

BCMA Annual Convention— Fixing the system

The unofficial theme to this year's meeting? Fixing medicare, fixing general practice, fixing BCMA Board governance, fixing the BCMA's relationship with government; in short—fixing the system.

The BC Medical Association's 2005 Annual Convention came just 2 days after the Supreme Court of Canada's decision on *Chaouli v. Quebec*, so not surprisingly there was a lot of discussion of private and public health care and all the surrounding implications, questions, and debates.

In fact, the media was at the AGM in force this year, and Canadian Medical Association President Dr Albert Schumacher and incoming BCMA President Dr Michael Golbey were swarmed by cameras during a morning break. The 11 June 2005 meeting was held at the Delta Vancouver Hotel in Richmond.

Though there was no official theme to the convention this year, the one thread that weaved through both the planned and unplanned content could

be summarized as "fixing the system." Many things are broken, or at least ailing, in medical care in BC and the rest of Canada.

Financial issues

Finance Committee chair Dr Donald Rix presented a summary of the BCMA's financial picture, which is not in need of fixing. The association is comfortably in the black, with a solid cash reserve available should the need for it arise. Dr Rix capped off his presentation with the good news that the committee was recommending no dues increase for the coming year.

At the AGM the members of the Finance Committee are elected by the membership, and all three incumbents—Drs Don Rix, David Jones, and Brian Brodie—agreed to stand for re-election. In addition, Dr Michael

Golberger nominated Dr Victor Bergson from the floor. Ballots were completed by the assembly, who returned the incumbents to their positions for another year.

Dr Golberger rose and gave a passionate indictment of the BCMA's approach of solving the problems of general practice in British Columbia, arguing that "rather than defending general practice, the BCMA is destroying it."

Response from the floor was equally fiery. There was general agreement that general practice is in crisis, and perhaps even on its deathbed, but many members rose to defend the BCMA, pointing out how long and hard the BCMA has been working on the problem, how the BCMA Board is (and has for many years has been) heavily represented by general practitioners, and urging that the focus of attack be the government, not other physicians.

Incoming president's speech

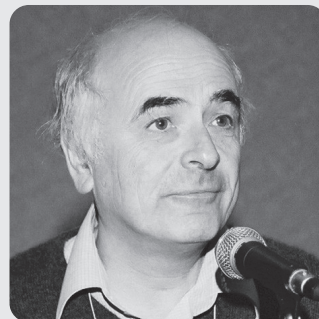
At the President's Lunch, Dr Michael Golbey gave a rousing speech about his goals for his upcoming year as president, as well as the state of medicine in BC and Canada. Here are some excerpts.

"British Columbians have returned the Liberal Party for a second term as our provincial government. The big change for a Liberal government in its second term of office is that it will govern with a significantly reduced

CMA President Dr Albert Schumacher and Dr Jim Lane



Dr Michael Golberger



Dr Robin Saunders



majority, and with an active opposition with assigned critics. We are hoping this means that the government will be more collaborative in its approach to addressing health care issues, and in its dealings with the physicians of British Columbia.

“We will look to this new provincial government to work *with* us to ensure a healthy population, a dynamic health care system, and a vibrant medical profession. We have made some progress—the professional quality improvement days, and the chronic disease management program—but on the whole we did not work well together. And British Columbians paid the price for the lack of a meaningful working relationship.

Negotiating agreements

“A starting point for a respectful working relationship is for the government to participate—in good faith—in negotiations taking place this year. These are the service and salary negotiations, the compensation re-opener for the third year of the working agreement, and renewal of the Master Agreement.

“In the last working agreement we committed to negotiate changes to the payment grids for salaried and service contract physicians. Those negotiations began in mid-January, and are currently continuing in front of a mediator.

“However, government negotiators remain unwilling to address the legitimate concerns of salary and service contract doctors. If we don’t find

a way to reach an agreement, we will have no choice but to pursue these issues in front of the arbitration panel.

“Also in the last working agreement we agreed to no general compensation changes in the first 2 years of our 3-year agreement, and to defer a decision on the final year to later negotiations. It’s time to begin negotiating that part as well. Talks are scheduled to begin no later than October 1.

“Arching over the Working and Subsidiary Agreements like a protective umbrella is the Master Agreement. This document sets the contractual framework for all agreements between the BCMA and the government and protects our right to practise independently and to be paid appropriately for the services we provide. The Master Agreement is now up for renewal, with that set of negotiations also scheduled to start in October.

“We need to push hard for viable dispute resolution mechanisms to address issues, particularly on the local level. It just makes sense; none of us like the alternative, which is withdrawing services. We don’t want to do it, and our patients certainly don’t want us to do it. They want the certainty of health care available when they need it, and we, as doctors want to protect patient care.

