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SUBJECT/SUJET: Canadian Medical Protective Association's 2021 Annual Meeting
and Education Session - English.

Q&A for Members

00:00

Michael T. Cohen: We have provided you with a lot of information. I'd like now to open the virtual floor to questions from CMPA members. Only current CMPA members can ask questions. To ask a question please click on the "Ask a Question" button located at the bottom of the video player, or the green question mark on a mobile device. Remember, you can't see the button in full screen mode. We've already received some questions. So let's start there.

00:35

W. Todd Watkins: Thank you, Mike and good afternoon everyone. My name is Todd Watkins, I'm the Associate CEO of the CMPA and I'll be helping facilitate the questions today along with my colleague, Dr. Pamela Eisner-Parsche, she will help us with the French language questions.

00:49

So the first question comes from Dr. Gigi Osler from Winnipeg. Good afternoon, Gigi. She says thank you for the audit committee report. Do you foresee any impact positive or negative of virtual care on medical legal costs? Mike.

01:08

Michael T. Cohen: Thanks for that question, Gigi. I'll direct that to Cory.

01:13

Cory Garbolinsky: Thank you, Mike, and thank you, Dr. Osler. I think that it's far too soon to be able to make any determination whether or not there will be an impact on the medical legal costs with respect to virtual care, but it is something that we are obviously monitoring very closely.

01:32

W. Todd Watkins: Thank you, Cory. The second question comes from Dr. George Carson in Regina. Hi, George. He says it is good that there are region specific fees reflected in the aggregates. However, are the adjustments by type of work applied to the aggregate fee to produce the specific fees the same in all regions? And are they individualized by the experience in each region? For example do we, obstetricians, pay the same larger portion in each region?

02:06

Michael T. Cohen: Thank you for the question. Cory, please.

02:10

Cory Garbolinsky: Thank you, Dr. Carson. And I think the key point to remember here is we look to see what do we think is the expected cost in a particular region. That then bases on what the fee will be for that region. We then look to what is the financial position in that region and we potentially make an adjustment with a fee credit or a fee debit depending on that financial position.

02:34

When we look to a particular type of work, like you said obstetricians, we then look and see how do we think that the obstetricians and the cost expected from that type of work will go against every other type of work in that region.

02:45

So then, we do the relative risk rating amongst those two different, amongst the region and then choose the fee that represents that risk. So in your instance an obstetrician does have the highest level of risk with respect to future expected costs and therefore would have the highest fee in that region.

03:15

W. Todd Watkins: Thanks, Cory. We don't have any other questions at this time, Mike. I wonder if we'll pause for a minute to see if we get any additional questions. Maybe in the interim, Mike, while we're waiting for other questions, Dr. Calder would like to speak about how we've pivoted our education to online and the impact that's had with respect to research and education across the country.

03:48

Lisa Calder: Sure, thanks, Todd. So the pandemic has had a significant impact on the way that we deliver education at the CMPA. We are actually one of the largest CME providers in the country and we used to travel all across the country providing up to 300 presentations per year.

04:04

We have with the pandemic had to rapidly flip to a virtual digital learning format and we were able to do so really effectively. We are so proud, in particular of the resident symposium, which used to be an in person symposium that we went across the country to deliver at every Canadian medical school. And now we're offering this virtually and we have had tremendous response from the residents as well as increased attendance, great satisfaction and this was a co-creative product with RDOCS.

04:36

So we're very proud of how that has delivered and unfolded. We also have launched the good practices guide, which has a tremendous amount of resources for any level of learner or teacher or member who's looking to gain some CME credit section three which can be tricky, and those – that has been a huge success with a lot of visitors online.

05:00

So we really have looked very carefully at how can we deliver our learning online virtually, and we do virtual workshops as well. In the future, we are going to be looking to a hybrid model where we will – we'll start doing some in person presentations when it's safe to do so and continue to deliver really high quality digital learning products.

05:21

W. Todd Watkins: Thanks, Lisa. Our next question does come from Dr. Meduk Tundaybias(ph) from Gormley and they ask, thanks to Cory for assisting presentation, over five years you had paid out \$1.1 billion and had made a reduction of \$140 million, for the legal fees almost \$90 million in that same time period was paid out. Do you plan to see a similar reduction in the fees as with the payouts?

