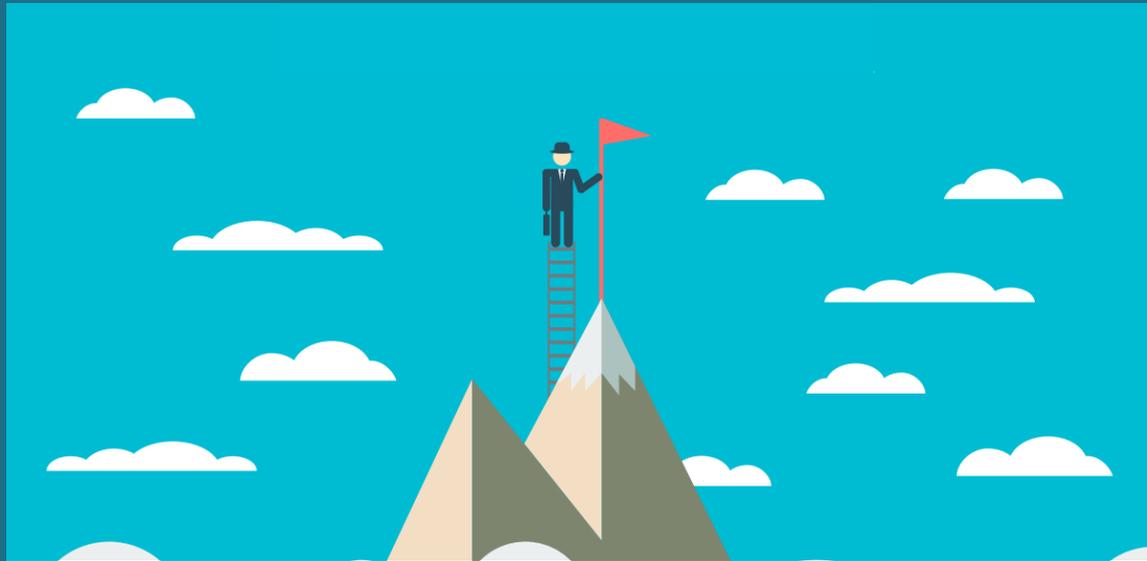


Engagement Journey



South Okanagan Similkameen Division of Family Practice

A GPSC initiative



SOUTH OKANAGAN SIMILKAMEEN (SOS)

Using transparency & communication TO BUILD TRUST

At one point or another, most people have confronted a personal habit that they have to work tirelessly to break. In these situations it helps to engage with like-minded people for support and accountability to stay on track. The new system of healthcare in British Columbia is requiring a large scale shift of habits and routines. It requires monumental networks of trust and support – and achieving that requires effective engagement.

The South Okanagan Similkameen (SOS) Division of Family Practice started the shift towards an integrated system of health with a wide array of engagement activity. The first stage involved drawing on the experience of their neighbours, the Kootenay Boundary division, who had already begun their journey to the new care model.

The Kootenay Boundary division shared their experiences and materials with SOS. Taking Kootenay Boundary's lead, SOS formed an Engagement Planning Committee (EPC) that reported to the Collaborative Services Committee (CSC). The EPC was tasked with creating a calendar outlining the engagement events the division hoped to host, who they envisioned participating, when they would take place, and what the focus areas would be.

"With respect to timelines, we established the EPC in June and had our first meeting in July. Over the summer, we had three meetings and quickly realized the first thing we needed to do was engage physicians. Our strategy involved networking first and PMH [Patient Medical Home] second," explains Tracy St. Claire, Executive Director of the SOS Division of Family Practice.

The first group meeting with physicians was designed to provide information about the system transformation. The division invited some of the new family practitioners in town, and some of those already engaged in different projects or division work.

"Everyone agrees our population is aging so the idea of organizing into a PMH and PCH [Primary Care Home] model was no surprise," Tracy explains, "Although we had some group discussion at the end of the first meeting, we didn't get the level of interaction and engagement we had hoped for. The lack of resonance may have resulted from the meeting's focus on jargon – it was a very conceptual meeting," she finishes.

