



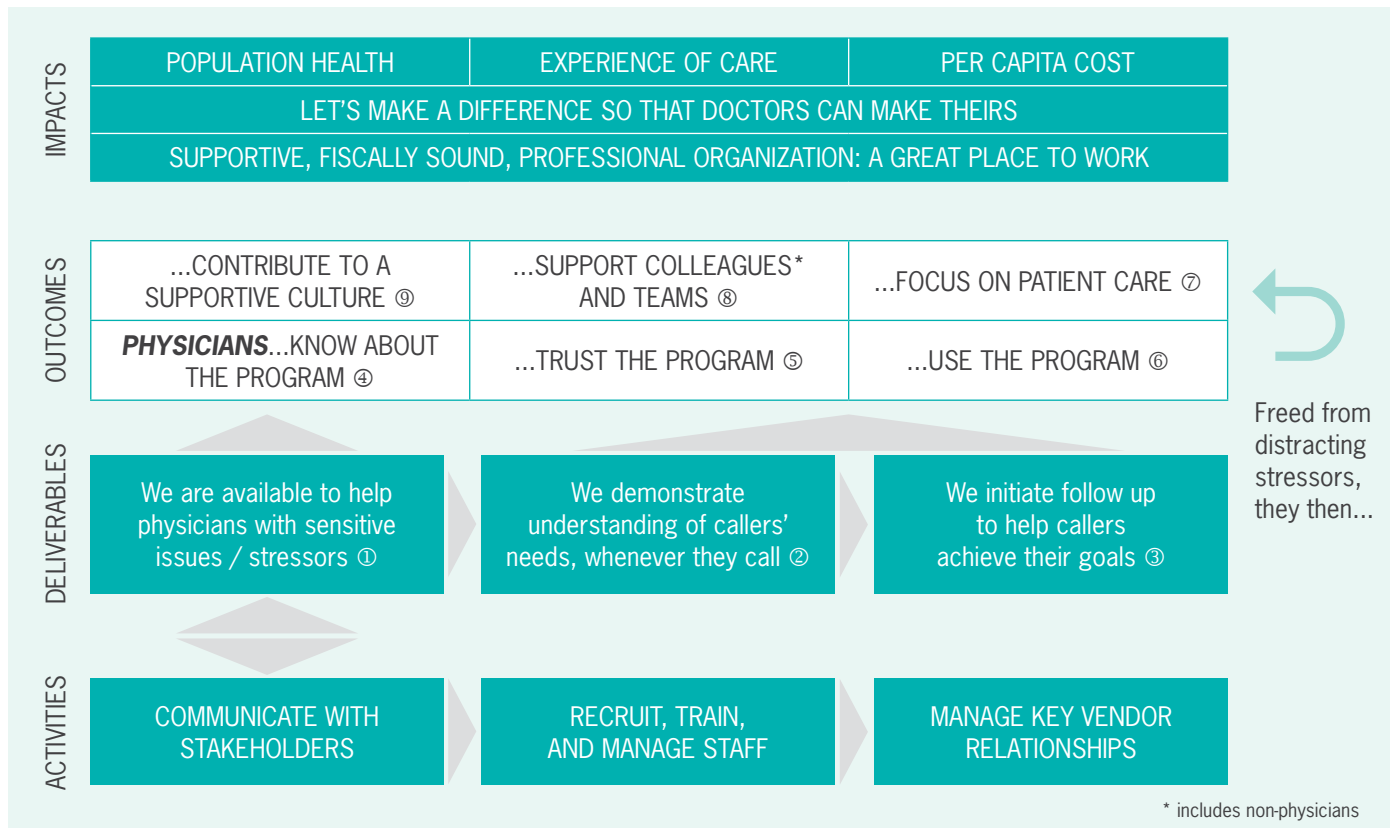
Physician
Health Program
British Columbia



2019 Annual Report

Logic Model

During 2019 a new logic model of the Program was created and reviewed by the Steering Committee, and was subsequently approved in final form in early 2020.



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.

Governance Structure and Funding

The Physician Master Agreement (PMA) is negotiated periodically between the Government of BC and the Doctors of BC.

The Program's funding is currently described under Article 6.9 of the 2014 Benefits Subsidiary Agreement, which is part of the PMA. The Government and the Doctors of BC sign a separate Letter of Expectations, which serves as the terms of reference for the Physician Health Program Steering Committee. The Steering Committee governs the Program in a manner consistent with the oversight of other collaborations between the Government and the Doctors of BC. The Steering Committee is tasked with producing a multi-year strategic plan for the Program that aligns with the priorities of both the Doctors of BC and the Ministry of Health. It must also approve annually a work plan and budget for the upcoming year, and a report of the previous year's activities, along with policies that serve as decision-making guides for staff in the day-to-day operation of the Program.

In 2019 a new PMA was reached between the Doctors of BC and the Ministry of Health. In the most recent PMA, the Ministry of Health assumes responsibility for 100% of the funding of the Program, as it does for the Joint Clinical Committees such as the General Practice Services Committee and the Specialist Services Committee. This PMA extends until March 31, 2022.

