RESEARCH

Health care system reform

Ontario family physicians' reactions

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ABSTRACT

OBJECTIVE To determine the effect on a cohort of family physicians of health care system reforms in Ontario and the relationship of reforms to their career satisfaction.

DESIGN Follow-up survey in 1999 of a cohort initially studied in 1993, posing many of the original questions along with some new ones. Four focus groups of other Ontario family physicians.

SETTING Family practices in Ontario.

PARTICIPANTS All family physicians who had received certification after completing a family medicine residency between 1989 and 1991 and were practising in Ontario in 1993. This report addresses only those members of the cohort who continued to practise family medicine in Ontario (N = 236). Four focus groups with a total of 27 family physicians.

MAIN OUTCOME MEASURES Reaction to health care system reforms. Perceived effect of reforms on practice. Current perception of quality of health care system and level of career satisfaction and changes in these variables since 1993.

RESULTS Response rate was 53% of original cohort. Only three of 13 selected health reforms were believed to have had a favourable effect. Physicians reported lower levels of satisfaction with their careers. Overall quality of the health care system was perceived by both respondents and focus group members to have declined. Several difficulties affected practice and personal life.

CONCLUSION Family physicians viewed the effect of health care reforms negatively and were significantly less satisfied with their careers than they were in 1993. Better consultation with stakeholders before implementation of reforms is needed to ensure that these stakeholders understand the likely effects of these reforms.

RÉSUMÉ

OBJECTIF Déterminer les répercussions sur une cohorte de médecins de famille des réformes du système de la santé en Ontario, et les liens entre ces réformes et leur satisfaction professionnelle.

CONCEPTION Un sondage de suivi en 1999 auprès d'une cohorte antérieurement étudiée en 1993, à l'aide de plusieurs des questions originales ainsi que de certaines nouvelles. On a organisé quatre groupes témoins d'autres médecins de famille en Ontario.

CONTEXTE Des pratiques familiales en Ontario.

PARTICIPANTS Tous les médecins de famille ayant reçu la certification après avoir terminé une résidence en médecine familiale entre 1989 et 1991 et qui pratiquaient en Ontario en 1993. Ce rapport ne porte que sur les membres de la cohorte qui pratiquaient toujours en Ontario (n = 236). Les quatre groupes témoins comptaient un total de 27 médecins de famille.

PRINCIPALES MESURES DES RÉSULTATS La réaction aux réformes du système de la santé. Les répercussions des réformes sur la pratique telles que perçues. La perception actuelle de la qualité du système de la santé et le degré de satisfaction professionnelle, ainsi que les changements dans ces variables depuis 1993.

RÉSULTATS Le taux de réponse s'élevait à 53% de la cohorte originale. Seulement trois des 13 réformes avaient eu, de l'avis des participants, un effet favorable. Les médecins ont rapporté un degré moins élevé de satisfaction à l'endroit de la pratique. La qualité générale du système de la santé était perçue comme ayant fléchi autant par les répondants au sondage que par les membres des groupes témoins. Plusieurs problèmes affectaient leur pratique et leur vie personnelle.

CONCLUSION Les médecins de familles considéraient que les répercussions des réformes des soins de santé avaient été négatives et ils étaient considérablement moins satisfaits de leur profession qu'ils ne l'étaient en 1993. Une meilleure consultation auprès des parties concernées avant l'implantation de réformes est nécessaire pour assurer que ces intervenants comprennent les effets probables de ces réformes.

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Over the past decade, substantial restructuring of the Canadian health care system has been undertaken with the stated purposes of improving health care, increasing efficiency, and constraining costs.[1-9] Health policy initiatives in Ontario have been intended to increase community care, control expenditures, and make changes in the human resource pool (**Table 1**). These changes were introduced rapidly, and many policies have evoked expressions of deep concern from professional associations representing physicians.[10-30] Little is known, however, about the views of physicians in the trenches who were affected by these reforms.

