General Practitioners in a Hospital Setting

The Jewish General Hospital responds to Bill 20

An Act to enact the Act to promote access to family medicine and specialized medicine services and to amend various legislative provisions relating to assisted procreation

March 24, 2015
1. Introduction

The Jewish General Hospital (JGH) supports the objective of Bill 20 to enable Quebecers to gain broader, faster and easier access to health care. This is of particular importance to the many individuals who do not have a family doctor of their own. Similarly, the Bill has the worthy objective of providing patients with greater access to specialists.

This significant goal notwithstanding, the JGH is concerned that Bill 20 is trying to be a “one size fits all” solution. In particular, the Bill seeks to apply a set of measures—for example, the minimum number of patients to be seen by general practitioners—to general practitioners who carry out a wide variety of critical tasks in a hospital setting. The JGH feels that this approach could have unintended consequences.

In this brief, instead of reviewing all aspects of the Bill, the JGH is focusing on the effects that the proposed legislation could have on patients in a hospital setting.

2. Profile

2.1 The Jewish General Hospital

Since 1934, the Jewish General Hospital has provided high-quality treatment and compassionate care to patients of diverse backgrounds, who come to the hospital from across Montreal, Quebec and beyond.

As one of the province’s largest and busiest acute-care institutions, this bilingual, 637-bed McGill University teaching hospital admitted nearly 24,000 patients in 2013-2014, while handling approximately 693,000 outpatient visits, 75,000 emergency visits and 4,000 births. In striving for excellence, the JGH delivers clinical treatment of superior quality, instruction in a focused teaching environment, and life-changing research at the Lady Davis Institute.

Given its size and significance as a tertiary- and quaternary-care institution, the JGH will also play a pivotal role in the Centre intégré universitaire de santé et de services sociaux (CIUSSS) du Centre-Ouest-de-l’Île-de-Montréal, which comes to life on April 1, 2015.

In recognition of the JGH’s consistent ability to meet patients’ needs, Accreditation Canada accredited the hospital with Exemplary Standing (the highest possible distinction) in 2013, making the JGH one of the few healthcare institutions of its size in Canada to achieve this honour.

In 2013, the JGH was also ranked by the Canadian Institute for Health Information as the most efficient hospital in Canada for its ability to channel maximum funds into health care by saving on administrative costs. In addition, the JGH was named one of Montreal’s top employers for 2013, 2014 and 2015, as chosen in a regional competition organized by the editors of Canada’s Top 100 Employers.
2.2 The Goldman Herzl Family Practice Centre

The Jewish General Hospital supports the general objectives of Bill 20 which, to a considerable degree, have been realized at the Goldman Herzl Family Practice Centre, the focal point of the JGH Department of Family Medicine. Herzl is one of the busiest (if not the busiest) facilities of its kind in Quebec, handling an average of approximately 60,000 visits per year. The 30,000 registered patients in the GMF are seen by 15 full-time physicians—a rate of 2,000 patients per doctor.

Also notable is the Herzl CRIU Walk-in Centre, which widens access to patients (especially those lacking a family doctor) who can be seen without an appointment 365 days a year. An average of 40,000 visits a year are made to the Walk-in Centre, over and above the visits to Herzl itself. Individuals who are already Herzl patients account for about 30 per cent of the visits, while other members of the public account for the remaining 70 per cent. They are seen by a medical staff that is split almost evenly between Herzl physicians and general practitioners from outside the JGH.

Since the Walk-in Centre provides care for patients whose conditions deserve prompt attention but are not emergencies, treatment is given to those who might otherwise have gone to an emergency room. Thus, the Centre plays a key role in reducing congestion in the JGH Emergency Department. In a broader sense, the Centre demonstrates the value of family medicine in meeting the diverse needs of a broad spectrum of the community.

3. Remarks on Bill 20

3.1 General practitioners in specialty areas

In the late 2010s, the JGH recognized that immediate measures were needed to reduce the morbidity and mortality rates among elderly patients who had undergone major orthopedic surgery, primarily repair of hip fractures. In most instances, the mortality rate was not a direct result of the operative procedures themselves, which had been completed successfully. Rather, it stemmed from complications in many of the patients who had multiple medical co-morbidities, often of a serious nature.

To remedy this situation, the Department of Surgery worked with Herzl to design and implement a model of care that made sense for the patient population in question. A team of general practitioners was assembled and given the task of being the primary caregivers of these elderly patients with chronic medical conditions.. The orthopedic surgeons were engaged only when a decision to operate was made. Although some doctors were drawn from Herzl’s ranks, many came (and still come) from outside the JGH.

This arrangement took effect in 2011; by 2013, the mortality rate had been reduced by 30 per cent and the number of transfers to the Intensive Care Unit had been slashed by 50 per cent. Today the mortality rate is continuing to decline, while transfers to the ICU...
have dropped even further. Owing to this success, a similar system has been put in place to improve the quality of care and patient safety in Oncology and in Neurosurgery/Neurology.

This improvement, in which the JGH takes justifiable pride, is just one example of the many ways in which general practitioners make optimum use of their expertise throughout the hospital for the benefit of patients. If Bill 20 is enacted in its current form, these essential and high value-added arrangements could be substantially weakened or possibly even eliminated.

