Good afternoon,

My name is Dr. Bill Cavers. I am a family physician in Victoria, where I have been practicing for 35 years.

I am here today as the President of Doctors of BC, the association that represents more than 11,000 physicians in the province.

My remarks will focus on three key areas:

1) The first is that the collaboration and cooperation between the Doctors of BC, Ministry of Health, and Health Authorities that started a decade ago is *fundamentally* changing the culture of healthcare. Too few people know about this.

2) The second is that, I have *good* news from the medical sector for a change. These collaborative relationships are not only improving healthcare outcomes for British Columbians, *they are also reducing the per capita cost of that care.*

3) The third message is that there is still work to be done, work that needs to continue to be supported.

So now into the detail

FIRST: The culture of collaboration

A little more than 10 years ago the Doctors of BC and the Ministry of Health took an historic and ground-breaking step.

After years of animosity, a new era of collaboration started with the 2002 Physician Master Agreement. At that time, physicians chose to move millions of dollars that would otherwise have gone to direct compensation, into a special fund allowing Doctors of BC and the Ministry of Health to co-manage programs to meet the needs of the most vulnerable patients.

The partners formed a collaborative committee – the GP Services Committee – that had a mandate to work cooperatively to "support and enhance full-service family practice and benefit patients" (2002 Physician Master Agreement) – especially patients with complex medical needs.

This committee has been so successful that its budget has been steadily increased from an original $10M annually to almost $210M annually today.

Other collaborative committees have been developed, including:

- the Joint Standing Committee on Rural Issues,
- the Specialist Services Committee,
- the Shared Care Committee - which focuses on patient care in the interface between family doctors and specialists, and between the community and hospitals.

These programs each have representatives from the Doctors of BC, the Ministry of Health, and the Health Authorities. They each work on a collaborative model, and they each make decisions by consensus.

Also created have been the Divisions of Family Practice – community-based groups of family physicians working together to improve primary care in their communities.

Divisions work with their partners through unique Collaborative Services Committees comprised of physician, local Health Authority, and GPSC representatives; again working cooperatively and decisions by consensus.

There are now 34 Divisions across the province with more than 4,700 active members participating in their local Division of Family Practice. 95% of family physicians now have access to a Division.

NONE of this existed a decade ago. This approach is *fundamentally* changing the culture of healthcare delivery from suspicion and discord to cooperation and collaboration – and it in turn *fundamentally* deserves to be supported into the future.

SECOND: The collaborative relationships are improving healthcare outcomes and also reducing the per capita of that care

I need to use a bit of jargon here. Each of the collaborative committees – as well as the Doctors of BC as a whole – has adopted the "Triple Aim" approach as a focus.

The Triple Aim was developed by the Institute of Healthcare Improvement, an international association, and has 3 key principles:

- Improving the health of the population
- Reducing the per capita cost of care
- Improving the experience of care for both patients and providers

Keeping the Triple Aim in mind, what has this collaborative relationship done? Together we have created incentives and programs to support recruitment and retention of doctors in rural areas and in maternity care.

We have introduced incentives and enhanced training for family physicians to address:

- Chronic Disease Management;
- Mental Health issues not only in adults, but also in children and youth –
    - In *unprecedented cooperation*, the Collaborative on Child and Youth Mental Health and Substance Use had its summit conference in Kelowna on September 29th. The partnership was broad, including the Ministry of Health; Ministry of Child and Family Development; Ministry of Education; the Doctors of BC and the local Divisions of Family Practice; the First Nations Health Council and the Interior Health Authority.
    - This is how far the culture of collaboration is spreading
- Together we are working to create more seamless care for patients when they move between GPs and specialists, communities and hospitals;
- We have created a valuable infrastructure network of Divisions, providing access to engaged groups of physicians willing to work cooperatively;

- Right now we are, through these same Divisions, in the midst of rolling out the GP for Me program, to help British Columbians get a family doctor if they want one, to allow access to the benefits of ongoing, longitudinal care with a trusted doctor.

How do patients and all British Columbians benefit from these collaborative initiatives?

- BC has the lowest hospitalization rate in Canada for seven chronic conditions;

- Through these programs we have demonstrated an improved level of care for these target populations. We have seen a 29% drop in mortality for patients with congestive heart failure;

- The head of the BC Renal Agency has said that already the proportion of new dialysis patients who come from the diabetic population has been diminishing in the last years since the introduction of the chronic disease incentives;

- Independent evaluation has shown that high-needs patients with Diabetes, Congestive Heart Failure, and COPD who are "attached" to a family doctor cost the system half of what similar patients without a family doctor cost;

- That same evaluation indicates that a 5% increase in the rate of attachment to a family doctor results in cost-avoidance savings of $85 million *ANNUALLY* for *JUST* high-needs diabetic patients;

- This same cost avoidance pattern is seen in other chronic ailments such as Congestive Heart Failure and Chronic Obstructive Pulmonary Disease (COPD). While I do not have the aggregate cost savings for all of the above targeted populations, I can guarantee that the total cost savings will be a lot more than $85M annually;

- On a different note, we have also dramatically increased the number of practising physicians using Electronic Medical Records from a mere 12% in 2006 to 95% as of now – and that ranks BC with the world leaders in the adoption of computerized records!

THIRD – There is still work to be done, work that needs to be supported.

We must not rest on our laurels – there is still far too much to do.

FIRST- In going forward, we must recognize - *and acknowledge* - the value and achievements that result when doctors, government, and Health Authorities work together collaboratively. To provide the best patient care while controlling health care costs, we must continue to expand our efforts based on what has already proven successful.

In this vein, Doctors of BC is currently working with government and Health Authorities to provide facility-based physicians – primarily those in hospitals - with a stronger voice in healthcare improvement in a program analogous to the Divisions I previously mentioned. Together, we will promote innovation and the best use of taxpayers' dollars to help meet some of the challenges in our health system.

SECOND – We must capture the ability of information technology to better support patient-based care and deliver cost savings. To do that, we MUST invest in:

- INTERCONNECTIVITY**:** The ability of systems to enable better care and cost savings through shared access to critical medical information, thereby:
    - reducing duplication of services,
    - reducing medical errors, and
    - enabling team-based care.

    - Although we rank with the world leaders in adoption of Electronic Medical Records – these EMR systems do not talk to each other, and community-based systems do not talk to Health Authorities. This must be addressed.

- We must also invest in *telemedicine and telehealth*, to improve access to care regardless of mobility or distance issues, and to improve the efficiency of care.

- And MOST of all, we must ensure that Information Technology serves the clinical needs of patients and those who provide health care – NOT the reverse.

THIRD – we must continue to improve access to health care services. A healthy population is not only an important goal in and of itself, but a healthy population is critical to a productive economy. Access to the right care, at the right time, keeps people healthier and saves dollars in the long term.

IN CLOSING

Our health care system is facing many challenges. We each have our individual issues, and we each have our own piece of the puzzle in developing solutions.

Doctors of BC wants to continue to be a partner in these solutions - because we believe that we are all better when we work together.

Thank you.