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Background & Methods

- Limited access to specialist care in regional settings results in high patient travel burden and often worse patient outcomes.
- Designing proactive and data-informed Physician Workforce Plans is challenging, especially for time-poor physicians in regional areas with limited resources.
- PROSPER Working Group:** a 13-member collaborative comprised of Head of Departments, Family Physicians, Specialists, and Interior Health representatives across 6 East Kootenay communities.
- PROSPER Aim:** Advocate for new Specialist Positions that align with data and need in our regional area.
- The PROSPER Project developed a transparent, replicable, and data-informed Roadmap for a physician collaborative to identify existing and future need in specialties.

The PROSPER Roadmap – A Data Foundation for a Decision Journey

- The Roadmap provides data needed to make strategic proactive Physician Workforce Plans.

Each specialty received a Profile including:

- Specialist distribution:** Based on population and relative to the province and two peer-comparator regions in CIHI data.
- Local team resilience:** Cross-sectional surveys (n=58) with Professional Fulfillment Index (fatigue, engagement, fulfilment) and interest in recruitment.
- Family physician experience:** Cross-sectional surveys (n=79) exploring urgency of expanded or new service delivery.

Specialty	Shortfall		≥ 0.5 FTE shortfall relative to:		PFI Score Performance relative to Group and Study values on:			Strong recruitment interest* for:		FP Priority
	Current	Predicted	Area A	Area B	Reward	Exhaustion	Disengagement	Facility	Outpatient	
Psychiatry	11.1	13.6	✓	✓	-	-	-	-	-	1
Hospitalist*	7.3	-	-	-	-	-	-	-	-	2
Neurology	3.1	4.1	✓	✓	-	-	-	-	-	2
Urology	0.8	1	✓	✓	-	-	-	-	-	3
Radiology	0.3	1.8	X	X	-	-	-	✓	N/A	4
Plastic surgery	1.9	2.2	✓	✓	-	-	-	-	-	6
Dermatology	1.4	1.6	X	✓	-	-	-	-	-	8
Oncology	1.9	2.3	X	✓	-	-	-	-	-	7
Gerontology	1.2	1.1	X	X	-	-	-	-	-	5
Obstetric/Gynae	2.6	3.6	✓	X	-	-	-	-	-	9
Ophthalmology	1.6	2	✓	X	Higher	Lower	Similar	-	-	15
Otolaryngology	-0.3	-0.1	X	X	-	-	-	-	-	10
Internal medicine	0.9	5.0	✓	✓	Lower	Higher	Higher	✓	✓	11
Gastroenterology	2.0	1.4	✓	✓	-	-	-	✓	✓	12
Rheumatology	-0.7	-0.2	X	X	Lower	Higher	Higher	✓	✓	13
Pediatrics	3.5	5.7	X	X	Lower	Similar	Lower	✓	✓	14
Respirology	1.5	1.8	X	X	-	-	-	-	-	16
Cardiology	2.5	3.2	X	✓	-	-	-	-	-	18
Orthopedics	-1.6	-1.0	X	✓	Lower	Higher	Higher	✓	✓	19
Anesthetic	4.1	6	✓	✓	Lower	Similar	Similar	✓	N/A	20
General surgery	-0.5	0.4	✓	✓	Similar	Higher	Higher	✓	✓	21
Pathology	-1.0	-0.4	X	X	Higher	Lower	Similar	✓	N/A	22

Baseline East Kootenay Physician Perceptions of the Workforce Planning Process (n=138)

Is the Workforce Planning Process...

Transparent? 9% of specialists agreed 11% of family physicians	Data-informed? 21% of specialists agreed 16% of family physicians	Proactive? 14% of specialists agreed 15% of family physicians	Collaborative? 32% of specialists agreed 23% of family physicians
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The Decision Journey – Using the PROSPER Roadmap with Group Willingness to Pay Exercises

- Individual Impact Assessment** (100 points): "With the PROSPER Roadmap, allocate 100 points to specialties that would have the most impact." (Visual: 10x10 grid of 100 points)
- Group Impact Assessment** (Reallocate 100 points): (Visual: 10x10 grid of 100 points)
- 3a. Cost Calibration** (Establish 'cost' or effort for specialty):
 - HIGH (30 POINTS):** Positions that require higher cost or effort to recruit and sustain.
 - MODERATE (20 POINTS):** Positions that require moderate cost or effort to recruit and sustain.
 - LOW (10 POINTS):** Positions that require lower cost or effort to recruit and sustain.
 "Consider the effort (infrastructure, resources, call-sharing) required to recruit and sustain the specialty. Which specialties are High Effort?"
- 3b. Constraint Shock** (Allocate 100 points with cost): "Allocate 100 points across specialties. In this round, you must allocate at least the minimum number of points by effort tier. You can exceed the minimum effort tier." (Visual: 100 points available, allocated to Neurology (40), Gastroenterology (30), Radiology (20), Dermatology (10))
- 4. System Optimization** (Current state and alternatives): "Which services can be effectively delivered via virtual care, visiting specialists, or shared regional models?" (Visual: 100 points available, allocated to Neurology (40), Gastroenterology (30), Radiology (20), Dermatology (10))

Watch the process!

Or click [here](#)

What Did Our Decision Journey Look Like...?

SPECIALTY	EXERCISE 1 (Impact only)	EXERCISE 2 (Impact + Discussion)	EXERCISE 3 (Impact/Effort Cost)	EXERCISE 4 (Impact/Effort Cost + Optimization)	Δ FINAL-INITIAL
Neurology	26	26	30	30	+4
Internal Medicine	12	11	8	19	+7
Gastroenterology	11	8	14	19	+8
Rheumatology	12	9	12	15	+3
Radiology	9	9	7	8	-1
Dermatology	0	11	8	6	+6
Psychiatry	8	8	4	4	-4
Urology	7	7	2	0	-7
Plastic Surgery	12	9	14	0	-12
OBGYN	1	0	0	0	-1
Oncology	2	-	-	-	-2

TOTAL (Points): 100 Total points allocated → 98 Total points allocated → 99 Total points allocated → 100 Total points allocated.

Changes reflect shifts in priorities across exercises.

Values are group averages. Dashes (–) indicate that the exercise was not conducted.

What Do Physicians Say About the Journey?

"This process was a meeting I actually found useful attending..."

"I lack the time and the skill to take advantage of the available data to prove what I knew was real. I can't thank the PROSPER team enough for showcasing the poor access to specialist care in our rural area."

"I would like to see this work replicated across the Interior Health authority and the province..."

Interested in hearing more: lfradgley@ekdivision.ca