COMMITTEE MEMBERS

(as of December 31, 2019)

Ashok Krishnamoorthy
Doctors of BC Co-Chair

Ryan Murray
Ministry of Health Co-Chair

Melanie Altas
Doctors of BC Representative

Marie-Claude Grégoire
Doctors of BC Representative

Selena Lawrie
Ministry of Health Representative

Dorothy Williams
Ministry of Health Representative

PROGRAM STAFF

(as of December 31, 2019)

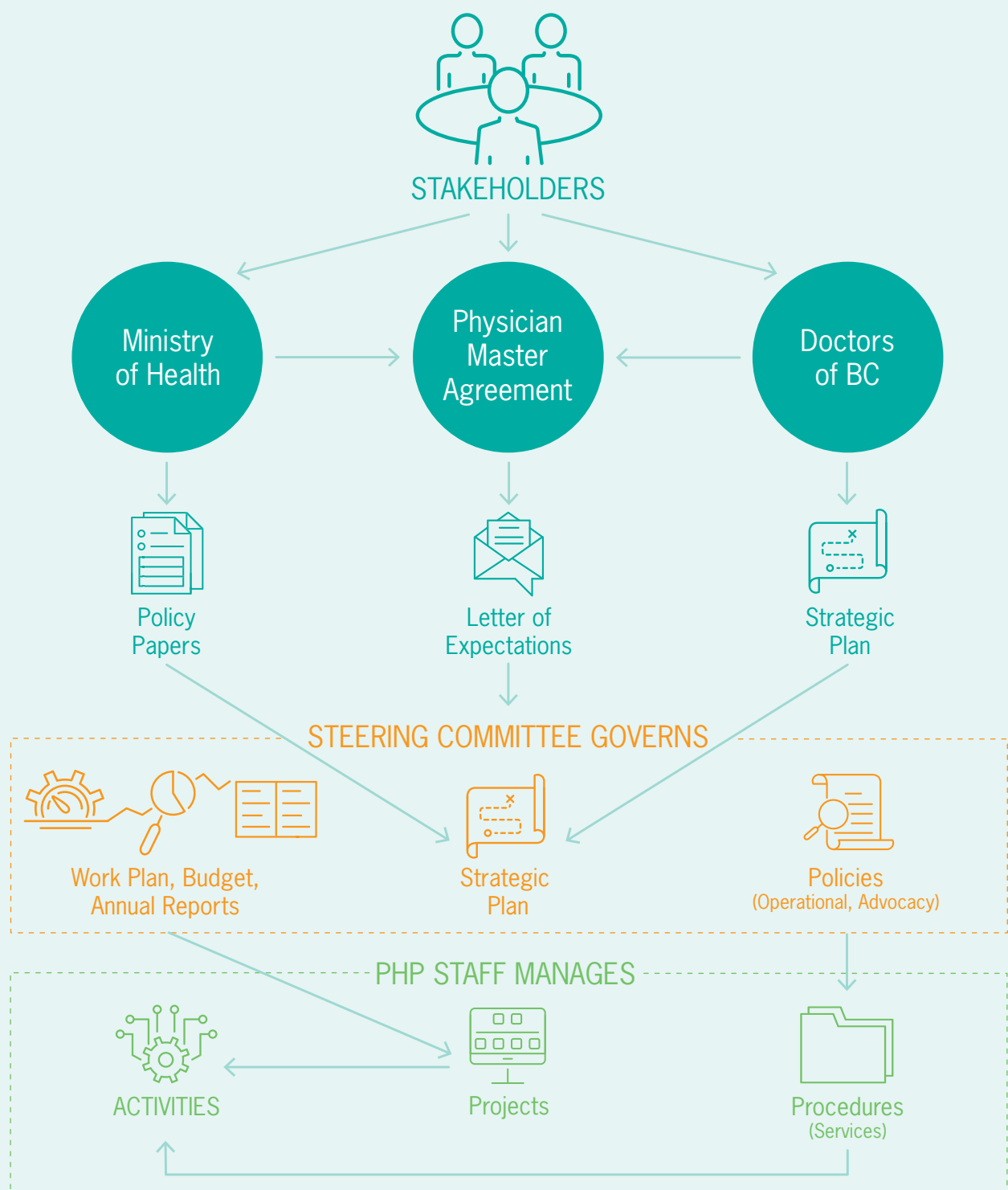
Executive Director:
Andrew Clarke

Program Physicians:
**Kathleen McGarvey, Doug McGhee,
Peter Gibson, Maureen Mayhew,
Megan O'Keefe**

Clinical Coordinators:
**Carol Faris, Lucy McCullough,
Roxanne Joyce, Gillian Inksetter,
Jenna Beaumont, Jena Mekhlis,
Kristina Auman**

Administrative Support Team:
**Karen McNaught, Rohan Vora,
Nadine O'Sullivan**

Governance Map



Report on Activities

Planned Work

The 2019 Work Plan for the Physician Health Program included:

- Continuing to provide the current range of clinical services.
- Implementing a plan to increase both awareness of the Program and intention to use it.
- Demonstrating collaboration with a Division of Family Practice to attach physician patients.
- Continuing to support the development of a network of local wellness champions in Divisions and Medical Staff Associations.

