The Ottawa Hospital | L'Hôpital d'Ottawa

Taming of the Queue III
Physician Roles
March 31, 2006

C. Carruthers M.D.

Chief of Staff

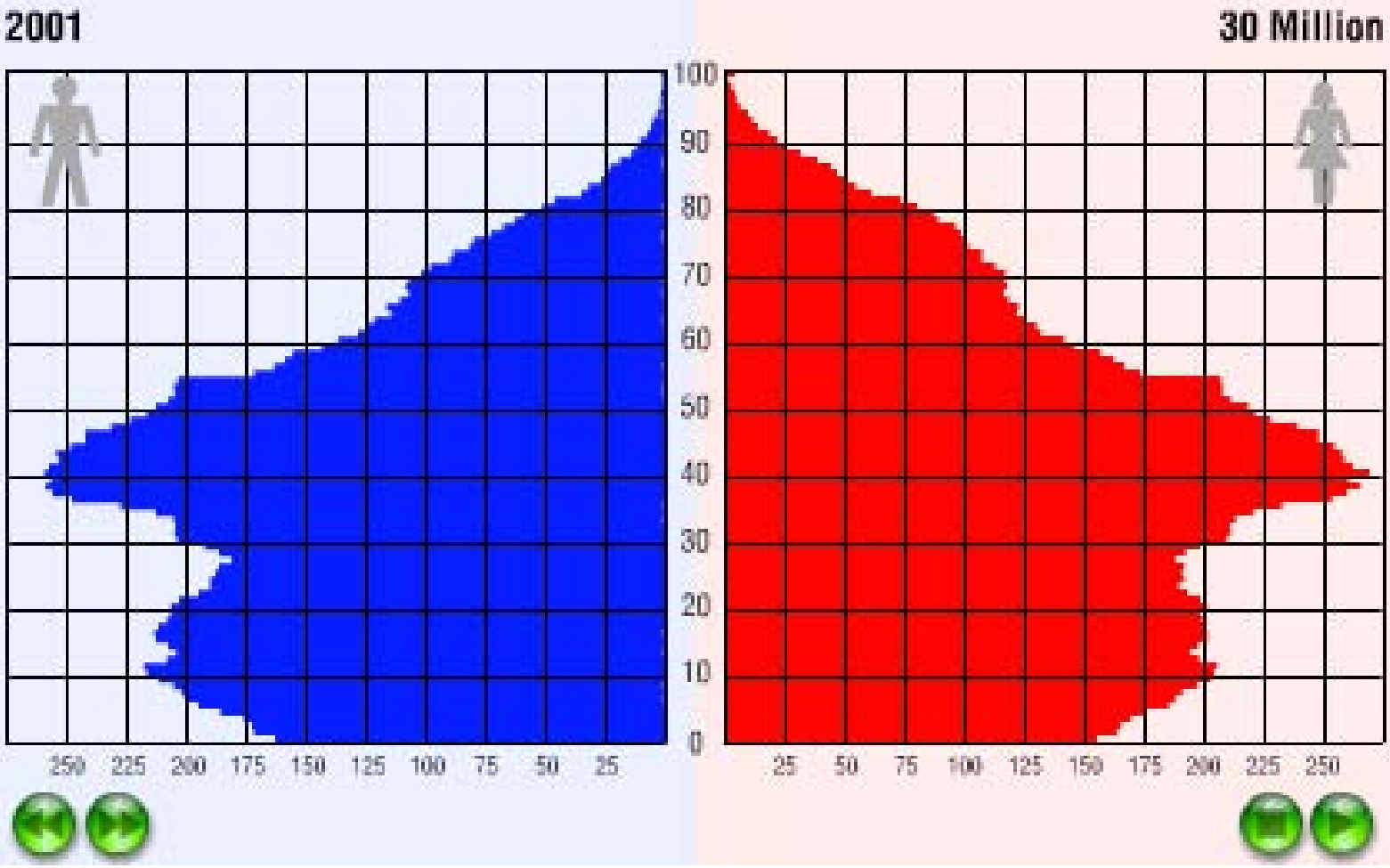
The Ottawa Hospital

Outline

- Service Based Model of Patient Access to Care
- Challenges with introducing the Model
- Physician human resource challenges
- Patient Advocacy -Physician's role

