Physician Health Program
British Columbia

Strategic Plan
2020-2022

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Letter from the Steering Committee

We are pleased to present the three-year Strategic Plan for the Physician Health Program of BC.

It has been almost four years since our last strategic plan was released in December 2016. We decided to delay creating a new plan until our committee membership had been refreshed, a process which was only completed in November 2019. Although we do not need a pandemic to remind us that the future is uncertain, it seems at least plausible that the committee approving this plan will be the one to see it through to completion.

There have been several shifts in our operating environment since 2016. A new Physician Master Agreement (PMA) has been signed between the Doctors of BC and the Government of BC (Ministry). In this PMA, the Ministry has agreed to fund the PHP 100%, and to increase funding over the three year term of the agreement to meet increasing demands.

The Program achieved its previous strategic objectives of increasing scale, and now provides services to dentists in BC and physicians in PEI. The landscape of physician engagement is much richer now, with Medical Staff Associations in operation at almost all of the Province's 75 health care facilities. Many of these organizations mention "physician wellness" in their mission statements, as do most of the 35 Divisions of Family Practice. Health Authorities are increasingly interested in sponsoring initiatives to support physician health and wellness, and the Canadian Medical Association has indicated that physician wellness is one of its two key strategic priorities. Physician Health has at last become a topic of widespread interest.

Many things have remained the same since 2016: demand for services continues to be strong, and the challenges faced by those we serve remain complex. This has never been more true than it is now. As the Committee meets to approve this plan, we find ourselves in the throes of a worldwide pandemic.

Our responsibilities as the Steering Committee include understanding the current priorities of the Ministry and Doctors of BC, aligning the Program service delivery and administration with these priorities, and summarizing this alignment in a multi-year strategic plan. We have developed this plan as an articulation of what we would like to accomplish over the next three years.