“While we are talking about the need for a respectful working relationship with the government, I believe that there is also a need for all of us to develop a greater respect for one another. There is a perception that GPs

and specialists have difficulty working with each other. We even have our own societies: one for general practitioners, and one for specialist physicians

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AWARD RECIPIENTS HONORED

Dr David M. Bachop Silver Medal in General Medical Practice
Dr Ronbir Singh Rakhra

Dr David M. Bachop Gold Medal for Distinguished Medical Service
Dr Clive Patrick Duncan

Dr Cam Coady Award
Dr Arun K. Garg

BCMA Excellence in Health Promotion Individual category

Mr Lloyd Craig, President & CEO, Coast Capital Savings

Corporate & Community categories
Geriatric Dentistry Program, Centre For Aging and Health, Providence Health Care

Hearts@Work Program, Healthy Heart Society of British Columbia

CMA Honorary Membership Award

Dr Barbara M. Allan
Dr Alan W. Askey

Dr James E. Carter

Dr Ken Kolotyluk

Dr Richard L. Loomer

Dr Alastair Mcleod

Dr Bernard Meth

Dr G.E. (Ted) Wilkins

Dr Abe Zacharias

BCMA Silver Medal of Service

Dr John F. Blatherwick

Dr John O’Brien-Bell

Dr William D. (Bill) Thomas

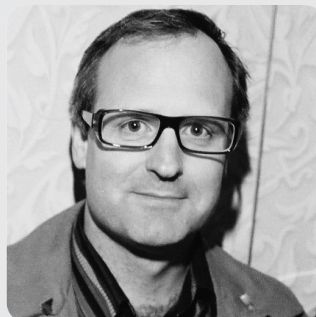
Dr Hyman Fox



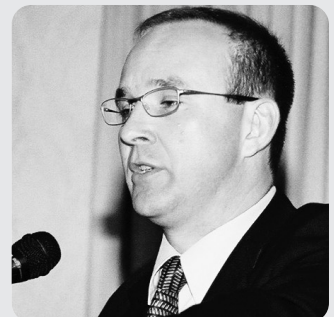
Dr Jeff Purkis



Dr Doug Waterman



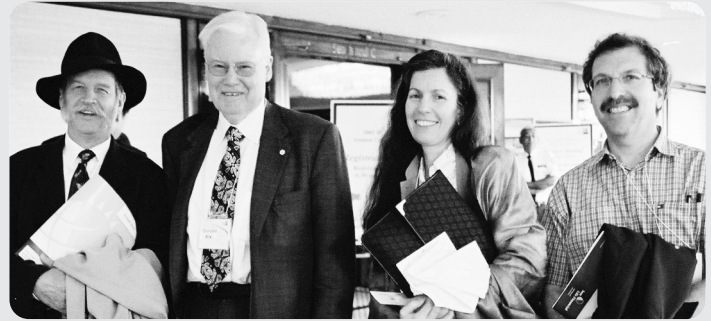
Dr David Attwell



2005 bcma annual meeting



Dr Diane Martin, Dr Ronbir Singh Rakhra, Ms Manjinder Rakhra, and Dr John Wilson



Drs Granger Avery, Donald Rix, Katherine Paton, and Jeff Beckman

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and surgeons. It's time we thought of ourselves as doctors first, and specialists and generalists second. Much of the stress that does exist between GPs and specialists is directly due to the frustrations we all experience trying to get timely medical care for our patients. This is a result of insufficient resources—both human and material.

Electronic medical records

"It's amazing that medicine—a \$120 billion industry in Canada that relies on accurate, timely information to protect the very lives of our patients—is one of the last major industries to embrace information technology.

"The shining IT star in Canada is Alberta, where Premier Ralph Klein has pledged that every resident of his province will have an electronic medical record by 2008. And Alberta did much more than promise: it established the Alberta Physician Office System Program—in cooperation with the Alberta Medical Association—

and allocated almost \$66 million over 3 years to this program.

"Each Alberta physician is eligible for \$7700 dollars in each of 4 years to install, train for, and change over to electronic medical records. In just a couple of years, almost 40% of Alberta's physicians are online.

"Unfortunately, less than 5% of BC's practising physicians currently use electronic medical records. Our government is starting with the health authorities and major hospitals, and again with little involvement from practising physicians. Considering primary care physicians see the overwhelming majority of patients, this top-down approach is the wrong way to capture the greatest return on investment for the health care budget and our patients.

"Studies have shown that if all the prescriptions written and filled in British Columbia were done electronically, BC's health care system would save \$50 million dollars a year. A report by PriceWaterhouse Coopers

has suggested that electronic medical records could provide national savings of up to \$1.3 billion a year.

