

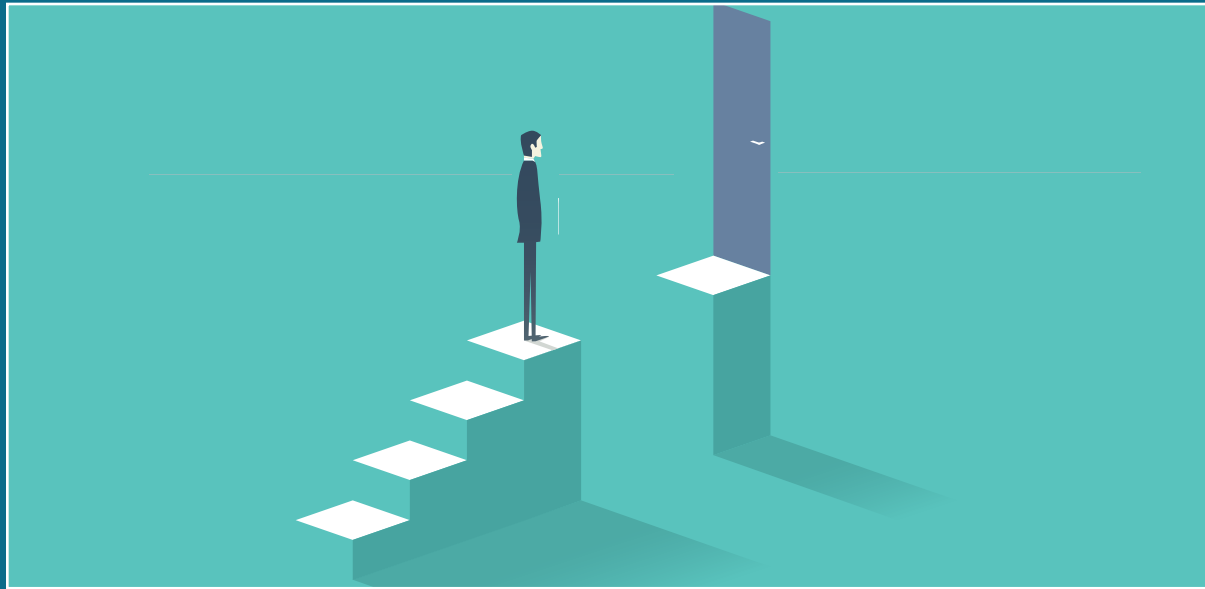
Engagement Journey



Fraser Northwest

Division of Family Practice

A GPSC initiative



FRASER NORTHWEST (FNW)

Navigating a divide and CULTIVATING CHANGE

It's undeniably an exhilarating time to be alive. All over the world, considerable changes are happening to traditional systems of societal functioning. There are so many facets of life vastly different than they were in the baby boomer era. Living costs, wages, and population growth have ultimately transformed the way people are conducting their lives. In British Columbia, the healthcare system redesign has been introduced to accommodate the ever evolving needs of people – whether physicians or patients.

In the Fraser Northwest (FNW) Division of Family Practice, there has been a notable trend in the last several years for physicians in their first five years of practice choosing to locum instead of being attached to a clinic.

As Kristan Ash, Executive Director of the FNW Division of Family Practice, explains, "There has been such a marked difference happening in society, and as a consequence, there is an even bigger cultural divide between existing doctors and the incoming physicians. We need people who want to take on family practices. We've had a number of physicians retiring, which is going to add to our huge existing attachment problem. We need to determine if we can turn family medicine into something recognized as a viable business and practice option."

To combat the attachment issue, FNW began working towards a more comprehensive model of care through A GP for Me and the frail elderly and recruitment and retention initiatives. The work with a GP for Me was a beacon of the division's desire for change to young physicians, and in 2016 there was a shift in trends from the preceding years.

"Young physicians are in fact trained in a team based care environment so we are seeing a trend shift this year – first five year doctors are coming together to open clinics based on our GP for Me prototype clinic model. They are asking the division to help them prepare for team based care and PMH [Patient Medical Home] model clinics," Kristan states. "I'm nervous to say we have turned a corner, and we will continue to work and engage this young cohort of family physicians, specifically to support and inspire them."