This paper describes how a cohort of family physicians perceived health care reforms initiated since 1993 in Ontario had affected them. Focus groups with family physicians who were not cohort members offered further understanding of the findings and their perceived generalizability to Ontario physicians.

METHODS

The original cohort consisted of all physicians who had obtained certification in family medicine between 1989 and 1991 after completing a family medicine residency and who were residing in Ontario in 1993 when they were initially surveyed. All members of the original cohort were located in late 1998 and were mailed a questionnaire in early 1999. Nonrespondents were contacted with two follow-up mailings of the questionnaire and, in some cases, telephone calls. Details of survey design, modification by inclusion of new questions, validation, and implementation are described elsewhere.[31]

This paper focuses on the group of physicians who were still practising family medicine in Ontario (N = 236) and also on the subgroup of these who responded in both 1993 and 1999 (n = 204). They were asked about the effect on their practices of 13 of the implemented health care reforms, selected as illustrative of those implemented or proposed in this period.[10-26] They were also asked to answer two open-ended questions about any other important health care system changes that had affected their practices and to describe these effects. In addition, respondents were asked for their overall assessment of the health care system in Ontario today, the extent to which they had been consulted about changes in their community's health care system, and the kind of involvement they had had in these consultations. Another series of questions examined several aspects of their career satisfaction in both 1993 and 1999. Sociodemographic information was collected as well as information on their preferred and actual hours of professional activity per week.

Analytical methods used included χ^2 tests and paired *t* tests. Forward stepwise regression analysis was used to examine potential correlates of satisfaction with medicine in 1999. Variables considered for entry into the regression model included level of satisfaction in 1993, the difference between hours worked professionally and hours preferred in 1999, the perceived negative effect of reforms, change in physicians' assessment of the health care system, sex, rural location, having children in 1999, being consulted regarding reforms, and change in net professional income since 1993. A *P* value of ≤ .01 was chosen for significance, given the many challenges of the data.

Four focus groups, purposively selected, were conducted with a total of 27 participants. Two of these groups were made up of professional leaders in primary care in Ontario (one selected from members of the Executive of the Ontario College of Family

Table 1. Overview of important policy changes in Ontario's health care system since 1993

INCREASE COMMUNITY CARE
Put more emphasis on community-based and preventive services
Reorganize home care and long-term care delivery
Reform primary health care
Improve access to and quality of care in rural and northern Ontario
CONTROL EXPENDITURE
Restructure and downsize the acute care hospital sector
Cap physicians' incomes
Maintain a fixed level of expenditure on physician fees
Control use
Decrease patient benefits
Establish patient copayments
MANAGE HEALTH PROFESSIONAL RESOURCES
Decrease number of medical trainees
Introduce new health professionals

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Physicians and the other from members of the Executive of the Ontario Medical Association's Section on General Practice) and two of practising family physicians, one in Toronto and one in Hamilton. Length of time in practice varied from between 5 and 30 years. Before the session, participants were sent a summary of our study findings. During the session, they were asked to reflect on our findings and tell us about their experience with health care reform and its effect on family physicians generally.

Qualitative methods were used to analyze focus group data. Tapes and notes of the focus groups were transcribed. Members of the research team independently reviewed these transcripts and categorized their themes. Independent analyses were compared systematically and discussed to identify recurring themes.

RESULTS

The survey had a 53% response rate from cohort members. Response rates were similar for those who had left Ontario and those who remained. Characteristics of respondents who were still practising family medicine in Ontario, the group reported on in this paper, are shown in **Table 2**.

