Doctors for Rural Canada: Progress on the Rural Road Map

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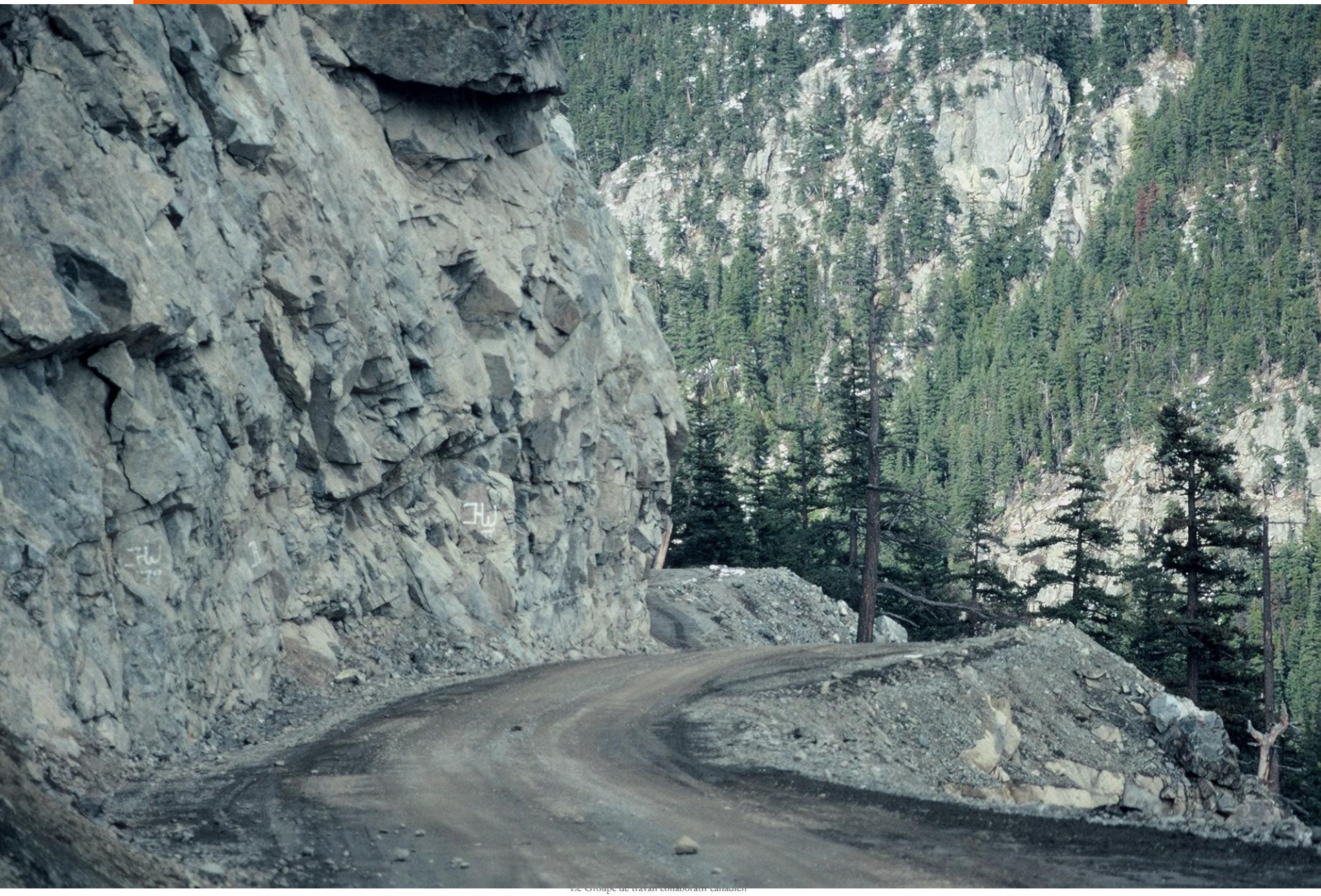
Shaiyena Currie of Bella Coola spent two weeks living in a tent and then moved to a motel before giving birth at Cariboo Memorial Hospital on Sunday, Aug. 25. Monica Lamb-Yorski photo

