

Burdens of Practice

Over the past five years, Doctors of BC has done significant work on the topic of physician burdens, including a multi-phase engagement with members, and developing two policy documents to guide the association’s advocacy work on behalf of the profession.

2018	2019	2020	2021	2022
Engaged Representative Assembly and the general membership online to identify burdens, their impact, and potential solutions.	Engaged the membership online to evaluate potential policy recommendations.	Published a policy statement on Physician Burdens that defines burdens and how to identify them.	Engaged the membership online to understand if and how the pandemic has shifted the burdens impacting BC doctors.	Finalizing a draft policy paper that includes a framework for identifying solutions to burdens, and specific commitments and recommendations to address burdens to publish in the fall.
What We Heard Report - Physician Burdens	What We Heard Report- Physician Burdens-Phase 2	Physician Burdens Policy Statement	What We Heard- Physician Burdens-Phase 3	Physician Burdens - Draft paper for feedback

Reducing Priority Burdens

Through this work, we have learned that there is no single demand or task causing practice burdens to become overwhelming and unsustainable. Instead, it is the accumulation of many different mounting demands that have become unsustainable in both volume and pace, given the increased complexity in our health care system, and pace of change. , This has created significant challenges for quality and access of care, particularly as family doctors leave their longitudinal family practices.

Through our previous engagements, we have identified several priority areas that require short- and long-term solutions to begin to address to address the wide range of burdens impacting BC doctors, which are summarized in the table below.

During the engagement on primary care, we will be asking for feedback on how best to prioritize the short-term actions that will have the most impact to alleviate pressure on you and your practice.

	Short Term	Long Term
Paperwork & Forms	<p>Improve or eliminate the most burdensome forms, such as Special Authority Forms</p> <p>Work with ICBC and WorkSafeBC to reduce administrative challenges and improve billing processes.</p>	<p>Develop a formal process to improve/eliminate existing forms and prevent unnecessary new forms from emerging.</p>
Third Party Administrative Burdens	<p>Work with insurance companies to reduce the number of questions asked and accelerate how quickly physicians receive payment.</p> <p>Build on momentum from COVID-19, advocate for an end to sick notes required by employers for short-term illness.</p>	<p>Advocate for legislation to prevent third parties from unilaterally creating demands on physicians such as sick notes, insurance forms, return to work/play, etc.</p>
Technology	<p>Optimizing practice supports</p> <p>Identifying opportunities for improvements in:</p> <ul style="list-style-type: none"> • E-prescribing • EMR contract management <p>Eliminating duplicate lab reports</p>	<p>Improve governance of BC’s digital health ecosystem to increase vendor accountability and promote interoperability through the Digital Health Strategy.</p>
Regulatory Requirements	<p>System support for providing after hours care (ie- 811 linkage).</p> <p>Advocate for reduced administrative burden association with licensing and registration.</p>	<p>Advocate for the use of “Right Touch Regulation*” to ensure risk is proportional to the level of regulation.</p> <p>* a regulatory approach that recognizes that the mandate of the regulator to protect patient safety requires support/promotion of physician health and wellness.</p>

Advocacy Framework - Burdens Solution Tool

In addition to posing solutions to these specific burdens, our draft policy paper also proposes a framework for identifying solutions to all potential burdens, new and existing. We have committed to using this framework in all work at Doctors of BC and will advocate that key stakeholders, such as the Ministry of Health, health authorities, and BC College of Physician and Surgeons, use it when creating new or revising existing demands.

If a demand is identified as burdensome, decision-makers should consider the following potential solutions to reduce any potential negative consequences:

1. **Eliminate** - Consider if and how the existing or new/changing demand supports quality care. If this cannot be clearly demonstrated, the demand should be eliminated entirely. If the demand does support quality care, then consider if it can be simplified or delegated. Only then, consider removing other, less important tasks from the provider's existing workload to offset the impact a new demand.
2. **Simplify** - If a demand does support quality care, consider whether the task is streamlined to be as efficient as possible. Think about how to simplify the demand to focus on only clinically relevant information.
3. **Collaborate** - If a demand supports quality care, and cannot be further simplified, then collaboration across the health care team may help. Consider what type of information and expertise is needed to address the demand and direct it to the most appropriate member(s) of the health care team (clinical or administrative).
4. **Resource** - If the demand cannot be eliminated, simplified, or managed through collaboration, consider providing additional resources, be it compensation, staffing or time, to ensure that the provider has sufficient resources to complete the demand without detracting from their other responsibilities.

Providers should always be **engaged** throughout the process of identifying solutions, and consideration should always be given to the **timing and communications** to prevent too many demands or changes from happening at the same time.