Letters to the editor

We welcome original letters of less than 500 words; we may edit them for clarity and length. Letters may be emailed to journal@doctorsofbc.ca or submitted online at bcmj.org/submit-letter and must include your city or town of residence, telephone number, and email address. Please disclose any competing interests.

Saving primary care

As a family physician in practice in BC for 35 years, it is nice to see that our incomes may be rising with recent negotiations with our government. However, I believe that the core problems in primary care go well beyond that. To me, the biggest issues are an appalling lack of physical infrastructure and a lack of proper organization of primary care practitioners.

I feel that government needs to partner with physicians to build large physical offices that can house 15 to 20 practitioners and accommodate nurse practitioners, registered nurses, and social workers. The physical spaces should be equipped with the equipment needed to allow family physicians to offer expanded services, which will take pressure off hospital emergency rooms. We can do many more procedures, such as outpatient IV therapy, minor surgery, cast application and removal, and skin lesion removals. These physical spaces should be leased (on at least a 10-year term) for zero dollars to attract groups of physicians. The physicians need to own and operate the practices, and private business must be excluded from any portion of ownership.

In return, the respective physicians must agree to offer prompt 24/7 access to the patients registered in a particular practice. They need to have enough members that there is no need to attract locums. These groups are self-sustaining. They need to use all allied health professionals in such a manner as to expand their attachment capabilities. Their manner of billing can remain exactly as it is presently, whether that be fee for service or the new Longitudinal Family Physician Payment Model.

This arrangement would bind together all the practitioners into large functional groups, which would be much more efficient and cost-effective than the small, scattered groups that exist presently. We would see economies of scale give big rewards to all participants. It is a practical way to close the loop on the patient medical home model, which we all believe in but is not operational across the board. Governments and practitioners are struggling to find the best solution, and I feel this is a good one.

—Robert H. Brown MD, CCFP
North Saanich

Re: Does the Longitudinal Family Physician Payment Model improve health care, including sustainability?

I read with interest the recent Premise article by Dr Tevaarwerk, "Does the Longitudinal Family Physician Payment Model improve health care, including sustainability?" [*BCMJ* 2023;65:242-247]. The aims listed are laudable; indeed, who could argue with them?

However, it is doubtful they could be achieved simply by adjusting individual physician payment levels. As the author correctly notes, "[t]he new model has no incentives to build primary care teams, a way of increasing capacity at lower cost." This is a fatal oversight. My working experience in 2000–2020 under a capitated blended-funding model[1] (based on the Johns Hopkins Primary Care model and Dr Barbara Starfield's ideas)[2] suggests that by taking an organizational approach to funding, this missing incentive could be realized.

The province-wide network of small organizations (i.e., practices or clinics) is an ideal (and existing) framework for physician-led primary care teams. Direct funding to such group practices, based on several predetermined principles, would allow such organizations to arrange themselves to best deliver care within that funding envelope, using a mixture of physicians, nurses, and other providers best suited to that practice, location, and population. Patient volume and complexity become the drivers of revenue, creating market demand for patients, specifically elderly, complex patients. Outflow rules minimize the duplication of services. Suboptimal or delayed care is similarly penalized by market forces.

—Alister Frayne, MB ChB, MBA, CCFP, FCFP
Vancouver

References

1. Frayne AF. Population-based funding: A better primary care option? BCMJ 2012;54:250-251.
2. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. Milbank Q 2005;83:457-502.

Re: Health care providers' perspectives on medical travel in northwestern BC

Having practised orthopaedics in the East Kootenays for 35 years, I was most interested in this article [*BCMJ* 2023;65:160-164]; however, I was disappointed in its focus. For some years now, there has been no Greyhound passenger bus service in Canada. The Regional District of East Kootenay provides bus service, but only 2 days per week. As a result, for surgery, a patient may need to

Continued on page 328

Follow my lead; lead me to follow

Music has always inspired me. It's a universal language that can move emotions, memories, thoughts, and ideas. One of my favorite folk bands, The Tequila Mockingbird Orchestra, has a song called "Canoe Song," in which the chorus is "Follow my lead, lead me to follow." In practical terms, it refers to canoeing, where you need to follow the person sitting in front of you and lead the person sitting behind you. A common purpose and synchronization are needed to make the canoe travel in one direction. The same is true of leadership. You need others to follow your lead, just as you concurrently follow theirs.

November is when the general membership votes for our next president-elect and our physicians at the Representative Assembly. I urge you to vote, to raise your voice and help shape the future. This is your opportunity to ensure the people you want representing you in leadership roles at Doctors of BC are the ones who are chosen to lead. These are the individuals who will keep your voice front and centre as we navigate and help build the future of BC's health care system. We need those who can lead with humility and, simultaneously, those who follow and listen with intention.

To all who are currently in leadership roles, I thank you.

I attended a leadership course where the question "What does a leader look like?" was answered from the vantage point of third graders. In their minds, a leader was their teacher, and they described the three most important characteristics: big ears to hear all that goes on in class and determine who needs guidance and who is doing well, long arms to give hugs to one or more people when they are struggling, and high heels to be seen at the front of the class. I would suggest these qualities apply to medical leaders as well. Use your big ears and your heart to listen with intention. Use your long arms to extend compassion to your patients and your colleagues. And ensure you are visible so that others can see where to follow and ultimately where to lead.

To all who are currently in leadership roles, I thank you. I have no doubt you embody many of these qualities already. I value that you are taking time to have others follow your lead, while at the same time being led to follow by those you serve. I look forward to continuing to work together to move our province and Doctors of BC along this ever-improving journey, just as if we were all paddling together in a canoe. ■

—Joshua Greggain, MD
Doctors of BC President

LETTERS

Continued from page 327

travel several days in advance. Patients must find private transport. If they have no vehicle, they must rely on their social circle or hitchhike (remember, Northwest BC is the location of the Highway of Tears). This is unacceptable. I am surprised these obstacles were not discussed in this article.

Let us start with the focus of the article. Let us fight for travel justice for rural Canadians, for health care, and for all other needs. Amazon, eBay, and Purolator can bring us any number of items daily. They should provide similar transport services to our rural citizens. Greyhound did this. It needs to be replaced.

—B.E. Driedger, MD, FRCSC
Cranbrook

Correction: "Justice, rights, and unnecessary suffering"

While proofreading the article "Justice, rights, and unnecessary suffering" by Dr Jan Hajek in the October 2023 issue of the *BCMJ*, we made two edits that undermined a point Dr Hajek was trying to make. The original sentence, with edits marked, is: "We shudder to think of the philosopher René Descartes theorizing that animals are just like machines, calmly nailing a dog's feet to a board and dissecting ~~them~~ it alive while ~~they~~ it only appeared to be in pain."

Not changing an author's meaning is editors' "first, do no harm," so we sincerely apologize to Dr Hajek for this error; in attempting to clarify what is the object of the action, we reversed Dr Hajek's very intentional word choice (that is, using "they" instead of "it"). The online version of the article, as well as the accompanying PDF, has been restored to the original wording.