Bella Coola woman stays in tent waiting to deliver baby in Williams Lake

Costs for maternity patients to travel and stay outside the valley are not covered

MONICA LAMB-YORSKI / Aug. 26, 2019 9:00 p.m. / LOCAL NEWS / NEWS



VIBERT: Yarmouth hospital crippled by exodus of anesthesiologists

Premium content

Jim Vibert (jim.vibert@saltwire.com)

Published: Apr 07, 2019 at 6:33 p.m.
Updated: Apr 10, 2019 at 9:17 p.m.

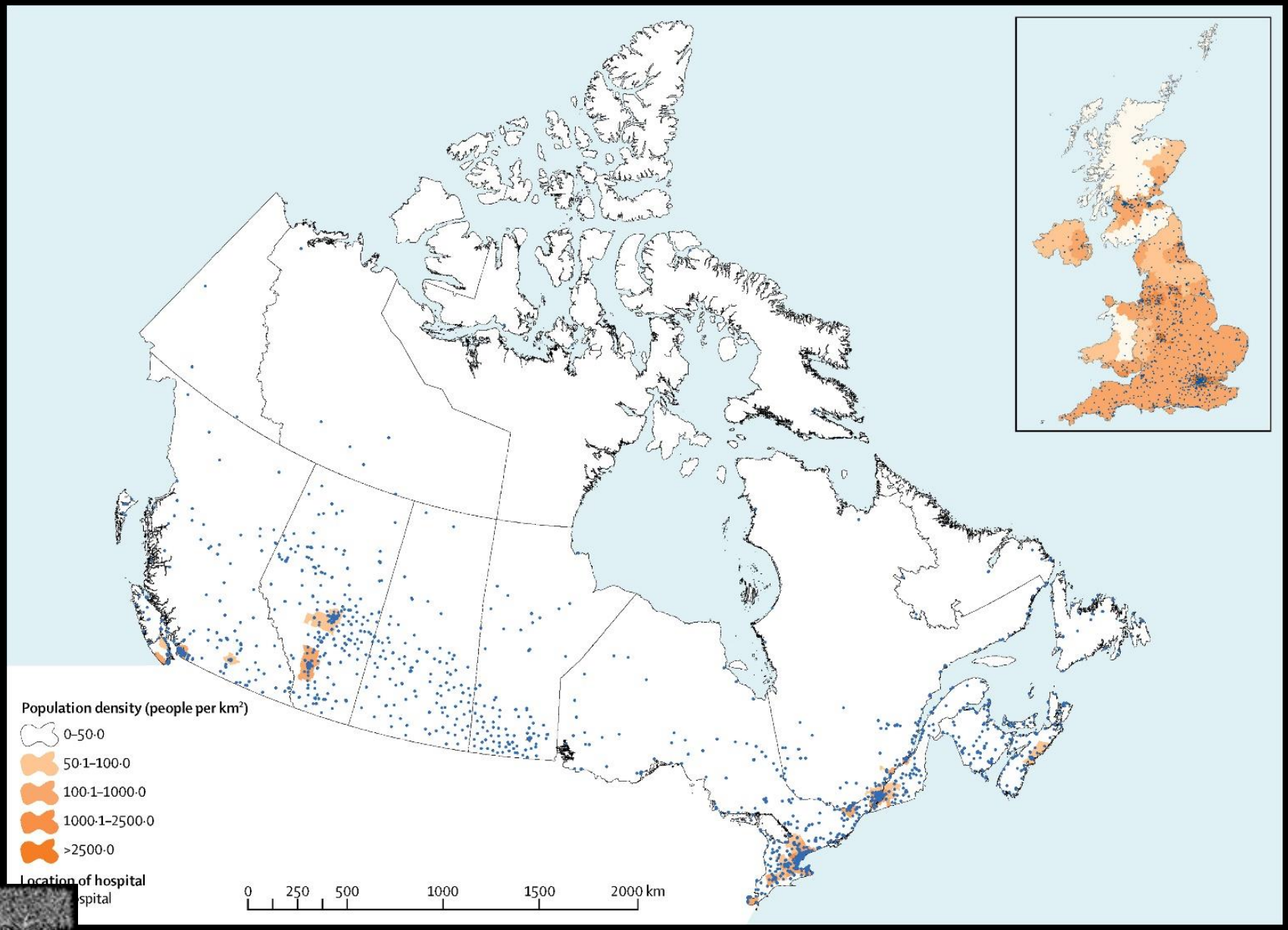
Nova Scotia

Disagreements lead to N.S. docs missing out on anesthesiology training

Officials pushing for the use of family practice anesthetists have faced resistance

Michael Gorman · CBC News · Posted: Sep 12, 2019 6:00 AM AT | Last Updated: September 12, 20

Population density and distribution of hospitals in Canada (and the UK)



The Lancet DOI: (10.1016/S0140-6736(18)30181-8)

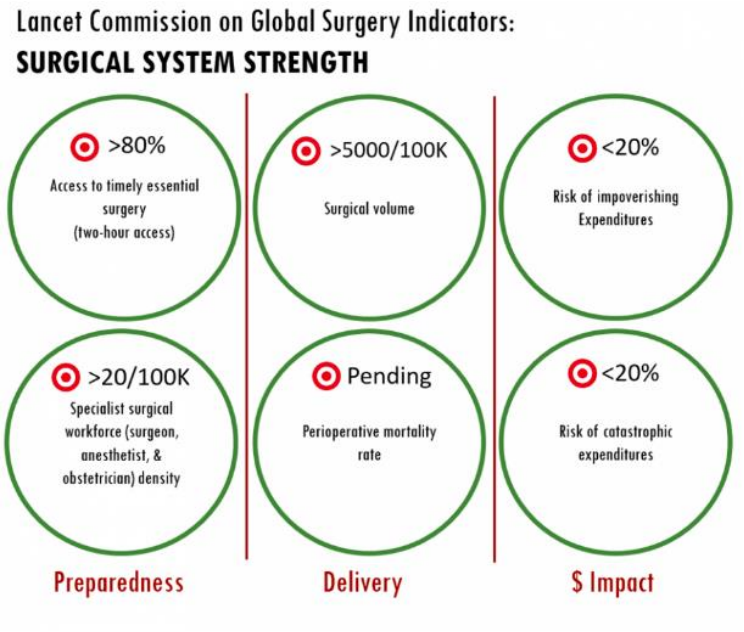
HEALTHCARE ACCESS IN RURAL CANADA

- Significant attrition of small-volume rural surgery and maternity care programs over the past 20 years, leading to diminished access to care
  - e.g. loss of 5/20 rural surgical programs in BC from 2000 to 2004[1]
- Policymakers have focused on transporting patients to urban centres
  - Patients bear most of the burden for travel planning and associated costs
  - Indigenous populations are disproportionately affected
  - Loss of essential skills in rural hospitals
  - Large centres unable to absorb caseload

1. Iglesias and Jones *Can J Rural Med* 2006

ASSESSING THE ADEQUACY OF SURGICAL SERVICES

- **Bellwether Procedures:** associated with the ability of hospitals to perform all obstetric, general, basic, emergency, and orthopaedic procedures[1]
  - Cesarean delivery
  - Appendectomy
  - Laparotomy
  - Treatment of open fractures
- Hospitals should provide access to these procedures within 2 hours of a patient's home
- While high volume is important for complex cases, the same is not true for low complexity procedures[2]
- There is a cost to not providing timely access to urgent surgical interventions



From: Measuring surgical systems: a new paradigm for health systems strengthening[3]

