



**NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION**

**Doctors concerned government intends to reform health care from behind closed doors**

**For immediate release – December 21, 2017**

**St. John's, NL** – The Newfoundland and Labrador Medical Association (NLMA) today issued a statement in response to comments from a CBC interview with John Abbott, Deputy Minister of Health and Community Services. The interview occurred during a recent symposium at Memorial University, where Mr. Abbott was a panelist, and was subsequently aired in its entirety on CBC Radio on December 19, 2017.

“The NLMA was surprised to learn that government has a very ambitious budget reduction target for the health sector but does not have a comprehensive plan to get there,” said NLMA President Dr. Lynn Dwyer. “Despite Minister Haggie’s comments that Mr. Abbott was not stating government policy, the transcript of Mr. Abbott’s remarks make it very clear that he was describing government intentions and actions.”

During the interview, Mr. Abbott stated that the government is examining “each service, each facility, each program. . . on a provincial scale”, identifying a “provincial standard to make sure the population clearly knows what it can receive, where it can receive it”, in order to “get better value...for what we are spending”. Mr. Abbott also stated that in five years, provincial health spending “should be down” to a level equal to 10-15 per cent above the national average. The NLMA estimates such a reduction will be between \$300-450 million, which will require dramatic changes in the health system.

“Doctors in the province are disturbed by these comments which reveal that government is implementing a health care reform process without indicating the size of the impact and without adequate consultation with health system stakeholders or the public. There is also a question of whether government even has a guiding plan for this health reform.” said Dr. Dwyer.

“If there is such a plan, why has it never been revealed to stakeholders or the public? How do we know the direction of the government if it has never revealed the goals or fiscal targets or the magnitude of the impacts? The lack of transparency is disappointing,” said Dr. Dwyer.

“The NLMA is also concerned with the government’s misunderstanding about the work of physicians,” said Dr. Dwyer. “The government is focusing on reducing expenditures down from 125% of national per capita rates to about 115%, and suggests physician costs are part of the problem. What it fails to understand is that per capita physician costs in the province are already below the national average, at 95%, whereas hospital spending is far above the national average at 146%. Physicians are prepared to play their part in getting costs down, but they already are one of the most cost effective components of the health care system. Government should focus on the parts of the system where costs are truly high,” she added.

In early 2017, the NLMA called for an independent and transparent review that would identify the existing and projected demand for all health services in the province. The results of that review would then be used to create a Clinical Services Plan that would identify the most suitable locations for each health service and a Health Human Resource Plan to determine appropriate staffing requirements. In May 2017, Minister Haggie wrote the NLMA to indicate that such a review will not occur and that the government intended to undertake modifications to the health care system based on its existing knowledge.

The NLMA acknowledges there are many specific reviews and changes to services that are spelled out in *The Way Forward* and by the Minister, such as primary health care and mental health improvements. But most of these initiatives are adding services and costs to the health system, or are being promoted as cost neutral. They do not add up to a comprehensive health reform plan.

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“The best way to get ready for the scale of change revealed in the Deputy Minister’s remarks is a wide open, transparent, comprehensive planning process. It is the only way to ensure that quality care and good health outcomes can be preserved while cost reductions are being implemented,” said Dr. Dwyer.

### **Background**

- During the CBC interview, Mr. Abbott questioned whether physicians and nurses working in some areas are needed because they are not efficient. He uses government’s decision to cut flu shots under MCP as evidence for his point, which is without merit as that decision actually cost the government more money, not less. He says more decisions like this one are needed to make physicians more effective. This decision had nothing to do with health care reform. Access to Information documents released by the NLMA prove this decision was made to find savings to include boys in the HPV vaccination program. Before the government moves further in pre-determining the work of physicians or other health professionals, it needs to consult with them to obtain a better understanding of how they work and inter-relate with the rest of the health system. Simplistic assumptions will lead to costly decisions.
- Mr. Abbott says that as doctors and nurses retire “we won’t be backfilling those positions as we normally would.” This raises serious concerns because there is no physician human resource plan for the province or for any region. No planning has been done or shared with stakeholders to know how many doctors are actually needed to meet the health needs of each area. To indicate that decisions about backfilling positions have already been made raises concerns about ad hoc management of this key resource. It also fails to acknowledge that most doctors operate in the independent fee-for-service world where “backfilling” is not a government role.
- NLMA agrees that primary health care teams are the best direction for sustainable and high quality health care. However, Mr. Abbott refers to primary health care teams as an alternative to the current practice of physicians doing follow-ups on their own patients. His statements presume that all follow-ups can be delegated to pharmacists or nurses, which is not true. It also creates the impression that adding other team members is without cost, which it is not. Mr. Abbott’s comments also presume that different health care providers are interchangeable, which is also incorrect.
- Mr. Abbott says that more discussions are needed with doctors on moving to a 7 day/24 hour service model. Doctors already provide services on a 7 day/24 hour basis in all regions and all specialties, through a well-developed on-call system, with the exception of some family practices. The NLMA is already working with family practices in St. John’s to fill the after-hours gap and this solution can be extended elsewhere in the province where it is needed.

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