

Bridging Troubled Waters

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Introduction.

I am writing this paper because I sense that physicians are feeling troubled by the obstacles and encumbrances in the health care system to their delivery of patient care, and the sense amongst colleagues of a deepening disconnection of physicians from our professional association, the BCMA.

The complexities we face in the health care system and understanding the future directions being charted are tremendous challenges and yet they affect each and everyone one of us whether we are physicians or not.

I am hoping this paper will contribute to stimulate further discussion amongst physician colleagues on the directions in health care and promote discussion on how leadership might be provided through our professional association, the BCMA.

Being a physician is very rewarding. We have the opportunity to assist our patients overcome the challenges they face, not through thinking we know what's best for them, but through understanding their needs and directions. We achieve this with principles of honesty, openness and thoroughness. These are not just principals we apply in patient care; they are principles we embrace as professionals in our lives at all levels.

The BCMA is a voluntary professional association of physicians that can be likened to a foundation. It came into existence more than a hundred years ago and the need for such a professional body will likely continue well into the future. The Board and Executive members are in effect trustees and responsible for decision-making and accountability of the Association to the members during their term of office.

Physicians established the Association:

- To support and preserve the ability of physicians to provide patient care
- To provide a collective voice to the views of physicians and ensure balance in the legislative, licensing, and health care delivery environments of the Province
- To preserve the environment necessary for the patient-doctor relationship and the ability of patients to receive quality, confidential and timely care they need.

1. The need for transparency.

It is not surprising that collectively we would hope to see our professional association embody the same principles of honesty, openness and thoroughness that we embrace individually. Historically this has been evident for many generations in our Association.

For example, even in the more cumbersome days of delivering information only through paper media and mail, the Association expended resources to ensure members received reports of the Board motions from every meeting through the publication of "InfoBoard". And despite perceptions of apathy, present within all large groups even in those days, it was felt to be important enough to distribute "InfoBoard" with the "President's Letter". It provided transparency to members on what matters were of priority to the Board along with preparations that were being considered and undertaken. As such it provided accountability to the membership and also provided members an opportunity to contemplate and share ideas of significance.

Through a series of relatively recent process changes, members no longer have direct access to the level of information previously provided through "InfoBoard". First, the publication and distribution of this information was transferred to a column in the "BCMA News", a tabloid publication of the BCMA. Then, upon termination of that publication "InfoBoard" made a few, sporadic, guest appearances in the BCMJ before disappearing altogether.

Even with the availability of the Internet and web-based services, member access to the Board motions as provided in "InfoBoard" has not been restored.

This problem was brought to the attention of each of three consecutive BCMA Presidents during their terms of office from 2002 to 2005, with formal requests that member access to Board motions be restored. Each of these Presidents expressed personal support for restoring this on receiving the request. However no further follow-up was provided by any of them leaving uncertain the disposition of the request. It is not known what, if any, deliberations have been undertaken by the Board and the Executive on the matter of restoring member access to Board motions.

On checking the BCMA web site on May 21, 2006, in the members area under information related to the Board of Directors it was surprising to find only a link to the "November 2005 Board Template Report" as there have already been two other Board meetings, one in January and the other in April, 2006. Also there appeared to be no links to archived reports from earlier Board meetings. The Template Report provides brief narratives on Board items but does not provide any details on the Board motions. Without these it is difficult to know the Board's priorities and directions on matters.

2. Request from members for details of the Financial Statements.

Emerging from the BCMA AGM in 2005 was a request from members for further details on the Financial Statements so that members might better understand how our Association spends our money.

The BCMA staff lawyer, who reviewed the Personal Information Protection Act, the Societies Act, and the BCMA Constitution, advised the Board that the privacy rights of staff need to be considered and might prohibit disclosing the information.

The Board is still responsible for deciding how to respond to the request from members and balance the privacy rights of staff and the need for transparency to members. They might therefore continue to seek methods to provide member access to information, such as how their money is being spent, to ensure the priorities and values of the members is respected in the agenda and staffing of the Association.

3. Dialogue between Directors of the Board and members.

The manner of applying the “Code of Conduct” for Directors through recent actions by the Board may be inappropriate because it is restrictive and fails to embody the professional principles of honesty, openness, and thoroughness.

The legal opinion presented to the Board in support of curbing expression of dissenting views by Directors and the use of this as the foundation for modifications to the “Code of Conduct” for Directors is embracing a direction not supported by many physicians.

