

## **Bill 21: Opportunities and Challenges**

### **Recommendation: Address the needs of underserved rural communities through an informed approach on health care services and physician recruitment and retention.**

As medical students, we maintain an ongoing commitment to ensure equal and open access to care. We recognize and share with the government the mandate of providing care to underserved and rural communities. Bill 21 proposes to set the maximum number of physicians by geographic area, practice type/specialty, and other categories through limiting the number of available Practitioner IDs (PID). Practitioners who fail to receive a PID will be unable to bill the government for their services under the proposed legislation, thereby incentivising physicians to work in traditionally underserved areas where PID's are available. PID legislation has been noted to not be efficacious in improving access in rural communities and have been with legal challenges.<sup>1</sup> For example, the billing number system in British Columbia was overturned after it was found to violate physicians' freedom of movement.<sup>2</sup> Moreover, the New Brunswick's Minister of Health has previously described how physician billing number systems failed to meet the provinces needs and impeded recruitment.<sup>3</sup> Medical students, therefore, recommend the following:

#### **a) The GoA should address the systemic barriers to healthcare access in underserved communities**

Effective healthcare delivery requires an interdisciplinary team and proper infrastructure.<sup>4</sup> Research supports that appropriate health infrastructure will promote access to quality health care in rural areas.<sup>5</sup> Therefore, addressing rural healthcare shortages should seek to establish and develop rural health infrastructure rather than solely focusing on recruiting physicians.<sup>6</sup> Currently, the GoA spends about \$1million in the recruitment and retention of rural physicians<sup>7</sup>- diversifying recruitment spending to include infrastructure development can address underserved communities more effectively and reduce spending in the long-term. In Ontario, the focus on developing Community Health Centres (CHCs) in underserved areas has provided residents effective care for managing chronic conditions, reducing emergency visits, and providing access to an interdisciplinary team of health professionals.<sup>8</sup> By developing CHCs, Ontario is making efforts to reduce its overall healthcare spending thereby decreasing pressure on provincial budgets.<sup>9</sup> Recently, Ontario has heavily invested in health infrastructure by investing \$175 million in repairs and upgrades to 128 hospitals through the Health Infrastructure Renewal Fund; nearly \$33.6 million to build 193 new hospice beds across the province; and \$3.8 billion over the next 10 years to develop and implement a comprehensive and connected mental health and addictions strategy.<sup>10</sup> Allotting physicians by geographic need creates a sporadic healthcare delivery system that fails to recognize the unique needs of each community and simply masks the systemic shortcomings of our healthcare system.

#### **b) Rural Physician recruitment and retainment requires creative solutions.**

<sup>1</sup> Government of New Brunswick New Release: Government eliminating physician billing number system:

<[https://www2.gnb.ca/content/gnb/en/news/news\\_release.2019.09.0517.html](https://www2.gnb.ca/content/gnb/en/news/news_release.2019.09.0517.html)>

<sup>2</sup> Canadian Medical Association Journal: BC Appeals Court Decision on Billing Numbers. <<https://www.cmaj.ca/content/cmaj/157/8/1008.2.full.pdf>>

<sup>3</sup> New Brunswick, News Release, September 2019

<[https://www2.gnb.ca/content/gnb/en/news/news\\_release.2019.09.0517.html?fbclid=IwAR31fDXLadmlpr1xZooHXzZtYtt-6\\_8kPSfenkYmxAA2T2iW32Yi3OWO7Q](https://www2.gnb.ca/content/gnb/en/news/news_release.2019.09.0517.html?fbclid=IwAR31fDXLadmlpr1xZooHXzZtYtt-6_8kPSfenkYmxAA2T2iW32Yi3OWO7Q)>

<sup>4</sup> Source for positive effect of interdisciplinary work

<sup>5</sup> John S Humphreys et al., "Beyond workforce": a systemic solution for health service provision in small rural and remote communities" (2008) Medical Journal of Australia.

<sup>6</sup> Government of Alberta: Rural health services review final report. <<https://open.alberta.ca/publications/7030219>>

<sup>7</sup> Source

<sup>8</sup> CCPA: The importance of Community Health Centres in BC's primary care reforms.

<[https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2019/03/ccpa-bc\\_march2019\\_chcs-in-bc.pdf](https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2019/03/ccpa-bc_march2019_chcs-in-bc.pdf)>

<sup>9</sup> National Association of Community Health Centres: The Effect of Community Health Centers

on Healthcare Spending & Utilization. <<http://www.nachc.org/wp-content/uploads/2015/06/CELitReview.pdf>>

<sup>10</sup> Ontario Newsroom, February 2019, <https://news.ontario.ca/moi/en/2019/02/infrastructure-investments-improving-health-care-in-chatham-kent.html>

Rural health services require development of a robust system of team-based primary health care services, which cannot be achieved with the physician alone. An increased focus on the development of a full spectrum of home-grown healthcare professionals is the proposed solution [cite Rural Health Services review - shared by Dr. Aaron Johnson]. Programs to train rural physicians established at the University of Alberta and Cumming School of Medicine require further expansion to better connect medical education and work-force planning. Previous successes have been found through medical student clerkship and residency programs with long term success and high translation to rural and regional practice of rural Family Medicine physicians. These successes can be built upon to develop and expand programs for additional physician recruitment and retainment in rural Alberta.

