

Hospitals like plans for Ontario's medical networks

BY LISA QUEEN
Staff Writer

In theory, York Region health experts say a provincial plan to reform family medicine is just what the doctor ordered.

In reality, they warn only time will tell if the new system gets off the ground — at least in the manner the Tories are forecasting.

Last week, Premier Mike Harris announced plans to create more than 600 family health clinics or networks across the province over the next three years.

The 'primary care networks' would see patients sign up with a roster of caregivers including doctors, nurses, nurse practitioners and nutritionists.

The networks would provide health care 24 hours a day, seven days a week.

An investment in technology would ensure better communication of patients' records between health-care providers.

The province has indicated the new system will change the way most doctors participating in the networks are paid — switching from fee-for-service to a salary based on the severity of their patients' illnesses.

Some critics have voiced reservations about the new system.

The Ontario Medical Association's Dr. Albert Schumacher, for example, has called the Tories' plans too optimistic.

He suggested only 1,000 family doctors would be interested in participating, although Health Minister Tony Clement believes about 80 per cent of physicians would take part.

In York Region, many health-care providers are applauding the proposed system, which has been discussed since the mid-1990s.

Dr. Jim MacLean, president of Markham Stouffville Hospital, has long been an advocate of primary health-care reform. He said doctors and the public are no more receptive to changing the system than they were even a decade ago.

"I think there are more and more doctors out there that are looking at change, looking at different ways of practising and being remunerated," he said.

"I think it's becoming more palatable or acceptable to primary care physicians."

Even though the province is invest-

ing \$250 million in the networks, MacLean said the plan is aimed at reducing costs by making the system more efficient.

For example, a parent with a child suffering from an earache on a Saturday night could call his network and describe the youngster's symptoms to a nurse, who could suggest remedies.

That's more efficient and effective, MacLean said, than sitting in a hospital emergency room for hours.

He also said the system will benefit patients living with chronic illnesses because their records can be shared by doctors within the individuals' networks.

Dr. Tim Nicholas, chief of family practice at Newmarket's Southlake Regional Health Centre, also supports the networks as a method of capping rising health-care costs and preventing patients from "doctor-shopping."

One of the biggest disadvantages with the present system is the lack of

accountability for patients, who, for example, can see their family doctor as often as they wish.

Nicholas hopes the new system would address some of those concerns.

He said that while the networks sound similar to controversial HMOs (Health Maintenance Organizations) in the United States, he hopes Ontario's system would be superior.



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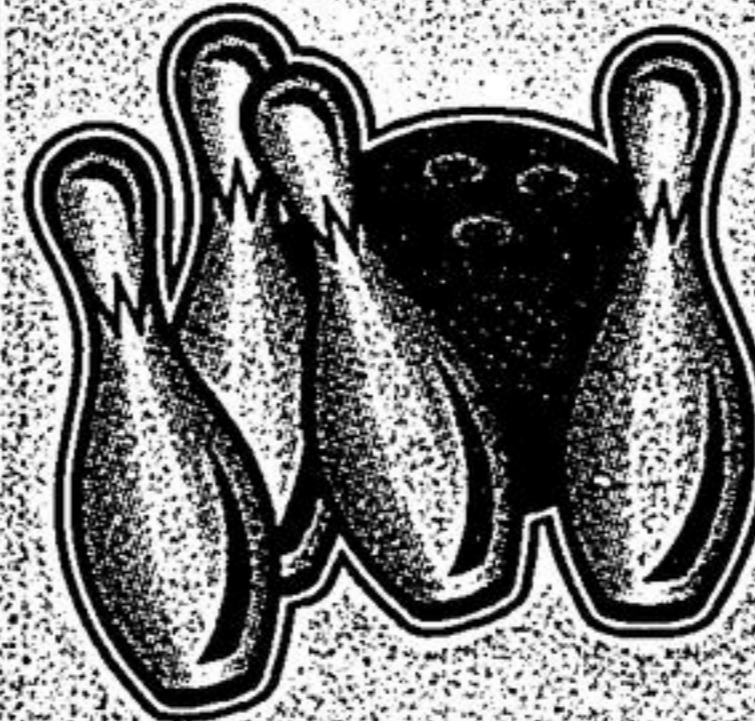
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