Anesthesia
UNIVERSITY OF TORONTO

1. O'Neill et al. *World J Surg* 2016
2. Ibrahim et al. *JAMA* 2016
3. NG-Kamstra et al. *World Bank Blogs* 2016

ADVERSE OUTCOMES IN RURAL CANADA

- Life expectancy decreases with increasing rurality[1]
  - Male: 77.4 yr in cities vs 74.0 yr in rural areas
- Rurality is associated with unique health challenges as well as poorer access to care[2]
- Adverse outcomes increase for patients further away from care:
  - **Perinatal mortality in Western Canada:** 18 per1000 births for women 240+ minutes from services[3]
  - **Trauma mortality in Quebec:** Prehospital or ED mortality is over three times greater for trauma patients treated in a rural ED[4]
  - **Trauma mortality in Ontario:** Adjusted odds of ED death among those surviving to hospital was 3.5 times greater in regions >1 hour from a trauma center[5]

Anesthesia
UNIVERSITY OF TORONTO

1. DesMueles and Pong *CIHI* 2006
2. Gryzbowski et al. *BMC Health Serv Res* 2011
3. Fleet et al. *BMJ Open* 2019
4. Gomez et al. *J Trauma* 2010

Challenges

Volume and quality

Regionalization vs centralization

Maintenance of competence

Recruitment and retention

Data gaps—health workforce, outcomes

Education for rural family medicine generalist

Advancing Rural Family Medicine

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

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Le Groupe de travail collaboratif canadien

Society of Rural Physicians of Canada
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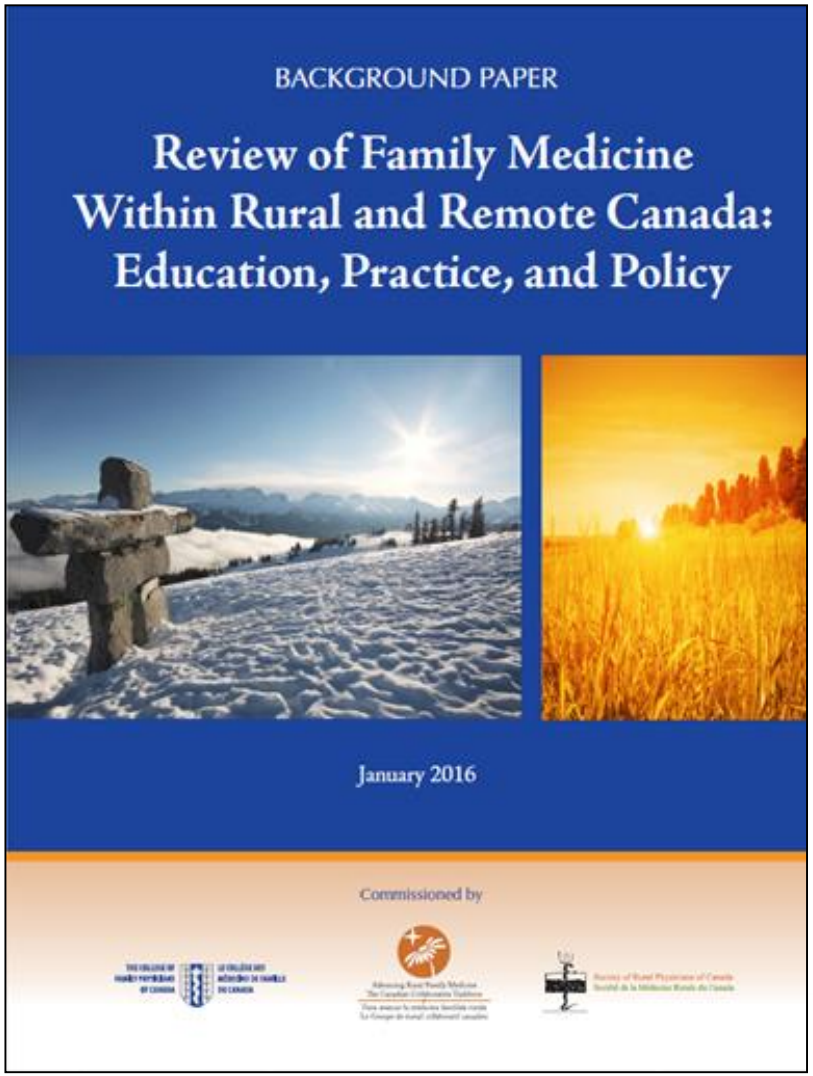

