# Spending wisely

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An important recurring theme in health care is the notion that ever rising costs are unsustainable. It is a front-page issue as federal and provincial governments grapple with budget pressures that have worsened since the recession of 2008 and 2009. These tensions fuel conflicts between funders and providers, including health care institutions and professional organizations. No one gains from these conflicts—indeed, those who most need care are most at risk.

Increasingly, Canadians hear that we can no longer afford universal health care. This debate has gone on since Justice Emmett Hall chaired the Royal Commission on Health Services in 1961 that eventually led to the establishment of Medicare. Challenged by opponents who believed expanded health care was too expensive, Justice Hall responded, "The only thing more expensive than good health care is no health care."

Health care dollars will always be limited. We need to spend them wisely. The "triple aim" in health care consists of simultaneously pursuing 3 dimensions of performance: enhancing the patient experience; improving the health of populations; and reducing the per capita cost of health care.[1,2] There is no shortage of ideas about how to achieve better outcomes at lower costs.[3] In Dr Danielle Martin's recently published book, *Better Now. Six Big Ideas to Improve Health Care for All Canadians*, she contributes the following "big ideas": ensure relationship-based primary health care for every Canadian; bring prescription drugs under Medicare; reduce unnecessary tests and interventions; reorganize health care to reduce wait times and improve quality; implement a basic-income guarantee; and scale up successful solutions across the country.[4] Her book will resonate with family doctors because she illustrates each proposal with a patient story, connecting the effects of policy to real people, the kind we care for every day.

A consistent theme in every serious proposal to achieve better outcomes at lower cost is stronger primary care, illustrated beautifully by the work of Barbara Starfield and colleagues.[5] The College promotes this tirelessly, with evidence-based concepts like the Patient's Medical Home, team care, and lifelong learning linked to quality improvement. In 2008, Starfield observed,

> The Canadian commitment to primary care research has been very weak. Its strengthening would help Canada to move ahead and could contribute greatly to the advancement of primary care as a worldwide imperative of the 21st century.[6]

This situation is improving, but only gradually. Our College is engaged in sustained, strong advocacy for enhanced research funding and infrastructure support. With the launch of the Innovation in Primary Care series in January,[7] the College is implementing one of Martin's key recommendations: to help scale up successful solutions.

Some big ideas require substantial political will, important policy changes, and massive coordination to ever see the light of day. That feels remote and overwhelming. Fortunately, family doctors can contribute to improved health care costs by making incremental changes in our own practices. Choosing Wisely lists things we can do every day in practice that enhance quality while lowering costs.[8] Simply implementing the first recommendation on the family medicine list (ie, Don't do imaging for lower back pain unless red flags are present) has been estimated to save $200 million annually. Avoiding antibiotics for likely viral upper respiratory infections saves not only the cost of the drugs, but also doctor visits for side effects and complications, as well as the insidious, expensive long-term creep of antibiotic-resistant superbugs.

Making regular, intentional changes, whether at an individual level, for an entire practice, or for a whole team, is not easy. It requires some knowledge—the basics of quality improvement—but mostly it takes commitment and practice.[9] The big advantage is that it brings a sense of being able to make a difference.

Perhaps the most important contribution of family medicine is what the medical writer Atul Gawande celebrates in a recent article in *The New Yorker*, "The Heroism of Incremental Care."[10] He describes the steady, patient-centred, relationship-based care that family doctors provide, and the effect it has on both payers and cost. It is comforting to know, in this time of turbulence and swirling change, that what we do every day is valuable, and that we ourselves have the power to make it even better, every day.

Cet article se trouve aussi en français à la **page 334.**

**References**

1. Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. *Health Aff* (Millwood) 2008;27(3):759-69.
2. Institute for Healthcare Improvement [website]. *IHI Triple Aim Initiative.* Cambridge, MA: Institute for Healthcare Improvement; 2017. Available from: **www.ihi.org/engage/initiatives/tripleaim/pages/default.aspx**. Accessed 2017 Feb 15.
3. Smith M, Saunders R, Stuckhardt L, McGinnis JM, editors. *Best care at lower cost: the path to continuously learning health care in America*. Washington, DC: National Academies Press; 2013.
4. Martin D. *Better now. Six big ideas to improve health care for all Canadians*. Toronto, ON: Penguin Canada; 2017.
5. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q* 2005;83(3):457-502.
6. Starfield B. Primary care in Canada: coming or going? *Healthc Pap* 2008;8(2):58-62.
7. College of Family Physicians of Canada [website]. *Innovation in primary care.* Mississauga, ON: College of Family Physicians of Canada; 2017. Available from: **www.cfpc.ca/innovation_primary_care**. Accessed 2017 Feb 15.
8. *Choosing Wisely Canada* [website]. Toronto, ON: Choosing Wisely Canada. Available from: **www.choosingwiselycanada.org**. Accessed 2017 Feb 15.
9. Bohmer RMJ. The hard work of health care transformation. *N Engl J Med* 2016;375(8):709-11.
10. Gawande A. The heroism of incremental care. *The New Yorker* 2017 Jan 23. Available from: **www.newyorker.com/magazine/2017/01/23/the-heroism-of-incremental-care**. Accessed 2017 Mar 13.