

# Relationship Between Physicians and the Health Care System

## View From The Trench

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# Pendulum Swing

- Pre 1970's doctors were "boss"
- 1980's to 2000's
  - › Family docs removed from hospital settings
  - › major effort by RHA's and Government to remove physician autonomy
- 2000's on
  - › 'Old' guys still want full autonomy
  - › Young docs don't care as much
    - Many prefer employee status
  - › Governments not as concerned?
    - Too many other crises on their plate

# Over the last decade,

- ◉ Gap in communication between specialists and family doctors
- ◉ Gap of information between regional health authorities (RHA's) and family doctors has widened
- ◉ community physicians frustrated and angry with the perception of lack of concern for their patient's care and treatment by the RHA's.

# Silo Model

- ◎ Specialists
  - > Hospitalists
  - > Private clinics
- ◎ Family Doctors
  - > Full service
  - > Walk in service
- ◎ NP's and other AHP's
- ◎ Giant RHA's

# Failure to engage community based physicians

- Lack of interest by community physicians.
- Lack of resources both personnel and financial.
- Stronger focus on institutional care by RHA's
- Lack of relevant organizational structure.
- The need to communicate was not perceived by RHA's
- Frequent RHA restructuring prevented stable committee structure and function.
- Lack of funding models.

Can it be fixed?

# Community Medical Advisory Committee

- Provides a forum for representative physicians who practice outside of the principal acute and long-term care facilities
- Primary care directly involved in hospital policy setting
- Sit on the Regional Medical Advisory Committee (RMAC) and report to the Board of Trustees

# Credentialing non RHA physicians

- ◉ Decision NOT to mandate hospital appointment for non hospital based physicians in NL
  - > Supported by provincial government
- ◉ Challenge is contacting physicians who have no allegiance
  - > Dangerous in emergency situations
  - > Can't penalize patients



# Challenges

- ⦿ Slowness of RHA to make changes
  - › Private practice = quick change
- ⦿ Lack of information technology
  - › Integration of systems difficult
  - › Still 60% + paper records
- ⦿ The complexity of interlaced and competing demands for resources
  - › What problem to solve first?