

# Let's fix our healthcare system once and for all

## Identifying the problem



**DIAN COHEN**

The doctor and nurse workforce is growing faster than the general population. But access to care is not improving. Many older family doctors have 2,000+ patients. Young physicians on average work fewer hours than their predecessors and have less interest in pursuing general practice and specialties such as geriatrics. As more professionals retire, they struggle to find new graduates to take over. Complicating the system further in Quebec is the antiquated system of giving doctors permits to practice (PREMs) and the government-mandated requirement that new doctors practice 25 hours a week in public facilities for their first 20 years of practice.

Years of research tells us that the best way to improve the quality of care for people living with chronic condi-

tions is to ensure that care is co-ordinated, comprehensive, continuous and timely (same day access). Specific studies showed a 20 per cent reduction in hospital admissions among patients with chronic medical conditions and a 31 per cent reduction in emergency room visits for patients over 65 within practices providing co-ordinated care. The four interventions identified as effective were: 1) case management by an individual other than the primary care clinician; 2) expanded and improved utilization of interdisciplinary team members; 3) promotion of patient self-management and 4) patient education.

Slow progress in achieving these goals has been attributed to several factors:

- The limited implementation of interdisciplinary teams in primary care – partly due to the unwillingness of professional groups to relinquish their traditional professional boundaries and partly because physicians in many areas remain in traditional silos and allied professionals are typically not included in teams or in dialogues about primary healthcare reform.

- Medical education programs and accreditation bodies have been slow to act. The dominant policy response has been to increase university enrolment, particularly in medicine and nursing.

Both the doctor and nurse populations are growing. But this is not easing the ability of patients to get the kind of care they need when they need it. Indeed, it is unclear how this approach aligns with calls for increased inter-professional collaborative practice and promoting prevention as a (longer term) means of reducing demand for health services.

- The funding models and financial incentives represent a significant barrier to interdisciplinary, collaborative primary care practice. “Fee-For-Service” (FFS) is the most common payment model for physicians in Canada. With a fee-for-service funding model, each service provided by a physician (such as an office visit, test, medical procedure, etc.) is paid for separately based on a set schedule of fees. Many doctors even tell their patients to come with just one complaint per visit, rather than bringing a list of concerns. The fee-for-service funding model creates a financial incentive for physicians to provide more treatments because payment is dependent on the quantity of care, rather than the quality of care. The solution is to change the funding model to one that is population-based, called “capitation”. The primary care practice receives a set amount each month to provide for all the primary care needs of the patient population

enrolled with the practice. The size of the monthly reimbursement for each patient enrolled varies depending on the age, gender and health needs (i.e. the level of complexity) of the patient. Unlike fee-for-service, where physicians are reimbursed for each patient visit, with capitation the reimbursement is based on the number of patients served and the needs of the patient population.

- Other financial barriers standing in the way of team-based primary care models relate to the pressures on provincial health budgets to decrease the rate of growth in health spending. While there is a growing body of evidence that team-based care, once established, can improve both quality and cost-effectiveness, there is an initial up-front investment required if non-physician health professionals are to be integrated into more traditional family practices. In recent years, very significant increases in physician remuneration combined with a decline in physicians' workload appear to be making the transition towards team-based care more challenging.

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## School gardens grow students with heart

By Matthew McCully

*There must be something special in the soil around schools.*

*In the last few years alone, this reporter has seen several school lawns transformed into lush gardens. In many cases, all it took was an idea and a call out to the local community and ta-dah, raised food beds at Pope Memorial, a not-so-secret garden at Knowlton Academy, a full on living school at Cookshire, stone soup harvest celebrations at Princess Elizabeth, just to name a few.*

*With school staff and local communities leading by example and lending their time and resources to these projects, the benefits to the students go far beyond the food provided by the gardens.*

The following is an example of what a school garden can grow.

Posted by Jennifer Ruggins Muir on the Knowlton Academy Secret Garden Facebook page

Logan Lague feeds hundreds of kids

My little friend Logan has a heart as big and bright as the sun. He is always buying socks and dog food for the homeless with the money he earns.

He also has a cousin who owns a grocery store. He asked if he had any open bags of dog food he could have and he

said no but he did have some lettuce and tomatoes, so Logan said he would like them for the school, he knows all about me and my veggie collecting haha! 180 pounds of chopped romaine lettuce and 25 flats of cherry tomatoes (500 containers). His parents Cynthia Royea and Marc Andre called me up, so in I went today to unload Cindy's truck and to help Logan set up a free salad bar for the entire school (and busted him and Kirra out of 3rd block to get ready).

I also still had about 80 pounds of carrots, celery and oranges that we processed this weekend, so we put that out as well. There is so much that I have given some to other schools as well -

Cowansville, Waterloo, Mansonville.

This amazing little boy found a way to feed about 700 kids in four different towns free salad several times over this week.

Very proud of you Logan Lague!

The walk-in is packed to the ceiling and this is what is in my garden fridge for students and teachers to help themselves to. Four or five teachers have already said they will have a “salad” day this week and make more with their class.

This kind of thing will never stop blowing my mind.



PHOTOS COURTESY

