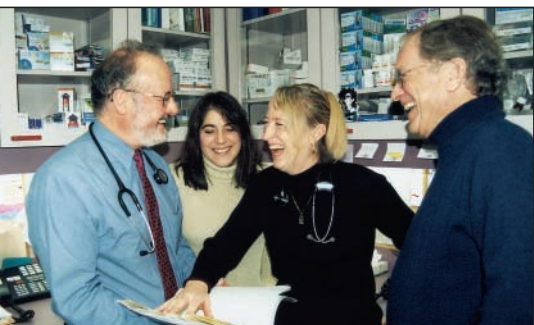


Clinic beats Romanow to the primary care punch

The Rosedale Medical Group in Hamilton, Ont., has beat Roy Romanow to the punch by several years. Romanow's report on the future of medicare called for a \$2.5-billion cash infusion to jump-start primary care reform, with a heavy emphasis on a team approach and 24-hour access to care (see Editorial, page 141).



Ken Kilpatrick

On the job in Hamilton: (from left) Dr. Adrian Hornich, mental health counsellor Sylvia Casagrande, nurse practitioner Mary Goodacre and Dr. Tony Opie.

And Rosedale is probably exactly what Romanow has in mind: this group practice has already brought physicians, nurse practitioners, nutritionists, mental health counsellors, a dentist and a chiropractor together in Hamilton's east end. The team approach allows the group's 6 family physicians to have fairly large practices — 3 have more than 2500 patients each.

"It's fun to come to work," says Dr. Adrian Hornich, a cofounder of Rosedale. "I feel good at the end of the day.

"If I don't know what an answer is — if I'm not sure about a rash, for instance — I can walk down the hall and ask another doctor to have a look. We save the government a lot of money with these corridor consultations instead of automatically referring problems. And patients have a lot of comfort knowing we work together."

The Rosedale family physicians are part of Ontario's Family Health Net-

works (FHNs), which are designed to keep care affordable and increase access to doctors. As of December, 22 FHNs were operating in Ontario, although the province says it hopes to have 80% of FPs practising in them by 2004 (*CMAJ* 2002;167[10]:1159).

The FPs at Rosedale, who are paid by capitation, share on-call duties. Another 21 physicians are available to provide clinics or evening and weekend coverage.

"It's great," says Dr. Tony Opie, another partner. "I work only 2 weekends a year."

Working with that number of doctors also makes it easier to find someone to cover staff holidays or attendance at CME programs. As well, a general psychiatrist visits every 2 weeks, and psychiatrists who treat geriatric patients and children provide clinics for a half-day every month.

Nurse practitioners help reduce the FP workload by seeing patients with minor ailments, such as some ear and throat complaints. On weekends, a telephone triage service staffed by registered nurses is available.

"Often, the nurse is the first person a patient talks to, and it cuts down a lot on calls to physicians," says Opie. "It also keeps people out of emergency departments." — *Ken Kilpatrick*, Hamilton

US, UK and Canada begin preparations for possible smallpox bioterror attacks

The US, United Kingdom and Canada are buying enough smallpox vaccine to inoculate every citizen, although mass vaccination is not yet planned in Canada.

To combat possible bioterrorism, the US is stockpiling 350 million doses, while the UK is spending £32 million for an undisclosed amount of vaccine to add to existing stocks. Canada recently announced that it is buying 10 million concentrated doses — enough to vaccinate 30 million people — for \$40 million.

All 3 countries plan to vaccinate key health workers. Health Canada is going to inoculate 500 professionals considered at highest risk of contracting the disease, while the US intends to vaccinate 500 000 health care and emergency workers. Details of the UK's plan are still being developed.

All 3 countries are avoiding mass vaccination for the time being due to potential risks, estimated at a 1-in-1-million chance of death and a 1-in-300 000 chance of serious side effects.

If there is an outbreak, Health Canada and the UK will employ "ring immunization," which involves only people who may have had contact with known victims. This was the strategy that in 1979 finally succeeded in eradicating naturally occurring smallpox. The US intends to immunize everyone within 5 days of an outbreak.

Laboratories in the US and Russia are the only known repositories of the virus, but the US says Iraq and North Korea have covert stocks. The Russian scientist in charge of one of the last known caches of the virus said mass vaccination should be reintroduced because terrorists could easily entice underpaid researchers in the former Soviet Union into turning smallpox into a tool for bioterrorists.

"Smallpox is a very dangerous weapon in the hands of terrorists and you don't need some clever way of delivering it," said Dr. Lev Sandakhchiev, director of Russia's Scientific Centre of Virology and Biotechnology. "All you need is a sick fanatic." — *Cathel Kerr*, Fife, Scotland; *Barbara Sibbald*, CMAJ

Autism funding dispute reaches Supreme Court

A dispute over the funding of autism treatment in British Columbia is heading to Canada's Supreme Court. The legal battle involves BC's refusal to pay for an early-intervention treatment program for autistic children that costs about \$60 000 per year. In 2002 the BC Court of Appeal ruled that failure to pay for the treatment violated the Charter of Rights and Freedoms (*CMAJ* 2002;167[11]:1278). The province currently provides \$20 000 each in annual funding to treat 500 autistic children under age 6. The appeal court ruling changed the maximum age for eligibility to 19 years. About 1400 autistic children aged 19 or under live in BC. — *CMAJ*