Confronting the COVID-19 surgery crisis: time for transformational change

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KEY POINTS

- The coronavirus disease 2019 (COVID-19) pandemic has profoundly reduced the capacity of health systems to provide scheduled services such as elective surgery and other non-emergency procedures.
- The combination of single-entry models and team-based care is an efficient, fair and ethical approach to addressing the pent-up demand for surgery in the presence of constrained resources.
- Even beyond the COVID-19 pandemic, single-entry models and team-based care are effective strategies to reduce wait times, enhance the patient experience of care and improve surgeons’ professional work environments.


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are compounded by the stress of our current public health crisis. Many believe that the existing processes for patient referrals work well to ensure that patients are directed to the best and most appropriate care and that the relationship between a surgeon and a patient — once formed — should never be disturbed. Surgeons have legitimate concerns about their professional autonomy, independence, referral base and financial security.

But surgeons’ concerns should not impede efforts to introduce innovative strategies to help guide our way out of the COVID-19 crisis. Concerns about these models are legitimate, but easily addressed. For example, surgeons may feel that patients will accept nothing less than choosing their own surgeon. However, it has been reported that most patients prefer a shorter wait time even if it means seeing the next available provider. In addition, less than half of patients in a group surgery model reported that having the same surgeon was important; three-quarters were comfortable meeting their surgeon for the first time on the day of surgery.

Change is painful at the best of times. In his Harveian Oration at the Royal College of Physicians of London in 1906, Sir William Osler observed that “the pain of a new idea is one of the greatest pains to human nature.” At this fraught moment, the idea of system change may seem overwhelming.

Single-entry models and team-based care are suitable only for common and standardized procedures, where every surgeon on the team can provide excellent care. To the extent that there is variation in the quality of care among providers, there is no evidence that the patient or referring physician’s choice of surgeons is an effective mechanism to weed out poor performers. Bad care must be addressed by clinical leaders rather than the marketplace; group models of care actually make it easier to identify variations in practice and to support colleagues to improve the appropriateness and reliability of care and enhance surgeons’ work environment.

Ultimately, surgeons want to perform operations for their patients. Many feel their careers and livelihoods are threatened by the COVID-19 restrictions on hospital activity. Single-entry models and team-based care are the most equitable mechanisms for ensuring that all surgeons — regardless of gender, years in practice, or existing referral network — have an opportunity to provide care and maintain their skills by allocating them equal access to operating room time. These models of care are the most fair and patient-centred approach to addressing the profound challenges we are facing. Surgeons should join health system and hospital leaders and public policy-makers in adopting this approach as a surgery recovery plan in the immediate aftermath of the COVID-19 pandemic and seize this once-in-a-generation opportunity to kindle a broader transformation of surgical services for a sustainable and ethical health system in Canada.

References
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