



## Learning from our neighbours

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**A**s I complete my CFPC presidency year, I reflect on the wonderful opportunity I have had to meet with family doctors across the country. Whether I see you at meetings, Chapter annual scientific assemblies, or Family Medicine Forum, your dedication to patient care and your desire to improve the health care system is universal, even when the contexts in which you practise are very different.

I heard the same passion and convictions expressed by family doctors outside the country as well. This fall, I visited the United States (US) and attended the American Academy of Family Physicians (AAFP) Congress of Delegates. I was struck by the similarities between our organizations despite the very different health care systems.

One important concern for the AAFP was the number of students graduating from US medical schools who chose family medicine as a career option. The 2016 US residency match results were very encouraging for the AAFP, in which 8.7% of medical students were matched to family medicine. This was an increase of 0.3% over the 2015 results. In contrast, 36.2% of Canadian medical students chose family medicine in 2016, a slight drop from the 2015 results. I certainly recognize that, in the US, disciplines such as internal medicine and pediatrics are largely seen as primary care disciplines. Therefore, students with an interest in primary care within a certain demographic might not choose family medicine but one of these disciplines instead. That said, we need to celebrate our numbers but also be aware of the risk to the discipline and recognize that without a continued focus on the value of family medicine, we could struggle to keep the interest in family medicine high. Repeatedly highlighting the value of continuing comprehensive family medicine to all stakeholders including medical students in this country is a priority.

Once students enter family medicine residency programs, the competencies they acquire to meet the needs of the communities in which they practise are also important. At that same AAFP meeting, I met with a group discussing rural training. Many of the discussions they had were not unlike those around Canadian tables. Key topics were providing opportunities to learn and practise skills required by family physicians working in a rural environment and the recruitment of graduating family physicians to work in these areas. In an environment with a relatively low output of family physicians from residency programs, our American colleagues'

concerns are substantial. These concerns are also being discussed in Canada. Recently, the recommendations made by the Advancing Rural Family Medicine Canadian Collaborative Taskforce were approved by the boards of directors of the CFPC and the Society of Rural Physicians of Canada. To keep these recommendations top of mind among key stakeholders, a Rural Health Care Summit to present Canada's Rural Road Map for Action will be held in February 2017 to look at ways to move these initiatives forward.

Another important concern of the AAFP was the drive for continuing comprehensive care of patients by family physicians. As in Canada, the members of the AAFP are facing considerable external pressure from funders to meet the needs of their communities in a cost-effective, evidence-informed manner. The move in the US is away from volume-based payment systems to a value-based system. There is recognition that with the adoption of the AAFP's patient-centred medical home model there will be better coordinated, comprehensive care with increased access and improved health outcomes. A benefit of this model is increased physician job satisfaction, with family doctors practising at the top of their scope. In addition, this model allows for more efficient use of practice resources and enables practices to prepare for new enhanced payment programs that reward merit and accountability. Although there are substantial differences between the 2 systems, many of these US concepts can be applied to the Canadian landscape. Lessons learned from the American experience can help us update the CFPC's Patient's Medical Home to reflect the new information and evidence available since its launch in 2011.

One of the CFPC's priorities is supporting family physicians in providing continuing comprehensive care while functioning at the top of their scope with timely, appropriate access for patients in an interprofessional environment. The development of the Patient's Medical Home practice model and the continued research that demonstrates its effectiveness is important as we move forward.

There was one striking difference I noted when comparing the challenges and visions of the CFPC and the AAFP: the heartfelt plea from AAFP Chief Executive Officer, Dr Doug Henley, that all Americans should have access to health care. That is certainly a different starting point than in our Canadian environment and should provide us with a head start in our efforts to improve patient care. I have seen the work many of you do daily and I have heard your thoughts and ideas. Family physicians are in a position to meaningfully influence these changes.

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