Engagement
Journey

Richmond
Division of Family Practice
A GPSC initiative

Slowing down the clock to strengthen trust and relationships.

W e live in a fast-paced society where our desires and interactions are often just a tap of a button away. Technology has advanced us rapidly in most streams of life, and we're accustomed to taking shortcuts or the fast route to solutions. The trouble is when something comes along necessitating patience and time — it ignites an air of urgency.

The Richmond Division of Family Practice began their Patient Medical Home (PMH) engagement journey by addressing this very issue.

"One thing that we have learned is that you need a lot of time; a solid engagement strategy requires a staggered approach. During the first interaction you are just going to mention the idea of something," Marnie Goldenberg, Project Manager of the Richmond Division of Family Practice, explains.

The division determined that a realistic timeline needed to be developed and that it was crucial to create a tangible plan with an outcome that would spark interest.

"What constantly happens provincially is that we are under massive time constraints. We were rushed to plan and implement the model but took a step back to assess the best plan of engagement," Marnie says.

The introduction of Neighbourhood Networks was a way of sorting through the physician members to identify a group that was dedicated to open communication and change efforts. The division started by directing the majority of their engagement efforts to the physicians already organized into network groups.

"There were an initial two Neighbourhood Networks," Marnie laughs, "and the next two networks formed shortly after because it looked like something that they wanted to be a part of."

The division was also aware that there needed to be a solid return on investment for the participating practices. Physicians are business people pressured for time and in Richmond, practices are at capacity. The division recognized that doctors needed compensation for the time required to make the necessary adjustments to their existing business models.

"We quickly realized that any fixed ideas we had on what was going to be required to engage physicians were going to have to be thrown out the window. That every physician group was going to be different. That every individual physician would be a little different," Marnie states.

With a thorough understanding of their Neighbourhood Network member diversity, the division began to create a broader range of engagement tools, to ensure there would be something that would resonate with everyone. The tools created were built on a foundation of open and transparent communication.

> "There is a lot of good will that needs to be developed, and we as a division have done a really good job of that. It's really important that investment happens with both the physicians and other stakeholders."
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> -Marnie Goldenberg, Project Manager, Richmond Division of Family Practice

"We begin by meeting with the physicians one-on-one. In those meetings, we may be introducing a new tool or pathway; for example, a new protocol to integrate a new health provider. We just want to share an idea with them and get their feedback. We are just lobbing an idea at them and seeing how they feel about it," Marnie describes.

During the one-on-one meetings, the division also asks physicians about practical needs for the Neighbourhood Network. Questions include whether the physicians are anticipating a need for cross coverage or locum support. These kinds of questions are designed for proactive engagement, and to encourage physicians to reflect and plan. Each network also has a designated 'Super Medical Office Assistant (MOA)' on board for additional in-practice support to an allied health provider supporting the network.

The division deems it critical that their staff have a clear mandate to effectively trial and integrate changes into practices in a timely manner and with as much ease as possible.

Marnie explains, "The physicians don't have hours or days to figure this out. We need for this to be physician led, but not to make them do all the middle work; they don't want to do it if it takes them away from seeing patients or monopolizes too much of their MOA's time."

A fundamental component of the networks is building support, trust, and mutual problem solving through inter--physician relationships. Get-togethers for Neighbourhood Networks are regularly hosted. There is always time allocated for the networks to have individual conversations, but meeting agendas have covered a broad range of subjects. Case finding was a popular discussion and focused around how it can be utilized within practices to maximize the caseload of the additional health professionals that support a network, such as a Clinical Pharmacist. At a separate meeting, the division presented data on each of the Neighborhood Network's communities. The data was collected as part of a 'My Health, My Community' concept where the division brought in a lead investigator who presented information for each of the network's regions. The investigator then talked about the ways the physicians and networks could use the data at the group meeting. The division is using data to form new partnerships to support practices at the neighbourhood level – one example is collaborating with the City of Richmond for the "Walk Richmond" program.

Other meetings have welcomed guests including physicians and MOA's not attached to a network. Presenters from the University of British Columbia's (UBC) department of pharmaceutical sciences attended one meeting to discuss the services they provide and how they specifically work with physicians and patients. Finally, Certified Dietary Nutritionists (CDN), physicians and MOAs joined one evening to discuss the integration of the CDNs into the community networks.

The Neighbourhood Network meetings have really helped the division identify processes needing to be workshopped and tested. There are two e-newsletters – one targeted to the members of the Neighbourhood Networks and the other for all of the division's physician members. The Neighbourhood Network newsletter addresses topics around the integrated care model and includes updates, upcoming trials, summaries, and data.

"In the network newsletters we are also providing data about how many providers have been deployed, how many patients are being seen by each network, so physicians can compare their own network to others. It might help them, as it seems there is a little bit of competition that they are noticing the trajectory of using integrated services," Marnie elaborates.

Each of the network newsletters also contains a link to a survey that collects feedback on the information shared. The division uses a two-pronged approach to ensure they are collecting responses either online or in a one-on-one meeting. With a survey completion rate of 90-percent, the division is able to improve their Neighbourhood Networks with the help of their members.

Marnie says the surveys are, "Effectively capturing everything from frontline experience. We are really trying to understand what is getting in a physician's way and also what they are excited about."

The Richmond Division of Family Practice's engagement journey has deliberately avoided use of the term: Patient Medical Home (PMH).

"What we have been talking about is the Neighbourhood Networks; they know that. We will shift our language to describe the networks as a vehicle to achieving PMH success. So it's still the networks that people are going to be invited into, but the mandate is going to be broader," Marnie notes.

Moving forward, the Richmond division plans to do all of the PMH work through the Neighbourhood Networks. There is also a plan to hire a designated network manager. Richmond will continue to stay with terminology the community is familiar with until the PMH model gains more provincial traction.

"I heard someone from another division once say: 'You can only move as fast as the speed of trust.' But you can also only move at the speed of their bandwidth, of their ability," Marnie adds. "There is a lot of good will that needs to be developed, and we as a division have done a really good job of that. It's really important that investment happens with both the physicians and other stakeholders," she finishes.

The Richmond Division of Family Practice will continue to initiate system change at a pace that most importantly permits the strengthening of relationships while simultaneously building trust within their community.