

Provider's Perspective

The Doctor is Out: An Influence on Government Policy

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This reasonably technical article outlines how the authors were able to determine participation rates of B.C. physicians in the "Rationed Access Day" or RAD protest action initiated by the British Columbia Medical Association (BCMA) in 1998/1999. The action was initiated by BCMA to draw public attention to physician billing caps and ostensibly to save money for the payment plan. The article suggests a costing methodology based on a comparison of

billings by 4,131 physicians on particular days before (normal billing period) and during the RAD action. It presents a convincing argument that the vast majority of the physicians studied (84%) participated on at least 10 of the potential 20 RADs identified by BCMA. The high degree of participation was thought to be the result of the mitigation of patient inconvenience allowed by scheduling RADs. While the RAD process did not appear to have resulted in savings to the plan

(since work seemed to have been shifted to other time periods), it was deemed to have been successful in that the BCMA was able to get the B.C. government to increase funding for BCMA members and to change policy on how billing caps were administered. The study concludes that, given the success of this form of protest, other medical associations may look to implementing a similar rationing action as a way of influencing government policy.

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The Doctor is Out: Will Other Professions Follow this Lead?

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The paper by Reid et al. will be of interest to healthcare managers as it indicates how B.C. physicians successfully withdrew elective services, under specific conditions, to protest continued pro-ration of fees by government, to offset total physician billings exceeding a fixed-budget cap. The end result was an agreement that

saw new funds added to the budget and the government's abandonment of pro-rationing. Will this type of protest now be followed in other provinces and by other professions? Healthcare managers would be wise to initiate plans which address this form of protest. While the process described would be deemed successful from the

physicians' perspective, it would be of interest to know (i) the patient's perspective, including mortality or morbidity outcomes; and (ii) the overall economic impact on the province, including the financial impact on emergency departments during the rationing of services.