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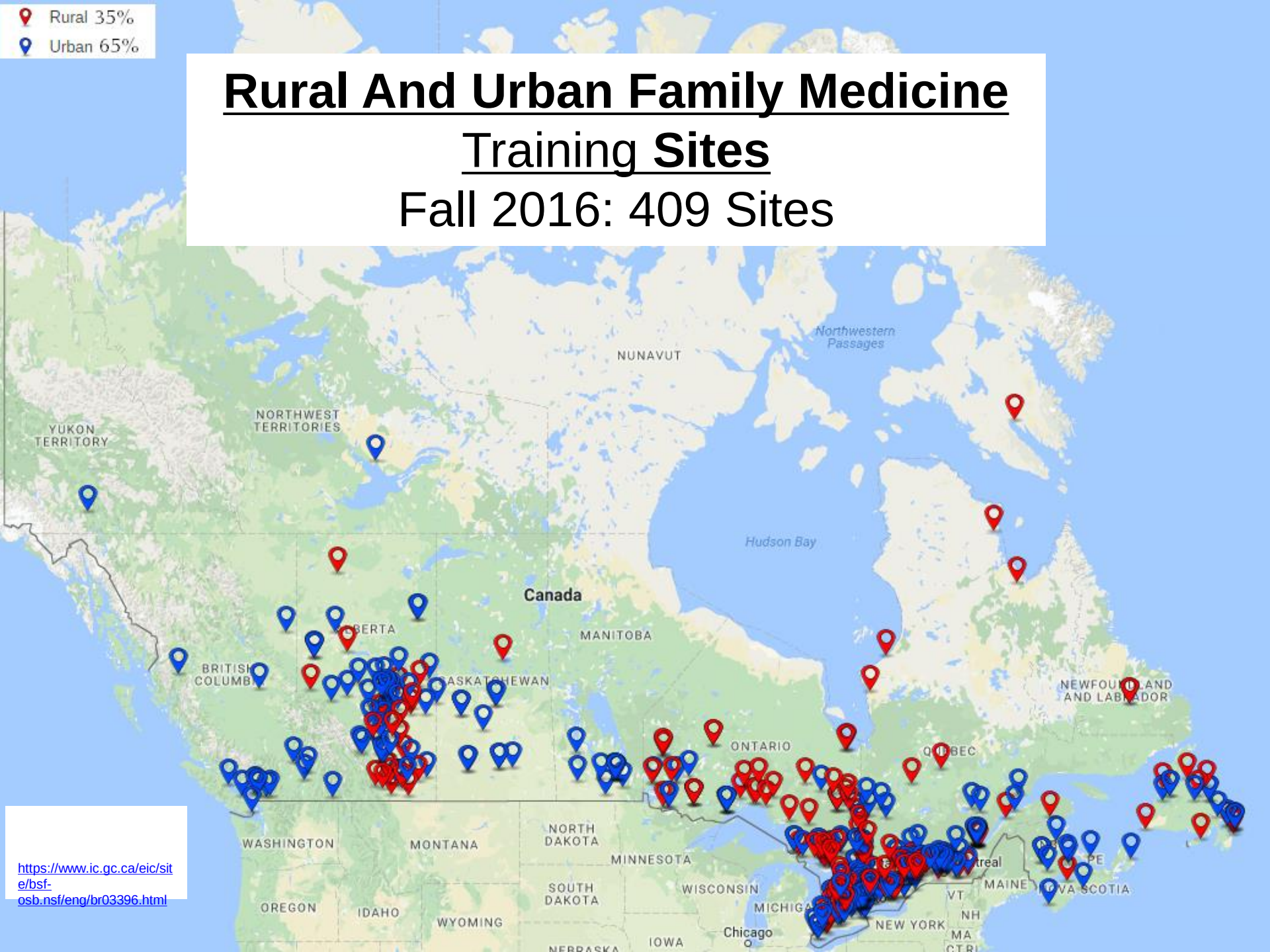
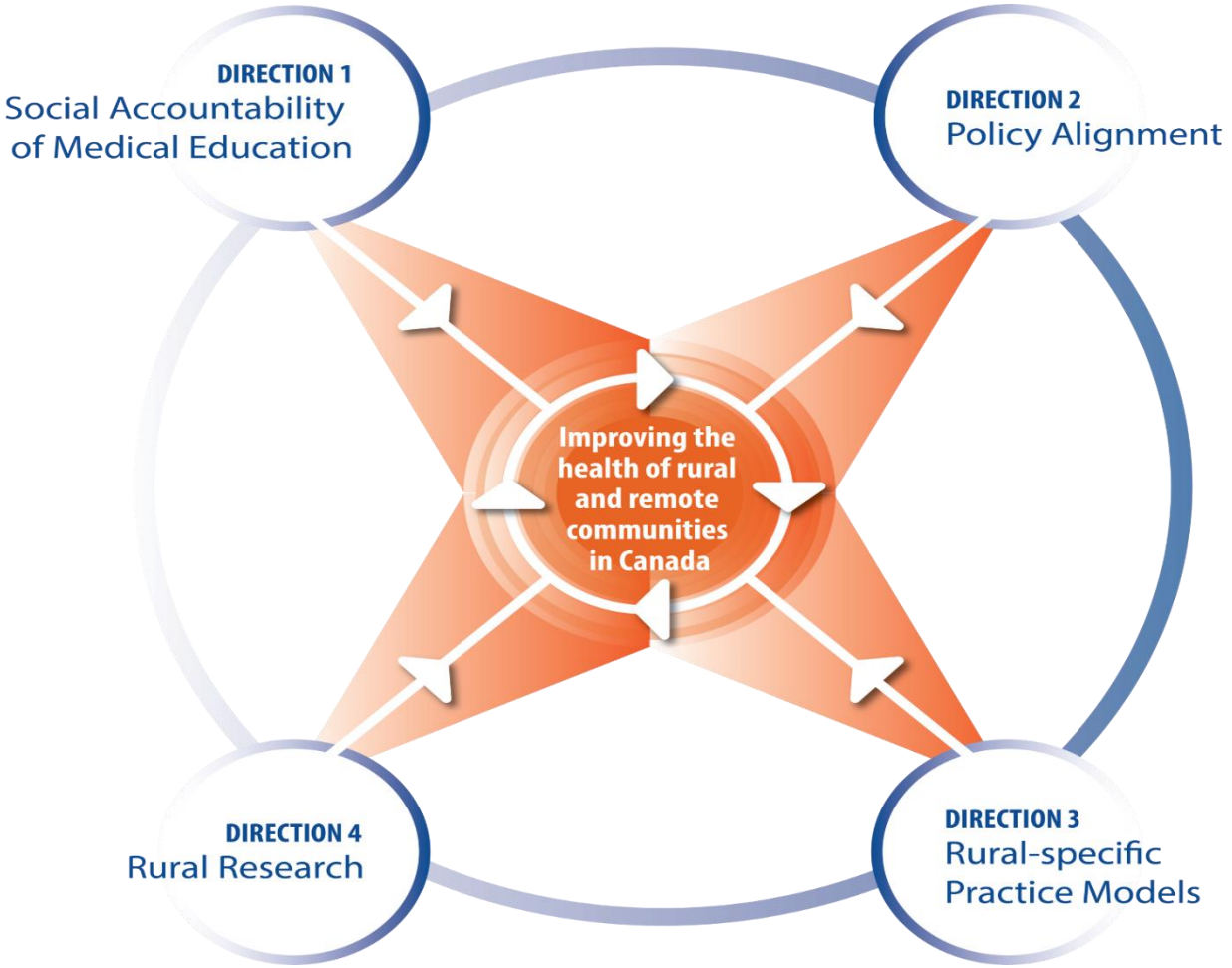
Focused literature review of peer and grey literature focused on Canada with international policy reports.

