



-DR. BILL HAVER, MEDICAL EDITOR -

## "Congratulations to Alberta"

Bill Haver is a Family Physician and Managing Partner at the Lakeside Medical Clinic in Saskatoon, Saskatchewan.

I live in Saskatoon and I am not only proud to say that (I'm infamous for audaciously referring to it as "the hub of the universe") but I am also honestly happy to live and work here. Unfortunately, over the years, I have had to watch many of my friends and colleagues leave this province in search of more fertile ground.

When I talk to them, they identify the force driving this decision as "lack of professional satisfaction" - a term that is fuzzy at best but certainly leaves the impression that they were not happy practicing their craft in the province. I have found that there are various definitions of this term but, when you tear away all of the politically correct rhetoric, it almost always boils down to money - but not always money in the form of professional income. Often it is just the inadequate funding of the healthcare structure itself that created constant frustration when attempting to provide adequate care for their patients.

It is tough to practice medicine in the "birthplace of Medicare" where the population has been trained to believe that medical services are free, are available wherever and whenever they want and for whatever problem that they deem significant. Nowhere in our system is there any requirement for patient accountability and the result is now a convenience-oriented system that is overwhelmed by the demand. Not enough doctors, not enough nurses, not enough facilities, not enough money. We should have seen it coming but we were too busy trying to swim upstream. The only check left on the system is the TTBO (time to burn out) of the healthcare providers.

One popular opinion I have heard expressed for several years is that the fundamental problem is a physician payment system that is largely volume driven. I think this opinion is off the mark. Way off. And not just because it ignores the relatively small percentage of the healthcare budget that is paid to physicians. Certainly, paying only for volume is not the way to run a healthcare system but to say that this is the root flaw is not only naïve but it (once again) labels the doctors as greed driven opportunists. This is not only wrong, it is insulting and one of the main reasons that the system is failing.

Why would any one want to take up a profession where you are labeled a societal leach?

I will not pretend to have the answer to all the system's problems but I can tell you that the answer is not to put all the doctors on salary. The system cannot afford it: we do not have enough doctors,

we do not have enough money and that system would never, ever, ever be able to meet the patient demand. Do not underestimate the bargain the government is getting in the current fee for service system ... I hope they recognize this because, if they don't, we should start planning for our own exodus now because the system will collapse under the weight of the resultant bureaucracy, the decreased access, and the decreased productivity.

There are excellent reasons for physicians to choose to go to a salaried situation and there are excellent physicians working within that paradigm. It is a legitimate choice, usually influenced by that fuzzy term "professional satisfaction". It is a lifestyle decision as much as it is a professional one. The key word here is "choice".

A better solution would be to find a way to reward excellence. Wouldn't that be a novel approach?

Right now excellence is defined within the science and art of

medicine but it is not a concept that can be put down on paper. It is a moving target. It is ethereal. Every physician achieves it everyday. Every physician fails to achieve it everyday. Achieving it is hugely rewarding and failing is hugely frustrating. Excellence is the goal of every committed physician but it is a very private experience: the satisfaction of knowing you have utilized your knowledge and expertise to the highest standard and, in doing so, have successfully helped someone.

The concept of paying for excellence is fraught with difficulties, not the least of which is the impossibility of determining what excellent care is, however, I note that there is at least one province in this country that is trying to recognize this concept. I wish I could say it was my home province but, alas, it is that neighbor of mine that keeps taking my colleagues. It is that place that is trying to create "professional satisfaction".

Alberta alone is making a stand in favor of promoting good medical care rather than restricting physician choice. It is more than just a good fee schedule; it is an atmosphere of cooperation, a system of encouragement and a realistic grasp on what will be most effective in supporting our healthcare scheme in the future.

Across Canada there are efforts to use technology to help control the cost of our healthcare system but only in Alberta have they recognized that the solution requires physician participation. They have developed the POSP (Physician Office System Program) as a

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collaborative effort between government, physicians, technological organizations and private companies. Mutual respect has led to a mechanism where doctors are encouraged to move to electronic record systems by government providing part of the funding required to do so - in return for achieving certain outcomes. The outcomes are the basic foundations of excellence in medical practice. There is no requirement to go to alternative funding. There is no penalty - just further benefits as more and more of the system becomes computerized and interconnected. The network will grow rapidly and the benefits to the system and the citizens of Alberta will accrue over time.

The physicians' investment is supported by the government (70% of invoiced costs) and the technology offered is rigorously conformance tested using specifications agreed to by a joint, cooperative committee of government, physicians, and private industry (the vendors themselves are involved). This protects the physicians and the government and it levels the playing field for the vendors. It is fair and it is based on sound business principles. And it rewards excellence.

I recently heard of a speaker stating that "what we need is a stick disguised as a carrot". I love the image and I love the insight that it creates. I see it as part of the answer to our problems. The failed attempts at meaningful reform in our system are becoming legendary ... one province in particular failing on at least three successive attempts. The "stick" approach is never going to work. The "carrot" is much more palatable and the only method that will be effective to the struggling rabbits trying to practice medicine. However, if the "carrot" carries the expressed "stick" of outcome requirements and those requirements are negotiated in good faith with all parties involved then you have just created a tool capable of altering our system.

Physicians want to achieve excellence. They want to show that they do provide the best care available. They do not want to be pushed around, forced into unfulfilling positions, limited in opportunities or restricted in freedoms. They will not compromise their commitment to their patient's health, safety, or privacy. They do want to make the system work and they want to be involved in the process that decides how this is best done.

I applaud Alberta for its insight and willingness to act in a professional, collaborative manner. I hope the rest of the country is paying attention.



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