05:56

Michael T. Cohen: Thanks for the question. Cory, please.

05:58

Cory Garbolinsky: Thank you. And I think I just want to clarify what the point that's in the question. So yes, you are correct that in the last five years we have paid out about \$1.1 billion in compensation to patients on behalf of our members. And in that same time period, legal fees as approximately \$900 million.

06:19

The reduction that you're referring to in your question is related to when we look at the provision at the end of 2020 and all the cost trends that are in place at that time, we then thought that we could reduce the value of the provision by \$140 million because the cost trends have come down slightly.

06:39

So therefore it's that annual relook at our provision every year that allows us the

opportunity to look and see what we think the future costs are going to be.

06:49

Now turning to the latter part of your question where you're talking about seeing a similar reduction in fees. As I noted in the video we do feel like our financial position is quite strong right now and higher than we would normally want. So it is expected that we will continue to offer fee credits in the future to bring that financial position back to what we would feel is an appropriate level.

7:18

W. Todd Watkins: Thanks, Cory. Our next question comes from Dr. Rob Robson from Dundas, and Rob says, as you may know, two demonstration projects will begin in British Columbia in the near future to evaluate the impact of restorative approaches following an adverse event with patient harm. Will the CMPA encourage its members to participate in these demonstration projects?

07:42

Michael T. Cohen: Thank you for the question. I'll direct that to Pam.

07:47

Pamela Eisener-Parsche: Thanks, Mike. And thank you, Dr. Robson, for such a fantastic question. We recognize at the CMPA that there is inherent systemic racism in our healthcare system and that within, and within Canadian society and that this has been a significant concern and has resulted in significant intergenerational trauma within our indigenous populations.

08:07

We are working on an EDI strategy and listening and learning from our members about the experiences they've had and the experiences that have shaped the care of our indigenous populations.

08:18

We've also engaged in stakeholder conversations with those groups in British Columbia who are exploring this to better understand what those mechanisms of complaint resolution will look like and to better support members through that process as it unfolds. So thank you for that excellent question and we're looking forward to working with our partners in British Columbia as that moves forward. Thank you.

08:42

W. Todd Watkins: Thanks, Pam, and thank you, Rob, for that great question. It is very interesting times as we look to evolve the way we provide representation to members. The next question is from Dr. Mateen Razi(ph) in Saskatoon. I would be interested in knowing any future modelling by CMPA regarding costs in individual areas of the country as a whole with the changing medical practice landscape. So looking at future modelling costs with respect to liabilities across the country, Mike.

09:14

Michael T. Cohen: Thanks again for the interesting question, and Cory, please.

09:19

Cory Garbolinsky: Thank you, Dr. Razi. I think the, it's important to note that our actuarial modelling is essentially based on the costs that have been paid out. So what I think you're referring to here is what, with the changing medical landscape, whether it's virtual care or whatnot, you know what is the impact is that going to have in the future.

09:39

It is certainly something that we'll be looking at and following very closely. But whether or not it's going to you know result in a change in the fees, you know, immediately we need to see the impact of those changes in trends before we can make any change to it.

09:58

W. Todd Watkins: Thank you, Cory. Pam, I'm going to turn the floor to you. I think the next question comes in from a Quebec member.

10:09

Pamela Eisener-Parsche: Thanks. Went through all of these questions, it's fantastic to see you also engaged. (Voice of translator). Do you have any reasons to explain how Quebec ends with a lower cost for claims? Do you have an explanation for that? (End of translation)

10:28

Michael T. Cohen: Cory?

10:30

Cory Garbolinsky: I think we're actually going to have Dominic answer this question.

10:35

Domenic Crolla: Thank you for the question. So the answer to that, to that question is multifactorial. There is definitely a slightly different judicial culture in Quebec in terms of the level of damages awarded. But it's difficult to say that that judicial culture is the sole reason there's also definitely a strong regulatory environment in Quebec with a significant number of, of matters in the regulatory environment.

11:09

So it's an issue that we've been looking at for years and looking at carefully. Ultimately, it comes down to the willingness of plaintiffs and plaintiff's counsel to initiate claims and the willingness of courts to respond to them. So there is a difference, but it's not so different that it's unheard of and it's one that we're continuing to monitor over time.