Table 2. Characteristics of respondents to the 1999 survey, who were still practising family medicine in Ontario

RESPONDENT CHARACTERISTICS	MALE N	MALE %	FEMALE N	FEMALE %	TOTAL N	TOTAL %
ALL RESPONDENTS	104	44.1	132	55.9	236	100
TYPES OF PRACTICE						
Group	60	57.7	85	64.4	145	61.4
Solo	30	28.8	23	17.4	53	22.5
Community health centre or health service organization	9	8.7	13	9.8	22	9.3
Other	5	4.8	11	8.3	16	6.7

Response to reforms

Currently practising family physicians were asked to assess the effect of 13 health care reforms on their practices (**Table 3**). The percentage of physicians identifying a favourable effect was greater than those identifying an adverse effect for only three of the reforms: increasing the number of practice guidelines, use of care maps in hospitals, and establishment of community care access centres. Introduction of clawbacks and earlier discharge of patients were perceived most negatively. Women were less likely than men to report that income thresholds had an adverse effect on their practices.

Just over one quarter of survey respondents responded when asked to "identify any other important health care system changes that have affected your practice." Most often mentioned was reduction in resources (in terms of technology, access to specialists, and availability of hospital beds). Decreased income and increased government regulations were less frequently identified. When asked to "describe how the changes you have identified above have affected your practice," approximately half responded. Important effects identified by physicians included decreased resources (eg, "lack of long-term care beds," "hospital overcrowding," "sicker patients being cared for at home," and "longer waiting lists for specialists"); negative effects on patients (eg, "cannot always get patients the care they need," "less time available for patients," "complications following early discharge from hospital," "need to charge patients for delisted services"); increased workload; and increased paperwork leading to increased stress, decreased income, and effect on personal life (eg, "fewer hours with family," "less income," "increased clerical work and consequently decreased patient care and personal time," "very stressful and frustrating," "I have to spend too much time doing paperwork, making phone calls," "difficulty covering overhead expenses," "less take-home pay," and "increased time on paperwork, filling disability forms, nonformulary drug requests, letters for limited-release drugs"). One respondent summed up his concern by stating, "Medicine is no longer an enjoyable profession."

When asked, "To what extent do you think you have been consulted about changes in the health care system in your community?" 59.7% of respondents used the response categories reflecting little or no involvement (2 or 1; 1=not at all), 2.3% used the response categories reflecting substantial involvement (6 or 7; 7=very much) and the remaining claimed that they had been consulted somewhat (3, 4, or 5). Many of these consultations were in the context of hospital board, department, and committee meetings. A few respondents indicated involvement in political action, working with their Members of Provincial Parliament, responding to Ontario Medical Association (OMA) surveys, or participating in medical leadership organizations.

Table 3. **Ontario family physicians' perceptions of the effect of health care reforms on their practices**

REFORM	N	ADVERSE EFFECTS (%)	NEUTRAL EFFECTS (%)	FAVOURABLE EFFECTS (%)*
Introduction of clawbacks	225	87.6	12.4	0
Earlier discharge of hospital patients	224	71.9	17.4	10.7
Changes to agencies providing in-home services	221	58.8	30.3	10.9
Consolidation of hospital services into smaller number of sites	215	56.3	36.3	7.4
Delisting services	224	54.5	34.8	10.7
Long-term care reform	207	37.2	53.1	7.7
Primary health care reform	207	30.4	64.3	5.3
Introduction of income thresholds†	214	29.9	69.2	0.9
Licensing midwives	213	19.7	74.2	6.1
Introduction of nurse practitioners as regulated health professionals	211	12.3	78.7	9
Establishing community care access centres	213	13.1	53.1	33.8
Increasing number of practice guidelines	224	10.7	28.6	60.7
Use of care maps in hospitals	193	7.3	69.9	22.8

**Percentage based on valid cases only.*
†Male-female difference was $\chi^2_2 = 23.2$, $P < .001$.

Physicians were asked to indicate their overall assessment of the health care system in Ontario today on a 5-point scale (1–poor, 5–excellent). Paired analysis was done to examine the extent of change in family physician assessments between 1993 and 1999. Physicians rated the quality of the Ontario health care system significantly lower in 1999 (**Table 4**).