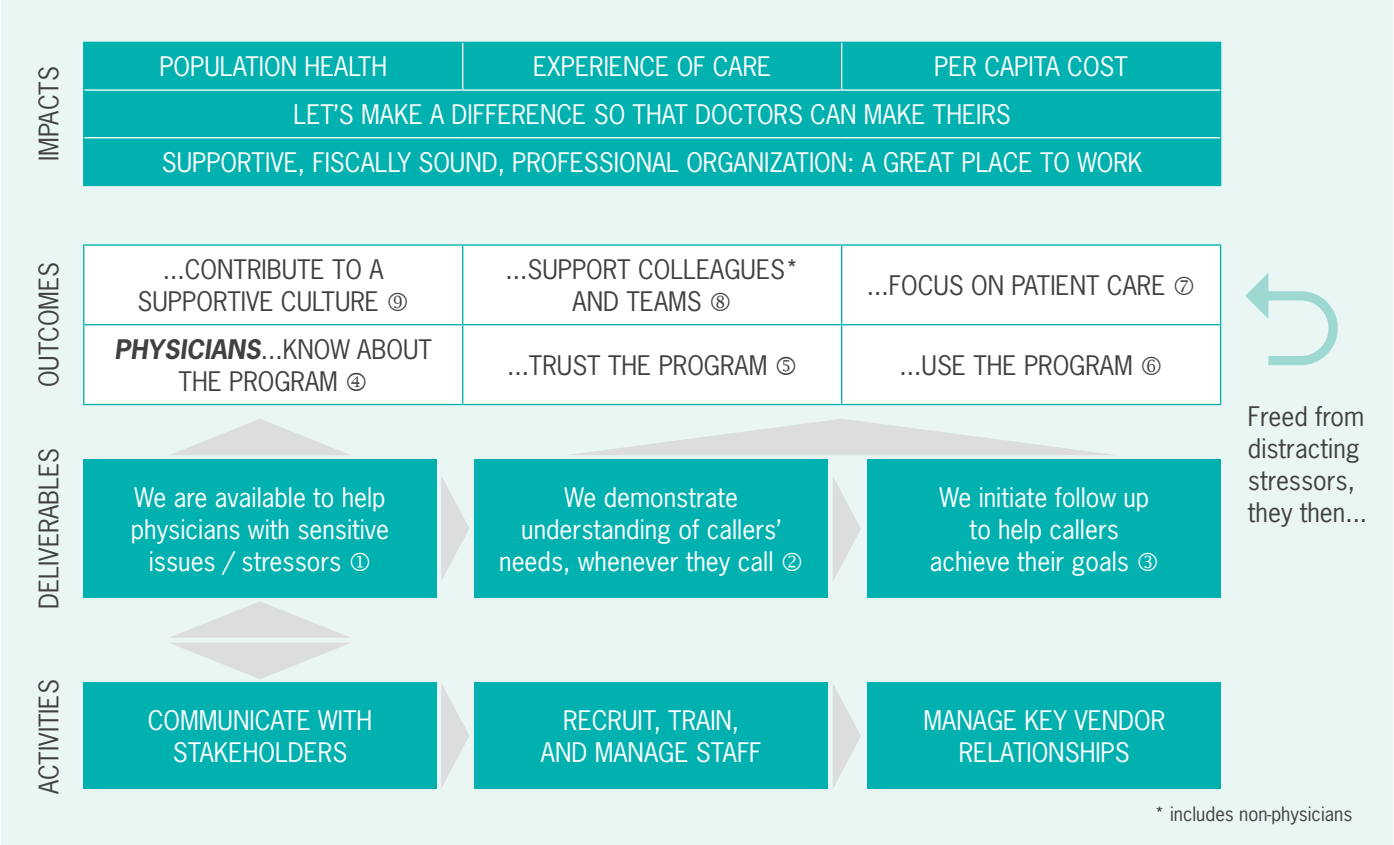
Respectfully submitted,

On behalf of the Doctors of BC
Ashok Krishnamoorthy, Co-Chair
Melanie Altas
Marie-Claude Gregoire

On behalf of the Ministry of Health
Ryan Murray, Co-Chair
Selena Lawrie
Dorothy Williams

August 14, 2020

Logic Model



The top block of ***impacts*** is the same for all Joint Committees where the Doctors of BC and the Ministry of Health collaborate. It consists of the IHI Triple Aim, plus a layer from the Doctors of BC Strategic Framework.
Our primary deliverable is to be **available** to help physicians with sensitive issues. Several activities enable this. First, we must communicate with stakeholders to understand what is important to them, and to inform our decisions about what services to offer. We then must communicate to stakeholders the availability of those services. We must also recruit, train, and manage staff, and manage relationships with key vendors.

Our second and third deliverables result from succeeding in the activities above:

- We will demonstrate understanding of physicians' needs, whenever they call us.
- We will *initiate follow-up* with those who request our help, to ensure that they achieve their goals.

We believe that these deliverables are logically connected to the following outcomes:

- Physicians will know about the Program, trust it to be helpful, and use it when they need it.
- They will obtain relief from some of the stressors that are distracting them.
- This in turn will allow them to focus more on their patients, to be more supportive to their colleagues and their work teams, which in turn will contribute to a supportive culture within the profession.

In this way, our Program's activities are logically connected to increasing population health, and improving the experience of care not only for patients, but also for physicians.

Strategic Plan at a Glance

Priorities & Initiatives

Our strategic planning process resulted in the identification of three priorities, each of which will be pursued through three related initiatives. The priorities and initiatives are listed compactly immediately below. In the following section, they are described in more detail.

1

Intensify and broaden communication with stakeholders

Increase information flow through all channels about what the program does (and does not do), for whom, why, and how.

Reach out proactively to Health Authorities, Divisions of Family Practice (Divisions),Medical Staff Associations (MSAs), and UBC to maximize accurate knowledge of the Program.

Formalize communication pathways with the Canadian Medical Association (CMA), Divisions, MSAs, Joint Collaborative Committees, Health Authorities, and UBC.

2

Formalize collaborations with organizations whose missions overlap

Develop and maintain a comprehensive network of key organizations.

Help the network to coordinate its actions and to foster collaborations among its participants.

Assist the network to structure service delivery to minimize needless duplication of effort.

3

Accelerate policy development

Complete work already underway to formalize policies around service provision.

Identify areas where the Program could contribute to constructive discourse by producing *Requests for Comment* policies, and produce these more frequently.

Collaborate with policy development and revision work underway in other organizations, including: Doctors of BC, Health Authorities, CMA, MSAs, Divisions, and UBC.

Priorities and Initiatives in Detail

In this section we describe in more detail the initiatives through which we hope to realize each of our strategic priorities.

