Manitoba's new medicare plan: Doctors on salary

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Circumstances have combined to place this province today in the front line of a national struggle between government health administrators and doctors.

The struggle can now be seen as the second phase of the introduction of medicare in Canada, a process that started in most provinces in the late '60s. It involves changes in the structure of health care and the doctors' role that are far more basic than the financial changes that occurred when the government began paying medical bills. The confrontation has come rapidly in Manitoba because of the election of a New Democratic Party government in 1969 and, paradoxically, because of a highly developed system of group medical practice in Manitoba that antedates the introduction of state medicine.

Committed to improving medical services by its election promises and political philosophy, the NDP government is probably exerting more pressure on doctors today than any other provincial administration with the exception of Quebec. The doctors so far have resisted this pressure with a determination that has raised the possibility of a doctors' strike in many minds.

Near boiling point

The dispute almost boiled over recently when the government refused to authorize the construction of 200 new hospital beds at Winnipeg's Concordia Hospital because of long-range plans to turn the hospital into a community health centre. Dr. Morris Erenberg of Concordia accused Premier Ed Schreyer's government of "blind, prejudicial animosity" toward doctors. A compromise was reached when the government agreed to the construction of facilities for 132 beds and there are now signs that both sides, frightened by the Concordia dispute, are backing away from an open confrontation in the immediate future.

But the situation here still contains all the elements of a head-on collision. Its resolution will be watched with interest in every province.

At issue is the escalating cost of health care in Canada and various proposals for controlling it. In Manitoba, according to officials of the health department, the annual increase in the cost of health services is running at 12 to 14 per cent. If this continues, the total cost will double within the next six years.

The predominant factors in this increase is not doctors' fees but hospital usage. Canadians are among the most enthusiastic users of hospital beds in the world, mainly because this country has an unusually high ratio of active treatment hospital beds per thousand of population. In the United States, the ratio is about three beds per thousand. The ratio in Manitoba is the third highest in Canada, after Alberta and Saskatchewan. In Metropolitan Winnipeg, according to government figures, it is 6.45 hospital beds per thousand, which officials of the health department say is "at least 50 per cent over a reasonable ratio."

Recent studies by the department have shown that up to 20 per cent of the patients in Manitoba hospitals should be receiving other and less expensive forms of care in convalescent hospitals, nursing homes or clinics. A projection by a departmental economist has indicated that if Manitoba could reduce its ratio of hospital beds per thousand to five, it would reduce costs by $100 million over the next 10 years. The total annual cost to the state of medical and hospital services in Manitoba is now $165 million.

Manitoba's proposal for achieving this saving is the introduction of a system of community health centres that would offer people a wide range of health and social welfare services as well as other facilities such as day nurseries. These centres, as outlined originally by the minister of health and social development, Rene Toupin, would be consumer controlled by boards of local citizens and would be financed by the state through a per-capita payment based on the number of people served by the centre. This form of payment automatically means salaries for doctors rather than the traditional fee for service.

Bungled moves

Regardless of the merits of the proposal, it is clear that the government bungled the opening moves. Even Premier Schreyer admitted this week that "communications slipped a little." According to Dr. L. J. Stephen of Dauphin, president of the Manitoba Medical Association, the doctors first learned of the new plan when Health Minister Toupin came to their annual meeting in May, 1970, and "told us that there were going to be some 20-odd community health centres in Winnipeg and rural areas."

Stephen claims that no further details were provided by the government, despite repeated requests, until July of this year when the government outlined a scheme under which "in the final analysis, the doctor would become an employee of a board of directors running a community health centre."

PREMIER ED SCHREYER of Manitoba is on a collision course with doctors over his plans to create health centres controlled by boards of local citizens. Doctors would receive salaries instead of fees.

The doctors found little reassurance in the fact that the technocrat who outlined the scheme to them was Dr. Ted H. Tulchinsky, appointed associate deputy health minister here last April, who not only has worked in community health centres in Saskatchewan and Ontario but who has the added distinction of being married to a daughter of T. C. Douglas, the former NDP national leader.

Manitoba doctors say that they appreciate the cost problem faced by government and that they are not opposed in principle to community health centres. But they claim that Manitoba is served well today by group practices, which include half the province's doctors, and that community health centres in Saskatchewan and Ontario have failed to provide solid evidence that they reduce overall costs.

"If they could present us with the figures, if they did prove it," said Stephen, "it's only logical that the association would take a very serious look at it. But we've assessed all the centres in Canada and we find that it just hasn't worked out."

Stephen claimed that the number of active centres in Saskatchewan has dropped from 26 to four and that the three centres in Ontario show no signs of proliferating.

There is no doubt that doctors are wary of the kind of consumer control envisaged by the government. Stephen admitted that "our fear is the type of people that perhaps would end up on these boards in this day and age." But their main fear stems from the suspicion that the plan is a device to bring doctors ultimately under the close control of the provincial government.

Technocrats in the health department claim that the doctors' campaign against the centres has been composed of "some fire and a hell of a lot of smoke." But it has resulted in a drastic revision of the schedule originally announced by Health Minister Toupin. The department is now talking about "five, six, seven or eight" pilot-project community health centres "over a period of four or five years."

Some experiments

Premier Schreyer this week insisted that abolition of fee for service as the method of paying doctors "is not a necessary part of what we are moving toward.

"We would like to do some experimentation," he said, "but certainly we don't want to bring it in on a universal basis."

The pace of this experimentation in the near future will determine the degree of conflict between the Manitoba government and its doctors. Stephen already claims that the government is "intimidating the medical profession" by quietly trying to pressure existing hospital boards into transforming themselves, over the heads of their doctors, into the boards of new community health centres. If a test case is produced in this fashion in the near future, the doctors at the moment give every indication of refusing to serve under a board created without their consent.