
Engagement Journey



Central Okanagan

Division of Family Practice

A GPSC initiative

KELOWNA

Assertive visionaries recruiting change makers

The wildlife in British Columbia is remarkable, with a vast range of species that attract global visitors longing to experience their splendor in the great Canadian wild. Rounding out the top of the food chain in British Columbia is the Grizzly Bear. These mighty animals are curious, perceptive, trailblazers, and the wonderful example of what it means to be a force of nature.

Derived from the Okanagan language, the name Kelowna means Grizzly Bear. The Central Okanagan (Kelowna) Division of Family Practice shares many of the attributes of this marvelous creature. The region has been a powerful trailblazer in clearing a path to system change.

"Our board has been discussing the patient medical home now for almost four years," Tristan Smith, Executive Director of the Central Okanagan (Kelowna) Division of Family Practice, explains. "Dr. Gayle Klammer and Dr. Jeanne Mace were instrumental in galvanizing the intention and commitment of the board, encouraging them to lead the change instrumental to the model. Since then we have had successive boards that continue to support activities that create a future model using our members," Tristan finishes.

In 2013, the division held a meeting called the Future of Family Medicine, to which a variety of people from the community, 30 physicians, and senior Interior Health (IH) staff, attended. The goal of the meeting was for the division to begin understanding what kind of changes the system needed. Shortly thereafter, the Ministry of Health presented their key areas of focus, and the Patient Medical Home (PMH) was one of them. The division decided to hold off on continuing with their model and waited for the opportunity to participate in the provincial plan.

The Kelowna division began expressing strong support for the PMH model to Doug Hughes, Co-Chair GPSC, and Assistant Deputy Minister of Health,

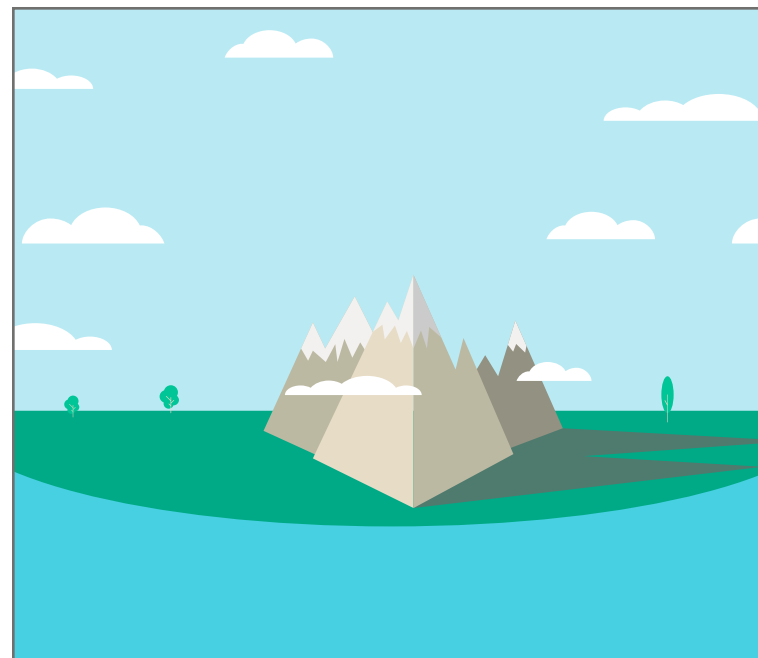
"We had done our homework, and were open with saying we were ready for change," Tristan says. "Our members went to IH, the Ministry, and GPSC to express Kelowna's interest in participating in the preliminary provincial change plans."

A special Collaborative Services Committee (CSC) meeting was held in June 2016, and a 22-week window of opportunity was identified.

"We needed to know the end goal. We were given the answer that we had a Nurse in Practice (NIP) opportunity from IH and the Ministry," Tristan says.

Due to the commitment of the Kelowna board to the PMH concepts, the division decided to approach their members to understand the degree to which how each individual practice reflected on the 12 attributes of the model. They engaged with physician members through a series of questionnaires, and the offer to participate in a panel assessment.

The first questionnaire was designed to determine a physician's readiness, interest, and capacity to implement all 12 attributes of the PMH. Seventy-Six doctors responded. The second questionnaire was sent to respondents of the first questionnaire who showed interest in the team based care attribute.



"True mutual understanding and respect of limitations and frustrations would go a long way to building the empathy required to really approach this work and find honest and sustainable solutions together."

- TRISTAN SMITH
Executive Director of the Central Okanagan (Kelowna)
Division of Family Practice

"Team based care marks as one of the lower scores in readiness and capacity, but one of the highest in interest," Tristan states.

The division asked physicians if they already had a nurse in their practice, or if they were interested in having one. The NIP model also makes a practice more attractive to new physicians who are interested in future models of care.

"Given this, we have used our recruitment and retention work as a foundation for the strategy moving forward. It has been the window to our future because as we attract physicians in Kelowna we need to paint an attractive picture showing them exactly where opportunities can be taken advantage of," Tristan explains.

The questionnaires provided enough data for the division to hold a meaningful conversation with IH. They had identified positive consent about the NIP approach and twelve practices keenly involved in trialing it. They had also established a general readiness to move forward with the PMH model.

"They brought the Kamloops turn-key model to us as well, but the idea of a solitary medical clinic without a well thought through business case didn't make any sense to us. It's not what we have been working towards over the past several years. It wasn't really a viable answer," Tristan says honestly.

As their journey continues, the division recognizes the need to be conscious about physician members' distance from lack of faith in the system level leadership. When there is discussion around transformational change, the physicians think of it at purely a local level.

"They are thinking in terms of their own practice as being their sphere of influence. That being said, the physicians aren't expecting the system to wrap around them. So the PMH is alive and kicking but is in isolation from the intersection with the Primary Care Home (PCH)," Tristan reveals.

The division considers the fundamental first step towards successful system change as gaining a common understanding, awareness, and value of primary care within the provincial health system.

"So on one hand, how do you infuse GP culture into the health system? Then on the other side, build the awareness of and participation of physicians within the bigger system of care?" Tristan wonders.

The Okanagan Division of Family Practice sees significant value in discussing the concepts embedded in the PMH model, and how they resonate for the community of physicians at hand. More broadly, the division feels there is still a need for clarity from their other stakeholders, about what role each division should play in developing ideas, starting conversations, and driving change. The Kelowna division believes more work needs to be done by all stakeholders to determine the role each stakeholder should provide, and to act on the concerns physicians keep bringing to the table.

"True mutual understanding and respect of limitations and frustrations would go a long way to building the empathy required to really approach this work and find honest and sustainable solutions together. Often our stories about each other based on assumptions and personalities get in the way of real conversation. It means we won't really be able to bridge to mutually beneficial and creative solutions. And that ultimately impacts the care that we can provide," Tristan notes.

Moving forward the division intends to start bringing patients into the conversations about the healthcare model, and also look more deeply into how the broader system is operating. The Kelowna division continues to live up to its name and be fierce and proactive in bettering the system for all of the players involved by building relationships, positively engaging opportunities presented in the provincial plan, and building hope for their members and patients.