

Comprehensive vs. Episodic Care: Are We At The Crossroads

We recently read an article by one of our colleagues that so articulately and accurately defined the crisis that we presently find ourselves faced with in the provision of primary care in our Country.

The announcement by the Ministry of Health and the OMA regarding the raising of the “Threshold Cap” for physicians created the exact same response from our patients who now felt we as primary care physicians should be placated and satisfied that since there is change to the Billing Threshold all of our financial concerns and other worries are over.

This couldn't be further from the truth and if the truth be known should only worsen an already inequitable situation as presently exists in Primary Care. The overwhelming majority (97%) of all Family Doctors did not reach the previous billing cap and to work and to achieve a financial goal is neither the intent nor the focus of a careful, compassionate, caring militia of dedicated Family Practitioners. Our focus is ensuring the continuous and sustained physical, social and psychological health of all the patients in our community. That is why we chose medicine as a profession. That is why we sacrificed many, many years for education and training. But when some walk in clinic physicians earn several times what a family practitioner earns without ever providing total and comprehensive care, something has to give or something has to change.

The state of medical care in Ontario is in a tenuous state if we want to maintain and foster the doctor/patient relationship for generations to come.

When you next make a visit to a walk in clinic just ask yourself these questions. Did the physicians there ask you about your children's immunization or did he ask you how your children are doing? Did he/she remind you that you are due for your annual health exam, your mammogram or pap smear and yes since your parents have a history of certain cancers you should be seeing him for certain routine screening tests? Was he or she concerned about your loved ones that are part of your nuclear family or how you're coping with the stressors of raising children or caring for your mother or father with a debilitating illness? Do they give you advice and direction on parenting both taking care of your ill members of your family and are they aware of your complete family history, medical history and drug and allergy history. Do they make you aware of the danger of smoking, cholesterol and the reasons why we treat your hypertension?

Do they order tests and consultations with specialists and rally behind you to see these specialists sooner than originally scheduled because they are concerned for your well being and feel you need more urgent intervention?

Do they take your calls at home or call you back to see if you are doing alright after your treatment? Do they follow you and your surgery or illness in hospital and speak with your relatives and family about your condition? Do they prepare you for up

coming tests and investigations and console you if you have concerns about anything relating to your health?

After your cancer has been diagnosed or you've had your bypass surgery do they follow up with your care or help you adjust your medication, diet and adjust insulin for your diabetes? Do they help you with your infertility problems, your impotence, your marital crisis and family crisis (many of us have TEENAGERS!!!)?

In short "What can't you go to your family doctor for?" He may even give you advice on when to retire and where you should take your family to for a vacation. They may tell you about the dangers of tattoos, piercing, non essential drugs, sexually transmitted diseases, prevention of HIV and what to watch for if you think you have SARS. He'll fill out your forms, call Worker's Compensation and even talk to your boss if you are having difficulty at work.

They will relieve your anxieties about perceived or real illness and direct you to those who know more than they or any problem that requires further intervention.

Your family doctors care about you as a whole being not just your sore throat or your cough or your gouty sore toe.

An office intervention for a trivial matter is an opportunity to review your entire "Health Motion Picture" rather than dwelling on one snapshot.

Our rewards are not financial but emotional and knowing we receive the respect and appreciation from our patients. But there is a significant amount of professional jealousy and inequity if you compare the levels of remuneration.

The Present situation with medical graduates is on a collision course with obsolescence of family practice as we presently know it. New graduates are not interested in going into Family Practice residencies to start family practices because of long hours remarkable stress and poor financial rewards. The number of family medicine residency applications has decreased by 50%. The post graduate walk in clinic professional pathway provides instant income, portability, freedom and no commitment to patients or community. They would have difficulty paying off their embarrassing outrageous student loans if they didn't. But we are soon to be on a slippery slope to extinction unless something drastically changes with the next 5 years. The Traditional family doctor will be the next professional dinosaur.

Your doctor could be nothing more than a fast food chain professional where you can get only what you see on the menu and if you need more, you are not welcomed.

The reason for the present state of primary care are several. Primarily the set up and overhead costs of a doctor's office are catastrophically high without any adjustment in the schedule of fees to offset these costs. Secondly physician's life style choices have

changed in the past decades with both sexes not willing to compromise all of their family time with their professional time.

Fewer and fewer physicians are willing to sacrifice the experience of raising a family in an active role for the long hours required in Family Practice there appears to be much more balance in their lives which is healthy and admirable.

However, combine this shift in this working paradigm with an aging population, fewer full time physicians, more technology or higher standards and expectations and you have a built in formula for catastrophe.

The training and support of Nurse Practitioners, the creation of Family Health care networks and the assimilation of foreign graduates into our system are all positive steps but all fall short of realistic improvements. The paucity of funding for Nurse Practitioners, the poorly remunerated and logistically complicated Family Health care network have major shortcomings although they are an attempt to reel in physicians to provide total and comprehensive care.

So much more has to be done to convince young new medical graduates to pursue a long and rewarding life in Family Practice but so much more has to be provided by government to reward our efforts for total and comprehensive care. If this can be achieved there will not be a shortage of doctors in any community. The reality is that if all of the walk in and urgent care clinic doctors were to spend half of their time providing comprehensive care there would be an over supply of primary care doctors in our community. At present they are being compensated adequately for their efforts and we are at the bottom of the food chain of our profession.

We are at the crossroads of primary care. The patients of this country are the ones that will decide what form of health services they want to receive. I somehow can't believe that they are happy with the way things are and the direction we are going. I for one am concerned about who will care for me when my family doctor retires!!

Dr. Frank S. DeMarco, BSc. M.D.