

# THE FUTURE OF PRIMARY CARE

Member Feedback from Regional  
Virtual Engagement Sessions 1 to 5  
June 22, 23, 27, 28 & 29, 2022

## WHAT WE HEARD

### What is the goal of this engagement?

Doctors of BC members have been invited to contribute input into short, medium, and long-term solutions to address the challenges in primary care. Member feedback will form the foundation for tangible, concrete actions that Doctors of BC will take forward to government.

### How are we seeking member input?

Five virtual discussion sessions were held between June 22 and 29, 2022, organized by health region: Island Health, Vancouver Coastal Health, Northern Health, Interior Health, and Fraser Health. This report summarizes general themes heard from members at those sessions.

We are also collecting member feedback from an additional five virtual sessions planned for July 2022, including one for Residents/new-to-practice physicians – as well as our online “Have Your Say” platform. A deep dive analysis of all member feedback from this engagement process will help to determine priority actions for our organization and to move forward to government.

### Who participated? First five online virtual sessions

#### TOTAL PHYSICIAN PARTICIPANTS: 188

(includes 1 to 3 Doctors of BC/GPSC  
physician leaders per session)

Island Health  
(June 22): **53**  
Vancouver Coastal Health  
(June 23): **48**  
Interior Health  
(June 27): **30**  
Northern Health  
(June 28): **12**  
Fraser Health  
(June 29): **45**

#### DEMOGRAPHICS

Based on optional poll responses  
from 114 participants

#### Role

Family Physician (FP): **89%**  
Consultant Specialist: **11%**

#### FP participants working in longitudinal practice

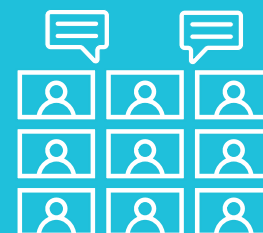
Yes: **82%**  
No: **6%**  
n/a: **12%**

#### Practice location

Urban: **80%**  
Rural: **19%**  
Remote: **1%**

#### Primary mode of payment

Fee For Service: **82.5%**  
Population-based  
Funding: **4.5%**  
Salary: **1%**  
Session: **2.5%**  
Service Contract: **9.5%**



#### Stage of Practice

5 years or less: **19%**  
6-15 years: **21%**  
16-25 years: **25%**  
25+ years: **35%**

# DISCUSSIONS AND THEMES

## Part 1: Value and Compensation questions

### What short term actions could help keep family physicians in longitudinal care?

Members overwhelmingly agree on the urgent need for additional resources – both financial and personnel – to reduce the escalating workload and costs, and voiced priorities in key areas (see next section).

While focusing on short and medium term goals of stabilizing family practice, members want to ensure that strengthening the value of Family Medicine and creating a desired future state do not become lost, to better engage medical students, residents and graduates.

### What are some ways we can better demonstrate the value of the work of family physicians?

Members agree that intentional efforts to validate, reposition, and appropriately compensate the work of Family Physicians (FPs) are needed to better sustain and improve longitudinal family practice, with demonstrated leadership from Doctors of BC. Many feel that FPs should be considered as specialists in Family Medicine.

### What are characteristics of any potential new payment model that would support you in the way you would like to practice as well as ultimately support the system improvements needed?

Members considered what could be added to the discussions underway with government about compensation models for longitudinal family practice and criteria for any emerging payment model – and what compensation elements could be used to stabilize the profession.

Model preferences – fee for service (FFS) or alternative payments – are both respected although it is clear that improvements are needed. Overall, members would like multiple compensation options that protect business autonomy for those who want it, and recognize the needs of different types and stages of practice, geographic locations, and access to local resources. (See more below.)

## Themes heard in 'Value and Compensation' discussions

(not in priority order)

### COMPENSATION

**Infrastructure (overhead)**—Address the urgent need for sustainable financial supports to support overhead and operating costs, to reflect inflation and rising business costs.

- Provide overhead as for NPs.
- Community: work with the Ministry, health authorities, and/or municipalities for subsidized leases for FPs, especially in new building developments (physician-operated).

**Compensation for indirect care**—Compensate physicians for unpaid work done that supports direct patient care (e.g., time spent working after hours charting, processing labs, and being available for on call).

**Pay equity**—Compensate FPs fairly and equitably both among themselves and with their peers.

- Pay inequity exists both across the spectrum of FP services (e.g., Hospitalist, UPCCs, virtual-only care) and between genders.

**Fees**—Update and simplify fees to ensure they better reflect the current context and realities of care, and the complexity and diversity of the care.

Many members see time-modifiers/ FFS extenders as a way to better recognize and support uncompensated time.

### IN YOUR WORDS

*“Need widespread, sustainable financial support for overhead costs, more allied health care providers and office assistants, and benefits, to address the stressful and large scope of family medicine.”* —Island Health

*“Change the antiquated mindset that family practitioners are lesser than specialists.”* —Fraser Health

*“Listen to the public – they clearly value family physicians.”* —Vancouver Coastal Health

**Payment models**—Improve current payment modalities to offer more flexibility and choice. Look at other jurisdictions for successful examples. Models must be simple to sign up for and work under.

Additional consideration and focus is required for how remote and rural practices operate locally and within the context of the larger system.

