ACUTE CARE CONCERNS

ALBERTA MEDICAL ASSOCIATION

ISSUE THREE: GENERAL INTERNAL MEDICINE – EXECUTIVE SUMMARY

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What is General Internal Medicine?

Even if you've never heard the term General Internal Medicine (GIM), chances are you or someone you know has received care from a GIM specialist. They are trained to provide comprehensive care to the sickest adults – patients who are experiencing complex, muti-system diseases or illnesses. In the community, GIM specialists focus on disease prevention, early detection, chronic illness management and managing patient care after their release from acute care settings. Their broad skill set makes them ideally suited to manage a range of medical issues, often because other specialists are unavailable or to improve the efficiency of care. In many communities, family physicians send patients to GIM specialists to help with the management of metabolic disease (obesity, hypertension, cholesterol, diabetes), cardiovascular disease, unexplained symptoms or for help with balancing multiple medical conditions. In hospitals, patients who are sick and medically complicated but are not in the ICU are most often consulted in the ER and/or are admitted under the care of General Internal Medicine. When COVID overwhelmed our hospitals and patients arrived deathly ill, scared, confused and alone, GIM specialists stepped up to provide critical care, compassion and hope. GIM physicians also contribute significantly to undergraduate and residency medical education. Most residency programs have mandatory rotations in GIM and the educational leadership roster in Alberta has a very noticeable GIM presence.

Who relies on GIM?

GIM specialists provide care to adult patients with complex medical conditions that may involve comorbidities – meaning the simultaneous presence of two or more diseases. Often those patients are elderly – in fact, the older a patient is, the more likely they are to have multiple comorbidities that require integrated, individualized treatment plans and careful management. Alberta's population is aging rapidly and by 2051, one in five Albertans will be a senior, meaning that more of us will need the care provided by GIM. Many GIM patients live with chronic or terminal illnesses that make them vulnerable to complications. If you know or love someone living with Alzheimer's disease, heart disease, diabetes, cancer, multiple sclerosis or long-term COVID, they have probably received care from a GIM specialist and will most likely need it again. Without GIM specialists in the hospitals, patients battling cancer will have no one to manage their care when they head to the hospital in the middle of the night with a fever or complication of their cancer therapy. People recovering from surgery who encounter complications will wait longer for assessment and pain relief.

The situation now

GIM specialists have been shoring up a health care system that is crumbling under the combined pressures of simultaneous crises in family medicine and acute care. The COVID pandemic created a care deficit that has exacerbated previous challenges and increased the demands for complex care at a time when many subspecialty groups are withdrawing from inpatient care. This has left GIM to take on the care of these fragile patients, increasing the demands being placed on GIM specialists, which leads to unsustainable pressure and burnout for physicians and increases the risk of patients receiving compromised care. Over the past few years, the increasing complexity of patients arriving in hospitals has pushed GIM specialists to the breaking point. Resources across our acute care system are strained and GIM specialists are being expected to work longer and harder to manage an endless stream of increasingly ill and complex patients. While other allied health professionals and non-hospital-based physicians may work more typical hours, GIM specialists are working in hospitals day in and day out, seven days a week. For example, it's not unusual for GIM specialists to work in emergency departments until 2 or 3 a.m. and then be back at the hospital at 9 a.m. In most professions, health and safety regulations wouldn't allow people to work after only four hours of sleep, but in hospital settings it has become not only the norm but an expectation.

Some GIM specialists have made the difficult decision to stop working in acute care facilities and move to community practice. On July 1, a hospital in the Edmonton Zone was forced to reduce its GIM specialist services by 40% – a change that had a ripple effect throughout the entire facility, especially for colleagues working in emergency. This impacted care across the entire zone, with patients arriving through emergency departments waiting longer for inpatient care and once admitted, not having access to the same level of specialized care they had before.

What got us here

Alberta's acute care system was under-resourced even before the pandemic but has been pushed to the brink by a perfect storm of factors, including a crisis in primary care that has left as many as 850,000 Albertans without a family physician to manage their medical care. This decrease in access to primary care has resulted in patients presenting to emergency departments with more severe illnesses, increased waits and inefficiencies in care delivery. Without family physicians, discharge planning after hospitalization is unactionable and proactive management is nearly impossible. At the same time, the lingering health impacts of the pandemic and health system pressures have created a care deficit for chronic disease patients. More people are arriving at hospitals sicker and more frail than ever before, presenting with advanced diseases, complications of chronic diseases and accelerated progressions of alcohol and substance abuse disorders. Increasingly, these patients are too ill to be managed in the community. In the hospitals, GIM specialists rely on a team to provide appropriate care including Tier-1 supports such as clinical assistants, clinical associates, inpatient-care family physicians and other allied health personnel to support rehabilitation, pharmacy and other transitions of care that are required for patients to come out of hospital successfully. Our health care system is experiencing staffing shortages across most disciplines, which has resulted in GIM specialists having to step into additional roles that are beyond their professional scope. While these are critically important services, it has added to the workload for GIM physicians. At the same time, specialist consulting services have been severed from hospital admission processes, leaving GIM physicians to manage a broader range of inpatient care concerns and a higher volume of cases. GIM in acute settings must also use information systems that have added layers of administrative burden, which increases workload and forces physicians away from bedsides to workstations.

What must change

Alberta's GIM specialists are buckling under the growing expectations and shrinking resources allotted to manage the increasingly complex care needs of the patients who rely on them. They need more support to do the work they are trained to do, so they can be more efficient and effective in their jobs. They need government to look at ways to improve how care is delivered so that GIM does not become the buffer for staffing shortages throughout the acute care system. Most importantly, they need more reasonable expectations that allow for a better quality of life and less burnout so that we can retain the GIM physicians we have now and attract the ones we so desperately need for the future.

Resources

General Internal Medicine Profile – Canadian Medical Association
https://www.cma.ca/sites/default/files/2019-01/internal-medicine-e.pdf

Hospital Discharge Planning
https://myhealth.alberta.ca/Health/pages/conditions.aspx?hwid=ug5158

Home to Hospital to Home Transitions
https://www.albertahealthservices.ca/scns/Page14085.aspx