What We Heard – Full Report

Representative Assembly

Feedback into Doctors of BC Member Engagement Process
on the Future of Primary Care
May 27, 2022

On May 27, 2022, Doctors of BC sought the guidance of the Representative Assembly on how the organization should approach a broad engagement effort with all members on the crisis in primary care, starting in June 2022.

The engagement proposes to validate and better understand the issues facing all members related to primary care, inform members of actions that are being taken, and provide an opportunity for input into solutions for burdens of practice and the future of primary care. Members will have an opportunity to engage through virtual discussion sessions via Zoom and our online community engagement platform, Have Your Say.

The Representative Assembly includes a diverse representation of family physicians and specialists practising in rural and urban communities and in all stages of their medical careers. Its 108 voting members are either elected by the membership or appointed by a Section or representative organization. Read more>

Methodology & Participation

RA members had small group discussions for an hour discussing the engagement approach and content. Each small group had a Facilitator and Notetaker at the table. The RA members were then asked to respond individually on post-it notes on the table about their hopes for the engagement effort and for their relationship with Doctors of BC.

What we asked and heard

Engagement approach

Question: What do you like about this engagement approach?

Group responses included comments supporting the proposed virtual approach and appreciating the intended opportunity to be as inclusive as possible. Additional suggestions including allowing responses beyond the facilitated sessions, having multiple times and dates for sessions, considering in-person sessions, having surveys and discussion forums and requests for incentives to encourage participation such as being paid and food for any in-person sessions were also included.

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Group discussion also shared concerns about fatigue and being over-burdened, leading to a strong emphasis on the need to ensure the engagement leads to action and short-term solutions. A number of specific topics were introduced including the PMA, Nurse Practitioners, fee for service and practicing out-of-scope.

It was noted that it is important this engagement process be linked to the ongoing discussions with government.

Themes	Frequency
Engage process suggestions	15
Specific topics	15
Need to encourage participation	7
Financial	7
Like virtual	6
Inclusive	6
Relationships / associations	6
Regional approach	5
Fatigue / over-burdened	5
Action / solution-oriented	5

Session quotes:

"Like the virtual option but would like there to be multiple times and dates to contribute virtually so everyone can attend a session"

"Like the attempts to get a broad feel of the membership"

"Would be good to have a local champion to remind and harass us to participate (not just an email reminder from Doctors of BC. Ex: email from someone they know such as section head, local Division, or MSA)"

"This might be hard to engage because people are already feel over-burdened"

"Actually ask what we want- and ACTION."

"Fee for service is making it burdening for us and the grey areas of starting practice and actually earning an income. Support for infrastructure!"

Question: What suggestions for improvement do you have for this engagement approach?

Responses included a significant number of process suggestions, such as having sessions be outside of work hours and in the evenings, ensuring participants can choose any session even if not in their region, having smaller group conversations, having the questions ahead of time to prepare and opportunities to provide feedback outside of sessions.

There were also a number of suggestions to work strategically with existing groups such as divisions, medical staff associations, and the Resident Assembly to leverage any scheduled sessions and trusted relationships. Residents were identified as a specific group and comments supported the need to ensure their unique perspective is heard.

Comments about not engaging and moving straight to "action" were made, supporting already mentioned comments suggesting that the engagement should be action oriented and solution focused. Responses were

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positive about having Family Physicians and Specialists included together. An additional theme focused on the need for increased transparency and reporting back on conversations, at all levels, was emphasized.

Themes	Frequency
Engage process suggestions	28
Work with existing structures / relationships	19
Specific topics	18
Action-oriented / solution focused	13
Communication / promotion	12
Transparency and reporting back	9
Other input opportunities beyond sessions	9
Inclusive / family physicians and specialists	8
Involve residents	7
Incentives for participation	7

Session quotes:

"Put a list of questions online for providers to engage if they cannot attend set time."

"…fatigued with information collection, need to have deadline with forums with actionable items at the end."

"Make it a small part of Division or MSA meeting - therefore not seen as "another thing"."

"Residents should be involved and engaged in our conversations, not excluded. Residents of BC and residents sitting on Committees."

