

Advisory Committee on Family Practice

Here is my report on the activities of the AdComFP Advisory Committee for the year 2014-2015.

I was less active on the committee this year as I would have liked due to health reasons. I will also be absent at the May 8th meeting in Toronto in view of my recent knee surgery. I cannot attend the meeting on premises but I will try to join it via teleconference.

I was quite present in regards to continual requests for information from the College regarding everything pertaining to the family practices in Canada. Several topics are on the agenda including how doctors are remunerated, how the medical homes are implanted in the provinces, immunizations, mental health, health of children, etc. We are constantly surveyed 1-1 times per week by committee members for the writing of papers on the College's positions. This constitutes 80% of our actual work.

Secondly, there are several issues that remain taboo whose positions will not be disclosed until there is a need to do so. For example, the position on physician remuneration is a subject that remains highly controversial. Many provinces have adopted capitation models such as Ontario and Quebec to make way for the a remuneration model that would make way for the implementation of family medicine groups and in which physicians would be paid by both the number of patients seen and the number of patients enrolled in the practice.

Although these models have been demonstrated to be more beneficial when it comes to patient remuneration, governments have not found a lot of profitability on their side and are facing serious questions about the continuation of these programs given the lack of productivity associated with a higher cost to render the same services. Our province is mainly fee-for-service or payment by the act. I believe we are still in this optic for many years.

I also sincerely believe that a Patient Medical Home based on physicians who are paid by the act is possible here in New Brunswick and may even be encouraged. Several steps are made in this direction to support the work of nurses in family medicine offices with hopefully one day the non obligation to provide a personal visit with patients in order to charge an act done by a nurse under the responsibility and control of the family doctor who controls the overall care of a team and panel. The possibility that one day we can see patients in a parallel with nurses who work with us to improve the quality of the care of our population without fear of fiscal and/or billing problems brings a wind of optimism in the profession.

The continued implementation of the Velante electronic medical record continues. I do not have recent numbers of successful implantation. However, it is certain that it takes much more time than expected and many other doctors will continue to successfully use parallel systems. Perhaps, one day, we will succeed and there will be a way to interface with all these people so they can connect together globally. This remains an organizational sadness though.

I believe this year will be my last year on the national committee considering the 3-year terms renewable twice that I have done. I will keep you informed of the situation to find a replacement if this is the case.

I hope to be amongst you for the presentation of the report in early June, but however, my recent health problems have force me to be on sick leave for about 5 weeks. It will be close if I am able to return to work the week of the meeting, so if I cannot be there, I apologize to the members and looking forward to seeing you.

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