"I'm very anxious about where my patients' information will be stored. My fear is that government may be thinking of a master information bank in Victoria—or even worse, somewhere in the United States like it is for MSP—with government as the custodian.

"The BCMA believes—and insists—that physicians *must* remain the primary custodians of health information. Our patients own their medical records, and only the patient can give consent to what information is released.

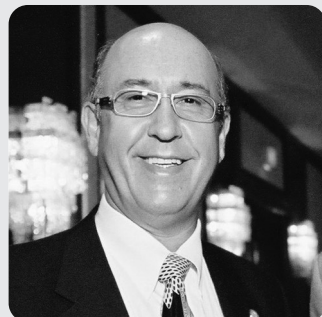
Physician shortages

"The national shortage of physicians is taking a toll on our health care system, and it is taking a toll on each of us, as well. In the next few years, how many family doctors will have retired or decreased their scope of practice because they no longer have the energy to see 40 patients or more a day? How many surgeons will throw up

Dr Ken Kolotyluk



Dr Mark Schonfeld

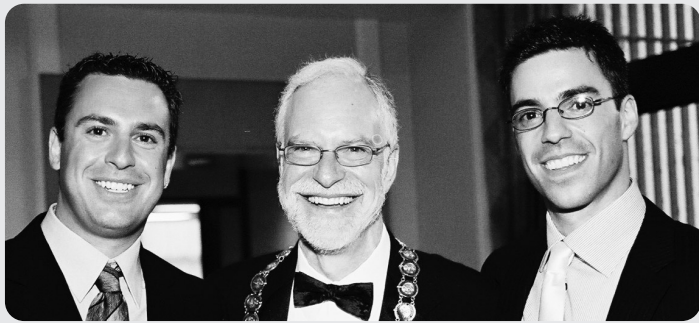


Dr Jorge Denegri and Ms Cecilia Denegri



Medical student Mr Aaron Joe





Incoming President Dr Michael Golbey with his sons Mark (left) and Jason (right)



Ms Anita Gow, Ms Diane Turner, and Ms Petra Black of the BCMA Partners

their hands in frustration at growing wait lists while the OR isn't running at full capacity? How many patients will wait for days in ER for a bed, or for hours just to be seen by a doctor?

"And so I say to our politicians and health care decision-makers, while you're planning to welcome the world to beautiful British Columbia, think about looking after the health of those who already live here. Work *with* doctors instead of against us. Let us be partners in ensuring we have a healthy population, a dynamic health care system, and a vibrant medical profession. The people of British Columbia deserve no less."

Afternoon discussions

The two afternoon discussions—Facilitating IT in Physicians' Offices, led by Dr Golbey, and Governance: Enhancing Board Functions, led by Dr Arun Garg—were both aimed at fixing different problems.

Dr Golbey led the discussion of information technology (IT) and elec-

tronic medical records (EMRs) as a convert to the concept, but one who has not done it in his own practice yet—living proof that logic and an understanding of what the future holds are not all it takes to make even the converted make the difficult and costly transition. The discussion following Dr Golbey's presentation was full of useful tips from physicians who have made the leap. Despite the time and energy needed to implement an EMR system, no one, it was discovered in a straw poll, would go back to paper. EMRs and the use of IT in physician offices is one of the planned themes of Dr Golbey's presidency; see excerpts from his speech on page 314 for more details.

The presentation on reinventing the BCMA Board was informative in another way. Dr Garg leads the Ad Hoc Committee on Governance, which is in its early days of working on the problem. He pointed out that the BCMA needs to relate to the health authority structure and develop re-

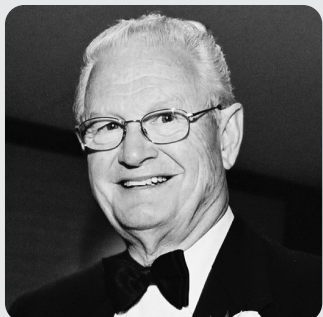
sources to do this in an efficient and effective way. The Committee is taking a refreshingly wide-open, radical approach to finding an answer, suggesting that the solution they arrive at will be innovative and relevant. Dr Garg hopes that continuous improvement will be built into the new model so that a committee such as his will not be needed in the future.

—Jay Draper
BCMJ Managing Editor

2005/2006 BCMA elected officers

- Dr Michael Golbey**, President
- Dr Jack Burak**, Past President
- Dr Margaret MacDiarmid**, President-elect
- Dr Geoff Appleton**, Chair, General Assembly
- Dr William Mackie**, Honorary Secretary-Treasurer
- Dr Brian Brodie**, Chair of the Board

Dr W.D.S. Thomas



Ms Diane Loomer and Dr Richard Loomer



Dr Ian Courtice



Drs Albert Schumacher and Barbara Allan