Intensify and broaden communication with stakeholders

In recent years we adopted a communication strategy that was mainly passive: our website describes the services we provide, and we respond to inquiries requesting clarification. Moving forward, the Program proposes to shift toward a more proactive communication strategy, where we segment our stakeholders, identify what we would like them to know about us, take action to transfer that knowledge, and then measure the effect.

1. Increase information flow through all channels about what the program does (and does not do), for whom, why, and how.

In retrospect, our previous communication strategy has allowed significant disconnects to arise between how we would like to be seen and understood by our stakeholders, and their actual perceptions. To rectify this we would like to appear on the agendas at more meetings (including annual general meetings) of Divisions and MSAs. We hope that these opportunities will give us a chance to remind physicians at the local level of the services we provide, what we would like the Divisions and MSAs to provide, and what we would like to work on together.

2. Reach out proactively to Health Authorities, Divisions of Family Practice (Divisions), and Medical Staff Associations (MSAs) to maximize accurate knowledge of the Program

Before we can appear on the agendas of meetings at local organizations, we need to solidify our relationships with them. We envision developing a list of all the organizations we consider important to have a relationship with (i.e. stakeholders), to track our level of contact with them, to identify the important issues of mutual concern, etc.

3. Formalize communication pathways with the Canadian Medical Association (CMA), Divisions, MSAs, Joint Collaborative Committees, and Health Authorities.

As a way of bringing together the "wellness champions" within Divisions and MSAs, we plan to coordinate more events like the one we held in April 2018. Planning is now more complex with COVID, but there is still an opportunity to plan events with guest speakers and other networking activities to encourage collaboration among stakeholders on issues of common concern.

Formalize collaborations with organizations and programs whose missions overlap

1. Develop and maintain a comprehensive network of key organizations.

BC is blessed with a rich network of organizations whose mandates include the health and well-being of physicians. These organizations generally have mandates that specify a particular geographic area where they operate. The Physician Health Program would like to act as a facilitator of their efforts at a provincial level. It is important that while doing this, we do not discourage, but rather encourage, engagement with local organizations (Divisions and MSAs).

2. Help the network to coordinate its actions and foster collaborations among its participants.

While the Program sees itself as being best positioned to operationalize services that are provided provincially, some services are better provided regionally and locally. We see ourselves in a coordination role as support for local and regional organizations to identify opportunities for collaboration with each other, even if the Program itself is not involved in every project.

3. Assist the network to structure service delivery to minimize needless duplication of effort.

With a network of organizations launching new initiatives to support physician wellness, there will inevitably be some success stories that catch the attention of others. When this occurs, the Program can facilitate conversations about how best to accomplish spread. In some cases, it may make sense for the Program itself to begin providing a service (for example when the service is desired across the province). In other cases, it may make sense for one organization to purchase services from another.