www.cfpc/ca/arfm

Released 2016

Figure 2a. Change in Family Medicine Training Sites, 1998


Rural 35%
Urban 65%
Rural And Urban Family Medicine
Training Sites
Fall 2016: 409 Sites
NUNAVUT
Northwestern Passages
NORTHWEST TERRITORIES
YUKON TERRITORY
Hudson Bay
Canada
MANITOBA
ONTARIO
NEWFOUNDLAND AND LABRADOR
WASHINGTON
MONTANA
NORTH DAKOTA
MINNESOTA
SOUTH DAKOTA
WISCONSIN
MICHIGAN
OREGON
IDAHO
WYOMING
IOWA
Chicago
NEW YORK
MAINE
VT
NH
MA
https://www.ic.gc.ca/eic/site/bsf-osb.nsf/eng/br03396.html



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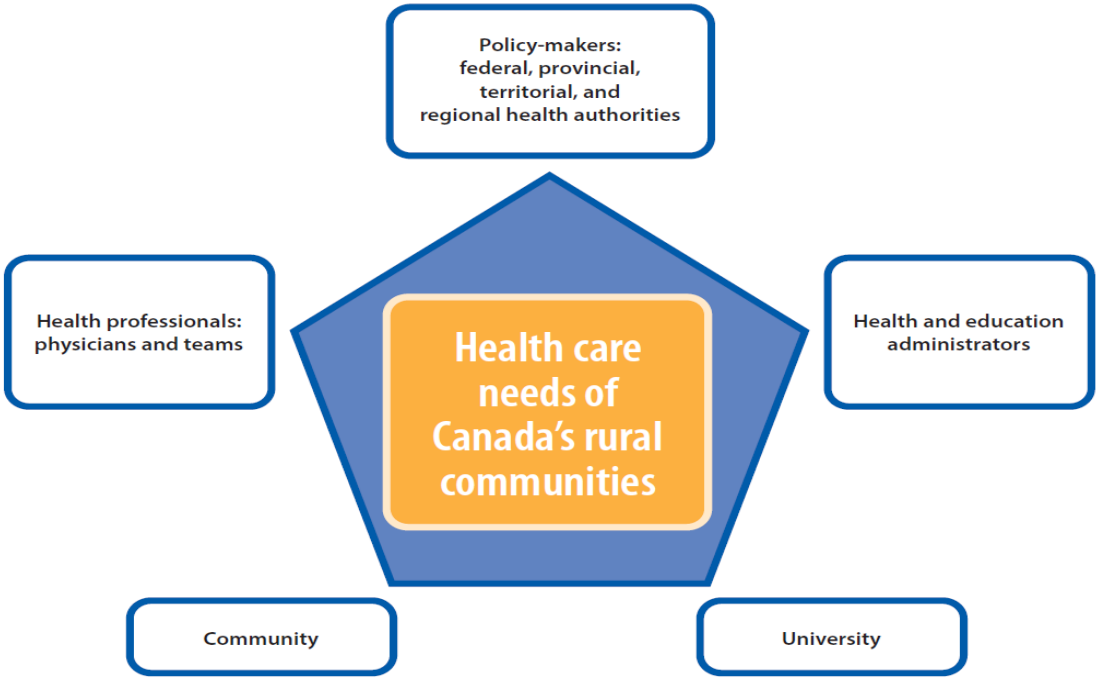
Social Accountability Pentagram



Adapted with permission from Boelen C, *Educ Health* 2004:17(2):223-31.

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Engage Key Stakeholders and aligned groups

- **Collaborative Advisory Group for General & Family Practice Anesthesia (CAGA)**
- To represent the interests of general and family physician within The College of Family Physicians of Canada (CFPC) and its member interest group, the Society of Rural Physicians of Canada (SRPC) and the Canadian Anesthesiologists' Society (CAS) about the issues relevant to these members.

Potential solutions

Support for regional ob, surgical and anesthesia services by pentagram partners

Training for enhanced surgical skills

Support for role specific anesthesia training and maintenance of competence

Mentorship, exchanges

Creation of a professional home

Telehealth