"…multi-disciplinary, FP and specialists together, not siloed, two sides of the same coin."

"Need more transparency and engagement of committees on the topics that are being discussed."

Burdens of Practice

Question: How do you think members will feel about having a dialogue on this topic (solutions to burdens of practice)?

There were numerous responses with specific examples related to burdens such as ever-changing forms, cost of rent, lack of business knowledge, inflation, test notifications, and difficulties in securing locum supports. Additional comments emphasizing a desire to move to solutions were again shared.

A number of responses continued to share ideas about the engagement process itself, including having the ability to see what colleagues are saying, adding in new ideas, looking at responses according to years of practise, encouraging participation and looking at commonalities across different stakeholder groups. We also heard the need to discuss contracts and compensation. The desire to explore the full range of burdens was identified.

Comments supporting the desire to work from existing burdens identified, and an opportunity to prioritize burdens and add new or different burdens were made. There were also references to issues with government and how the overall conversation has been played out in the media.

Themes	Frequency
Specific examples of burdens	28
Move to solutions / share ideas of what works	22

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Engage process suggestions	20
Contracts and compensation	12
Share identified burdens and prioritize	11
Explore full range of burdens	10
Issues with government and media stories	10

Session quotes:

"Problem is system driven - e.g. rent prices are unreasonable."

"Providers DO NOT want to re-hash listing the burdens but move to solutions."
"Too many emails from Doctors of BC - many physicians will ignore the outreach approach. MSA 1/4ly meeting has high engagement - potential avenue for higher level engagements."

"Burning issue is renumeration more than the burdens."

"Provide Physicians a number of arrows (i.e. 5) to upload issues to assist with the prioritization."

"Look at full range of burdens - not specifically forms but the whole range of running a practice."

"Specifically coming out and telling the government that those comments are not ok; media release on NP comments, not just post on website."

Question: How do you feel the framework for the conversation asking about what could be eliminated, what could be simplified, and what could be done by someone else works from your perspective?

Responses primarily focused on working on solutions and sharing wins.
Additional comments related to examples of specific burden examples, and a desire to see the burdens prioritized before addressed. Group discussion also centered around relationships, partners, and the need to develop strategic solutions.

Themes	Frequency
Solution oriented and sharing wins	10
Specific burden examples	10
Prioritize list of burdens	9
Relationships and partners	9

Session quotes:

"…have specific solutions that people can talk about."

"Example issue: WCB assessments - assistance with functional assessments - these take a lot of time."

"Before meetings - ask for confirmation of burdens and ask people to add if the list has not captured and then during session - use the time to prioritize (upvote) and provide solutions."

"From specialty and Family Practitioners. how can we approach problem from both sides to help both rather than animosity."

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Primary Care of the Future

Question: What do you think is most valuable about the conversation on Primary Care of the Future?

Responses focused on needs for better resources, the desire to better understand, and opportunities to discuss compensation.

There was also discussion on ensuring that the vision of Primary Care of the Future is attractive to residents, that the vision reflects the changing needs of doctors as they move through the stages of practice (new to practice, established, approaching retirement), and increased transparency around the work that has already been accomplished, the results of the upcoming engagement, and models successfully used elsewhere in the world.

Themes	Frequency
Resources	9
Compensation	9
Attractive to residents	7
Key in to where doctors are in their practice	7
Look at other models	6
Transparency	6

Session quotes:

"Need boots on the ground, needs to be attractive and meaningful. PCN can't go further until there are more physicians and physicians are given more capacity to do more patient care.
Need more people and more energy to build better."

"Family Practitioners to be paid at least the same as the other jobs doctors can do. Physicians to be subsidized on overhead, keep up with the inflation."

"Ask residents what kind of jobs they see themselves in; try to connect with other residents with similar goals; flexibility in the kind of practice they can have"

"Physician autonomy - major dimension that needs to be captured; should also be broken down by years of practice. GPSC captured needs of Dr new to practice, but what are the needs to Dr throughout their career."