Accelerate Policy Development

1. Complete work already underway to formalize policies around service provision.

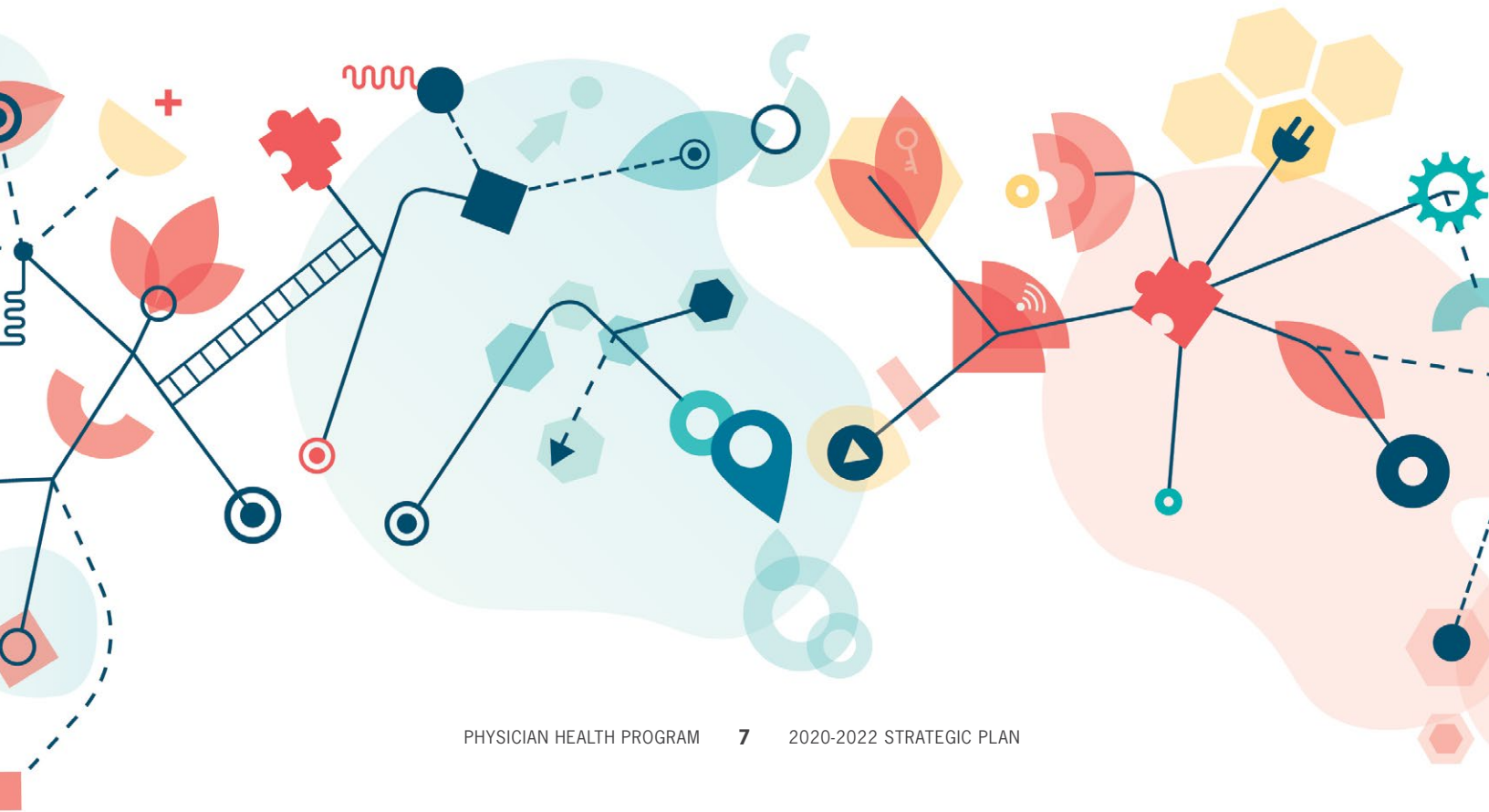
As physician health continues to be a more frequent topic of conversation, and as we step up our efforts to communicate our services, we can expect to receive more feedback from stakeholders. Having robust and recent policies helps us to articulate the reasoning that underlies the decisions we've made to provide the services we do, and not to provide those we do not.

2. Identify areas where the Program could contribute to constructive discourse by producing *Requests for Comment* policies, and produce these more frequently.

In some cases, a lack of common understanding of key terms used in the discussion of physician health and wellness can block consensus. For example, stakeholders do not always have the same set of ideas in mind when they use terms like burnout, peer support, and counselling. The Program recently produced a short statement summarizing its own understanding of the phenomenon of burnout. There are certainly other opportunities to do similar work over the next three years to steer discussions with stakeholders toward productive conclusions.

3. Collaborate with policy development and revision work underway in other organizations, including: Doctors of BC, Health Authorities, CMA, MSAs, and Divisions.

The Doctors of BC is currently updating and consolidating its extensive policy-base. Several Health Authorities are updating their Medical Staff Rules and Bylaws to better define the roles of Medical Staff Associations and Divisions of Family Practice. The PHP will seek to participate in some of these initiatives to help draw attention to policy choices that could influence physician health and wellness.



Appendix: History of Stakeholder Input

2020 Input received from Doctors of BC Representative Assembly
Input from a variety of BC physicians was received both in preparation for the meeting of the Doctors of BC Representative Assembly in January 2020, and during the meeting itself. A summary of this input is available to Doctors of BC members upon request.

The 2020 Benchmark Member Survey was postponed to 2021 because of the pandemic.