Given the value of the care that Herzl’s general practitioners bring to patients hospital-wide, the JGH suggests that the evolving role played by these physicians in caring for hospital in-patients needs to be acknowledged and supported. Their involvement improves the quality of care, is cost-effective, and is consistent with best practices in healthcare institutions across North America. This arrangement deserves to be protected by the government for the benefit of these high-risk patients in hospitals across Quebec.

The JGH also believes that those who work in a healthcare institution—or manage it at the CIUSSS level—are in the best position to assess their own needs and decide how best to allocate staff and other resources. As long as an institution meets or exceeds evidence-based benchmarks of care, it should be allowed to design the physician staffing model that will best serve patients, especially those at high risk and the elderly with multiple medical co-morbidities.

3.2 Specialists who replace general practitioners in hospital wards

It has been suggested that if Bill 20 precludes Herzl’s general practitioners from caring for patients in areas such as Orthopedic Surgery, Oncology and Neurosurgery/Neurology, this role might be filled by JGH specialists in various fields.

This proposal faces four substantial challenges:

- The demographics on the age of physicians demonstrate that most veteran specialists at the JGH (as elsewhere) received their specialty training in an era when broad-based general care of patients was part of the curriculum. In the decades since then, these physicians may have lost the professional skills that are now required to tend to the general needs of medically complex patients. Though these specialists may excel in their own areas of concentration, they are not properly equipped to deliver the type of high-quality, state-of-the-art care to the elderly and/or to those with multiple medical problems that is best provided by well-trained general practitioners and/or general internists.

- Currently and in recent years, physicians who are preparing for careers in most surgical sub-specialties receive a narrower form of training that no longer includes the general care of patients. As a result, they lack the skills to take the
place of general practitioners in tending to patients’ non-surgical needs, especially those of patients with multiple medical co-morbidities.

- The acute care of patients with complex medical problems has evolved significantly in the many years since most specialists launched their careers. Even if certain specialists were willing to provide this care, they would need remedial training to become suitable replacements for general practitioners in order to provide the required care to the elderly and/or those with multiple medical problems. This problem will be compounded as the number of specialty residents declines in favor of training in family medicine.

- Specialists are insured for malpractice only if an adverse event occurs while they are practicing their own specialty. Given the elevated rate of morbidity among patients who are elderly and/or have multiple medical problems, specialists might well be unwilling to take the place of general practitioners in the wards, if their new duties required them to practice beyond their areas of expertise, thereby disqualifying them from coverage by their insurance plans.

3.3 The impact on teaching

In 2005, approximately 25 per cent of the graduating class of McGill University’s medical school chose to enter family medicine. Today that number has doubled to over 50 per cent, in recognition of Quebec’s need for additional general practitioners.

Their training includes instruction by general practitioners from outside the hospital who frequently come to Herzl to teach for one or two half-days per week. The knowledge and experience of these doctors are of great value, since residents are informed about situations that general practitioners encounter “in the trenches” in a non-institutional setting. If these doctors are forced to curtail their visits to the JGH in order to satisfy the clinical service requirements of Bill 20, the quality of Herzl’s residency program could be jeopardized.

3.4 The impact on research

Many specialists currently devote a significant amount of their time to research and teaching, and this reduces their availability for clinical care. Clinician-scientists, for example, may spend as much as 75 per cent of their time on research and the remaining 25 per cent on clinical care.

Under Bill 20, these doctors would presumably be required to cut back on their research programs in order to handle the hospital-related duties that can no longer be completed by general practitioners. If so, this would be an inappropriate use of their time, especially in a research-intensive institution like the JGH. Thus, the institution—and society in general—would be deprived of the full benefit of the research expertise of these professionals,
4. Conclusion and recommendations

The Jewish General Hospital welcomes appropriate measures to improve patients’ access to medical care in the public healthcare system.

However, the terms of Bill 20, if applied uniformly in every hospital setting, might prove counter-productive. While the Bill may make it easier for certain patients to see a family doctor, there is likely to be a greater risk to elderly patients and/or those with multiple medical problems in specialized hospital wards.

Therefore, the Jewish General Hospital recommends that general practitioners, whether hospital-based or from outside the hospital, should be allowed to continue…

- … their very significant value-added care of patients in various hospital wards…
- … teaching medical students and/or supervising residents…
- … devoting the agreed-upon portion of their time to research…

… without being obligated to see a minimum number of patients, and without being subject to financial penalties based on how many patients they see each year.

In addition, in order to maximize the benefits that general practitioners can deliver in a hospital setting, and in order to take the next logical step to heighten the effectiveness of Bill 10 (which goes into effect April 1), the JGH recommends that Bill 20 be amended so as to transform hospital-based physicians from independent entrepreneurs to salaried professionals of their respective CIUSSS (or CISSS), with clearly defined roles and responsibilities, and regular performance evaluations. This would:

- make physicians more accountable to their CIUSSS
- enable the CIUSSS to establish professional standards that meet the needs of its patient population
- improve the ability of the CIUSSS to allocate medical personnel in a manner that satisfies the mandate of the CIUSSS and its member institutions

In conclusion, the JGH believes that a healthcare institution should retain the right to apportion the services of its own general practitioners and specialists in a manner that best meets the needs of its patients, and in a manner that ensures accountability and high-quality, evidence-based care.