Food for thought

In response to recent data revealing unfavourable attitudes toward family medicine among recent medical graduates, here is some food for thought.

The 1988 Ontario Health Insurance Plan (OHIP) schedule of benefits lists a general assessment fee of $44.90. Today it is valued at $54.20—a whopping increase of 23%. Obviously the schedule is not keeping pace with the rate of inflation that has seen expenses increase 50% to 100%.

We now have to fret about whether each patient encounter would pass a Medical Research Council (MRC) audit. Would it be fair to send a bill to the MRC for all the general assessments we do each day and bill only at the lower rate of $27? Unfortunately, this is a common occurrence in practices that provide comprehensive care to complex patients.

I like my career and the relationships I have established with my very appreciative patients. I have chosen to keep current, use my skills to the fullest in a rural setting, do not overrefer, see 25 to 30 patients a day, and have emergency slots to accommodate most of my patients’ problems or meet them in the emergency department. I believe this is a sound and economical way to conduct a practice—patients and OHIP benefit from continuity in care. The OHIP schedule has not kept pace with general practice in the year 2003 because patients are allowed only two general assessments per year. Because most services are paid at the lower rate of $27, it is impossible to provide safe, good-quality care for that reimbursement. It does not allow for considering each patient’s individual needs or for exploring preventive health maintenance. For this fee you provide the following:

- history taking and physical examination;
- diagnosis and treatment plan;
- written prescription and treatment application forms submitted for government approval;
- drug interaction check;
- laboratory requisitions, later results reviewed and filed;
- telephone calls to search for timely “high tech” ultrasound or computed tomography scans;
- completed mandatory consultation letters, then telephone search for timely consultation;
- literature search for up-to-date treatment of problems and continuing medical education sessions;
- review of past, family, and social history as required for all general assessments or the MRC will not pay;
- yearly license, insurance, and professional fees;
- office space;
- two office staff; and
- office supplies.

The schedule of benefits needs to reflect the work being done. Some options for economic survival are:

- refer more often;
- spend less time with patients by limiting the number of problems per visit so patients must make more visits to solve problems;
- see only booked appointments so sick, complicated patients go to walk-in clinics or emergency departments. This will bypass the two per year general assessment rule;
- have a collection plate in the office;
- limit your practice to the worried well;
- contemplate a career change as I hear more of my colleagues discussing at meetings;
- join Telehealth Ontario, as it reimburses you double the amount of an average office visit.

Currently I do not think family health networks are funded adequately; therefore, I have not signed up for one. If you agree, feel free to forward this letter to anyone you believe is in a position to influence positive change.

—Chris Kwiatkowski, MD
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by e-mail

Correction

In the November 2003 issue, there was an error in the News section (Can Fam Physician 2003;49:1567) on page 1567. The following photo of Dr David Reid should have accompanied the caption below.

Canadian Family Physician apologizes to Dr Reid for any embarrassment or inconvenience this error might have caused.
“Contract work from contract doctors”: Prince Edward Island President David Reid says caution is needed as the province continues to push its team-based salaried model. This year, the province has hired six new family physicians; with one exception they were hired on the salaried model the province is promoting. Prince Edward Island is among the provinces most committed to doctors’ establishing group practices that offer a team approach to primary care. In exchange for this, the province supplies office space and pays the salaries of other practice employees, such as receptionists and physiotherapists. “There is one new GP who has come in on a fee-for-service basis, but this now seems to be the exception,” says Dr Reid. The government should be mindful, he suggests, that some patients feel they get “contract work from contract doctors.”