as required.
- c) Contract Amendments – to amend the contract terms and conditions as necessary to resolve issues no more than once per year.
- d) Communication & Training – to assure an effective communication and training plan is established and executed for initial contract implementation and thereafter where required to assure all physicians and the Board understand their obligations. To collaborate on external communications related to the contract.
- e) Establish Adhoc Working Groups – as necessary to address specific opportunities or issues. All working group results and recommendations are reported to the JGC for final decision.
- f) Contract Compliance & Quality Management – to review and approve the plan developed by the Board to monitor and manage contract compliance and to assist the Board with remedial action as deemed appropriate by the JGC.
- g) Information sharing – to keep the respective organizations apprised of issues and developments of mutual relevance.
- h) Consultation and input - into the Board's relevant positions, practices, program development and other areas that may impact the interface between the physicians and the Board or impact the physician's office operations (e.g.: procedures, processes, forms, technology, etc.).
- i) Advisory – to provide advice on communication and education of physicians in relation to service delivery to injured workers, policy, program and other mutually relevant processes.
- j) Continuous improvement - to identify, present and action opportunities, issues and concerns regarding the relationship, operations and quality of care.

- k) Sub-committees – to establish, guide and monitor the work of subcommittees to serve the management of the contract as necessary (e.g.: the Fees Advisory Sub-Committee to review and make recommendations to the JGC on matters related to services and fees).

### **Membership:**

Membership will be joint including:

- Board:
  - Director Health & Extended Benefits.
  - Chief Medical Officer
  - Manager, Service Provider Relationships.
  - Manager, Health Services.
  
- DNS :
  - DNS Representative
  - 4 Physician Representatives.

For the first year the JGC will include at least two members (one from the Board and one from DNS/Physicians) that participated in the original negotiations for this contract.

To assure continuity within JGC, the term of physician membership will be staggered as follows:

- Two (2) physicians for three (3) years renewable for two (2) years.
  
- Two (2) physicians for two (2) years renewable for two (2) years.

JGC members are not permitted to send delegates to JGC meetings on their behalf.

### **Meetings:**

Meeting frequency – Initially the JGC will meet monthly for the first 6 months during a period of stabilization. Once stabilized meetings will occur four (4) times per year (no less frequently than twice a year).

Meetings are expected to be two (2) hours in duration.

The JGC will be co-chaired by the representative from DNS and one of the Board representatives.

Agenda development and scheduling is the responsibility of the co-chairs.

Meeting dates to be established with a minimum of two months advance notice. Meeting agenda and relevant documents and meeting minutes circulated two weeks in advance of the next scheduled meeting.

All members are expected to review materials in advance of the meetings.

Meetings will occur at the Board, DNS or other sites deemed appropriate by the co-chairs. 50% of meetings annually will be conducted via teleconferencing or web conferencing.

The co-chairs will be accountable to ensure minutes are distributed within 14 days of each meeting.

Members of established sub-committees may be invited to attend the JGC from time to time and vice versa to discuss specific issues.

## **Decision Making**

The JGC holds the decision making authority related to:

- The terms and conditions of the contract or the interpretation of same, including fees; and
- The terms of reference for the JGC and any subcommittees.

Decisions will occur based on consensus.

Members of JGC shall participate in the spirit of cooperation and act in good faith to foster a collaborative working environment and maintain channels of communication to optimize the outcomes.

Quorum must exist at each meeting. A quorum consists of three (3) Board representatives and three (3) DNS representatives.

## **Guidance**

Members of the JGC will obtain guidance and/or decision-making authority from their respective organizations as required (e.g.: CEO, Board of Directors, etc.).

Failure to participate in the JGC by either party constitutes a breach of contract which will be handled based on provisions defined in the contract.

## **Resources and Budget:**

- a) Board will provide administrative support at no cost for basic committee support (i.e.: coordinating agendas, booking rooms, taking minutes and setting up conference bridges.) subject to annual review of work volume requirements.
- b) DNS committee members are entitled to an honorarium and other assistance as determined by DNS. Travel time and travel costs will be covered by DNS as per standard policies. 50% of the DNS costs incurred will be recovered from the Board for pre-approved JGC and JGC sub-committee related work.
- c) DNS invoices will be submitted to the Board quarterly with Q4 invoices submitted no later than Jan 7 of the subsequent year.
- d) The JGC may engage external resources/subject matter experts as deemed necessary.

- e) The JGC is required to pre-approve all committee activity that requires funding and must manage within the approved budget (which initially contemplates a maximum of 2 subcommittees per year, each with 2 physician representatives and 6 meetings per year and may be adjusted as determined jointly by the Board Director and DNS Director).