After all, the Association represents physicians who are ultimately responsible to their patients. It is imperative that any concerns known to the Board are communicated to members, as this may impact on them as practicing physicians and on their patients. Also through familiarity with the issues brought to the Board, and a free exchange of information, members may be able to advise their delegates and the Board accordingly.

4. Decision-making at the Board.

The Directors of the Board are in effect trustees responsible for decision-making during their term. And like all members they are physicians with the same professional principles of honesty, openness and thoroughness along with respect for others. Never would they provide one treatment option to a patient without discussion of alternatives along with the risks and benefits, allowing the patient to make an informed decision. Likewise they understand the importance of maintaining such professional standards at the Board level.

As the Board conducts business and identifies matters of priority it may appropriately delegate tasks to committees and others to assist in preparations such that the Board can make decisions. On receiving reports it should be clear that the Board is responsible for decision-making and presenters should be cognizant of this fact.

Those who perform the tasks can be likened to research librarians. They might advise the Board that within the resources and time available they have examined the subject matter to the extent they have and can offer the Board several recommendations to consider. It is not the role of those reporting to the Board to arrive at the decision for the Board and make a presentation to the effect that only one recommendation is worthy of consideration, and that all possible solutions and concerns have been addressed.

Regardless, the Board must consider whether the recommendations and preparations are sufficient or whether further options need to be explored and considered. The

Board can also call on members for their views to complete preparations and provide full information to the members to ensure informed decision-making.

5. Agreement with Government.

The recently ratified Agreement between the BCMA and the Government of BC provides some badly needed financial resources for the delivery of physician services but the Agreement went further and included “a broader range of discussions and proposals than the parties were obligated to negotiate”.

Discussions leading up to the referendum and subsequently have highlighted the complexity of the Agreement that includes proposals which were unclear and have yet to be fully defined, proposals that may further the growth of bureaucracy; and proposals that will directly impact the patient-doctor relationship through requirements for the sharing of patient information and use of centralized repositories for patient records.

6. The patient record in the information age.

It is essential to preserve the patient-doctor relationship and the confidentiality and privacy it entails. Proposals to change how patient information is stored and shared require a detailed discussion by the profession and the public. It is not appropriate to introduce changes as requirements without a full discussion, remembering that physicians are responsible to their patients.

The new Agreement with Government contains proposals and requirements related to the sharing of patient information and use of centralized repositories for patient records. These proposals and requirements were arrived at prior to the necessary professional and public discussion.

There are many concerns for both the profession and the public. Moving forward we need to have open discussions to understand which proposals are truly appropriate for doctors and patients to use.

7. Avoiding further increases in health care bureaucracy.

The recently ratified Agreement with Government also raises concerns that proposals it contains might further fuel growth in health care bureaucracy and encumbrances to the delivery of patient care. Physicians and other health care professionals have been expressing concerns about the growth in health care bureaucracy for some time.

We have seen evidence of the exponential growth in health administration and studies show that more than 30% of the time of Registered Nurses is now consumed by non-patient care activities.

Data from the Change Foundation was examined and reported on in the Fraser Alert (September 2004). This showed that in Ontario “hospital payrolls used up all and more of the increases in provincial government transfers to Ontario hospitals between 1997 and 2002” and that “physician numbers and patient care hours relative to population needs and relative to the experience of other countries are shrinking. This directly affects access to hospital and other health care.”

Changes have occurred in the structure of the health care system In British Columbia since the early 1990's with the introduction of a system of Regionalization with various configurations of health authorities. Prior to the implementation of these changes two Royal Commissions had examined the state of the Health Care System in BC. They reported that the Health Care System in BC at the time was one of the best in the world with just a few gaps, namely rural obstetric services, rural pediatric services, and rural general surgery services along with some gaps related to the health of first nations populations.

Proposals to implement a regionalized system of health care delivery were examined by the BCMA and reported on in 1995. The report identified concerns at the time that the proposed changes to the health care system could result in a centralization of services with a contraction of access to patient services and a growth in administration.

It is not easy to obtain access to the information required to evaluate the changes that have occurred in BC. Yet, our experiences tell us administrative growth is significant and access to patient services is problematic.

Some may argue that centralization of services was inevitable due to technological advances. However, this may be more the result of the way technology and business practices have been applied. In fact, technology has generally provided the ability for people to do more things in a distributed fashion with people being able to do more and more things in their own homes and offices and wherever they may be.

