



## The Yankees are coming! The Yankees are coming!

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For baseball fans, these words are exciting, trumpeting the arrival of one of the most storied sports franchises in history. Globally, for various nations in times of sociopolitical unrest, they might be welcome news or they might generate fear and anger. But for Canadians focused on health reform south of the 49th parallel, the words might conjure up a Canuck Paul Revere—perhaps a “revered” Mountie on horseback—riding feverishly across the country warning of an imminent American raid on our already tenuous supply of doctors.

The United States has recruited our physicians before, and there is nothing to suggest it will not happen again. But this time the main target will probably be Canada’s primary care physicians—our family doctors.

Obamacare, the long overdue beginning of a more just health care system for Americans, recognizes that poor US population health outcomes correlate with millions of US citizens having had little or no access to primary care. American health care leaders, after studying the research that shows the value of primary care and of each patient having the same primary care physician over time,<sup>1</sup> have concluded that strengthening primary care is a health reform priority. They anticipate that this will enhance quality and cost-effectiveness through an emphasis (led by primary care physicians) on illness and injury prevention, health promotion, and chronic disease management. But where in the world will America ever find enough primary care physicians for the 40 million people who did not have access to care before? The answer? Watch out, Canada!

The United States needs well over 100 000 more primary care physicians. With only 20% of US medical school graduates selecting primary care careers,<sup>2</sup> producing this many new primary care doctors quickly will be a considerable challenge. To meet reform objectives by 2020, Americans must also import many physicians from elsewhere. Geographic proximity, highly respected medical and residency programs, and cultural and medical practice similarities all make Canadian family physicians highly desirable candidates to help America meet her needs.

American planners are aware that attracting new graduates and recruiting experienced physicians from elsewhere will require substantial increases in income accompanied by system supports for clearly defined and enhanced roles for their nation’s primary care physicians.<sup>3</sup> With these incentives on the horizon, will our family doctors be enticed to leave Canada or will they see our system as one that still values them and surpasses what the

United States can offer?

In Canada the past few years have seen an increased focus on primary care and the need for family physicians. Medical schools have identified more visible and important roles for the discipline of family medicine and family physician teachers, and an increased number of students have been making family medicine their top career choice. Practice models are gradually getting support for interprofessional teams, electronic medical records (EMRs), advanced access booking, and new strategies for managing patients with chronic diseases. Family physicians’ incomes have begun to rise, reducing the gap between family doctors and other specialists—a difference that must continue to be addressed if recruitment and retention efforts are to succeed.

But there are also danger signs suggesting that, while the United States is experiencing a surge of support for primary care and family physicians, Canada’s commitment to primary care and to our nation’s family doctors is waning.

Diminishing government funding and support for primary care across the country is already evident and will be exacerbated once the current federal-provincial-territorial accord ends in 2014. Family physician shortages, while starting to be addressed, are far from resolved. Despite gains, the gaps in income between family doctors and other specialists remain large and unacceptable. Support for EMRs has been painfully slow. The potential benefits of expanded scopes of practice for other health professionals are being undermined by those who view current physician shortages as opportunities for others to become family physician substitutes rather than collaborative partners. The result has been concern about loss of identity for family physicians on the part of medical students contemplating careers in family medicine and family physicians considering joining interprofessional teams.

If US recruiters offer Canadian family physicians opportunities to practise in well-supported models in which they will be part of noncompetitive collaborative teams with full access to EMRs and lifestyle and income advantages over their Canadian colleagues, we might be looking at another physician resource crisis. If, however, Canada quickly recognizes the unfolding US scenario and ensures increased and sustained support for primary care and our nation’s family doctors, we might be able to cut this latest Yankee threat off at the pass. 🌸

### References

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