Redefining Happiness: My Experiences in American and Canadian Health Systems

By Ashley Sterrett, MD, CCD

Is the grass always greener? As an American-educated and trained physician you are taught your healthcare system is the best in the world—why else would so many migrate from other countries to train and practice in the United States (U.S.)? However, while I worked in an academic and government setting in the United States' Veteran's Health system, I began to question that presumption. I attended medical school in the state of Georgia and then completed my training in internal medicine, followed by rheumatology at the University of South Florida (USF). After graduation, I joined as a staff rheumatologist with the Veteran's Health Administration (VHA) in Tampa, Florida, which is affiliated with USF. In my role, I had the privilege of caring for my nation's veterans, as well as training medical students, medical residents, and rheumatology fellows. My medical billing was simple: Only veterans could receive care at VHA. Thus, if they were referred to me, they had medical coverage. The coding was based on Medicare guidelines, and the formulary for medication and testing coverage was based on a national formulary, rather than the myriad of insurance plans most physicians struggle with in private practice. The electronic medical record (EMR) system used by the VHA has been active since the 1990s—it is the original EMR. It is also accessible from any Veteran's Affairs (VA) centre in the country; if a veteran who lives and receives care in Tampa presents to a VA medical centre in Texas for care, his or her records are accessible through a secure link. The only exception was Department of Defense and active duty veterans' medical records, as these were protected and not open to all healthcare providers with VA EMR access.

Seems too good to be true? Every system has pitfalls and the United States' Veteran's Health system is not without its share of issues, many of which have been publicized. For example, there are common issues you would expect with a massive healthcare system: not enough providers or services lead to long wait-times for appointments, tests, and even standard care, such as colonoscopies and surgeries. Another pitfall is the reliance on a national formulary, which does not account for regional disease needs—for example, one regional pharmacy used its entire annual budget within four months after a new Hepatitis C drug was approved for use, affecting all the other departments' access to medications. But I don't want to focus on the negative as this article is not about that, and honestly my experience as an employee of the VA for seven years was very positive.

Canada called to me with the promise of a better, safer life for my family, smaller student loans for my children when they attend university, and a seemingly similar system to the Veteran's Health system—a single payer with a provincial formulary. However, I soon found that the similarities ended there. My five months of practice in Ontario have been quite an adjustment. As expected, there are similarities as well as differences between both systems: the formulary is more liberal than I previously experienced at the VA in Florida; the wait-time for tests such as magnetic resonance imaging (MRIs) is similar in Ontario to the VA, but longer than in private practice in the United States; the access to complementary services such as physiotherapy is less in Ontario than in the VA, but not compared with private practice in the U.S. However the VA benefits were limited to veterans only, and I have ultimately found the healthcare system in Canada very good both as a physician and as a patient. While I was not in private practice during my time in Florida, I am well aware of the average pay for a

Continued on page 25

9. Anti-TNF Therapies.

Infliximab is used in CD and UC: 5 mg/kg at weeks 0, 2, 6, followed by maintenance dosing every 8 weeks. Adalimumab is used in CD and UC: week 0, 160 mg; week 2, 80 mg; then 40 mg every 2 weeks. Golimumab is used in UC: week 0, 200 mg; week 2, 100 mg; then 100 mg every 4 weeks. Certolizumab is not approved in Canada for IBD. Etanercept is not effective in IBD.[8,9]

10. New biologics in IBD.

Vedolizumab is an antibody against $\alpha_4\beta_7$ integrin for CD and UC. Vedolizumab is the first gut selective biologic.[8,9] Its role in managing co-existing spondyloarthritis is unknown.

References:

1. Karreman MC, Luime JJ, Hazes JM, et al. The prevalence and incidence of axial and peripheral spondyloarthritis in inflammatory bowel disease: a systematic review and meta-analysis. J Crohns Colitis 2016.
2. Harbord M, Annese V, Vavricka SR, et al. The first European evidence-based consensus on extra-intestinal manifestations in inflammatory bowel disease. J Crohns Colitis 2016;10(3):239-254.
3. de Winter JJ, van Mens LJ, van der Heijde D, et al. Prevalence of peripheral and extra-articular disease in ankylosing spondylitis versus non-radiographic axial spondyloarthritis: a meta-analysis. Arthritis Res Ther 2016;18:196.
4. Danese S, Fiorino G, Mary JY, et al. Development of red flags index for early referral of adults with symptoms and signs suggestive of Crohn's disease: an IOIBD initiative. J Crohns Colitis 2015;9(8):601-606.
5. Takeuchi K, Smale S, Premchand P, et al. Prevalence and mechanism of nonsteroidal anti-inflammatory drug-induced clinical relapse in patients with inflammatory bowel disease. Clin Gastroenterol Hepatol 2006;4(2):196-202.
6. Rezaie A, Kuenzig ME, Benchimol EI, et al. Budesonide for induction of remission in Crohn's disease. Cochrane Database Syst Rev 2015(6):CD000296.
7. Wang Y, Parker CE, Feagan BG, et al. Oral 5-aminosalicylic acid for maintenance of remission in ulcerative colitis. Cochrane Database Syst Rev 2016(5):CD000544.
8. Hazlewood GS, Rezaie A, Borman M, et al. Comparative effectiveness of immunosuppressants and biologics for inducing and maintaining remission in Crohn's disease: a network meta-analysis. Gastroenterology 2015;148(2):344-354 e345; quiz e314-345.
9. Vickers AD, Ainsworth C, Mody R, et al. Systematic review with network meta-analysis: comparative efficacy of biologics in the treatment of moderately to severely active ulcerative colitis. PLoS One 2016;11(10):e0165435.

Heba Al-Farhan, MD, MRCP
Advanced IBD Fellow,
University of Calgary
Gastroenterologist,
Foothills Medical Center
Calgary, Alberta
Amiri Hospital,
Kuwait

Gilaad G. Kaplan, MD, MPH, FRCPC
Associate Professor,
University of Calgary
Gastroenterologist,
Foothills Medical Centre
Calgary, Alberta

Redefining Happiness: My Experiences in American and Canadian Health Systems *(Continued from page 22)*

rheumatologist in the U.S. From what I have learned from recent Ontario Rheumatology Association (ORA) stats, the pay in Ontario is similar. As I am no longer part of a massive interconnected healthcare system, I do not have access to my patients' records from their family doctor, their hospital visits, etc. without a lot of requests and waiting. This does not differ from any physician in private practice in most countries, but both Canada and the U.S are testing options that create a comprehensive health record that is accessible from any site using the Internet.

In the U.S, some foreign-trained physicians are required to repeat training or pass the U.S. Medical Boards for their specialty, but once this is done, they can practice without restriction. In general, Canadian-trained physicians do not require any additional testing or training as their training is considered equivalent to the U.S. While Canada considers U.S. physician training equivalent, the College of Physicians and Surgeons of Ontario requires a year of supervised practice in your specialty to assist one with the transition to the Canadian system. While obtaining a supervisor was initially difficult, I have greatly appreciated Dr. Mary Lee's guidance and expertise as I learn about the Canadian medical system, and I could not imagine trying to care for patients without her assistance.

In summary, I have found the Canadian system similar to the United States' Veteran's Health system, but with some differences as I mentioned and others you are more familiar with than I am. However, while I cannot determine this for you, for me and my family, the grass is greener in Canada.

Ashley Sterrett, MD, CCD
Associate Professor of Medicine,
University of South Florida, Tampa, Florida
Licensed in the State of Florida
Certified in Clinical Bone Densitometry
Currently practicing in Toronto under a restricted license while under supervision
Toronto, Ontario