

**Announcement of Terms of Three-Year Working Agreement and  
Results of BCMA Membership Vote**

**The Honourable Colin Hansen, Minister of Health Services**

**July 28, 2004**

*Check Against Delivery*

I'm very pleased to be here today with Dr. Jack Burak, president of the B.C. Medical Association, to talk about our commitment to work together to improve access to patient care for all British Columbians. With today's agreements we're moving forward with a renewed sense of purpose and a growing sense of optimism. If we maximize our strengths and focus our resources appropriately we can ensure that patients receive the care they need within the limits of our resources.

With this agreement almost \$100 million will be reallocated throughout the health care system in support of patient care. Over the next few months we will be talking to physicians about how we can best spend that \$100 million in a way that produces direct benefits to patients in every part of the province.

We've agreed on nine key areas: improved chronic disease management, maternity care enhancement, enhancement of hospital-based care by general practitioners, improved care for the frail elderly, increased support to patients requiring end-of-life care, improved care for patients with chronic mental illness, improved care for patients with addictions, 24/7 community-based care and the provision of what is being referred to as advanced access, which I'll talk about in a second.

As part of this initiative we agreed that by streamlining our existing lab services we could free up resources to use elsewhere in the system. Through the negotiation process with the BCMA we've reached a lab agreement that will free up \$60 million annually. We're putting \$20 million of that directly back into hospital-based lab services. The other \$40 million will be allocated to primary health care, supporting patients to receive better access to services.

We are also allocating funds to recruit specialist physicians to improve on the time that British Columbians must wait for access to care.

One of the areas we focused on in these agreements is maternity care. Dr. Burak has delivered many babies in his 26 years of practice, and I'm sure he can testify that babies don't usually respect the regular office hours that most physicians would love to establish.

We heard from physicians and patients in rural areas that providing full maternity care from conception to delivery and post-natal care is putting a huge strain on our doctors. So we've agreed to an approach that will seek input on how to provide further support to encourage general practitioners to provide maternity care. We're going to be allocating about \$2 million to that right away.

Ultimately we want to develop a sustainable system that will increase cooperation among physicians when it comes to maternity care. We believe that if physicians worked more closely together, pregnant women will have better access to a general practitioner to support them throughout their pregnancy.

We've also introduced a \$600,000 rural isolation allowance that will support doctors in rural and remote communities that have no hospital. Many doctors in these small communities are often

working alone and their time is very much in demand. The doctors in towns like Barrier, Hudson Hope, Ucluelet will potentially be eligible to receive further support to remain and work in their communities. This will stabilize the availability of physicians in rural and remote communities.

We also want to build on the good work that is already being done in chronic disease management by doctors throughout the province. Today British Columbia is seen as a leader in all of Canada in this field, and we're already out in front nationally when it comes to the overall health and longevity of our population. But we can do better by involving primary health care. With this agreement we're providing incentives that will encourage doctors to take the time they need to provide appropriate access to patients with chronic diseases.

Over the last two years we have been trying very hard to improve the quality of our data, and because of that we now have data that is telling us that there is a close relationship between good primary care, earlier identification and the reduced need for acute care beds later.

A study that was done recently showed that 30 per cent of the health care budget goes to providing care to just 5 per cent of B.C.'s population. Those 5 per cent often have multiple chronic diseases that occupy much of the acute care resources in the province. With good identification, early intervention and primary care we can reduce the need for acute care beds in the long term and free up those resources for other uses in the health care system. That will improve access for all British Columbians.

With today's agreement we are redirecting \$70 million into service enhancements in the nine areas that I already mentioned. We've touched on some, like chronic disease management and enhanced maternity care that I've referred to. There are several others.

For example, one of them is the concept of advanced access. Doctors recognize that people with mental illness or chronic disease are often unable to make appointments well in advance. However, doctors also recognize that early intervention is essential for this group of patients. With advanced access doctors will be identifying two or three slots a day for patients who have these urgent needs.

Another example is improved care for patients with chronic mental illness and addictions. I know that Susan Brice, the Minister of State for Mental Health and Addictions has already met with the college and with the BCMA about this. I understand that she had a great meeting earlier this week with Dr. Burak to discuss the opportunity for using some of these funds to improve access for patients with chronic mental illness.

So today's agreements are consistent with the other agreements that we have reached in the public sector, all of which point to our desire to work with the health care providers of British Columbia.

Even during times when there have been tensions between the BCMA and the provincial government we have still been able to achieve a lot behind the scenes on initiatives to improve patient care. Today marks the beginning of an era in our relationship where we can put those tensions behind us and put all of our energies into working together to fix the problems in our health care system.

Thank you very much.