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Update on issues of importance to physicians

- *Negotiations Update*
- *Reflections on the President's Tour*
- *Patients without Family Doctors*
- *Rural Retention Bonus*
- *EMR – turning off the paper*
- *Status of GFT Court Case*

Dear Colleagues:

As your President for 2019-2020 I want to give you an update on my experiences as well as the progress we are making on issues of importance to all physicians. I welcome your feedback on these issues and any others you wish to raise.

Negotiations Update

We are disappointed that negotiations for a 2017-2021 Memorandum of Agreement have not yet begun. The NLMA has been ready to start for a long time but the government has not. This is unfortunate because many of the difficult issues we face, including important structural changes in family medicine, can only be addressed at the negotiating table. These issues are urgent, and our patients suffer due to this delay. The latest word from government is that it will not be ready until after Christmas. We intend to hold them to their word and expect a start in January. It is not reasonable that normal business and strategic issues alike can be held in abeyance for years.

Reflections on the President's Tour

Although there are three more stops on the President's Tour, the themes that have been arising in almost every region are striking and bear repeating. The burden faced by hundreds of physicians who are on call too frequently, both for their own health and the health of the system, deserves a remedy. Many physicians are on 1 in 1 rotations or 1 in 2 rotations. Other physicians are in groups of 3 and 4 and often have vacancies that are not filled for long periods of time. Whether their call shifts are intense or light, the disruption of family life and the impact on physician health arising from the constant tether to the hospital makes these sites unattractive for recruitment and retention. Various specialties at the national level have called for maximum call burdens. We will bring forward proposals to start addressing this difficult problem.

Other themes that we encountered on the President's tour include family medicine shortages, the shortcomings of the fee-for-service model in family medicine, the confusing red tape of the rural retention bonus (see below), and the difficulties in recruiting locums. I have appreciated meeting physicians throughout the province who are sustaining the health system, bridging the gaps, and keeping the lights on under difficult circumstances.

Patients Without Family Doctors

The NLMA has been championing the cause of patients without family doctors. Our latest poll shows that it affects 19% of the population; almost 100,000 people. We took this issue to the Minister of Health in September and he agreed to enter into a dialogue on short term measures that might help to address the needs of orphaned patients. Our senior liaison committee, which includes the NLMA President, past-President and President-elect, along with the Deputy Minister and other officials, has already met twice. So far, we find the dialogue constructive.

Primary healthcare is a right of all citizens, not just those who currently have a family doctor. Therefore, we expect the provincial government to fund the necessary solutions on behalf of the patients who cannot find family doctors, and to invest in the structural solutions that we will bring later to the negotiating table to ensure that everyone can be attached to a family doctor or primary care team.

Fee-for-Service Rural Retention Bonus

Doctors who are entitled to a rural retention bonus have experienced severe frustrations with this program. Rule changes, processing delays and poorly communicated deadlines and criteria have frequently meant that doctors have been disentitled to part or all of this benefit. Our main effort to resolve these issues has been to revamp the program entirely so that the bonus becomes an automatic entitlement based on fee codes and objective rules, rather than an application-based program. The government appears to be onside with this approach and we are now awaiting a new draft program design from them.

Our other effort has been to ensure that doctors who have provided the expected services in past years can collect the bonus even if they have missed the application deadlines for various reasons. Again, the government has agreed with this idea in principle and is drafting the rules and deadlines to receive retroactive applications. We will keep you up to date as this issue develops.

EMR – turning off the paper

EMR users have been justifiably frustrated that the integration of lab and DI results into their EMR has not been accompanied by the cessation of paper results. The continued flow of paper has caused staff, storage and shredding costs. We sympathize with the regional health authorities who wanted to ensure that the electronic systems were working with maximum accuracy. This testing has now been completed and the electronic systems have been confirmed as highly reliable. The NLMA petitioned the four health authorities in the spring to turn off the paper as soon as possible, and again in October to turn it off by November 4th. We are pleased to advise that they have agreed that laboratory results, the segment that produces the most paper, will be solely electronic by November 30th. Certain limited exceptions include test results that have not yet been set up electronically. Please give us feedback as this change is implemented. If you are not sure if you received a result, please check HEALTHe NL.

Status of GFT Court Case

The Statement of Claim against the Government and Eastern Health regarding the unilateral reduction of “payments in lieu of benefits” was filed with the Supreme Court of Newfoundland and Labrador on March 30, 2019. The Defendants have committed to filing their respective Defenses by October 30th. Following this, we propose to meet with representatives of “fixed fee” GFT physicians to provide a status report and solicit their views on the progress of the case. We continue to vigorously pursue the matter to enforce our contractual rights under the MOA and remedy the detrimental actions of Government and Eastern Health.

Sincerely,



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