11:38

W. Todd Watkins: Thanks, Tom. Our next question comes from Dr. Shirley Katz(ph) from Thornhill, Ontario. And Dr. Katz says on a public relations note, the CBC recently aired a show describing that in Canada no patient harm, no patient can win a lawsuit because their CMPA is so powerful.

11:59

There was no mention of the fact that the CMPA will protect rather than settle if the doctor didn't, did not commit malpractice or negligence I would add, nor any mention of the education that the CMPA does to limit harm. This was maligning physicians and negative from a PR perspective for the Association.

12:22

Michael T. Cohen: Thank you, Dr. Katz for that question. I'll ask Lisa to comment.

12:26

Lisa Calder: Thank you, Dr. Katz. We have had the opportunity to engage in media interviews. For example, I did an interview with W5 in the spring, and our goal is to really correct misinformation and misunderstandings and some mythology that sometimes arises around the CMPA, as well as explain our value proposition.

12:48

As you may or may not know, when you engage in media interviews, I did a 20 minute interview and was able to put forward very much the points you describe about the value of our association, the education we do, the proactive nature of our work. However, that's not always featured in media stories.

13:06

We have just launched a new aspect on our web page which has some really great, very clear messaging around some of the issues that we see sometimes portrayed and misinformation about the CMPA in mainstream media and this aspect of our web page really about how we empower better health care really looks to counteract some of that misinformation.

13:28

So I encourage you to check that out on the website. And we continue to seek opportunities to correct any misinformation in the public and to make clear what our value proposition is for our membership. And I'm so pleased that you see value as a member as well.

13:45

W. Todd Watkins: Thanks, Lisa. Our next question comes from Dr. Abdullatif Horatia(ph) from Winnipeg. And Dr. Horatia asks if the CMPA had any plans to compensate physicians who are wrongly accused by patients and offers this as a suggestion for the Association going forward.

14:09

Michael T. Cohen: If I ask our general counsel, Mr. Corolla to respond to that, please.

14:15

Domenic Crolla: Thank you for the question. As you may know, the Association is a mutual defence organization created for the purpose of defending physicians in claims brought by regulatory authorities or patients. It is not created or constituted for the purpose of providing compensation to physicians.

14:36

That said, a claim that is unsuccessful against a physician does have the ability for costs to be awarded to a successful litigant. So on occasion, it's quite rare frankly, on occasion a claim that's been wrongfully, wrongfully brought and the litigation has not been properly run that may lead to a costs award against a plaintiff.

15:07

W. Todd Watkins: Thanks, Dom. Our next question is from Dr. Sankar Prakash(ph) from Windsor. Dr. Prakash asks, is there a maximum payout set in any case? I assume a limit to the payment that CMPA set.

15:27

Michael T. Cohen: Thank you for the question, Dr. Prakash. Cory, please.

15:30

Cory Garbolinsky: Thank you, Dr. Prakash. No, there is no limit on the extent of assistance that the CMPA would provide.

15:42

Michael T. Cohen: Lisa?

15:43

Lisa Calder: That I would just add, I think your question was about patient compensation and if there are limits or ceilings in patient compensation, and there are some jurisdictional differences here. And so Dom, I don't know if you want to speak to some of that as well.

15:59

Domenic Crolla: Sure. So thank you for the opportunity to add a few more words to this. Because the, because the CMPA is not an insurance company, there is no pre-set maximum amount payable in respect of a single claim.

16:16

However the courts themselves have developed standards and there's also legislation in some cases that, that limits the amount of recovery in particular cases. But from the perspective of a member of the Association who is, who has requested assistance from

the CMPA and assistance has been granted, if compensations be paid there's no pre-set amount.

16:46

W. Todd Watkins: Thanks, Dom. Our next question comes from Dr. Melanie Chen(ph) from Richmond Hill, Ontario. Dr. Chen asks, with the increased use of virtual care will the CMPA be able to provide protection for telemedicine issues if the physician is physically outside the country?

17:06

Michael T. Cohen: Thank you for the question. Pam, please.

