



## Quarterly Letters

# What Do the Health Professionals Think?

tions, including primary obstetrics. We do need to define what is meant by primary care, primary healthcare and specialty services outside of the realm of primary healthcare.

– **Hugh E. Scully, MD**

I want to make some observations on the recent special issue of *HealthcarePapers* ([www.longwoods.com/hp/3-4KirbyRomanow/index.html](http://www.longwoods.com/hp/3-4KirbyRomanow/index.html)) including the editorial comments from Dr. Duncan Sinclair (see also *Hospital Quarterly* 6(2): 42–43).

Duncan Sinclair responds:

I agree with many of the observations made in the editorial. However, I think it would have been constructive if you had included input from leading physicians, nurses or other health professionals.

Dr. Scully observes correctly that the special issue of *HealthcarePapers* would have benefited from including additional commentary on “What’s Next” from health professionals. Interesting also would have been opinions from a wide variety of commentators, including members of the public. Brevity forces choices, however, and our choice was to include in this issue only views of those who are or have been responsible for implementing the sort of recommendations contained in the Kirby and Romanow reports.

Let me make a brief comment about David Kelly’s observation about billing numbers. While it is the case that approximately two-thirds of physicians are compensated for their efforts on a fee-for-service basis at the present time, it is important to recognize that fully two-thirds of physicians would prefer other modalities of compensation that would recognize the full range of their professional activities in ways that are simply not possible within the fee-for-service mechanism. When one moves to the “young professional” under the age of 35 that preference elevates to 85%. Further, when one moves to the increasing female component of the medical profession, it raises further to 94%. It is also important to recognize that the billing number issue is not as open-ended as suspected. In many jurisdictions there are absolute limitations either with caps or with resource restrictions that do not allow runaway costs on this basis.

With respect to billing numbers, Mr. Kelly’s argument is not about fee-for-service or any of the many methods of physician compensation. It is about how to achieve a better balance between what physicians want to do, where they want to be and what society and their patients need of them.

Regarding health information management, the Canadian Medical Association and other national, provincial and territorial organizations have long emphasized the importance of facilitating information transfer and registration to ensure accurate information and avoid unnecessary delays and duplication in the investigation and treatment of patients. This can and will result in a much more effective and cost-efficient information base and delivery of services. I will make the comment that this is surely a shared responsibility, not only a professional responsibility.

I agree that creating a comprehensive health information management system is or should be a shared responsibility. But it is one in which the health professions and their institutions (like hospitals) have to step up and lead, especially in the creation of clinical data standards like those established by Ontario’s Cardiac Care Network with which Dr. Scully is very familiar. Governments can’t do it and shouldn’t try.

As for what is and what is not included under the phrase “comprehensive primary care,” the College of Family Physicians’ definition seems to me a good one.

– **Duncan Sinclair**

On the subject of primary care and primary care reform, and more recently, the more comprehensive meaning of the term “primary healthcare,” it is important that sooner rather than later we develop collectively a glossary of terms so that we all use the same language. Dr. Sinclair’s editorial talks about transforming primary care to encompass multi-professional practices to provide a comprehensive range of services to enroll popula-

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