Table 4. **Overall assessment of health care system in Ontario in 1993 and 1999 by family physicians practising in Ontario:** *McNemar's* χ^2 *test was done on collapsed (3-point) scale, as counts in extreme cells were low. Difference between years is significant:* $P < .001$. *(Binomial distribution used.)*

	MATCHED PAIRS			
	1993		1999	
FAMILY PHYSICIANS' ASSESSMENT	N	%	N	%
Poor	1	0.5	6	3.1
Fair	15	7.7	57	29.2
Good	81	41.5	102	52.3
Very good	95	48.7	30	15.4
Excellent	3	1.5	0	
TOTAL	195		195	

Career satisfaction

In **Table 5**, mean levels for 16 items relating to career satisfaction[32] in 1993 and 1999 are given and ranked. Alterations in rank were relatively small. Level of satisfaction had decreased significantly ($P \leq .01$) for 12 of the 16 items; in no case had satisfaction increased. While in 1993, three items fell in the neutral to dissatisfied range (ie, the mean lay between 3 [neutral] and 2 [dissatisfied]), by 1999 four additional items were in this range. Satisfaction levels of men and women were not significantly different.

After taking overall satisfaction in 1993 into account,

Table 5. **Career satisfaction of family physician respondents in 1993 and 1999:** *Matched-pair* t *tests of difference, 1999 minus 1993.*

	1993			1999					
ASPECTS OF SATISFACTION	RANK	$\bar{X}$*	SD	RANK	$\bar{X}$*	SD	T	DF	P
Degree of personal autonomy you have	1	4.1	0.8	1	3.8	0.9	–4.0	201	<.001
Quality of care you are able to provide	2	4.1	0.6	2	3.7	0.8	–5.7	201	<.001
Your overall professional practice	3	3.9	0.7	5	3.7	0.8	–4.0	200	<.001
Your current work setting	4	3.9	0.8	3	3.7	1.0	–2.2	200	.028
Extent to which this practice has met your expectations	5	3.9	0.7	7	3.5	0.8	–5.0	201	<.001
Potential to achieve your professional goals	6	3.8	0.8	9	3.4	0.9	–6.1	200	<.001
Adequacy of your office staff	7	3.8	0.9	6	3.6	1.0	–2.8	199	.005
Opportunity to discuss difficult cases with colleagues	8	3.7	1.0	4	3.7	1.0	–0.1	200	.940
Interpersonal quality of your professional contacts	9	3.7	0.9	8	3.5	0.9	–1.9	200	<.001
Total earnings from your practice	10	3.6	0.9	10	3.0	1.1	–6.9	201	<.001
Amount of time you are able to spend with each patient	11	3.6	0.9	11	3.0	1.0	–7.3	199	<.001
Business side of your practice	12	3.3	1.0	12	3.0	0.9	–4.0	199	<.001
Time you have available for family and personal life	13	3.1	1.0	14	2.7	1.1	–5.0	201	<.001
Current practice of medicine	14	2.9	0.8	13	2.8	0.8	–2.6	200	.011
Time you have available for leisure	15	2.9	1.1	15	2.6	1.2	–3.6	200	<.001
Public respect for the medical profession	16	2.8	1.0	16	2.6	1.0	–2.2	200	.027
Mean of the above 16 items		3.6	0.5		3.3	0.6	–7.3	192	<.001

**Assessments used a scale of 1—very dissatisfied to 5—very satisfied.*

working many more hours professionally than physicians preferred and seeing more changes to the health care system as negative were associated with decreased satisfaction in 1999 (**Table 6**).

