Author's response to reviews

Title: Tracking Family Medicine Graduates. Where do they go, what services do they provide and whom do they see?

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Dear Editor of BMC Family Practice,

I am submitting a revision to a paper titled “Tracking Family Medicine Graduates. Where do they go, what services do they provide and whom do they see?” for consideration of publication in BMC Family Practice. Thank you for the comments from the associate editor. Our responses to the two comments are included in this letter. We also formatted the abstract to conform with the journal requirements.

Comment#1 on Electronic Medical Records to access physician workload:

The adoption of electronic medical records (EMR) amongst family physicians (FPs) in Canada, including Ontario, lags many developed countries. In 2006, about 22% of FPs in Canada (and 24% in Ontario) used an EMR in their practice (1). Fortunately, EMR adoption and use by FPs in Ontario has been supported by the provincial government and has a goal of having 7000 of the provinces 10500 FPs having an EMR in their practice by 2012 (2).

The other challenge with using EMR data is that there are at least 10 EMR vendors that are supported in Ontario. Each vendor is quite different and unique in how it stores data with a mixture of standardized codes (mostly ICD9) and free-text. Technically getting data from multiple FPs EMR vendors has been difficult to impossible. In addition, the strong privacy legislation in Canada also limits who can get this information (3). Currently, a few researchers, including Dr Karen Tu and myself, have started to pull and work with one EMR vendor in Ontario to described disease cohorts within primary care and the processes of care. While the potential to use EMR is there, we are several years away from using it in a representative and accurate way. In Canada now, administrative physician claims data is the best population source of information to assess FP workload.

We have added following comment on page 24 in the discussion section of the paper about the future use of EMRs to assess FP care, especially with respect to describing the breadth of care that does not result in a billing claim (for example, communications to other care providers and patients, telephone advise).

Comment

“In 2006, about 22% of FPs in Canada (and 24% in Ontario) used an Electronic Medical Record (EMR) as part of their clinical practice (1,2). The information contained within an EMR could better describe the breadth of care provided by FPs. For example, non-billable work is documented within EMRs such as clinical communications to other health care providers, telephone care and supporting documentation for health care services. As the uptake of EMRs within FM improves and methods to extract EMR data for research purposes are developed in Canada (3), the information from EMRs can be used to describe care provided by FPs and other health care providers and further contribute to workload measures.”
Comment #2 Impact of Canadian policies to increased proportion of practicing family physicians:

In Canada, the provincial ministries of health have the strongest direct responsibilities for health care delivery and they develop the more specific policies to direct federal funds. The most significant recent Canadian and provincial initiatives that relate to FPs is primary care reform (2002). Each province in Canada has dealt with primary care reform in different ways, but the common theme for all has been to increase access to primary care and to increase interdisciplinary care. Prior to the development of primary care reform in Canada and Ontario, all areas of Canada were seeing a decline in medical students applying for family medicine residency position. Primary care reform in Ontario and in some other provinces looked at changing remuneration of FPs. This included more blended capitation forms of payment and incentive payments. While not specifically stated as a goal of primary care reform in Ontario, the sentiment was that changes were needed with payments to FPs to better compensate their relative salary declined over the previous decade. Primary care reform was felt to be a factor in increasing medical student interest in applying to FM postgraduate programs. There has been a reversal in the decline in the selection of FM postgraduates programs to varying degrees.

Other Canadian policies to increase the proportion of practicing FPs have tended to focus on the issues surrounding remote areas of the country. All rural FM programs in Canada, including those at U of T face similar challenges both with choosing the rural program and with retention of FPs within rural areas after they complete a program (4). We did not focus on rural care in this paper.

There is unfortunately not much published about the impact of policies on FM graduates in Canada. The Canadian Institute for Health Information (CIHI) publishes reports on physician supply using data from a medical directory and a national physician survey (5). Other smaller studies have used survey data to see where their FM graduates go. However, no studies have used administrative data to track FMs graduates from any program.

We did add the following statement on page 18 on the discussion section of the paper about the impact of Canadian policies to increase FM practicing in Canada and the comparability of U of T FM graduates to graduates from other FM programs in Canada. However, I am not sure this is exactly what you are looking for. Please let us know if this is not addressing your comment.

Statement:

“Canada started to reforms its primary care delivery system after the release of the Romanov report in 2002 (6). Each province in Canada approached primary care reform in different ways, with Ontario focusing on the implementation of newer primary care delivery models (7). Currently, there has been a reversal in the decline of medical graduates choosing FM postgraduate positions in almost all areas of Canada. This has been seen amongst U of T FM programs and within most other FM programs across Canada (8,9). The retention of U of T FM graduates continuing to practice FM within Canada is also similar to FM graduates from other medical schools in Canada (10,11). While no formal evaluations exist to account for the increasing trend of medical graduates choosing FM across Canada, primary care reform is likely to have been a major influence.”

https://secure.cihi.ca/estore/productSeries.htm?pc=PCC34
7) Primary Care Reform in Ontario Accessed February 28, 2012
http://www.carms.ca/eng/operations_R1stat_e.shtml

I appreciate your consideration of the revised version of this research article for publication. If you need any more information, please let me know.

Yours sincerely,

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