The division re-grouped and took a different approach to their Annual General Meeting (AGM) in September. They identified three distinct areas within the community that were perfect examples of how the PMH model was already operating in the region.

One of these examples was the community of Princeton, which has four local physicians practicing, and was acknowledged as having solid relationships with its surrounding community, Interior Health (IH), and community partners.

"Princeton is our strongest functioning community that already meets most, if not all, of the 12 attributes," Tracy explains confidently.

The next meaningful example of the PMH model in the division was the Martin Street Outreach Clinic in Penticton. This clinic is a partnership between IH and division physicians that focuses on providing care for patients with addictions, mental health, and substance abuse. With over 750 patients, the clinic operates very similarly to the defined PMH model and works in collaboration with IH in a way that resonates with the overarching PCH model.

The final example was the community of Summerland. It was identified as having strong inter-physician networking; however, there was an impending physician shortage in the community signaling an urgent need for action in this community. So Summerland was deemed the first community that could benefit from a PMH approach.

"At the end of August, two of our EPC members went to Summerland and started a conversation about formalizing groups through the PMH model. It was at this meeting that we got our soft buy-in," Tracy recalls.

The September AGM was primarily devoted to the PMH. Presentations from Summerland, Princeton and the Martin Street Clinic offered meaningful, relatable examples that were linked to the 12 attributes of the PMH model. Dr. Lee MacKay of Kootenay Boundary attended to talk about having a social worker and nurse in his practice. The end of the meeting marked a significant milestone in the division's journey: physician clarity around the scope of work.

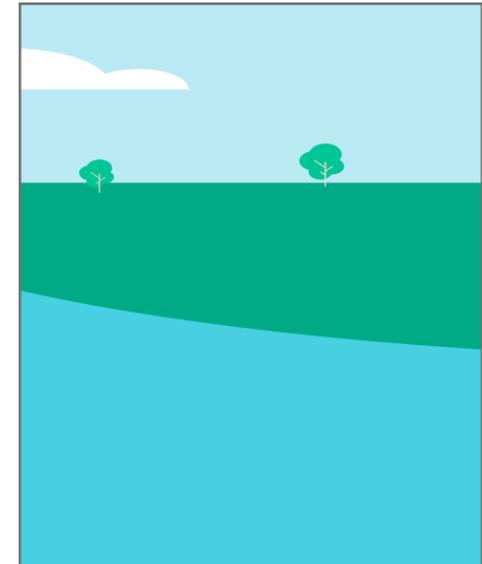
"It became clearer in everyone's minds that the PMH is truly doctor-to-doctor, and within the radius of physicians' influence. The doctors were figuring out how they were going to work in groups and support each other," says Tracy.

"Sorting through what PMH meant together and how it related specifically to our communities put us in good shape moving forward because it created trust," Tracy mentions, "Physicians within the division are vocal about perceiving PMH as an opportunity to strengthen how they work together, and a lot of them have formed concrete ideas about it."

The division credits the use of visuals including the PMH Attribute Wheel to help concretely convey concepts. They also maintained a steady level of engagement with physician members through meetings, interviews, and connecting to existing system networks. By continuing to share tangible examples and success stories from within the division, physicians were able to see themselves in the new model of care.

"The CSC has a page where we talk about what our values are and it's all those things: transparency, communication, trust. And I think I would add – you're working in partnership but part of that partnership is to recognize when you have a role and when you don't have a role. Like the freedom that we have to explore with the physicians what's needed – listening has been more important than anything we've done," Tracy finishes.

The SOS division is optimistic about the transition to a PMH model in their community. Summerland remains at the forefront of the transition, but other communities are eager to follow suit. Next, the division plans to engage patients, specialists and the community at large. The PMH model is about unity and collaboration – it includes every person in British Columbia and the SOS division is working diligently to make the idea come to life for the betterment of our province.



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