president's
comment

Is it time for change?

"You see things, and you say 'Why?' But I dream things that never were, and say 'Why not?'" This oft-used passage from George Bernard Shaw's little-known play, *Back to Methuselah*, speaks true for many scenarios, including our health care system.

Our hospitals are inefficient, costly, and of course, overcrowded. Patients in the system have complaints ranging from lack of cleanliness to cancelled operations to lack of timely information. In fact, our hospitals see patients as a cost drag.

Physicians working in the hospital system have their own issues such as OR reductions, lack of respect from bureaucrats, or too much time spent completing forms and other paperwork.

It is time for change. Bold change.

There are a number of jurisdictions that have already succeeded in establishing systems that work for patients, physicians, and the health care system. These are hospital systems with greater geographical and population challenges than we have in BC that are able to deliver patient-focused, high-quality care that is more accountable and more cost effective. A number of European countries come to mind. So what's the solution for BC?

Following on the successful model set by the Divisions of Family Practice initiative, we can find solutions to the problems in our hospital system. The principle that community-based physicians working together in groups can achieve common health care goals that benefit physicians and patients alike can also be applied to physicians based in facilities. Key to any transformation or improvement, however, is engagement by those wanting change. It's not enough to wish it and hope it will come.

A key element of our 3-year strategic plan promises that Doctors of BC will be better engaged with our members: with the community, with health care facilities and health authorities, and with other health care providers. This has been happening for some time at the family-practice level, but it's now time for improvements at the facilities-based level. The goal for facilities-based care is to positively impact the relationship between care providers and those hired to run the system, which in turn ought to result in higher quality patient care.

Let's combine the government's and the Doctors of BC's strategic plans.

Physician engagement does not happen on its own. Organizational culture, structures, communication, and processes can either encourage or inhibit an individual physician's propensity to engage. Physicians need to recognize their individual and collective responsibilities to the health care system in ensuring high-quality care, and demonstrate their willingness to partner in health-system reform. It's what happened with family physicians who decided to engage and work with divisions of family practice. And with the support of Doctors of BC and the work of our Physician and External Affairs department, it can happen with facilities-based physicians too. Indeed, work has begun.

In the 2012 Doctors of BC member survey, 85% of physicians said "ensuring physician consultation about regional program and facility changes" is an important area for more Doctors of BC support. As well, recent Gallup surveys conducted by several BC health authorities have indicated that physician engagement is a challenge, and opportunities for improvements exist. This is actually good news for proponents of change. There is an understanding among the major stakeholders that the status quo is not working, as well as an openness and willingness to change. I don't think we'll see any arguments to the contrary from patients.

We are working on solutions. A possible answer is to create facilities-based physician groups that can work together, collaborating with other important stakeholders such as health authorities, to achieve common health care goals. Return to local accountability to the community being served; bring patient "users" onboard; restructure the MACs to be responsible for only technical, disciplinary, administrative, and privileging duties; and move the "patient care" issues back to those who work in the facilities. In this scenario medical staff would become the re-engaged workforce—just as family doctors did with the development of divisions of family practice. This scenario would require resources so physicians could fix the local service gaps in the community that the facility serves. Let funding follow the patient. Will this require structural or policy changes? Yes. Are there downsides? Not many.

Let's combine the government's and the Doctors of BC's strategic plans, putting them into effect together. Patients will be the winners, as will those who work in facilities, and the entrenched self-interest of administrators would become a footnote to BC health care history.

Let's put care back into health care. Why not?

—William Cunningham, MD
President, Doctors of BC