

How Doctors of BC is supporting community practice

Doctors of BC is advocating for family physicians and their patients to address the primary care crisis, while also continuing to provide key program supports:

Political advocacy

Our President, Dr Ramneek Dosanjh, and our Board Chair, Dr Adam Thompson, met with the Premier and Minister of Health in May of 2022. Their goal was to ensure government understands the challenges we face as physicians who are trying to provide the best care for our patients, and to seek commitment to start working on solutions.

The government acknowledged the foundational role of physicians in the health care system, and committed to work with us to develop solutions. The preliminary discussions are focusing on:

- Compensation (for both Fee-for-Service and physicians on contracts) to address the rising cost of running a business and the extra time and energy required to provide longitudinal care.
- Options for those who are interested in moving into new practice models.
- Development of alternate governance models for primary care networks, and Urgent and Primary Care Centers, in communities where they are needed.

Doctors of BC is also raising with government a range of concerns we have heard from our members, including.

- Significant improvements in relieving the burdens of after-hours care through additional supports.
- Extra support for locum coverage so that doctors can take necessary breaks or time away from the office.
- Reducing the burden of paperwork and administrative tasks so that family doctors can get back to doing what they do best – caring for patients.

Negotiations and the Physician Master Agreement

Doctors of BC negotiates with government for the Physician Master Agreement (PMA). The document sets out fees, new funding, and benefits for Fee-for-Service physicians and those on Service Contracts, Sessional Contracts or Salary Agreements. Negotiations for a new PMA are taking place now. Although our current agreement technically expired in March 2022, it is still a valid and functioning document until such a time as a new one is

ratified. Typically, any new payments are retroactive to the first day of a new PMA, which will be April 1, 2022).

Any new contract models are developed separately, outside the PMA. The government has committed to engaging with Doctors of BC in the design of any new practice/compensation models.

In response to the challenges in primary care, we are doing two sets of negotiations – one for Fee-for-Service (under the PMA), and another for developing new and/or improved compensation models (such as contracts) for those who are interested. In both cases, we are committed to addressing the rising cost of business and the extra time and energy it takes to do longitudinal care.

Read more: [Five Things to Know about Negotiations and the Physician Master Agreement](#)

Physician Burdens

Over the past five years, Doctors of BC has conducted significant work on the topic of physician burdens, including conducting an extensive, multi-phase engagement with members and developing two policy documents to guide our advocacy approach. This work:

- Identifies administrative and other burdens that negatively impact physician health and wellness, reduce quality of and access to care, and threaten long-term sustainability of the health system.
- Puts forward a framework for identifying potential burdens and reducing their negative impacts on physicians and access to care.
- Supports continual advocacy on doctors' behalf with stakeholders on many of the key burden areas members have identified.

Read more: [Burdens to Practice: Reports and Policy Papers](#)

Digital Health Strategy

Doctors of BC is advocating on behalf of the profession in the area of digital health, a critical component of primary care. We are working to optimize the use of electronic medical records (EMRs) and electronic health records (EHRs), and other digital health technologies through:

- enhanced functionality
- information sharing
- overall effective application of these tools
- addressing the issues around data portability and vendors
- implementation support (EHRs)

Members recently completed an [EMR survey](#) to help inform the direction of work.

Through the programs of the General Practice Services Committee (a partnership of Doctors of BC and the BC Government), at the outside of the pandemic we quickly pivoted to support our members in making the transition to increased virtual care with a suite of [resources and learning opportunities](#). Coaches and expert advisors helped to prepare practices to deliver virtual care to meet clinical needs and patient preferences. We know that virtual care will remain an important practice tool beyond the pandemic.

An example of how virtual care can help to connect patients and physicians is [Real Time Virtual Supports \(RTVS\)](#), developed by the Joint Standing Committee on Rural Issues. The program supports primary care and enhance health equity in rural, remote, and First Nations communities across BC by connecting rural healthcare providers and patients via Zoom or telephone.

Business and practice supports

Doctors of BC and the GPSC provide a range of business and practice supports to help doctors run their practices. They include:

Practice Support Program (PSP)

This GPSC program allows more time for proactive care and decreases physician burdens by providing:

- Coaching support to help teams identify, implement and maintain practice improvements, establish structures, and clarify roles.
- Tools and solutions to support efficiency of practice, quality care and team-based care, and adoption of attributes of the [patient medical home](#).
- Physician and MOA peer mentors experienced in team-based care and who can provide 1:1 support
- Practice management resources focused on billing support

Business Pathways

The Doctors of BC initiative provides:

- Tools and resources to support and streamline the business operations of BC doctors.
- Comprehensive toolkits.
- Preferred rates on legal and financial services, and office supplies

[The Community Longitudinal Family Physician \(CLFP\) Payment](#)

The CLFP payment provides additional financial support to family physicians (working under fee- for-service) who provide long-term, relationship-based care for a panel of patients. It values [relational continuity](#) – trusting, therapeutic relationships developed over time between patient and family physician (and their team), in which the patient sees this family physician the majority of time.

Physician health and wellness

The Physician Health Program provides confidential, personalized assistance with issues such as mental health, relationship stress, career and life transitions, substance use and concern for colleagues. Physicians, medical students and their families are eligible for: counselling, clinical peer support, and family doctor connection programs.

PHP has launched the Peer Support Initiative. In partnership with the [JCCs](#), the [Provincial Physician Peer Support Initiative](#), and development of responsive local peer support programs to help enable healthy workplace cultures. Trains physicians to provide peer support and support organizations such as Divisions of Family Practice to implement the peer program locally.

Joint Collaborative Committees

Doctors of BC and the BC government are partners in the Joint Collaborative committees (JCCs), whose actions and programs support physicians and patients in our province. The [General Practice Services Committee](#) is the committee that focuses on primary care, however, the other JCC's have all contributed to initiatives that benefit family doctors and their patients.

Read about the [Joint Collaborative Committees](#).

Divisions of Family Practice

These community-based networks of physicians were developed through the GPSC to increase family physicians' influence on health care delivery or policy and provide personal and professional support for physicians. Divisions give physicians a stronger collective voice and more impact in their community while helping them work together to improve their clinical practices, offer comprehensive patient services, and influence health service decision-making in their community.