

# Rural Health Care: essential reality in NB

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It is said that 85% of residents of New Brunswick live within 50 km. of a major municipality. For those people the urban model of health care may work, albeit with imperfections well covered by the media. That means that 90,000 residents still live in small towns, villages remote from larger centres. The Acadian Peninsula, Grand Manan Island, Deer Island, St. Stephen, Macadam, Gagetown.

Healthcare services for rural residents can be provided with superb quality without trying to replicate the days of numerous hospitals. Take Northwestern Ontario, three times the geography of New Brunswick, where communities are often many hours drive apart. Superb service is provided by one major Regional Hospital, four community hospitals that are equipped to provide superb secondary care, and a series of small hospitals re-purposed to serve primary care needs at local level. Because the system is integrated and comprehensive, people love the efficiency and quality because they receive the care they need when they need it.

While urbanization is happening at lightning speed in New Brunswick, nonetheless this province will always have a rural population living in small towns for many reasons. Aside from tradition and personal preference, key players in the provincial economy are fishing, agriculture, forestry, aquaculture, and natural resource development. As the Municipal Reform conversation gains momentum, those living in rural communities (I was one for many years) have every reason to fear for “their healthcare”. In many cases, there has been a small community hospital nearby staffed with doctors, nurses and other professionals. These have provided a wide range of primary and some secondary care services for generations; most have now transitioned to other models of service reflecting the realities of the times.

The success of a rural health strategy starts with recognition by the central authorities that medicine and health care in rural communities is decidedly different from urban health care. This point is often missed on policy makers who tend to think, in New Brunswick, of a standard approach or “one size fits all” kind of healthcare. The larger, regional hospitals and their professional staffs must understand that fact and learn much about rural culture. Staffs need to adopt a true customer service focus so that when a call comes from a physician in a rural hospital, it is always because his patient requires a level of service not available in the rural area. The physician is not simply trying to “dump a case off on the regional”, a phrase heard often when nerves are frayed!

Then the fun begins! If the patient is to be seen by a specialist there needs to be a sense of urgency given the travel, weather and logistics realities. Sometimes an urgent consult with a specialist can be organized within minutes using Skype, Telemedicine, or even Facetime technology.

If not so urgent, then a booked time can be arranged for a telemedicine consult. This technology lends itself well to psychiatry, dermatology, various chronic disease issues. The technology was advanced a great deal during the Gulf War when specialists in the US provided consults to military hospitals in the Middle East.

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Family doctors with some advanced training can perform some endoscopic and other procedures that otherwise require travel to Fredericton, Saint John, or Moncton, or Bathurst.

Small rural facilities can provide, under the supervision of the regional hospital, wonderful post operative, post acute care as well as a good deal of cancer treatment. In northwestern Ontario, hospitals in remote locations administer chemotherapy treatments and more under the watchful training and supervision of the regional hospital.

The key to a wonderful and effective rural health strategy is the strength of the collegial relationship between physicians practicing in small communities and those in regional centres. These relationships must be developed into symbiotic relationships in which there is a sense of true teamwork, each member of the team encouraging and learning from others. The reality is that even now there is some really good medicine practiced in rural New Brunswick while there is great specialist care offered in the regional centres. The key to great rural health is that a real sense of synergy be developed.

Technology has moved so far forward in recent years that it is not necessary for patients always to travel to the regional centres for various diagnostic elements. Many key diagnostic services are available in mobile systems in which the Breast Screening or MRI can go to the most remote part of the province and serve rural populations.

Chronic disease management can be done remarkably well in rural settings when all health professionals, equipped with advanced training, work to full scope of practice in an integrated health team manner, seeing each other not as competitors but as teammates serving the rural population.

Achieving a good rural health system means, as well, that alternate methods of compensation for professionals need to be developed. For physicians, the conventional fee for service method has been adapted in some other jurisdictions to an alternate system that blends piecework with base compensation. For all health professionals, other jurisdictions have utilized tax incentives, educational grants, relocation grants, and sign-on bonuses, all linked to retention of service.

When secondary and tertiary services are concentrated in larger areas, the burden of patient travel can be reduced by the provision of travel support. Paying patients a travel allowance is far less expensive than is the cost of propping up struggling, low-volume secondary care programs in smaller, rural communities.

In the hospital restructuring of 1992, rural health care was not one of the success stories but it is not too late to adopt some new thinking to apply to some old problems. Trust me...as one who has experienced a wonderful model outside this province, rural New Brunswickers and the professionals who provide rural health care services will be grateful.

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