

CANADIAN Healthcare Technology

Telemedicine raises concerns in attempt to leverage negotiations

BY DR. ALAN BROOKSTONE

As someone who lives firmly entrenched in two worlds, that of providing care to patients on a one-to-one basis in my family practice and as an IT consultant developing and implementing strategic plans within a health region, this column provides an opportunity to share important concepts and ideas with physician leaders and health planners across Canada.

I recently became aware of an issue that is very important conceptually as health policies and strategies become more widely implemented throughout Canada's various health jurisdictions. Telemedicine has numerous definitions, however in a simple form can be defined as 'Delivery of health services via remote telecommunications'. At the time of writing this report, contracted laboratory physicians in Kelowna, British Columbia were negotiating with their employer for a new contract. One of the key negotiating points was that of workload and need for increased physician resources. As with many hard-fought negotiations, it is natural to want to use all the leverage you've got. It is my understanding that one of the tactics in this negotiation was the ability by the hospital to utilize telemedicine capability to 'farm out' pathology and lab-

oratory specimens to laboratory physicians in other provinces, or potentially outside of Canada, if an agreement could not be reached with local physicians. While the capability exists to utilize telemedicine in this manner, it also raises a number of important issues. Questions of quality of reporting, the undermining of local physician expertise, the use of physicians who are not licensed in the province to report on specimens, and increased overall cost of services due to the expense of telemedicine, lab and courier charges are just some of the issues that come to mind.

When embarking down this specific pathway, regional or local negotiators should be careful not to establish precedents that could ultimately restrict the evolution and appropriate use of telemedicine to provide services to distant communities. As a physician, would I support telemedicine if I knew that it could be used against me in the future and could ultimately threaten my livelihood? As an out of jurisdiction physician, becoming a telemedicine 'scab' could result in short term financial gain, but could result in

physicians who provide these services becoming unwitting targets of the same strategy in their future.

Who would provide the on-site urgent and frozen section services for biopsies and cancer surgery? Without a strong local pathology and lab capability, could other surgical services be placed in jeopardy because of inadequate support?

If remote telemedicine capability for lab services becomes more commonplace in the future, what is the potential for medico-legal risk, particularly in the reporting of pathology specimens? In these situations, which parties would ultimately assume responsibility? In addition, the potential dollar amounts of these settlements could make the initial negotiated contracts with physicians appear negligible in comparison.

The capability and understanding of how to appropriately use these services is still in an early state of evolution. It would be of benefit to all parties to develop provincial and regional policies governing the use of these types of technologies in the context of contract and fee negotiations. Although telemedicine may appear to provide some added leverage, there are also significant risks. If we do not establish these policies and adhere to them, we could be opening a Pandora's box with many unexpected and negative connotations.



Dr. Alan Brookstone