Age Pyramid of Population of Canada July 1, 1901 - 2001

(Shown in 000's)



Serviced Based Model of Care

- Physicians support such initiatives
- Patient belongs to a service not necessarily a specific physician
- Multidisciplinary
- First services to introduce were OB-GYN with on call
- More clinical services approaching patient care in this manner e.g cancer (Women's Breast Health Centre)
- Model that best uses all professional resources

Challenges

- Needs a different payment system for physicians
  - Fee for service is not the best
  - Alternate payment system needs to be implemented
- Build in incentives ?
- Best if physicians are hospital based
- Capital funding may be necessary
- Surgeons should be operating
- Multidisciplinary support necessary and needs to be funded
- Overall is the model more resource intensive and if so is the funding available ?

Patient Care Challenges

- Who is responsible for the patient ? Multitude of specialists maybe involved
- Patients can get lost is such a system or model
- Who is the most responsible provider ?
- Patients still want to deal with their physician not a system
- Role of the Nurse navigators or equivalents ?

Academic mission at risk ?

- If volume and efficiency is the highest priority than academic goals and particularly teaching will suffer
- Hospitals already at full capacity difficult to accept more activity

Physician Human Resource Challenges

- There is an absolute shortage of physicians
- Demand for total knees to increase 673 % by 2030 and total hips by 174 % (US data)
- Are manpower issues being addressed ?
- Will not be resolved for several years
- Competitive market West-East, and North-South
- Introducing change in an environment that is slow to embrace change and risk adverse
- We are challenged in dealing with the new models of care and also addressing the needs and expectations of today's physicians

Characteristics and Expectations of Younger Physicians

- Likely to be women
- Medicine is a profession not a lifestyle
- Seek defined practice hours, limited call, reasonable patient loads, and set vacations
- Reduced call and practice sharing common
- Want stable situations (stable income) and prefer group practice or hospital employment

Younger Physicians

- Want to focus on their practice and patient relationships
- Avoid medical politics
- Will take leadership roles to address patient care issues

YOUNGER PHYSICIANS

- Technologically savvy and want access to technology
- Loyal to principles not institutions
- Seek organizations compatible with their beliefs
- Come from two income families or single parent situations
- Faced with conflict at home do not want it at work
- Want conflict resolution
- Prefer non adversarial management style

OUR CHALLENGES

- Not structured to respond to multiple roles of young physicians e.g. put family ahead of profession
- Burn out and stress a greater issue
- Role stretch affecting performance
- Will new models improve today's environment for physicians or make it worse ?

Burn Out

Emotional exhaustion

- Sandwich generation
- 27 % frustrated with the practice of medicine
- 67 % frustrated with government or administration
- 58 % frustrated with the economics of practice

New Models of Care

- Can they be structured to respond to physicians expectations ?
- Do these models support physician's expectations ? Yes !
- Who are the front line change managers ?

Role of the Front Line Physician

- Not involved in the decision of the priority programs yet responsible for implementing the direction
- Only willing to increase their own level of activity for a short period of time. Specialty demographics
- Some hospitals having difficulty to accept additional work load on top of their existing activity.
- Leads to cannibalism ?

Physician

- In some cases (orthopedics) initiative has created a two tiered list of patients for surgeons and as such several unequal access to care queues
- Provides the opportunity for more work for some surgeons but not all (Cancer and joint surgeons)
- This situation can create tension within the clinical division

Challenge of New specialties

- Increasing sub-specialization not all physicians providing all services
- New environment of government directed clinical priority not physician driven
- Priority programs will provide more resources to some physicians and less to others
- Obligations to hospital of those not having access to increased resources
- Specialty groups have always functioned with the principal equal distribution of workload
- New environment
- Creating stress within medical community
- Situation made worse without an AFP

Patient Advocacy and the Physician

- Who speaks for the patients not on the priority lists ?
- How can we make sure these patients continue to have appropriate and timely care and are not considered second class?
- Physicians must not abandon their role in advocating for patients
- New initiatives are creating tension and push back by physicians within hospitals

Physician Human Resources

Must recognize the need to understand and employ the principles and skills of change management

- Communication and buy in by front line physicians is necessary
- Fair process must be a key principle including those providing the service
- Must sell the long term advantage of first dealing with a few but ultimately all on a wait list