Are we witnessing unsustainable and poorly allocated health care spending? Only through proper examination will we know and only then can we address the problems.

The newly ratified Agreement between the BCMA and Government contains a number of proposals that will see the Health Authorities included as a party to the Agreement such that any new agreements will be trilateral agreements between the BCMA, the Government and the Health Authorities.

The Health Authorities will be included as a party to a new Master Agreement and five trilateral subsidiary agreements, which have yet to be negotiated, and the Health Authorities will be included on the Conflict Resolution Team.

The new Agreement also contains proposals to include the Health Authorities in the creation of a number of tripartite committees and subcommittees; the Tripartite Review Team, the Specialty Services committee, the Surgical Specialist sub-committee, reconstitution of GPSC, and the Alternative Payments Committee. The proposals charge these committees with various roles in the redesign of specialty and primary

care, and new initiatives to further enable the use of Alternate Payment Plans, increase the number of specialists practicing under alternative payment arrangements by transferring from Fee for Service, and recommending a model to determine total compensation relativity between the different payment models;

The new Agreement also includes proposals for the creation of trilateral care and scope committees (SCSPC) as a subcommittee with responsibilities to include developing of recommendations for such things as changes to, or full use of, GP scopes of practice.

In addition, the new Agreement includes proposals for an eHealth Steering Committee and associated sub-committees and the establishment of a Physician Information Technology Office (PITO), expansion of the Chronic Disease Management incentive program and the preparation of various reports.

The new Agreement identifies that significant financial resources will be allocated to activities of the committees themselves and funding will also go to the administrative and clerical activities of the committees.

The proposals in the new Agreement to include Health Authorities as a party to the Agreement and the establishment of a number of tripartite committees and sub-committees, while on the surface may be seen as a means to provide necessary input, they may have unexpected consequences. The Agreement and supporting documents provided to physicians in the referendum were silent on how these proposals might dilute the views of physicians and the public and might spur other priorities. It is also unknown how the application of processes and methodologies used in other fields may have unintended effects in the field of Health Care with further growth of bureaucracy and encumbrances to the provision of patient care.

Practicing physicians must be alert to these risks and provide leadership and direct medical input to decision-making to maintain and restore quality patient services and reduce encumbrances and bureaucracy. The Agreement with government should not fuel further growth of health care bureaucracy, which is not in the public interest. Our Association should take an active role to ensure the use of health resources for administration is investigated, quantified and known to the public; and to ensure that health care resources are delivered to direct patient care.

Conclusions.

Despite passage of the new Agreement through referendum, the sense of a deep disconnection between the BCMA and its members persists and there are significant concerns related to how the new Agreement will impact on the profession and the public in the delivery of patient care.

If the foregoing discussion resonates with physician colleagues as significant for future directions, priority actions will need to be identified and implemented. Only through working together can we achieve the necessary understanding and ensure constructive developments. Individual physicians must demonstrate their willingness to participate in

overcoming the discontent and apathy through voicing their views, and the Association may be able to provide the necessary leadership for the profession and public through embracing the professional principles of honesty, openness and thoroughness. The following actions may be considered as a start.

1. The BCMA Board of Directors might recognize that they are not alone; they are the delegated trustees of the Association for their term. Perhaps a focus moving forward might be to create a vision of how the Association can return to the historic tradition of embracing the professional principles of physicians including honesty, openness and thoroughness.
2. The Board might expeditiously restore member access to Board motions of meetings including archives of prior meetings so that members can stay informed.
3. The Board might further demonstrate transparency to its members through consideration of methods to provide member access to financial and other information on the operations of the Association while balancing the rights of individuals.
4. The Board might guard against the introduction of policies that restrict dialogue between Directors and members, and ensure that members are provided all information on important matters including potential risks and benefits permitting them to make informed decisions as physicians who are directly responsible to their patients.
5. The Board might consider the concerns of members with the complexity of the recently ratified Agreement and ensure that future agreements sent to the members for ratification are not as complex or that the referendum provides ample opportunity for members to understand the details and indicate their views on the components.
6. The Board might seek to ensure, through full and open discussions, that the concerns of the profession and the public are known and addressed with regard to the impact on the patient-doctor relationship by the proposals to store and access patient records remotely and to share patient information with others.
7. The Board might seek ways to limit further growth in health care bureaucracy and encumbrances to patient care.

Thank you for taking the time to consider these thoughts. Please feel free to share this discussion paper with other colleagues.