"PCNs in Alberta are amazing. BC took the name but not implemented the same. Top down that doesn't work. We need it to be like Alberta's their urgent care centres work better and adequately funded. It is fully integrated with EMR"

"Take a posture of humility - share what work has been done - finish it by saying that these results have not been realized by you at the front line - we are listening"

Question 6. asked What is needed to ensure effective roles for Specialists in an ideal future primary care model?

Comments centered on issues, complexity of the system and getting specialists involved in the conversation were shared.

Themes	Frequency

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Issues	6
Complexity of the system	4
Specialists need to be included in the conversation	4

Session quotes:

"Barriers between inter-professional practice, rules that Family Practitioners can't practice at the same practice as Specialists and inter-disciplinary obstructors."

"Family Practitioners may not have training in governance or systems decision making. A lot of noise made without the system-level view and understanding."

"Identify from Specialists what is the ideal relationship/communication processes to manage patients who are attached to Family Physicians and they are being co-managed."

Engagement effort and relationship with Doctors of BC

Questions: What tangible result would you like to see emerge from this engagement effort in response to the primary care crisis?

Share one hope about how this engagement could improve your relationship with Doctors of BC.

Responses shared:

- Tangible result: Action items including urgent action / response as well as ongoing PMA items
- Specific & realistic pay models available to family physicians to promote new grads and current FPs to do longitudinal care by compensating fairly
- Close the loop – summarize what you have heard
- De-regulate burdens of CPSBC – streamline documentation requirement and allow for multidisciplinary practices GP and Spec.
- Multiple flexible funding solutions valuing all MD time
- Cancel the college
- Look at the system as a whole
- That I can see myself and comments reflected in the solutions
- Do not just focus on MoH – need regional and municipal governments & NGOs in the discussion
- Plans with concrete solutions that have short term, medium term & long term outcomes defined
- Attachment and a concrete, simple, tangible, unified demand from DoBC to government
- ACTION (Equitable, attention to unintended consequences)
- Concrete asks / concrete short / long / medium term solutions and timeline!
- A non-tokenistic partnership / collaboration
- Stop silos / division amongst providers
- Pay us for all our work
- Quadruple / Quintuple Aim (including government accountability + transparency on own measures + outcomes + changes)
- Not just "pilot project reforms – this creates more have / have nots when everyone is struggling

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- Supported community practice
- New physicians taking on a community pride
- 1) Family doctors & Specialists unified in responding to this crisis

  2) Sense of urgency and call to action acknowledged
- 1 - Solutions for funding for primary care

  2 - A summary

  3 - In person
- A clear path to renewing our profession – something concrete and hopeful to bring back to my colleagues (who are mostly disillusioned)
- 1 – Action – Infrastructure

  2- Shared stories / listening – asked about how we would like to be engaged
- Tangible result – empower local communities to assume responsibility for community attachment / longitudinal care and 24/7 care
- Unity would increase if specialists can implement their own recommendations rather than dumping on family physicians
- Decentralize Telus by paying less for telehealth visits versus what longitudinal docs earn
- Tangible result – realistic ask to ministry of health for FFS time modifiers for better compensation
- If specialists can find a mechanism to stop asking for 03333 re-referrals
- Specific policy solutions proposed
- Honesty around limitations
- Directed engagement increased clear easy and to the point for transparency
- Transparency in PMA and conversations with government
- I would like question 1 rephrased as response to the health care crisis and acknowledge the crisis in speciality care
- Tangible efforts changes in family practice residency to focus on encouraging new grads to come into family practice
- A locum coverage program
- Tangible collaboration with family medicine training programs and those responsible for curriculum
- Mandate a one-year family practice commitment
- Heard = money now
- MOCAP for everyone expected to be available

Next Steps

The feedback received is being used to inform and shape the broader membership engagement. Beginning in mid-June. Members will be invited to participate in the following:

- **A series of 10 facilitated virtual discussion groups**— scheduled after hours (between 5:30 and 7:30pm), and organized by Health Authority region. Members who cannot attend sessions scheduled in their respective region are being encouraged to attend another session.

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- **Online engagement via the Bang the Table sharing platform**—the tool will be designed to provide the opportunity to share written input, and have a dialogue with others via the Discussion Forum section, answer a focused survey, and ask questions through the "Q & A" section.

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