ACUTE CARE CONCERNS

ALBERTA MEDICAL ASSOCIATION

ISSUE THREE: GENERAL INTERNAL MEDICINE

August 2024

General Internal Medicine in Alberta

- General internal medicine (GIM) delivers essential care to seriously ill adult patients experiencing acute and chronic multi-system disorders in both hospitals and community settings.
- GIM specialists are buckling under the growing expectations and shrinking resources allotted to manage the increasingly complex care of some of Alberta's sickest patients.
- Patients are experiencing delayed access to care for many reasons, including reduced access to primary care (which impairs diagnosis and management of chronic illnesses) and long wait times for access to specialist care and treatment.
- GIM specialists provided a huge amount of care and service during the COVID pandemic, and they are still feeling the ramifications of the care deficit it created.
- Subspecialty groups are withdrawing from inpatient care due to lingering impacts of the pandemic, increasing complexity of patients, lack of supports, inadequate compensation and escalating workloads. As a result, GIM has had to absorb these patients.
- When other medical groups are stretched thin and create barriers for their protection, GIM often is the final common pathway for consultation or admission to hospital. It is difficult for GIM physicians to create clear boundaries for care without a major impact on vulnerable patients.
- The growing demands being placed on GIM specialists are increasing the risk of patients receiving compromised care and physicians experiencing burnout – both of which have implications for the entire health care system.
- Government must consider new ways of delivering care that will increase essential supports, ease the burden on GIM specialists and allow them to be more effective and efficient in their jobs.

What is General Internal Medicine?

Some Albertans may not immediately recognize the term General Internal Medicine (GIM), but chances are most of us have relied on GIM specialists at some point. In many communities, referrals from family physicians to GIM would either be for help to manage metabolic disease (obesity, hypertension, cholesterol, diabetes), cardiovascular disease management, unexplained symptoms or help with balancing multiple medical conditions. In a hospital setting, those who are sick and medically complicated but not in the ICU are most often consulted in the ER and/or are admitted under the care of General Internal Medicine. If you are in a smaller centre, the ICU may also be home to GIM specialists. You may also be seen by a GIM specialist as a consultant for medical concerns and management support while you are being overseen by a surgeon or family physician hospitalist relating to surgery.

GIM specialists are trained to provide comprehensive care to adult patients 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. As patients become more complex, GIM specialists specialize in the integration of care plans across multiple systems and specialties (for example those who might focus on the cardiac, hematologic, pulmonary, gastrointestinal [GI] tract or endocrine systems) when there may be competing management plans or conflicting priorities in patient care. Because of this skill set, they are also able to manage the widest range of medical issues often in lieu of multiple specialists, either for efficiency of care or the absence of specialist access.

GIM physicians also provide a significant contribution to medical education at both the undergraduate and residency levels. Most residency programs will have mandatory rotations in GIM and the educational leadership roster in Alberta has a very noticeable GIM presence.

Patients are older, sicker and need more complex care

The care provided by GIM specialists has always been essential but became critically important during the pandemic. 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. Their unique skill-set and clinical flexibility made their services in high demand during a time of high acuity, complexity and medical uncertainty.

The lingering health impacts of the pandemic and the many system pressures that emerged in recent years have changed the health landscape in our province, creating a care deficit of chronic disease. Right now, many Albertans are struggling to access primary care in the community, which means they are not receiving timely diagnoses for new concerns or having their chronic health issues managed. Too often, this disproportionately impacts the most complex and vulnerable patients. The result is more people arriving at hospitals sicker and frailer 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. Ultimately, complex issues come to GIM specialists who are tasked with managing multiple problems in adult patients that require more than a single-organ approach to care.

Alberta's aging population has created a cohort of patients who are both medically complex and vulnerable. It is very common for hospital admissions to discover these more complicated health issues, unmanageable in the community, resulting in prolonged hospitalizations. These elderly patients also do not have a medical home to return to that can meet their complex medical needs. Alberta is also experiencing an unprecedented population boom, with more people arriving daily. More people means more health concerns, at a time when Alberta is dealing with finite – and often shrinking – health care resources.

Over the past few years, the increasing complexity of the patients arriving in hospitals has strained GIM specialists to the breaking point. Resources across our acute care system are scarce, and GIM specialists are being expected to work longer and harder to manage an endless stream of very ill, increasingly fragile patients.

All this comes with a shift of "service capital" for GIM physicians from the GIM community clinics outside the hospital, into climbing demand in the hospital environment. GIM inpatient services are growing at a rate of 10% or more per year and there is no matching of non-physician support for this expansion. The net result is an increase in patient care volume, intensity and after-hours expectations for physicians, accompanied by less support available around them. This shift of services also further widens the community care gap that is described above. Ignoring the community GIM clinic portfolio only worsens care for complex patients, increases admissions and readmissions to hospital and limits access to outpatient support for primary care.

