Divisions of Family Practice
A GPSC initiative

# Fraser Northwest Physician Engagement Case Study

## A strategic approach led the division to recognize physician engagement as a priority

## Division Features

**Incorporated:** November 2010
**Urban, Suburban, Rural:** Suburban
**Board members:** 9
**Members:** 168
**Employees:** 2

- Executive lead
- Project coordinator

**Contractors:** 5

- 1 Project consultant
- 1 Administrative assistant/junior bookkeeper - same bookkeeper works with several divisions
- 1 Developer (Pathways project)
- 2 Medical office assistants (Pathways project)

## Overview

Fraser Northwest executive lead Mary Miller strongly believes that physician engagement is why Divisions exists. "We take it very seriously. We want the family physicians in our area to know what we're doing and we hope that, though our engagement with them, we're able to help them find things that will be helpful and meaningful in their work lives. But to succeed at physician engagement, you need to make it a priority."

The executive lead says that physician engagement may be the most important issue of all because it touches most – if not all – of the work in which the division engages. Mary Miller wants the family physicians (FPs) of the Fraser Northwest region to feel like they belong, are part of something and part of the community - and she and her team work hard to achieve this.

## The Need

According to Mary Miller, the need for physician engagement "comes in two flavours."

First, she and her board always consult with members as a whole about any direction the division

will move in, to make sure they are in agreement and that the division does not take on a project without having sought and obtained feedback from members. A basic question they ask is, "Do you consider this issue important and do you want us to work on it?"

Second, the division always needs members to work on the various projects and programs it takes on, so engagement is crucial in order to find appropriate members to be on committees and working groups. And as the number of initiatives grows, so does the need to engage members to become involved in the work of the division.

However, an emerging need that ranks nearly as high as the first two involves the board and the growth of the division itself.

Mary Miller explains: "Our usual course is that someone from our board will step up and take a project on, and then for another project, another board member will step up. But then you arrive at that point where your board is becoming tapped out. Their time and involvement is maximized. As well, it's not fair to keep returning to the same individuals. So we need more members to step up and work on these new projects. This dynamic of the growing division and the finite board makes your need for physician engagement all the more urgent."

Mary Miller agrees with the three basic needs of physician engagement as outlined in the PDO's Physician Engagement Handbook, which cites the need to:

1. Communicate (general communications with members)
2. Consult (to seek FP perspective)
3. Collaborate (to work with members toward shared goals).

In her experience, Mary Miller believes the need for physician engagement is "a blend of all three. They are equally important."

## The Challenge

For Mary Miller, the number one challenge of physician engagement is identifying members who may be willing to join working groups.

"The challenge is in proactively identifying members who have not been engaged before and learning enough about them that you will think, 'You know, they may be interested in this topic,' and then having someone approach them. I always say to our board members, 'One of your key roles is to identify others who will do the work of the division.' That's the big challenge, especially as you grow and take on more work and need more members to be engaged."

To grow and diversify engagement efforts is something the executive lead describes as "an ongoing challenge" and "something we need to get better at" because the division can't keep going to its core group. "We need to ensure we don't overburden our current resources and the best way to do that is to bring in new members to share in the work."

## The Solution

Mary Miller said the key solution is seeking input from members. She believes it represents the kind of "big solution" that solves problems before they even materialize.

"There is a joke in our division that there is very seldom a member engagement that does not include a survey. It is at a point now where, if there isn't one, members come back saying, 'What, no survey?' The point, of course, is that we ask for their opinion a lot. Then we can come back to them and say, 'We heard what you said, this is what we think we should do – what do you think? Shall we do this?' And the answer is always 'Yes' because the question is based on what the members themselves feel is important."

For Mary Miller, a solution to the issue of recruiting members to committees and working groups is the doctor-to-doctor approach in which one FP asks another and, ideally, the FP that does the asking knows the person being asked.

"This is quite straightforward," says Mary Miller. "Once a member has agreed to become involved, we become very focused on supporting that member in any way we can, helping them, making them feel welcome. For example, when that member has a question, we are all over it. That member's issue becomes our issue and we do all we can to get that member whatever he or she needs. That kind of focus on our members is, unto itself, a solution."

The executive lead also cites communications as a solution to physician engagement challenges and that she and her team "put a great deal of time" into communications. They use their three main communications vehicles – email, website, newsletter – to keep members informed. Surveys are often used to gather member views and opinions on various issues and proposed projects.

Communications is seen as highly important by the board too: of the division's four-person communications committee, three are FPs from the board.

## Results and Lessons Learned

To maintain effective physician engagement, Mary Miller says there is always room to do more. More can be done to connect with individual members to find out what they think is important and how they want to be engaged. This is valuable because the information gathered can guide your approach to members when projects come up that need member involvement. And while physician engagement is an ongoing process, Mary Miller offers a few examples to share with others that show how engagement can make a difference.

Most importantly, she says "stay positive" and try your best not to allow your division to become mired in "political issues" or other such distractions, or put yourself in a position where members take sides.

"We avoid such pitfalls because we are very careful about the projects we take on, and of course, it is physician engagement that determines what we take on. So when we do something we are all on board and we are very passionate. At our AGM, when we reviewed all the work that had been done the past year, the positive energy in the room was wonderful. All of our members left that day thinking, 'Wow, look what we've achieved!' We work very hard to maintain that energy – and

engaging with our members is a critical part of that."

Mary Miller concludes: "From my experience, whether it is a CME or member engagement function, when a member comes to one – hands down – they love it. We see this. They love this opportunity in their busy lives to get a chance to see their colleagues, their peers, old friends, to meet physicians new to the community, to hear the latest news in their field, to offer their opinions. What I see is a group of our doctors having a great time and being very engaged with each other, and that tells me that physician engagement is important – and it also tells me that we're doing it right and our members appreciate it."