Services Provided¹

Demand for services provided by the Program resumed strong growth of more than 20% in 2019, particularly in the last half of the year. We believe this was due at least in part to the brochure mailout that was sent to all members of Doctors of BC in October. Clinical services continue to consume the majority of the Program's resources. The following tables show the services provided, broken down along a number of dimensions.

PRINCIPAL SERVICE PROVIDED

Number of cases	CALENDAR YEAR				
	2019	2018 ²	2017	2016	2015
Counselling	587	464	402	359	330
Family Doctor Connection	206	173	184	186	161
Occupational Health Consultation	44	50	63	79	83
Peer Support	52	49	35	33	37
Assistance Approaching a Colleague	35	28	25	27	28
Workplace Relationship Improvement	7	7	11	6	3
Assistance Returning to Work	8	4	24	12	16
TOTAL	939	775	744	702	658

PRINCIPAL ISSUE AT INTAKE³

Proportion of cases⁴	2019	2018	2017	2016	2015
Individual Mental Health ⁵	61%	57%	54%	55%	54%
Family & Non-Occupational Relationships	19%	25%	23%	28%	24%
Occupational Issues	15%	14%	18%	12%	15%
Physical Health Issues	2%	1%	5%	4%	3%
Other Issues	3%	2%	2%	2%	3%

1. Includes services provided to all eligible groups: BC Physicians, BC Dentists, PEI Physicians.
2. The 2018 Annual Report incorrectly stated that services to PEI physicians were not included in the total, when in fact they were. However, the number of cases involved in the error is small in relation to the total.
3. Excludes cases where the principal service provided was connection to a family physician.
4. Proportions may not sum to 100% because of rounding for presentation.
5. Including substance use.

CAREER STAGE OF ELIGIBLE PERSON

Proportion of cases	CALENDAR YEAR				
	2019	2018	2017	2016	2015
Practicing physician	68%	68%	62%	56%	59%
Resident/Fellow	17%	19%	19%	23%	22%
Medical student	12%	13%	17%	19%	17%
Retired	3%	1%	1%	3%	2%

RELATIONSHIP TO ELIGIBLE PERSON

Proportion of cases	CALENDAR YEAR				
	2019	2018	2017	2016	2015
Physician or Trainee	89%	90%	90%	90%	92%
Spouse	8%	7%	7%	7%	6%
Child	2%	2%	2%	2%	1%
Other relationship	1%	1%	1%	1%	0%

The distribution of cases by principal service provided, principal problem presented, and relationship to eligible person all remained approximately constant.

In September 2019, the Program re-engaged the services of a consulting psychiatrist, which should influence the availability of occupational health consultations in 2020 and beyond.

Increasing Awareness of the Program

We remain uncertain of the precise effect of the brochure mailout which took place in October. However, it seems reasonable to conclude that it increased awareness of the Program, given the increased utilization that we saw in the second half of the year, and in the last quarter in particular.

Demonstrating Collaboration with a Division of Family Practice

The collaboration with the Vancouver Division of Family Practice also appears successful, given the 20% increase in total attachments made in 2019. Three quarters of the requests for this service originate from within the City of Vancouver.

Supporting the Development of a Network of Local Wellness Champions

In 2019, the Program encountered some unplanned staff shortages, while simultaneously increasing the size of its eligible population by approximately 25% with the addition of the members of the BC Dental Association. As a result, much of the work on this initiative had to be postponed.

Financial Results

	2019	2018	2017	2016
Revenue	2,291,355	1,843,478	1,668,537	1,436,618
Expenses				
Clinical Services	2,006,946	1,474,619	1,196,222	1,036,500
Administration	435,779	279,538	394,069	446,615
Excess (deficiency)	(151,370)	89,321	78,246	(46,497)
Net assets, beginning of period	542,593	453,272	375,026	421,523
Net assets, end of period	391,223	542,593	453,272	375,026

Copies of the auditors' report and full audited financial statements are available upon request.

As per the Benefits Subsidiary Agreement (part of the Physician Master Agreement, 2019), the Program's funding increased during 2019 from a total of 1.8 million per year, to 1.9 million per year (for the period of April 1, 2019 to March 31, 2020).

To accommodate the expansion of staff required to serve this population, the space housing Program staff at the Doctors of BC Building on West Broadway was renovated. This resulted in an increase of the Program's depreciable capital assets from \$15,585 at the end of 2018 to \$333,910 at the end of 2019.

On June 1, 2019, the Program also began providing services to the more than 3,700 members of the BC Dental Association, so part of the revenue derived from that Agreement for services has been recognized in 2019, along with ongoing revenue from the Medical Society of PEI.

Physician Health Program

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