GIM specialists are doing more with less support

Alberta's acute care system was under-resourced even before the pandemic and 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. The gaps in primary care have increased the severity and complexity of medical issues left to evolve unmanaged. Although family and rural physicians work hard to support patients in the community, their extreme financial crisis has brought that specialty to the edge of collapse. In that environment, it has never been more difficult to establish a medical home for Albertans. Not having that functional medical home for patients has resulted in patients presenting to emergency departments with more severe illnesses, creating long delays and systemic inefficiencies. The shortage of family physicians has also led to less sustainable discharge planning with follow-up plans being unactionable and proactive management nearly impossible.

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 still providing the specialized General Internal Medicine

care patients need. Increasingly, physicians who are identified as the admitting or most responsible physician (MRP) are being asked to take on non-physician – but essential – tasks that are required to maintain the flow of patients in and out of the hospital. While these are critically important services, they have added to the workload for GIM physicians and have reduced physician wellness. This, in turn, makes it difficult to recruit new physicians and reduces the capacity of GIM to provide community care, outpatient consultation and management of complex medical patients outside the hospital. A balanced practice model is critical for the health of the system, best management of patients and work satisfaction for physicians.

Immense pressures on the acute care sector and ongoing shortages of physicians and other health care workers have destabilized long-standing work patterns. Facing shrinking resources and increased work-life pressures, many non-GIM specialists have opted to move to community practice. Specialist consulting services have been severed from hospital admission processes, leaving GIM physicians managing an ever-broader range of inpatient care concerns and volume of cases. On the menu of specialist services, procedures, inpatient consulting services, outpatient clinical work and direct patient care (MRP responsibilities), being the MRP has become optional for many specialty services as their overall portfolios continue to grow. This greatly impacts on the perpetual overcapacity census of most GIM services and it seems there is no motivation to address this asymmetry or incentivize a different pattern.

GIM in acute settings must also use information systems that have added layers of administrative burden. This increases workload, forces physicians away from bedsides to workstations and has had a measurable impact on the individual caseload capacity of the physicians who are providing MRP care where the burden is greatest.

In addition, 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. They are the ghosts in the machine that make sure care is delivered to the patients who need it and without them there, those machines would grind to a halt.

While collective expectations are growing, there appear to be limited options for GIM; the buck seems to stop with them. Failure to recognize that we are past our limit will soon result in attrition of experienced GIM physicians and failure to recruit for the future. We are at crisis point in many centres across the province and solutions are needed immediately so that we can support the essential work that GIM specialists perform.

What happens if GIM specialists are unable to provide care?

Hospitals rely on general internal medicine, general surgery, general psychiatry, pediatrics and family medicine to run and make sure patients eventually move from the emergency departments. Without those core pillars, most hospitals simply can't function. Unfortunately, in many hospitals, GIM specialists have hit the wall and can no longer continue to work at this pace or this level. On July 1, an Alberta 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.

Without GIM specialists in the hospitals to provide care, patients who have received cancer care, for example, will have no one to manage their care when they head to the hospital in the middle of the night with a fever or other complication of their cancer therapy. Also, people recovering from surgery who encounter complications will wait longer for assessment and pain relief.

Most patients don't understand the fragility of the acute care system that continues to run on the willingness of GIM specialists and other physicians and health professionals to pick up the slack. This creates a situation where those providing essential care are exhausted, overextended and burned out. It's not unusual to have people working 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.

What must change

Alberta's GIM specialists 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.

Specifically, we need:

- Systems to be incentivized to allow broader options for the most responsible physician of complex medical patients in acute care and relieve some of the pressure on GIM.
- Tier One staffing support for after hours – coordinate clinical support for after hours with integrated scheduling of resident learners (as contracts allow), clinical assistants, clinical associates and inpatient family physicians.
- Consistent and effective care teams that include rehabilitation, social work and pharmacy support to assist with the transitions of care required for patients to leave hospital successfully.
- More reasonable expectations to allow for a better quality of life and less burnout for GIM specialists.
- Improvements to clinical information systems, which have created additional administrative duties and reduced clinical capacity.
- Recognition and respect for the work GIM does in acute care settings and the fact that they have significantly increased their footprint in the hospitals.
- Support the growth of a GIM inpatient and outpatient portfolio to support the care of patients with complex medical care issues.

Without these changes, GIM cannot continue to provide high-quality care to the sickest, most medically complex adult patients.

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