Fast FACTS
CANADIAN CENTRE FOR POLICY ALTERNATIVES – MANITOBA

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Austerity is bad for your health

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"Three thousand patients in a bind"

On March 2, a news release issued by the Winnipeg Regional Health Authority (WRHA) announced the closure of the Family Medical Centre (FMC), a primary care facility in St. Boniface, serving in excess of 3,000 patients and providing a setting for residents who have chosen family practice as their specialty. Last week, patients received a confirming letter asking for their "understanding as our health care system undergoes continued transformation to better serve Manitobans." As one of those patients, I did not feel "better served". Neither was I comforted by the fact that no explanation was offered beyond vagaries about "(improving) training experiences and (expanding) opportunities for inter-professional education."

The news release claimed that much has been done in the recent past to improve primary care. So is there now such an embarrassment of riches in primary care to justify chopping a big piece off? This seems unlikely. One Access Centre which served over 5,000 patients is closed. Four out of five Quick Care clinics are gone and Winnipeg lost one Urgent Care facility during the first round of consolidations. There has been some expansion of remaining Access Centres, but this hardly justifies reductions elsewhere.

Secondly, why FMC? This facility was home to now-retired Dr. Garry Beazley who dedicated his career to promote Family Practice as a legitimate specialty in the profession. It became a model of primary care delivery as well as an important teaching centre for future family practitioners. It is organized as a multi-disciplinary group practice including 8 family practice physicians, 21 residents at any given point in time, two primary care nurses and one nurse practitioner, a dietician, social worker and psychiatrist.

The FMC is a model of efficiency, guaranteeing service within three days and offering same day if urgent. With the exception of some inevitable emergencies, time spent in the waiting room is usually no more than 15 minutes. The physicians are salaried, which is generally regarded as more patient friendly than fee-for service. Above all there is an institutional commitment to the patient. When a doctor moves on, FMC does not leave patients scurrying and worrying around looking for a replacement: it undertakes to hire one.

Improving service to patients is one of the promised outcomes of all the changes that have occurred so far. It is difficult to see how shutting down a model of primary care advances this promise.

That leaves only financial considerations, which figure high in this government's austerity program. Control of wages and reductions of service are the two obvious ways to implement austerity, but its ideology also claims to find savings in "efficiencies". The consolidations we have witnessed so far promise just that, but the

there is an alternative.

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jury is still out on this claim. In the case of FMC, the only possible saving would be on the leased space, an amount that would not justify the upheaval, especially if the offsetting costs of implementation are factored in.

Austerity can also be visited on someone else. Last year the WRHA had to cut $82 million in expenditures as its share of reductions to the overall health budget. This year we'll see a 0.5% increase in health spending – a loss in real terms. Some of that loss will have to be absorbed directly by the WHRA and indirectly by St. Boniface Hospital. In both cases the two agencies pass the costs elsewhere; namely to those agencies which take on the FMC deployed staff, patients and the associated expenses. There is little or no saving to overall health expenditures in this shell game.

The absence of any rationale for this latest upheaval leaves many unanswered questions. There is no question, however about the obvious process designed to head off any protest. Staff was informed of the closure 15 minutes before the media release. Patients received notification after the media release. The phone number given for patients to call is a voice mail responded to by a hapless person who has no answers to questions.

There is no vision guiding this and other closures and consolidations. If these changes do produce cost saving efficiencies, how does this lead to better patient outcomes? Is our government planning to use savings for a universal pharma-care program or access to vision, dental and hearing care? Is there a plan to attend to the determinants of health, such as poverty, inequalities, affordable housing and a cleaner environment, the neglect of which lead to poor health outcomes and pressures on the health care system?

The record so far indicates that with or without savings, tax cuts which benefit the most affluent, and benefit the least not one bit, is the order of the day, leaving hope of improved patient care a mirage.

Meanwhile several thousands of patients, along with staff of FMC, will have to deal with the health-threatening stress of the uncertainty of their future.

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References available upon request.

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