



Dr. Michael Newton: Revitalizing Family Practice

A faulty system can't deliver the goods. That's the sentiment of a determined cadre of physicians within the Fraser Health Authority, who are experimenting with essential changes to primary care. The hoped-for result is called the 'Enhanced Family Practice', and one of the pioneers is Dr. Michael Newton of Abbotsford.

A tall South African, Michael Newton landed in Canada eighteen years ago. He spent his first three years in Chetwynd, then settled in Abbotsford, where he's been in family practice ever since. He's one of four physicians at the Clearbrook Family Practice Group, who have teamed up to revamp their practice. The visitor first notices an updated reception area with a pleasing angular plan, an olive and terra-cotta colour scheme, and 24 comfortable black leather seats. Renovations were paid for by transitional funding from the government, which also helped to cover costs such as implementing IT solutions and to hiring a Nurse Practitioner. Sixteen pilot sites like this within the Fraser Health Authority are in various stages of implementation.

"I know we're already providing a better level of care," says Dr. Newton. Proof of that is immediate when a patient shows up without an appointment. She's asked to have a seat, and within ten minutes she's seeing the Nurse Practitioner. This walk-in service is called 'open access', and is an important part of the practice redesign.

Dr. Newton sees patients with chronic diseases especially benefiting from the practice redesign. "We'll notice a patient's elevated cholesterol level, which is one of the indicators of increased risk of developing diabetes. Instead of filing that in the memory bank, we now bring the patient in to meet with our Nurse Practitioner. Together they'll discuss prevention, rather than waiting for the disease to develop and then treating it, which has been the typical model of medical delivery."

One of the theories behind the team-based approach is that family physicians should be able to take on larger patient loads. At the same time, they should manage more easily by having a Nurse Practitioner on staff, who can requisition prescription refills, among other tasks. Ironically, Dr. Newton reports that the intensity has increased in other ways.

"People I treat now are truly sick, or have multiple issues, which is challenging, and of course is what I love best, and is what I'm trained to do."

Practice revitalization also calls for group sessions with patients. "That's our next step," Newton says. "In fact, we started planning that about a month and a half ago, but with the new IT changes coming, we're staging things so we don't try too much at once. Our first group will deal with obesity, because that's at the heart of a lot of chronic disease."

Intrahealth, a New Zealand company, is providing a 'Canadianized' IT solution appropriate to these pilot sites. While Dr. Newton anticipates that the new software will have a learning curve all its own, he's looking forward to it.

Moving to this new EMR should further enhance our ability to provide a team-based approach," Newton says.

At the Clearbrook clinic, the medical team includes Janet Baillies, the Nurse Practitioner on staff. She's an RN, who has nursed in just about every capacity in her career. After her education

upgrade, she's now qualified to order tests and diagnostics, leaving the doctors free to do what they do best.

"I don't know how I'd run my practice without her," Newton says of Baillies. "When I look at what she does in a day, there's no way I could absorb that work."

"I'm able to give patients more time," says Baillies. "For instance, with a diabetic patient, I spend 45 minutes with them to complete their physical exam and measure their height and girth. I might run a urine test for kidney damage, and perhaps send them back for a 'cascade blood sugar test'. I'll look back through their lab work, perhaps teach them to develop a food diary, a weight loss program, and set some exercise goals."

These strategies are in sync with the Health Ministry's goal to encourage people living with chronic diseases to become managers of their own health. "Patients love it," Baillies says. "Especially when they see their numbers coming down."

Costs to the health system are hopefully coming down, too, since chronic diseases – especially hospitalization from the complications of heart disease – are the greatest drain on the health budget. Although there are challenges in implementing the Nurse Practitioner model, our hope is that the model will be financially sustainable.

Dr. Newton puts a finer point on this discussion of 'costs'. "The goal at the outset is not to reduce cost, but to improve health outcomes," he says. "In the long run, if you improve health outcomes, then costs should go down. Hospital admissions will go down, complications will go down. We aren't able to make those claims this early in the journey, but the indicators from my own practice have been very encouraging so far. Patient satisfaction is way up." Newton cites improved diabetic control, hypertensive control, weight loss and lipid profiles.

Overseeing these innovations toward an 'enhanced practice' is Dr. Quentin Smith, Medical Director of Primary Care at Fraser Health Authority. He points out that the business of primary care is changing all over the world, largely through the adoption of strategies that are now ours to experiment with.

"We are attempting to understand the goals and business of family practice," Smith says, "and to test those hypotheses within pilot sites. These volunteers are groups of physicians who are early adapters, who own and operate their practices as private family practitioners."

Dr. Smith points out that our medical system in Canada is based on autonomously owned practices, where 80% of us wind up at least once a year. The problem is, young doctors aren't busting doors down to get into family practice, anymore.

Four goals (shared by FHA, BCMA, and the Ministry of Health), boldly pursued, might change all that:

1. improve quality of patient care
2. increase provider and patient satisfaction
3. ensure sustainability
4. increase access to full-service family practice for so-called 'orphan' patients.

"Lofty goals," says Dr. Smith, "and difficult to achieve, especially with there being healthy cynicism expressed as people look around the world at other primary care reform initiatives and see their failings and weaknesses."

Michael Newton sees the lone physician as increasingly unable to provide the necessary care, especially as a doctor's workload increases. So, he welcomes the multidisciplinary approach in his revamped practice. But reality sets in at the level of 'taking care of business'.

Dr. Newton cites one challenge -- working as a group of physicians. "Doctors tend to be individualistic," says Michael Newton. "It's one of the reasons we were attracted to medicine. It's difficult to get a bunch of doctors to agree to a single course of action. We don't want to be forced through the same sausage machine."

That said, Newton acknowledges that the physicians volunteering to test out these changes to primary care agree wholeheartedly with the team approach. With respect to chronic disease care, especially, it's already proven more effective.

Drs. Newton and Smith and other doctors in the FHA are hoping that the right funding formula will be found, so they can move forward with revitalization principles on a larger scale, where more people can be supported to make this journey.