Focus groups

Focus group members identified several changes in physicians' practices that they believed were related to health care reforms and contributed to the negative evaluation many changes received (**Table 7**). A decrease in resources and a failure to shift resources to the community as hospitals merged and closed down were seen as serious problems. These changes increased the difficulty in accessing timely care for patients and the time required to arrange diagnostic tests or consultations with specialists. They also increased the acuity of illness among patients discharged from hospitals and decreased the numbers and qualifications of hospital nursing staff. Family physicians reported they relied on nurses to convey information important to managing patients in the community before discharge summaries became

Table 6. **Correlates of family physician respondents' satisfaction in 1999:** *Regression analysis was carried out with the mean of satisfaction with 16 aspects of practice in 1999* **(Table 5)** *as the dependent variable.*

CORRELATION COEFFICIENTS OF REGRESSION ANALYSIS	STANDARDIZED β	T	P	ADJUSTED R^2 CHANGE
Satisfaction in 1993 (mean of 16 aspects of practice)	0.499	8.12	<.001	31.5
Difference between hours worked and hours preferred in 1999	−0.214	−3.56	<.001	3.7
Number of negative effects of health care reforms on quality of health care for patients	−0.148	−2.44	<.001	1.9

Total adjusted R^2 *change = 37.1%, F = 38.48* (df *3, 166),* $P < .001$.

available. Nurses could no longer be counted on to provide necessary details about patients' problems and management. Other changes in the health care system the focus groups viewed negatively were decreases in patient benefits (through changes in the drug plan and delisting services). They also were critical of patients acting more as consumers in terms of demands, service, having more questions, and so forth.These changes resulted in an overall perception that family physicians' workloads have increased. Older patients, sicker patients, and patients with more complex problems are being cared for at home. Physicians handle more phone calls from hospital nurses who are inexperienced and from community nurses because of decreased continuity of care by nurses providing home care. There are also more calls from family members caring for sick patients at home. More paperwork is required by both the government and the College of Physicians and Surgeons of Ontario (CPSO). There was concern that these new demands decreased the time available to build relationships with patients. Failure to increase income, or even decreased income, was identified as a problem, and there was a sense that people were being paid inadequately for what they were expected to do.

Overall, there was a sense of increased stress and frustration. These physicians expressed professional demoralization, cynicism, and distrust of government-initiated reforms. They thought that many of the reforms introduced by government had led to poorer health care and that further reforms would only make matters worse.

Table 7. **Major themes expressed by focus groups**

CHANGES IN HEALTH CARE SYSTEM
Decreased resources, particularly in acute care
Decreased access to hospital beds
Fewer registered nurses in hospitals
Patients discharged earlier
Failure to shift resources to community
Changes to patient benefits
• User fees
• Delisted services
Competitive contracting out of home-care services
Patients acting more as consumers in terms of demands, service, having more questions, and so forth
EFFECT ON PHYSICIANS
Increased workload and paperwork
• More time needed to obtain consultations and diagnostic tests for patients
• More difficulty obtaining admission to hospital for patients requiring inpatient care
• Greater difficulty accessing information about patients in hospital
• More time required to obtain information relevant to discharged patients
• Increased phone calls to the practice about patients receiving home care
• More forms to fill out
• More time needed to talk with patients; patient education
Less time to build relationships with patients
Failure to increase income or even decreased income
Sense of stress and frustration
Demoralization, cynicism, lack of trust
PHYSICIANS' VOICE IN REFORM
Lack of consultation with family physicians
Failure to recognize effect of reforms on family physicians

They voiced concern that family physicians had not been consulted about many of the reforms that have occurred primarily in other sectors of the health care system. The effect of these health policies on family physicians, their practices, and their patients was not recognized. One participant in the survey summed up the overall feeling of these participants. She stated, "We are under the gun; we can't keep our patients happy; we can't keep the government happy, and we can't keep ourselves happy."