17:11

Pamela Eisener-Parsche: Thanks, Mike, and thanks for that question. The CMPA generally does not provide assistance to members with medical legal matters that arise outside of Canada. If a member is residing outside of Canada on a long term basis and providing virtual care to patients in Canada, the member will generally not be assistant, not be eligible for assistance regardless of whether the matter was initiated inside or outside of Canada.

17:34

We're assisting Canadian physicians with medical legal matters that are arising in Canada and we do not generally provide protection for physicians who are practicing virtual care outside of Canada for anything other than a brief period of time, for example a short vacation or conference.

17:51

Where the patient or the member or both are temporarily located outside of Canada you would be generally eligible for our assistance. If it's a longer term absence then you would generally not be eligible for assistance.

18:02

Some members have been located outside of the country due to the extenuating circumstances of the pandemic and in that situation you would be advised to call the Association for specific guidance on your eligibility for assistance in that, in that situation. Thank you.

18:18

W. Todd Watkins: Thanks, Pam. Our next question is from Dr. Minka Chan(ph). Hi, Minka. Minka and I were classmates at Western many years ago from Winnipeg. Her question, it's great to see resident representation on Council, I wonder about whether we should consider having at least two resident members and follow a similar model to that of the faculty? Further to the EDI work, how are we structurally ensuring broad diversity within the various levels of leadership within the CMPA?

18:49

Michael T. Cohen: Thank you for the questions. Very interesting question. We are open to having a second resident. We decided to try one at a time first basically this year to see how it will work. We had a great response, we had a great number of residents interested. And yes, that will be coming forward to our council for consideration of a second position.

19:11

With respect to your EDI, we seek value we support diversity and we lived experiences on council. These principles are embedded in our nomination process and candidates are asked to proactively identify how they contribute to diversity on council and within the CMPA.

19:32

All of our councillors undergo a robust learning and evaluation process, which focusses on supporting EDI. Have been more, we have been more successful in recent years in expanding the diversity of candidates and we continue to raise awareness of elections and encourage members to consider diverse perspectives when voting.

19:53

We have begun our EDI journey, we are working on developing strategy to foster EDI for our members, for our councillors and for employees. Thank you, Minka, for that question. Lisa?

20:06

Lisa Calder: Yes, thanks for that excellent question. And from the perspective of enhancing diversity amongst senior leadership with CMPA from the management side, this will be a very, a very key part of the employee experience aspect of our EDI strategy is looking at how we can encourage diversity through all levels of the Association.

20:27

We are really excited to work with CCDI in this work and learn from their experiences working with other companies. We also know that the fact that we have been able to work virtually since the pandemic started and we are now looking to a hybrid work model creates opportunities for us in terms of recruitment that we're really excited about. So stay tuned.

20:50

W. Todd Watkins: Thanks, Lisa. Our next question comes from Dr. Dr. Randall Geffrey(ph), I apologize if I mispronounced your name, Dr. Randall Geffrey from Calgary. Please inform us of the upward trend of CMPA costs incurred by defending physicians from their respective regulatory colleges across the country?

21:09

Michael T. Cohen: Cory, please.

21:12

Cory Garbolinsky: Thank you for the question, Dr. Geoffrey. It's an, it's an interesting question. In the 10 years up until 2020 we had seen an incredible increase in the amount of costs related to regulatory college cases. It had started to level off in the last little while so I think I noted in the video that there was about a 1% change in our legal other costs in 2020. That's solely as a result of there was fewer cases in 2020, but the cases that we received were much more complicated because of the pandemic.

21:50

In 2021, we are starting to see more cases coming in with respect to regulatory matters. So it is something that we will continue to monitor and try and work with the regulatory colleges. I don't know if Pam or Dom would like to add to that.

22:06

Domenic Crolla: Thanks, thanks, Cory and it's a great question. As Cory has indicated, you know the increase in costs associated with defending physicians at their respective colleges is primarily a volume story. In other words, over the span of time that Cory has mentioned there have been an increasing number of regulatory matters.

22:30

That said, those complaints come from patients. And so they are generated by patients wishing to make a complaint or raise a concern with their colleges, and when they are raised, the members are eligible for assistance from the CMPA.

22:51

Interestingly, the cost associated with defending those individual cases on average has not increased. So it is primarily a volume story over that period of time, and as volume stabilizes, it would be expected that that cost would stabilize as well.

