Access to front-line care:

Putting FMGs to the test

The Pollara 2003[1] survey on health care in Canada highlighted public frustration with waiting times, as 66% of Quebeckers said they were dissatisfied with access to care. The nurses surveyed were concerned mainly with staff shortages, but noted major shortcomings in access to home care, palliative care and community-based mental health programs. In the same survey, 85% of Quebeckers said they were in favour of interdisciplinary teams to improve healthcare access and quality. A CIHI study[2] found that 54% of Canadians would be prepared to consult a general or specialized nurse for routine care.

In Quebec, the emergence of FMGs (family medicine groups) is evidence of this trend to improving front-line care by seeking to better integrate GPs into the system and make them responsible for patients registered with them.

The ideal FMG, it appears, would consist of five doctors and two nurses, but this recommendation by the Clair Commission, intended to encourage collaboration between GPs and nurses, was abandoned during negotiations with the FMOQ. In any case, the Collège des médecins du Québec has deemed it premature to recognize the status of nurse practitioner in Quebec.

Front-line nurse practitioners

Yet most of the other provinces have legalized this practice. In 2001, 7% of doctors said they worked in the same setting as a nurse practitioner. Last June, the Premier of Ontario announced that the province would be investing $11 million to create 117 new nurse practitioner positions in primary care and promised to create 750 nurse practitioner positions by 2005.

During the election campaign here in Quebec, the Liberals clearly committed themselves to something similar, saying that they were determined to integrate front-line nurse practitioners into the healthcare system. Minister Couillard said he wanted to make this matter a priority. And so, starting this fall, a departmental committee will be looking into how this integration would improve access to care and the efficiency of the system. We should be happy about this initiative, but at the same time we must not be fooled: the famous "value added" by nurse practitioners has already been studied and covered in serious publications in Canada and around the world. The Canadian Health Services Research Foundation[3] recently noted that its studies have been confirming the contribution of nurse practitioners since 1970.

It is a well-known fact that in Quebec, the main obstacle to collaboration between doctors and nurses is the "per act" approach to remuneration for doctors. Even collaboration by "ordinary" nurses is hindered by this remuneration method. Why would any doctor agree to lose income by allowing patients to consult a nurse instead of a doctor?

The other obstacle is the underfunding of university nursing schools, which are feeling the pressure of soaring enrolment, while their budgets have not been increased to cope with

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the new programs. Advanced specialized practice in Quebec was legalized with the latest amendments to the Nurses Act; but while the Collège des médecins du Québec and we of the OIIQ are putting the finishing touches to regulations to govern this kind of practice, I see no sign of budgets to support such training for nurses. We cannot take the Quebec government's intentions seriously until it comes up with appropriate funding for university training for nurses.

FMGs are a step in the right direction

There are some thirty FMGs being set up now and a few dozen more should follow. These groups of doctors, some of them in private practices, others in CLSCs or family medicine teaching units, are experimenting with different means of collaborating with nurses. There have been some concerns expressed in our profession: Are we just going back to square 1, and the days when nurses worked under doctor's orders? The initiative does seem suspicious at first, especially since GPs shunned CLSCs when this vision of interdisciplinary collaboration in front-line care was first put into practice years ago. Why take nurses out of CLSCs now to work with doctors? Simply because that's what the government wants! If the mountain won't come to us, we have to go to the mountain…

FMGs have to be seen as an experimental initiative to create diversified teams of front-line clinicians[4] (clinical doctors and nurses), no more and no less. It seems premature to me to want to convert them into a new crop of CLSCs! It is important not to restrain these teams by imposing a rigid collaborative model; rather, each FMG must be allowed to develop in response to its needs. In addition, I feel that selecting experienced and qualified nurses (especially those with university training) will allow them to prove their abilities, in particular as concerns the harmonization of nurses' and doctors' therapeutic plans to ensure follow-up for individuals with complex problems. The very diversity of FMGs will make them a good source of information, useful for evaluating the most efficient approaches.

There are still some precautions to be taken to ensure that nurses' contribution to FMGs is a success; the contractual relationship with the CLSC could be a source of uncertainty interfering with the structure of the group, as there may well be instances of overlapping administrative, clinical and functional authority. Why not simply allow CLSCs to loan selected nurses to FMGs? And what will happen with professional development training for nurses in FMGs? Will they be able to share their skills with each other? Will there be provincial meetings of FMG doctors and nurses so that they can benefit from each other's experience?

How will faculties of medicine and university schools of nursing be involved in implementing a collaborative approach in the initial training they give? It will be useful to re-examine these initiatives, to identify the key competencies required.

Throughout their history, Quebec nurses have been part of front-line care, be it in the "colonial" dispensaries of the past, today's dispensaries in remote regions, routine health care in CLSCs, walk-in clinics or emergency rooms, not to mention Info-santé. Nurses have often made up for the lack of doctors. To date, general practitioners and nurses have evolved like two solitudes.

The government is wagering that FMGs will foster a culture of professional collaboration and interdependence, leading to better services for the public. In Quebec, unfortunately, the best ideas often get no farther than the creation of a "structure." Now that FMGs have been created, will the government neglect to give them the resources they need? Will coherent political guidelines be established? I would point out once again that two aspects represent particular problems: doctors' remuneration and nurses' training.

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1. LAJOIE, F. "L'accès aux soins d'abord, la qualité et le financement ensuite." *L'Actualité médicale,* Vol. 24, No. 23, June 2003, pp. 8, 9, 12. Pollara survey on health care in Canada, produced in collaboration with several other organizations, including the Canadian Nurses Association.
2. CANADIAN INSTITUTE FOR HEALTH INFORMATION (CIHI). Health Care in Canada 2003, Ottawa, CIHI, 2003.
3. CANADIAN HEALTH SERVICES RESEARCH FOUNDATION (CHSRF). Myth: Seeing a nurse-practitioner instead of a doctor is second-class care. Ottawa, CHSRF, 2002, Mythbusters collection.
4. Inspired by the comments by Marie-Dominique Beaulieu, Faculty of Medicine at the Université de Montréal.