The same, only different

Rob Boulay MD CCFP

Our dilemma is that we hate change and love it at the same time; what we really want is for things to remain the same, but get better.

Sydney J. Harris

There is little doubt that change is an integral part of the human condition and of our daily lives. We hear and speak of *change management, change theory, barriers to change,* and *enablers of change.* Family doctors are just like all of the other people on the planet—we desire security for ourselves and our loved ones and yearn for the promise of a better future and better days to come. I am often amused when I, as a physician, am identified as a barrier to forward progress. Indeed, it is fair to say that physicians in general have been lumped together as a group that abhors change, that wants to maintain the status quo at all costs.

Now don't get me wrong. I'm not trying to say that all family physicians are ready to embrace health care reform and to change the way they care for their patients. However, I do think that most family doctors have been watching the train barreling down the track toward them for quite some time. Some of the apprehension we experience is quite understandable—I have never before boarded a train not knowing where it was going, and I would bet that most of the steadfast, dependable individuals reading this article haven't done so either. Now, we've all heard of such rebels—folks who will go to the airport and just get on the next plane that is leaving. But even these people know their destinations before they arrive; they know what to expect, whether it will be hot or cold, and whether they will end up at the beach or in the mountains. Is it, in fact, simply too much to ask for family physicians to entrust their own futures—and the care and safety of their patients—to changes that don't have a known end point or a firm destination?

Forging ahead

It seems entirely reasonable to me that we should—no, we must—provide a pathway for our patients and for family doctors—one that leads to improved population health, better outcomes, and happier patients and physicians. I believe that our College has already begun forging this trail through Canadian health care culture—we've called it the *patient's medical home,* and we firmly believe that it will provide a template for the future of primary health care in this country. This clearly doesn't represent a one-size-fits-all model; in fact, it establishes each patient as the central focus of his or her own medical management. It doesn't imply that we as providers are not doing a good job in our current realities, but it promotes the vision of a new reality in which we can provide the type of team-based approach that evidence suggests will lead to better outcomes at overall lower system costs. Data published in the May 2010 issue of *Health Affairs* reveal dramatic improvements in rates of emergency department use, hospitalization, and patient satisfaction, all the while decreasing levels of provider burnout—at a 20% cost reduction—when a model like this was introduced into a population served by Group Health in Seattle, Wash.[1]

Guiding the way

Do we really think that results like this are unattainable here in Canada? I believe that they are entirely reasonable objectives—goals that can serve as beacons for us as we navigate our way into this new model of care. Although such evidence has existed for some time, there is still clearly a need for a pan-Canadian model that would define a standard for what patients might expect when they access their personal family physicians.

What we need is more of the same type of care that Canadians have come to expect from us—compassionate, relationship-based, competent, and professional—and for this care to be delivered on a new foundation of teamwork and patient-centredness.

The same, only different.

Reference

1. Reid RJ, Coleman K, Johnson EA, Fishman PA, Hsu C, Soman MP, et al. The Group Health medical home at year two: cost savings, higher patient satisfaction, and less burnout for providers. *Health Aff* 2010;29(5):835-43.

Cet article se trouve aussi en français à la **page 382.**