

# No Doctor? No Access? No more excuses.....

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With the number of health professionals engaged in the system in New Brunswick, there can be nothing but excuses for lack of timely access to good primary care or to good specialty care, for that matter! Excuses...we have heard them all, right?

The Health Council of New Brunswick reports that while most New Brunswickers seem happy enough with the NB Health System. But wait, you need to dig a little deeper. In the Health System Report Card of 2016 New Brunswickers gave Primary Health a D ranking, acute care a B ranking, Supportive/Specialty Service a D ranking. Efficiency was ranked D while all other indicators were ranked as C. This hardly speaks to the excellence that New Brunswickers should enjoy!

Another Health Council report published more recently, observes that New Brunswick has physicians, nurses and social workers on a per capita basis than other provinces and more than the national average. New Brunswick has 113 family doctors per 100,000 population compared to the national average of 106; 6.6% difference

So if we have such a wonderful number of talented, well trained health professionals, why do so many patients not have access to superb primary care? Why should there be any wait time at all to see a family doctor or specialist?

The answer lies in two factors. The rural nature of the population in which the province maintains the remnants of what once were hospitals in many small communities, each requiring resources for serving the local population. The second factor is the more challenging in that organization of services in the

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province has not caught up with the reality of the times. What is not needed is more human resources; what is needed is disciplined organization that accepts nothing short of an A rating.

Specialty services (surgical and medical specialties) are best practiced safely and well in 2019 in environments where professionals collaborate, sub-specialize, share cases, and provide effective call systems. In the “good old days” specialists could work independently and often were content to be the “solo surgeon” taking call 80 or more hours per week.

The body of knowledge has exploded in each specialty in recent decades leading to the situation in which no one specialist can claim to have all the knowledge or all the skill or all the equipment required to treat everything that comes across his or her threshold. It is for these reasons that Centres such as Cancer Centres of America, University of Ottawa Heart Institute, Lahey Clinic and many more have become so popular. Through collaboration excellence is achieved and maintained.

And what of access to primary care services. In many areas in the country, family doctors practice as part of a team of health professionals. As one of my seasoned, respected family doctor friends once told me: “a good nurse could manage 80% of what comes to my office!” In some major specialty clinics in teaching hospitals, much of the care management of clinic patients is done by well-experienced and trained nurses.

The Medical Society has recently introduced a modified form of family practice that has some of the characteristics of a group practice. It is a good first step; the next steps need to integrate NPs, PAs, and others so that good case management can take place.

Integrated primary health clinics are springing up in some jurisdictions. The Sault Ste Marie Clinic was described by Roy Romanow as the best kept secret in Canada for it engages primary health professionals together as a team. Taber, Alberta is another model led by Dr. Rob Wedel. There are now over 200 Linda Lee Clinics in Ontario in which physicians and a wide array of health practitioners collaborate to manage the rapid growth in Dementia.

Unlike many jurisdictions in North America and the developed world, New Brunswick still struggles to get the Electronic Medical Record functioning properly. Electronics is such a basic tool of modern medicine yet NB continues to struggle. The introduction of automation is complicated by the fact that over 70% of physicians in NB apparently still do not use computer technology in their practice. In every other profession and trade, reliance on new technology has been required since the early 1990's or earlier. Patients should be able to communicate with their doctor's office, book appointments, get prescriptions to pharmacy, and get test results electronically. When the Saint John Regional Hospital was constructed computer literacy was mandated for professional staff but never aggressively rolled out as a provincial requirement. And now we pay the price

There are many obstacles standing in the way of serious advancement. Attitudes, vision, unfamiliarity with other systems. The NB Department of Health had an office fully staffed by superb health professionals for years whose job was to move the reform of primary health care along. That office was in place for a decade and here we are despite the dedication of some wonderful professional staff.

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Compensation models are, no doubt, huge obstacles. Medicine has been reimbursed traditionally based on a fee for service model in which the doctor bills Medicare (or an insurance company or worksafe NB) for each patient interaction.

The alternative in NB to fee for service is the salaried arrangement which has its pitfalls as well. Other jurisdictions have moved to other forms of compensation that blend the salary with fee for service, giving the physician a baseline income but rewards or penalties for meeting production targets, or not.

Creating a better, more responsive health care system for New Brunswick need not require major confrontation; but it does require all players to focus on the patient first. Then a new organization needs to be put in place that brings the professionals together in an atmosphere of excellence, collaboration, and innovation. New Brunswickers, rural and urban, elderly and youthful, will be better for it.

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