

Seventy Thousand New Brunswickers rely on Emergency Departments for basic primary care?

The Emergency Department is a poor substitute for well-organized Primary Care. So in this province that has the highest ratio of physicians to population in Canada, why do seventy thousand persons use the Emergency Department as their regular source of medical care (NB Health Council Report on Access, 2017)?

Recently physicians in Fredericton and Saint John expressed their concerns about the over-crowding and backlogs in hospital emergency departments, as they should. Health Minister Ted Flemming responded on Friday, May 17, 2019 that he thinks there are options not yet explored in order to resolve the issues.

Stories of 6-8 hour waits are heard regularly at coffee shops and other places where people gather. The overcrowding and long waits represent a very serious public policy issue, but not a new one.....this problem has existed in NB for nearly two decades!

There is neither one single issue nor a single answer to this problem. Some have suggested better engagement of nurse practitioners and physician assistants as part of a solution. And in most Emergency departments in New Brunswick previous solutions have included physical expansion, adding more staff, changing triage systems.

All band-aid solutions that fail to deal with the real issues.

Dr. Graeme Young seems to be encouraging the integration of Physician Assistants into the Emergency Department practice in Fredericton with very positive results and the remarks published months ago in the Telegraph by Ryan Bennett, one of three Physician Assistants, is heartwarming. This represents a significant step forward in the organization of pre-hospital care with much yet to be done to create the system New Brunswick needs.

But if 70,000 people are using the Emergency Department as a proxy for primary care, then that raises many legitimate questions about the effectiveness of the primary care system. In discussions with health professionals, all have "the solution to the problem".

Even when one "has a family doctor", often there is a lack of access to consistent, integrated primary care for non-life threatening conditions after 5 p.m. and on weekends and holidays. The days of afterhours access, house calls, and coverage by a group practice physician are long past.

In its purest form, Emergency Departments were developed to deal with "imminent danger to life or limb". This is the definition that was always applied to Emergency "in the old days" and in textbooks. But eighty percent of the volume of New Brunswick's emergency departments falls far short of that definition.

After-hours-clinics have emerged in some areas but they are neither consistent in hours, integrated with the health system, nor consistent in customer care. They do serve the purpose of providing episodic urgent care and a source of income for physicians while avoiding the responsibility of a family practice.

So we must turn to see how the progressive centres organize after hours, urgent health care. In various places in Canada and the US, one sees Urgent Care Centres becoming a staple of local health service. In some cases, these programs are organized on the hospital premises. While Urgent Care Centres have become a staple of US health care, now in Canada we also see significant development. The CCU Group of Clinics in the Toronto area have Urgent Care Centres in several communities in which they publish, on the web, their wait times which range from 10 minutes to 45 minutes.

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On January 18, 2016 CBC carried a story “Urgent Care Centres Overlooked Option for Patients”. In this story, the reporter visited a busy Emergency Department and a nearby Urgent Care Centre to learn the difference between Emergency Care and Urgent Care. The story pointed out that across the country Urgent Care Centres are growing in popularity.

Many physician offices take calls at limited times with recorded messages directing people to the Emergency Department or an afterhours clinic and it has always been the case in my family that urgent situations never happen Monday through Friday during doctor’s office hours

Some physicians manage time in their normal daily schedules for urgent, unforeseen situations but that practice is not entirely consistent and is not typically available evenings, weekends or holidays. Other physicians seem to make strategic decisions to limit the size of their practice for a variety of personal and professional reasons.

The aging population seems to lead to many emergency department visits by persons with symptoms of one or more of the diseases of aging. Often such visits are related to caregiver burnout and primary care deficiencies and often such situations are not necessarily life-threatening, yet they take up much time for the professional staff of the Emergency Department.

The growth of persons presenting with Dementia-like symptoms is creating a particular challenge in Emergency Departments, particularly in the absence of structured programs to manage their cases at primary care level and absence of an *Acute Care for the Elderly* program.

Telecare service is often referenced as an option, but there seems to be no evidence that it has an impact on Emergency Department volume. Often the result of a call to Telecare is: if in doubt, go to the nearest Emergency Department.

In addition to remarkable models in the US, there are some more models in Canada such as Sault Ste. Marie, Orleans Urgent Care, and Urgent Care Brampton.

A new direction for New Brunswick based on best practice with priority given to efficient, effective public service is needed and much overdue.

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