



CDM BULLETIN: SUCCESS STORIES IN MEDICARE

How physicians and our colleagues are improving Medicare

The sometimes sensational nature of media coverage relating to healthcare can lead one to believe that Medicare is falling apart. In fact, as we all know, there are many success stories in Canada's healthcare system. Despite our challenges the vast majority of patients receive excellent care in a timely manner.

Advocates of private insurance cite long wait times and quality concerns as reasons for introducing parallel private insurance, either for all services or as a privately funded "safety valve". This is in spite of the evidence that private insurance costs more, decreases access for those who cannot afford it, and can lead to worse quality. If private insurance cannot address our challenges, what will?

Innovation within Medicare can lead to improved outcomes

Single-payer, public funding of medically necessary services makes sense. It allows us to deliver care to our patients based on their need, rather than their ability to pay. It also allows Canada to maintain some of the lowest administrative costs in the world. In our own practices and hospitals, we are all aware of problems related to inefficiency, insufficient funding and lack of integration. But as physicians, we should advocate solutions that will improve healthcare for all our patients, not just the fortunate few who can afford to jump the queue. Examples of the kind of innovation that works can be found all over Canada.

WAIT TIMES REDUCTION FOR SURGERY AND DIAGNOSTICS

Historically, we have not managed waiting lists well. But by adopting lessons from a discipline known as "queueing theory" and improving wait time list coordination and management, some projects have dramatically improved wait times. For example, minor procedures and low-risk elective surgeries can be performed in specialized clinics rather than in hospital. It has been widely — and wrongly — assumed that the only such clinics are private. In fact, **Toronto's Queensway Surgicentre** (a division of a public hospital), is the largest day surgery centre in North America and operates entirely within Medicare. In Manitoba the **Pan-Am Clinic** operates as a unit of the Winnipeg Regional Health Authority—also entirely within Medicare.

These clinics achieve the benefits of specialization and innovation sometimes ascribed exclusively to the private sector, while maintaining the public sector advantage when it comes to administrative costs.

In the case of diagnostics, many breast patients have to wait for a mammogram, then wait for an ultrasound, and then wait again for a biopsy. The **Sault Ste. Marie Breast Health Centre** reduced the waiting time from mammogram to breast cancer diagnosis by 75 per cent by consolidating the previously separate investigations. If a woman in Sault Ste. Marie has a positive mammogram she often has the ultrasound (and sometimes even the biopsy!) on the same day.

QUALITY IMPROVEMENT THROUGH COLLABORATION

The Health Council of Canada recently highlighted an exciting project in **Twillingate, Newfoundland and Labrador** relating to the management of hemophilia. In this rural community, where hemophilia is extremely common, a team of primary health care providers (including family physicians, nurses and others) gives integrated care right in the community. Involvement of consultant specialists is done through case conferences via videoconferencing. This allows patients to receive highly specialized care of the highest quality close to home, and ensures that local physicians have access to the resources they need to provide that care.

Another example of this type of work is occurring in the Northwest Territories in the **Stanton Territorial Health Authority Diabetes Education Program**. The program focuses on a learner-centered approach and encourages people to find ways to take charge over their own health. A number of community-based diabetes “mini-clinics” operate in which team members include a family physician, a nurse, peer counsellors, a dietitian, a home support worker, and a community pharmacist. The program has reduced wait-times for? and improved diabetes outcomes in the region.

SAFETY IMPROVEMENT THROUGH TECHNOLOGY

At Baycrest, a renowned long-term care facility in Toronto, nurses, doctors and pharmacists are all linked to a computerized prescribing system aimed at reducing medication errors. This program illustrates just one of many ways in which efficient use of technology can improve the quality of healthcare that physicians provide.

Where do we go from here?

These examples illustrate that within our publicly-funded healthcare system there is enormous capacity for innovation and improvement. As physicians we know that there is a need to address challenges to ensure cost-efficiency, improve quality and safety, and bring healthcare into the 21st century. All this can be done – and is being done – within Medicare. These good-news stories may not make the morning papers, but they are exciting examples of what is possible.