

Regional Representation Committee

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Chair, Regional Representation Committee, CAG



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The Regional Representation Committee has been a committee of the Board for a number of years. However, in 2003/2004, the decision was made to redevelop the mandate of the Regional Representation Committee. This new mandate was to provide a venue for the provincial organizations to communicate and discuss issues which were common to the provincial organizations. In addition, it would provide an opportunity for common policy development on issues such as credentialing, fees and organizational structure, among others. It would also encourage the sharing of provincial practice guidelines or organizational policy issues such as colon cancer screening and steroid-induced osteoporosis. Lastly, the chair would function under the umbrella of the Clinical Affairs grouping at the Canadian Association of Gastroenterology (CAG) to participate in various issues of clinical relevance to the CAG.

The group has planned to meet regularly at the Canadian Digestive Disease Week (CDDW) meeting and each fall via a teleconference; additionally, the group will meet on an as-needed basis as issues arise. At the most recent meeting on February 29, 2004 at the CDDW, the group met again and reaffirmed the direction of the Committee and agreed to deal with provincial issues as they related to national interests. There is recognition that the delivery of health care is primarily governed provincially and, therefore, the development of appropriate national standards and consistencies will require the expertise and communication delivered through the Regional Representation Committee in conjunction with the CAG leadership.

There were several major issues that were identified at our most recent meeting. The first issue was the standardization of the various colon cancer screening guidelines. We currently have a national policy as well as a number of provincial guidelines. They are all slightly different, and a process to develop some consistency among the guidelines where there is conflict or debate is needed.

The second issue was credentialing. There was a desire expressed by all the attendees of the meeting to develop national guidelines for endoscopy credentialing. Clearly,

there needs to be a regional flavour to these credentials but the Committee thought it was very important that we move forward on developing them, especially as colon cancer screening programs takes hold. There is a CAG committee set up to deal with this, and the Regional Representation Committee looks forward to participating in the development of these guidelines.

The third significant issue to be identified centred around the various fee schedules. There needs to be some consistency across the country regarding the fee schedule as it relates to consultation and procedure availability. It was recognized that there may be regional differences in the actual fees allotted to any given procedure or consultation based on the economics of a given region. However, it was thought that a national fee schedule that has all the appropriate techniques, procedures and visits that all gastroenterologists should be able to use or bill for would be useful.

The Ontario Association of Gastroenterology fee schedule was thought to be the most comprehensive (see pages 51-56), and should serve as the template for a national fee schedule. It was recommended at that meeting that we publish the fee schedule as part of the Regional Representation report in *The Canadian Journal of Gastroenterology*. Once published, the feedback would provide the opportunity to modify the fee schedule nationally and provincially to ensure that it is comprehensive and that it represents the current practice of gastroenterology. Publishing this fee schedule would also allow provincial organizations to identify fees missing from their provincial fee schedules, and then they can pursue adding those locally with their respective provincial health ministries.

One final issue that was discussed was the variations in technology across the country. A CAG policy statement on the national availability of technology needs to be developed. We are all aware of the technology explosion as it relates to new procedures, such as endoscopic ultrasound and capsule endoscopy, among others. We must ensure that, in the future, Canada does not fall behind the rest of the world in delivering up-to-date technology.

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An important initiative that was identified at the Regional Representation meeting in February 2004 was the need for better communication among gastroenterologists and their provincial organizations. It was recommended that we seek to develop a regional representation page in the *Journal* or develop a page where the provincial organizations could identify the initiatives that they are working on. We will endeavour to accomplish this and we expect this publication will serve as the first Regional Representation submission to *The Canadian Journal of Gastroenterology*. We hope that the page will run quarterly. The subsequent format of the regional representation page will foster appropriate communication among the

provincial groups, and inform the general membership, as issues become relevant. In addition, it will allow for profiling of the various provincial organizations. We will look for feedback regarding the format of the page to ensure that we provide the information and communication that is required by all the gastroenterologists in the country.

On behalf of myself and the members of the Committee, who are all the leaders of their respective provincial organizations, we look forward to developing the relevance of this committee to ensure that issues of clinical importance across the country are shared and represented through the CAG. Thank you for the opportunity to head this Committee.