2018 Doctors of BC Member Survey
Response rate 13%. Conducted by TWI Surveys.
Opened on 2018-02-21, Closed 2018-03-07

- Are you aware of the services available from the Physician Health Program?
  - 64% Yes
  - 36% No

- If you had a personal, family or work issue that was impacting your health, would you contact the confidential PHP 24-hour assistance line?
  - 37% Yes
  - 44% Not sure
  - 19% No

2016 Doctors of BC Member Survey
Response rate 20%. Conducted by TWI Surveys.

- Are you aware of the services available from the Physician Health Program?
  - 67% Yes
  - 33% No

- If you had a personal, family or work issue that was impacting your health, would you contact the confidential PHP 24-hour assistance line?
  - 38% Yes
  - 44% Not sure
  - 18% No

2015 Qualitative survey of BC Medical Leaders
Conducted by Dr. David Hannah of SFU School of Business. Convenience sample of medical leaders drawn from the Medical Directors of BC Network. Semi-structured telephone interviews which were transcribed and thematized using grounded theory.

- Some stakeholders feel strongly that the Program should focus on doing a very few things, serving only the most in need, while others think it is important to make a broad range of services available to those with a wide range of need intensity.
- Some stakeholders do not think that PHP should be asking stakeholders what services it should provide. This study focused mainly on those in medical leadership positions, who sometimes are confused about the degree to which PHP can report back to them when they refer a colleague for service.

2013 Email survey of Newfoundland and Labrador Medical Association Members
Conducted by Corporate Research Associates specifically to ascertain the preferences of NLMA members regarding the future of their physician health program. Respondents were 460 members of the NLMA. At the time, the NLMA offered a service primarily geared toward substance use disorders, and providing intervention services to families in crisis.

- Low program uptake (8% of respondents had ever used the program in their lifetime)
- Majority of respondents were unaware of any other colleague or trainee that had used the program.
- Among those who accessed the program, only 2/3 were satisfied with their experience
- Among those who had not used the program, about 60% said that was because they had not needed the services. 40% were unaware of the program.
- In order, the recommended priority areas of a PHP are: 1) mental health and illness; 2) physical health of physicians; 3) addictions and related disorders; 4) relationships/family support; 5) health promotion/ disease prevention; 6) crisis intervention; disruptive behaviour and collegiality.

- Selected from a list, the highest level of importance was placed on confidential referrals to specialists, access to counselling and support provided by qualified professional support coordinators and support with the College's complaint/litigation process; providing educational sessions was rated 4th.
- Majority assessed their physical and mental health positively, engaged in preventive behaviour and had a family doctor, although not all.
- Funding program expansion through user fees and membership fees increase not well received.
- There was no consensus on what role the program should have in contractual monitoring. Half of the respondents said "none", half said "some".

2010 Service Expectation Survey

Conducted by *MD Analytics* on behalf of the Physician Health Program of BC. Online panel survey of 400 BC physicians, and trainees. Not a random sample. The main purpose was to understand the differences in expectations of service between identified subgroups, e.g. those who were aware of PHP before the survey vs. those who were not; trainees vs. practicing physicians, etc.

- Those previously aware of PHP placed more emphasis on help with approaching other physicians at risk. Those previously unaware of PHP were more likely to think about using the service to obtain help for themselves.
- Physicians and trainees did not differ in their expectations of whether they would use the service when they needed help, or to obtain assistance approaching a colleague.
- Trainees were more likely than practicing physicians to think they would use the program for issues of substance use.
- Physicians were more likely than trainees to think they would use the program for issues of domestic relationship stress.
- The main barrier to using the Program was similar for all groups: concerns about confidentiality (i.e., the College of Physicians and Surgeons).
- Most participants indicated they would be satisfied with leaving a message and speaking with a live person within 24 hours of their call.

1996 Needs Assessment Survey

The Physician Support Program Committee retained Brown Crawshaw, a firm providing Employee and Family Assistance services, to conduct a needs assessment in 1996. A paper survey was sent by mail to physicians in BC, and 473 responses were received.

- Data revealed challenges with work-family life balance, physicians looking after themselves, lack of support and social isolation, practice problems, financial concerns, and anger and grief.
- In order, the services preferred for the PHP to provide were:
  1. assessment and referral to other resources;
  2. brief therapy (4 to 8 sessions);
  3. family/marriage counseling;
  4. extended or long term therapy;
  5. recovery groups (peer support/self-help groups);
  6. career and relocation counseling;
  7. financial and legal counseling;
  8. supportive discussion groups.
- There was support for a co-pay (user fee) model. A 50% co-pay was the most popular of the models presented.
- There was strong support for providing access to family members as well as physicians.
- About half of the respondents thought they would prefer to speak with another physician, while half stated that they would prefer to speak with someone other than a physician.

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