23:10

W. Todd Watkins: Thank you, Dom. Michael, we're getting towards the end of our questions actually, I don't have any new questions. We have about five minutes left in our Q&A period. I remember, I suggest, Mike maybe Pam could expand on our work in physician wellness. It's an area that is a great priority for us and members might be interested to know further about what we're doing there on a daily basis.

23:42

Michael T. Cohen: Thanks, Todd, great idea. Pam.

23:45

Pamela Eisener-Parsche: Thanks, Todd. So we've been working quite hard on the physician wellness perspective over the last year, certainly recognizing the impact that the pandemic has had on physician wellness.

23:56

So as Lisa had spoke to in her remarks earlier, we've had multiple phone calls, several

thousand calls over the past year, 30,000, in which our members are calling requesting either advice and guidance or assistance with a medical legal matter. And what underpins the vast majority of those calls is elements of distress, stress and physician wellness issues.

24:16

So we recognize that our members are really feeling the strain of practicing in this current environment. The physician advisors are providing some peer-to-peer support on those phone calls, but often delve into those issues around physician wellness to try and provide support to the member in the moment. And the feedback that we get from members is that that has made a significant difference to their overall wellness as they move forward with their medical legal manner.

24:16

In addition to that, we've been working hard on ensuring that the website has appropriate information on it and that it is more accessible to members and we have had many more hits on the physician wellness part of our website than we've had in previous years. So we are hoping that that's resonating with you.

24:57

We've recently created a department of physician support and wellness with a new director and we will be using that department to help further our initiatives in physician wellness, including collaborating with our partners across the country to truly establish some further programming that will be a benefit to all of you. So there are some very exciting times coming up on this front.

25:20

One example of collaboration that I think is valuable is we have been partnering with the OMA physician health program as well as the College of Physicians and Surgeons of Ontario looking at concerns about physician suicide and how to identify physicians at risk and provide appropriate mechanisms to try and support those physicians differently. So lots more work is to come and this new department is just, just standing up now, so we're looking forward to working through these issues with our partners over the next year and then beyond. Thank you.

25:52

Michael T. Cohen: Thanks, Pam. Todd, do we have any more questions?

25:55

W. Todd Watkins: We have one more important question that I think we can end on and it comes again from Dr. Madupay Tundabias. And, Madupay, I think I mispronounced your name the first time around, my apologies. She says I must congratulate Lisa for starting the EDI conversations. However, how does the CMPA aim to engage physicians nationally who have felt that they were not well represented by CMPA and have perceived some level of racism in the representation, especially at the hospital level?

24:26

Michael T. Cohen: Thank you again for a very important question. Lisa.

26:30

Lisa Calder: Thank you, Madupay, I'm so pleased you could join us today, and it is such an important question. So when I mentioned that we were doing listening and learning with members, we are actively reaching out to members, not just who want to tell us they think the CMPA is great, we're actually trying to understand those members who have had challenges in terms of services provided by the CMPA. We need to better understand the impacts of racism in terms of how we provide member service and the member experience.

26:57

So this has been a key part of our strategy that is being led by Pam and it is ongoing work that we are looking to continually reach out and just have the conversation with physicians who want to have the conversation with us to help us better understand how we can strengthen our Member Services to provide more culturally sensitive member service, but also how to respond when physician members are experiencing racism to strengthen the way that we offer medical legal support. Pam, did you want to add anything to that?

27:28

Pamela Eisener-Parsche: Thanks, Lisa. Just to say what a privilege it's been to speak with several of you from across the country who have experienced racism either systemically or directly through the course of your practice of medicine, and what an honour it has been to hear the stories you've been willing to share with me about your experiences and for us to then be able to adjust our own services appropriately to meet your needs moving forward.

27:51

So I'm more than open to having more of these conversations with other physician members who wish to discuss these challenges with us. Thank you.

0:28:04

W. Todd Watkins: And with that, Mike, that's the end of our questions.

28:10

Michael T. Cohen: Thank you. I'd like to thank everyone who asked a question, everyone who listened today who joined us. I think our final number was 321 which is good, very good actually. Thank you again. That concludes the question and answer period. But before we adjourn Lisa is going to share a few thoughts on how the CMPA is looking to the future. Lisa.