## PHYSICIAN SUPPORTS

**Locum coverage**—Urgently address the shortage of Locum resources and the challenges associated with cost, scheduling, and availability – a significant contributor to the current crisis, patient access challenges, and physician burnout.

Locum supports would be beneficial for both planned coverage (e.g., vacation, maternity/paternity) and emergency coverage.

## PATIENT MANAGEMENT

**Team-based care**—Enhance patient care and reduce burdens on FPs by greatly broadening in-clinic nurses, social workers, counsellors, etc.

**Specialized services**—Improve access to specialized patient supports, especially for mental health and substance use services.

**Collaboration**—Support and lead efforts to evolve to a more collaborative and mutually respectful relationship between all practitioners.

Elevate FP and Specialist Consultant morale and collaboration: cohesive teamwork, communication, and roles.

Clarify and communicate the role/relationship of nurse practitioners (NPs) as a valued member of the team, rather than equivalent or a replacement for FPs.

## ADMINISTRATIVE SUPPORTS

**Office supports**—Stabilize and develop the MOA role through advanced training, increased pay, and benefits to create career opportunities that result in clinic team connection, loyalty, and longevity. Level the playing field with the health authority for consistent, effective staffing.

## GOVERNANCE/SYSTEM

**UPCC-related challenges**—address ongoing dysfunction to help alleviate challenges associated with:

- compensation discrepancies that lead to inequity with community practices and significant recruiting challenges for locums and longitudinal practices,
- the governance of and physician role in the PCN, and
- minimal patient attachment.

## IN YOUR WORDS

*“Everything we do is important, we just need to be paid for it.”* —Fraser Health

*“Compensate for time spent on paperwork. It is exhausting and demoralizing to not be paid.”* —Island Health

*“Why are we funding our own infrastructure of our primary care system?”* —Northern Health

*“Improve fee for performing procedures and work towards a team based care model.”* —Interior Health

## Part 2: Addressing Cumulative Burdens questions

▶ What short-term action would help you reduce areas of burden?

▶ What are examples of burdens you experience that you think could be eliminated or drastically simplified?

▶ As we consider stabilization of practices, what resources would help you address burdens?

▶ Help to prioritize resources to best reflect your current need.

Members considered how burdens could be alleviated and/or simplified with new or additional supports and resources. Concerns about increasing fatigue and physicians experiencing burn-out led to a strong emphasis placed on the need for immediate action and short-term solutions.

## Themes heard in 'Addressing Cumulative Burdens' discussions

(not in priority order)

### PHYSICIAN SUPPORTS

**Locums and recruitment**—In addition to improving Locum supports (as in previous section), address challenges around recruiting new and/or additional physicians to BC. Current process requirements are barriers to effective recruitment. Simplify and streamline systems to attract, license, and secure new physicians, including new resources to better support rural and remote communities.

**Allied Health**—Increase access to team-based care by further supporting and expanding Allied Health resources.

### ADMINISTRATIVE SUPPORTS

**Fund additional resources to reduce or streamline administrative requirements** that will improve patient care and clinic operational efficiencies, allowing physicians to maximize time with patients.

**Reduce or eliminate onerous administrative tasks**—The level of paperwork associated with assessments, referrals, and other requests and processes ranging from insurance requirements to sick notes, is overwhelming, inefficient, and redundant. Ineffective and unnecessary processes need to be stopped.

### TECHNOLOGY

**Invest in EMR**—Establish EMR interoperability and enhance functionality (e.g. e-Prescribing) to reduce administrative burden.

**Data driven practice**—Improve access to and use of data to support performance, measure outcomes, and to validate impact. Consider partnering with post-secondary institutions to research and develop data collection and outcome measurement strategies.

**Increase user efficiency**—Research and introduce updated practice technology to create more efficient administration practices. Facilitate training supports, user groups, and other resources for those less familiar with technology.

### PRACTICE REQUIREMENTS

**College guidelines and standards**—Acknowledge significant concerns about volume, tone, and content, and desire to have more meaningful consideration of impacts on physicians and their ability to control system challenges. Standards that impose onerous obligations (and/or expense) need to adequately consider the impact on physicians and ability to continue to provide access to quality patient care.

## IN YOUR WORDS

*"Less focus on how we are paid and more focus on how much we are paid. We are always going to feel burdened if our pay is this low."* —Fraser Health

*"I would like to focus on being a physician, not a clerk or accountant."* —Interior Health

*"Prop up practices that are struggling financially. Doctors are leaving and leaving the others to cover the overhead."* —Vancouver Coastal Health

*"The long term solution will be for physicians to focus on diagnostics and pass the care management plan to allied health providers."* —Interior Health

*"Would love help with case management with my practice. I need someone to keep track of patients; I can't be the case manager of all my patients."* —Northern Health

*"Funding for team-based care, but not dictated by the health authority that comes with a lot of red tape."* —Fraser Health

*"A funded, coordinated, accessible EMR: one EMR for BC or a small set of interoperable EMRs."* —Island Health

*"We need to consider FPs currently in practice as well as FPs coming into practice."* —Vancouver Coastal Health

*"Define the difference between rural and urban. The government needs to define that too. It is not a 'one size fits all' but is being treated as such. The needs of both areas are vastly different."* —Northern Health

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