



## Nova Scotia MDs to earn more for treating elderly

A recent fee settlement gives Nova Scotia physicians 30% more for treating the elderly under a new geriatric patient office visit fee. The agreement also features fee increases for family physicians who visit patients in hospital, reimbursement for some medical supplies, and more. The Department of Health and the Medical Society of Nova Scotia finally agreed to the revised fee schedule during arbitration early this spring.

Dr. Robert Mullan, the society president, says the schedule is a fair compromise. He is particularly pleased with the development of the special fee for geriatric patients. "The number of patients in this province 65 years of age and older is continuing to increase, and the creation of the geriatric office fee code will help address the needs of both patients and physicians," he says.

Statistics Canada reports that 500

Nova Scotians turn 65 years old every month — a trend that is expected to continue for the next 6 to 7 years. The percentage of Nova Scotians older than 65 now stands at 13.4%, which is slightly higher than the national average.

Under the new deal, the office fee a physician will receive for seeing patients aged 65 and older will be set at 15 medical service units worth \$1.84 each, for a total of \$27.60. The regular office visit fee for younger patients also increased slightly, from \$19.32 to \$20.24. And general practitioners visiting hospital patients will receive \$24.84, up from \$13.43.

The medical society had hoped the province would implement a special fee for patients with multiple problems who require additional time and expertise, but this didn't happen.

However, the settlement, which will cost the province about \$13 million a year, does include other fee schedule improvements and covers the cost of many of the supplies doctors use in their offices. The latter concession means Nova Scotian physicians will no longer be required to pay the supply costs associated with Papanicolaou smears, vaccinations and the provincial childhood immunization program.

Mullan is optimistic about the positive effects the settlement will have on medical practice. "You never get everything you want," he says. "However, this does bring us into the middle of the pack of general practitioners' fees across the country. It will also put us in a more competitive position in terms of recruiting doctors for Nova Scotia and convincing them to stay." — © *Dorothy Grant*, Halifax

## BC exercise program studies cardiac kids

In a noisy gymnasium, a group of children are jogging, shooting hoops and hitting hockey pucks. It could be any after-school program, but it isn't — each of the children has undergone heart surgery and is wearing a cardiac monitor while trying to get fit.

The program is part of a unique study at British Columbia's Children's Hospital, which is taking the exercise tolerance of children with heart abnormalities to a new level. "We have extended the exercise period beyond what other people have done, and in addition to measuring maximum oxygen uptake we are also assessing them with stress echocardiography," explains Dr. George Sandor, the cardiologist leading the study. "The other unique thing is that we are involving physiotherapists and occupational therapists in an attempt to gauge exercise capacity on a number of different levels. If they can't do the activity, it may not be the heart that is so much of the problem — the problem may lie with coordination or other skills."

The children are aged between 7 and 15, and some are functioning with only 1 ventricle. Twenty children have been divided equally into experimental and control



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### Special research subjects

groups. The experimental group comes into the hospital twice weekly for the 16-week exercise program, followed by 6 months of exercising at home. Both groups are tested for motor skills and respiratory and cardiac function 3 times during the study. Stress echocardiography al-

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