A key component in evaluating the success and benefits of patient medical homes involves collecting stories of health care change from doctors, patients, and allied care providers. These stories take readers on a journey toward understanding how patient medical homes are improving care around the province.

Change Snapshot: How networking with other local physicians helped GPs identify a list of potential primary care initiatives.*

Listen to an audio version of this story here.

GP and Administrator; A Tale of Coerced Professional Roles

I work part-time, mainly in the emergency room (ER) as the physician lead. It's unusual in our community to have a GP working mainly in the hospital, because our community is different from many in that we still have a GP-run hospital, with GPs in private practice also working in the hospital.

Our division put together a meeting for all member physicians to talk about the Patient Medical Home (PMH) initiative, and we were divided into work groups. I joined the access and flow committee because I was most interested in coordinating services between community physicians who contract into the ER and the hospital and making sure there was better communication and flow as a group. I thought that increasing walk-in clinics would decrease costs and increase the quality of service in the ER. We were also looking at how to improve physician resilience, expand access to care outside of business hours, reduce ED visits, discuss opening a clinic on band land of the local First Nation, provide cultural coordination for First Nations people while in hospital, changing the physician recruitment process, and considering an ante-natal clinic.

It was challenging to decide what to go forward with. We talked about the options in local groups and tried to push it to the division board to find out what was worth pursuing and not worth pursuing. I feel like that is where things stopped – we never really got a clear indication of how to go forth. We had a lot of money for meetings but no mechanism for getting things done efficiently. Everything stagnated, and I feel that we were hardly able to move forward on anything. We had great ideas of how to arrange a rotating walk-in clinic and approached the hospital about using space, but we didn't have the data we needed to support our request.

We had gestalt data because of the haphazard way the data was collected. We had one walk-in clinic saying they were over capacity, other clinics saying they serve all patients, and patients coming to the ER saying they couldn't get in to see a GP. It was a multi-factoral puzzle that didn't add up. We realized that we'd need to design research to figure out how to collect the right data. I felt strongly that we should not move forward on initiatives that are not proven to have a need, but with a committee of four physicians, wondered how we would have the capacity to answer that question. As a result, we stopped activity when we didn't have the evidence.

We had some really great ideas for different things we could do, and the division staff was working really hard, but it was frustrating for physicians to stop their work to come to meetings with no way to move their ideas forward. We were completely stymied with the health authority group. Physicians are already doing so many things that more meetings are a big deal – they take away from our work life balance. We generally wanted to do the work but not be administrators – we didn't want a second profession, as we were already in an intense job.

I haven't seen a significant change, because we were all wearing so many different hats, including the division, facility engagement, and the health authority. We had serious difficulty moving between silos. It was difficult to communicate, coordinate and move things forward when the groups couldn't work together. I'd like to be one of those people who sleeps at least 4 hours a night. I was so impressed with how many physicians have carved out time to be part of the PMH project and I think that we really need to recognize the deep involvement of physicians in our division and recognize that the problem isn't that physicians aren't engaged. They are very engaged, but we don't want to be administrators, and it's unfair to ask us to be a driving force.

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[*] *Note that this was not identified as a significant change.*