**Recommendation: Maintain the indexation of programs directly intended to vulnerable Albertans.**

Bill 21 proposes deindexing the Assured Income for the Severely Handicapped (AISH) and four key seniors' benefit programs from the Consumer Price Index (CPI).<sup>11</sup> Every year, the number of Albertans applying for AISH and those receiving benefits has increased.<sup>12</sup> The seniors' programs are intended to care for seniors as the cost of living rises, and as seniors are living longer with more complicated care needs.<sup>13</sup> As a result, seniors will not keep pace with the increase in inflation of 9.8% over the next four years,<sup>14</sup> translating into intensified economic pressure on low-income seniors and the severely handicapped. Deindexation of AISH translates to a decrease of 30\$/month immediately and a total reduction of approximately 120\$/month by 2023.<sup>15</sup> The reduced benefits are expected to create more reliance on other social services including food banks,<sup>16</sup> as well as forcing seniors and the severely handicapped to make choices counterintuitive to their health such as rationing food, medication and/or utilities.<sup>17</sup> Ultimately, these changes will lead to undue burden being placed on the healthcare system to address the consequences of an even lower income for those already living with hardship.

**Recommendation: Renegotiate and commit to an agreement with the Alberta Medical Association (AMA)**

Bill 21 proposes changes to AMA master agreement that would effectively give the GoA a veto to any future agreement. To ensure improved efficiency and increased affordability within the system, we ask the GoA to work with the AMA to renegotiate the AMA master agreement and be held accountable to that agreement.

**Testimonials from Anonymous Alberta medical students:**

"I was raised in a rural town and went into medicine hoping to serve my community upon the completion of my training. With the potential for the geographic restriction of my practitioner ID under Bill 21, I am concerned about my ability to serve the community I grew up in. The prospect of being told which

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<sup>11</sup> Alberta Senior Benefit, Special Needs Assistance, Supplementary Accommodation Benefit, Seniors Lodge Assistance Benefit

<sup>12</sup> Alberta Official Statistics - Assured Income for the Severely Handicapped (AISH) Caseload, Alberta chrome-extension://oemmmdbldboiebfnladdacbdflmadadm/https://open.alberta.ca/dataset/df7b7b00-c5c3-4d0e-97ff-5f902537fac0/resource/4ffa6a4-383d-47ab-b515-014f8fe2f015/download/2019-09-11\_001\_aish.pdf

<sup>13</sup> Parkland Institute: What you need to know about Alberta Budget 2019

<sup>14</sup> Parkland Institute: What you need to know about Alberta Budget 2019

<sup>15</sup> CBC News: "It really upsets me": AISH recipients worry about halt to indexing. <https://www.cbc.ca/news/canada/edmonton/it-really-upsets-me-aish-recipients-worry-about-halt-to-indexing-1.5350899>

<sup>16</sup> Power 97: "A growing need: Edmonton's Food Bank launches 2019 Festive Campaign" <https://power97.com/news/6160561/edmonton-food-bank-festive-campaign/>

<sup>17</sup> CBC News: "People with severe disabilities feel 'duped' by Alberta government, AISH recipient says <https://www.cbc.ca/news/canada/edmonton/aish-alberta-jason-kenney-1.5346856>

<sup>9</sup> Alberta's Health Care Future: AMA as a partner. Opportunities for Gov't and AMA Collaboration.

community I must work in is enough to make me reconsider a career in family medicine and especially completing my training rurally, as I fear this will make me a target for the geographic restriction of my license.”

“My husband is an engineer in a specialized field. While he has excellent job stability in Calgary, we sincerely worry what we would do were I to have to practice elsewhere – there is no chance that he could continue to operate in his position in rural Alberta, or in any other major city in Alberta. As it stands, we are questioning if it might be best for me to apply outside of Alberta for residency in cities that host a company office, such that he could transfer. We cannot afford to pay off my medical school debt, settle down, and start a family on a resident’s income alone.”

“A key reason that we had hoped to stay in Alberta was to remain in close proximity to our parents, who have complex medical needs. Now, we worry that they will be unable to stay in their home if we are unable to practice within their city. More likely, their care would need to fall on third parties in our absence. We want to be able to raise our children close to their grandparents, and the prospect of being unable to do so is heartbreakingly.”

“My partner is a subspecialty surgery resident while I’m planning on being a more general practitioner such as a general internist or a family physician. If Bill 21 is enacted, I could potentially be separated from my partner because I might be forced to practice in an area my partner in which couldn’t hope to make a living. This could affect us getting married and having a family.”

“We’ve recently heard from rural family medicine physicians who are quite alarmed about Bill 21. They believe urban trained physicians are grossly undertrained to work as the primary physician in rural areas. This combined with a lack of support and integration within the rural community could result in severe mental health issues such as depression and physician burnout. A better approach to addressing rural physician recruitment is exposure, such as through mandatory rural rotations during family medicine residency or other exposure-based programs.”

## **Bill 21 Student Testimonials**

### **Anonymous Alberta medical students:**

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