On the other end of the division's membership spectrum are physicians who have been working within the region's communities for years. The division is experiencing resistance from this demographic of practitioners who are extremely concerned about changing overhead costs, locked in leases, and the space constraints of a traditional office, which don't allow for a full team.

"We need to broaden the long standing practitioner's recognition of the existing teams – like Executive Director Physicians, hospitalists, [and] the person doing their lab work. We need to help this group of physicians realize they already have some strong team members in place. Now they need to leverage that," Kristan explains.

The cultural divide between existing and incoming physicians within the FNW division is significant. Kristan talks honestly about the need for unity as a critical component of the plan for system change,

"The bottom line is that as we go through this we have to be mindful of how people need to hear the message of the changes we are trying to make. We need to be aware of branding," Kristan expresses.

The division held a PMH kick-off event and invited key provincial decision makers Michael Marchbank (CEO of Fraser Health), Doug Hughes (Co-Chair GPSC, Assistant Deputy Minister of Health), Dr. Shelley Ross (GPSC Co-Chair), and Dr. Brenda Hefford (Executive Director, Community Partnerships and Integration, Doctors of BC). Instead of presenting, the guests were asked to answer 41 questions gathered from member physicians in attendance.

At the kick-off event posters were designed for each of the PMH attributes. The attribute definitions were put into lay language, and meaningful, real examples from the community were attached to each. The posters were placed around the room with a space at the bottom for attendees to comment, and also indicate if they were interested in getting involved with the individual areas of work.

Moving forward, the division's strategic engagement plan is strongly based in clear communication. Information that comes from the GPSC is reviewed by a physician before it is directed to members. The physician adds real examples from the division to the information to make it relatable for members. The division additionally uses multiple communication channels to relay information including fast facts, a newsletter, a pathways banner, events, practice visits, and one-on-one discussion with physicians. The division's team has also introduced a Practice Support Program (PSP) liaison to support the work.

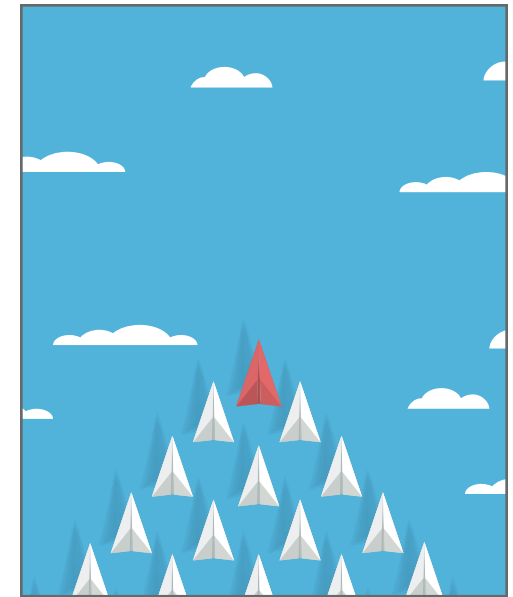
"All our communication is reviewed by physicians to make sure it is relevant and in language physicians understand and will respond to," Kristan says.

The division believes that before meaningful traction is achieved with the new model of care, the concept needs to be trialled with a number of physician offices. With a lack of funding, onboarding practices has been a difficult feat for the FNW division.

Younger physicians continue to show more willingness to engage with the division. A PMH Advisory Committee has been formed, primarily consisting of these new physicians. The committee is dedicated to shaping the comprehensive outline for the PMH implementation in FNW.

In closing, Kristan notes that, "The most important part is that we are asking questions. We are helping people to come to their own conclusions. This is not rocket science, it's not innovative— it's just how it should be. So if we ask the right questions, they say, 'of course I need access to a nurse who will be able to go and see my homebound frail patients who need a flu shot.'"

As the system slowly begins to evolve in the province, the FNW division continues to remain optimistic and determined in its approach to engage all of its members, so that their divisional transition is an inclusive and cohesive one.



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