At the heart of the matter

Rob Boulay MD CCFP

We haven't the time to take our time.
Eugène Ionesco

As you might imagine, one of the roles of the President of the College of Family Physicians of Canada involves attending meetings—all sorts of meetings: meetings with other health care provider organizations; meetings with federal, provincial, and territorial governments; and meetings with members of our own specialty at Chapter and National events. I hear and read many stories about various practice models and have had the privilege of listening to the inspiring words of many colleagues as they describe experiences they have had and things that they have done.

Locked in

Few of the stories I've heard have been as moving as one told by Dr Shawn Jennings. Dr Jennings was the keynote speaker at the New Brunswick Annual Scientific Assembly, which was held in early April in Miramichi, NB. He related the tale, with humour and compassion, of his own experience with illness. In his mid-40s, after 2 decades of busy family practice, he suffered a devastating hemorrhagic brainstem stroke due to a vertebral artery dissection, an event that left him in a "locked in" state. He recounted his journey from only being able to move his eyes, all the while being acutely aware of everything that was going on around him, to his gradual and miraculous recovery. His story is told poignantly in his written account of his experiences, *Locked In Locked Out.*[1] I was fortunate enough to be able to ask him a question at the end of his presentation—it had, after all, been the first time in the 10 years since his stroke that he had spoken to a large group of family doctors. I wondered if there was something he'd want to pass on to us, something he had gleaned as a professional through this horrific experience that he wished he had known before. I thought that his answer might include insights about compassion and patience, which were no doubt a large part of his recovery. His response surprised me. He said that one of his biggest regrets about his former family practice was that he hadn't spent enough time with his patients, and that the fee-for-service payment environment in which he had worked had been a barrier to providing the type of service that he now saw as important.

Perfect storm

Although I had heard this many times from many different sources, it never impressed me as much as it did coming from this colleague who had had such an intimate relationship with both acute and chronic care, from both ends of the stethoscope. It has given me pause to reflect on the state of physician remuneration across Canada and the reasons why it has evolved considerably in some jurisdictions while remaining stagnant in others. In Ontario and Alberta, a perfect storm of physician and governmental leadership has led to the development of remuneration models that have resulted in improved patient access and better patient and provider satisfaction. In other provinces, things are developing, albeit at a slower pace. Physicians and their representative groups are sometimes thought to be responsible for this relative inertia; governments and their departments of health are also the target of criticism in this regard. The evidence to support the development of alternative and blended payment models for family doctors continues to increase. We also know that care by family physicians can decrease overall health care costs and improve outcomes for our patients, especially those who suffer from chronic illnesses. It is time for all groups to pay close attention to the issue of physician remuneration, as this will be an important factor in the development and success of team-based care and one that will help drive quality and access initiatives.

We all have a responsibility to provide the leadership necessary to this issue. Let us continue to work toward the goal of improving access and quality for our patients by ensuring that family physicians in all jurisdictions have access to the tools and incentives they need to make this happen.

Reference

1. Jennings S. *Locked in locked out.* Saint John, NB: Dreamcatcher Publishing Inc; 2002.

Cet article se trouve aussi en français à la **page 742.**