DISCUSSION

The Ontario family physicians studied, both in the survey and in the focus groups, gave negative opinions about the current state of the health care system and expressed concern about the pressures they were feeling and their decreased career satisfaction. They attributed these changes to the many rapidly implemented reforms introduced in the past 6 years. Further, several policy changes announced were rescinded later. Even though these measures were not implemented, in the interim, physicians were very concerned.[27,28]

In light of negative reactions to implemented reforms and skepticism about possible future reforms, it is unsurprising that career satisfaction declined since 1993. The Canadian Medical Association (CMA) also saw physician dissatisfaction in recent surveys[33,34] of its membership, which also report concerns about patient access to specialized services and procedures. The College of Family Physicians of Canada's 1997 survey revealed similar concerns about access to care, with almost half of respondents agreeing that problems exist.[35] The CMA and College surveys do not allow examination of the possible direct relationship of decreased satisfaction to changes in health care policies and perceptions about government actions. The results of the longitudinal study described here offered such an opportunity.

One of the attractions of medicine has been the substantial autonomy it offers its practitioners. Results of our surveys show that, although this component of practice continues to be the most satisfying for the cohort studied, the level of satisfaction has decreased substantially. The new limits on autonomy in Ontario are somewhat different from those in the United States, where physicians' satisfaction with autonomy in 1998 was also lower.[36]

A United Kingdom survey found that general practitioners' satisfaction decreased after imposition of a new contract with the government in 1990, a contract that forced physicians into new working relationships and was thought to have increased their workload. However, by 1998, their level of satisfaction had partially recovered.[37] Among Dutch general practitioners,[38] satisfaction was positively associated with openness with patients and more attention to the psychosocial aspects of patients' complaints, but also more referrals to medical specialists, while dissatisfaction was associated with increased prescribing and tendency to provide fewer explanations to patients. We do not know whether the satisfaction of our cohort will recover with time or affect physician behaviour.

Editor's key points

- A cohort of family physicians, first surveyed in 1993, was asked in 1999 about the effect of Ontario health care reforms.
- Only three of 13 listed health care reforms were perceived as having a positive effect on quality of care.
- Lower levels of career satisfaction were reported in 1999.
- This group thought the overall quality of care had declined during the period of reforms.

Points de repère du rédacteur

- Une cohorte de médecins de famille qui ont initialement fait l'objet d'un sondage en 1993 ont été questionnés en 1999 sur les répercussions des réformes des soins de la santé en Ontario.
- Seulement trois des 13 réformes mentionnées étaient perçues comme ayant eu des effets favorables sur la qualité des soins.
- On a signalé un degré moins grand de satisfaction professionnelle en 1999.
- Ce groupe était d'avis que la qualité des soins avait fléchi durant la période des réformes.

There are some limitations to this study. The response rate to the 1999 survey was lower than in 1993. However, those responding in both years appear similar to those who responded to only one of the surveys. Our cohort of family physicians has been in practice for 8 to 10 years. Some decrease in satisfaction observed could relate to the stage of practice they have reached. However, focus group members described the effect of reforms on their practices similarly. Thus, we think the findings could be more widely applicable, although only four focus groups were held. We cannot generalize to family physicians in other provinces where the rate or nature of reforms differs from reforms in Ontario and where family physicians might have been more involved in planning.

In May 2000, the OMA and the Ontario Ministry of Health and Long Term Care signed a new 4-year agreement. Some of the provisions of this agreement could address concerns that family physicians in our study expressed.

CONCLUSION

Reform of the health care system is taking place across Canada. Goals of health system restructuring

reflect the need to improve overall health care delivery, increase access to care, raise quality of care, and increase efficiency. Unfortunately, many primary care physicians perceive these reforms as achieving the opposite results. More involvement of key stakeholders in planning and implementing reforms could ensure that the effects of reform are better understood and that negative effects can be minimized.

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Contributors

Drs Cohen *and* **Ferrier** *took primary responsibility for writing.* **Dr Woodward** *and* **Ms Brown** *reviewed drafts and suggested changes to content. All four authors reviewed the final paper before it was sent for publication.*

Competing interests

None declared

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