

October 17, 2021

Dear Task Force for the Health Accord-Newfoundland and Labrador:

Re: Society of Rural Physicians of Canada, Newfoundland and Labrador Committee statement on Health Accord NL.

The development of supportive relationships with key stakeholders is instrumental to the successful development and implementation of the Health Accord Newfoundland and Labrador (NL) plans on health care reform in this province. The Newfoundland and Labrador Committee of the Society of Rural Physicians of Canada (SRPC) is one such group with which your teams must establish a collaborative network.

The SRPC-NL Committee has reviewed the work performed to date by the Health Accord NL committees and working groups, and although this work is supported for the most part, as a committee that represents rural physicians and medical learners in this province, its members feel there are many elements that require further consideration and change.

Concerns raised by the SRPC-NL Committee are summarized into the following themes:

1. Marginalization
 - a. Ultimately, we must advocate for our patients and keep care close to them and their communities. Centralizing specialty services places significant responsibility on the patients and their families. Removing specialty services from our rural communities will create significant access obstacles, especially when considering the social determinants of health that include financial, transportation, and geographical barriers. The idea of providing basic specialty services at some sites, and full services at others discourages rural specialists who wish to function at the full scope of their capabilities.
 - b. Our very rural and remote communities, including much of Labrador, require special consideration. Challenges are unique, and as outlined above, bringing the patient to health care is not always feasible as Medevac services, for example, are not always readily available or appropriate.
 - c. The care of underserved populations, including our Indigenous communities, deserves equal attention and must not fall victim to marginalization.

2. Physician Resource Plan

- a. Learner incentives
 - i. NL is out-competed by other provinces with respect to recruitment efforts and incentives. These include financial remuneration, family support, and community integration.
 - b. Rural physician workforce shortage
 - i. Currently this is in a crisis situation. The proposed centralization of specialty services that removes much specialty care from the rural sites will worsen this situation and impair recruitment and retention efforts as unsupported physicians, new graduates, and learners will choose to work elsewhere.
3. Medical Homes
- a. The team-based health care delivery model to support the needs of the patients and communities is a supported concept of SRPC-NL, but physician support plans require further elaboration and clarity. This includes an analysis of the payment structure and an overhaul of physician remuneration models in this province, which should reward quality over quantity and which should also involve incentives for management of medical complexity and include fee codes that compare with those across the rest of Canada.
4. Passive Resettlement
- a. Currently we are experiencing unprecedented recruitment and retention with significantly suboptimal efforts in this regard.
 - b. There is an apparent lack of team care at present.
 - c. We must remind ourselves of the basic principles of the Canada Health Act which involves our responsibility to provide quality health care and access to our rural populations. Cohorting rural health services risks falling short on this promise.
5. Economic driver
- a. Our rural communities depend on availability of health care. Health care workers bring their families to rural communities, bolstering the economic infrastructure. Without available healthcare services, people and their families are hesitant to locate to rural communities, which in turn, negatively impacts the development and sustainability of industry and the economy.

Overall, there appears to be a disconnect between healthcare users, providers, and policy-makers. To be successful, these stakeholder relationships must be enhanced and optimized. As rural physicians, we have a standard of care to uphold, but achieving these goals becomes immensely challenging, if not impossible, if the support of these groups is poor or unknown.

Our own provincial government must recognize that the 98,000 people of this province who do not have a primary care provider represents well the current crisis of health care, especially amongst out rural

populations. We depend on the efforts of the Health Accord NL teams in collaboration with groups such as the SRPC NL Committee to adequately address the associated concerns.

As important players in health care change in this province, the SRPC NL Committee members are happy to discuss the above points with you and your team. We look forward to your response, and please do not hesitate to reach out for meeting opportunities.

Regards,



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Chairperson
SRPC NL Committee

Committee Members:

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