

---

# Engagement Journey



**Comox Valley**

**Division of Family Practice**

A GPSC initiative

Traditional values remain at the forefront of significant change.

**N**estled halfway up the east coast of Vancouver Island, the Comox Valley faces the Georgia Strait and watches the sun rise over the coastal mountains. With immigration from the South Island, lower mainland, and Alberta, there are forever evolving attitudes in the community, with both rural and urban perspectives co-existing.

Not only is the demographic of the community changing, but so is the make-up of physicians providing primary care. There is now a heterogeneous group of family doctors, ranging from those with part-time only practices, to those working full-time with active hospital privileges providing obstetric care. The opportunity of stabilizing delivery of care through the implementation of the Primary Medical Home (PMH) will homogenize care delivery to a community.

Janet Brydon, Executive Director of the Comox Valley Division of Family Practice, explains how the division began the journey towards the PMH model of care in a positive way by prioritizing the issues facing the physicians and broader community.

Janet explains, "We decided to temporarily abandon labels of the PMH and the PCH [Primary Care Home] because those are confusing. We also abandoned the GPSC PMH graphic because it's overwhelming and the physicians in the community can't see themselves or their work, within it."

Instead, the idea was for the physicians and board members to get a broad view of the state of their local communities through meaningful engagement with one another.

"We felt strongly that we needed to be reconnecting with the membership, ensuring that we got clarity on what – at this point in the lifecycle of the community of physicians – were the most important issues, where they needed the division to be aiming," Janet describes.

Occasionally, in times of tremendous change, it helps to completely stop everything and reflect. The division did just this and took time to look back on the past five years and acknowledge the work accomplished, and how it could guide future work – specifically on the journey to an integrated system of health.

The physicians first looked at what improvements needed to be made in the community. The board and division staff then looked at which PMH attributes were directly relevant to these needs. Thus, instead of shaping the community to the attributes, the attributes were shaped to the members' jointly established needs for the community. The activities indicated in this initial conversation were: to strengthen the physician community network, reduce the silos between the various clinics, and to improve access to care on a 24-hour basis.

*"We felt strongly that we needed to be reconnecting with the membership, ensuring that we got clarity on what – at this point in the lifecycle of the community of physicians – were the most important issues, where they needed the division to be aiming."*

-Janet Brydon  
Executive Director Comox Valley  
Division of Family Practice

Janet highlights the importance of engaging the division board as champions for the work. She mentions that the Comox Valley board believes it is imperative to concentrate on the priorities of their membership, and that this is what will initiate alignment and willingness with the physicians.

Janet notes the impact of presenting a real-world example at the Annual General Meeting (AGM), "At the AGM a physician lead of the Child and Youth Mental Health and Substance Use Collaborative presented the referral matrix. It was a tangible outcome of that work. After that, members were able to see the value of not only the work, but also of the division and the initiatives that the division gets involved with."

The Comox Valley Division of Family Practice plans to focus on implementing strategies at the community level to improve physician and patient wellbeing and to demonstrate action coming out of discussions. The division intends to be proactive in keeping members up-to-date through a variety of different mechanisms, including a newsletter and summary documents.

Janet stresses the dedication to making sure members are heard, understood, and supported during the transition, "We will share it out at a very granular level: what we have heard from the members about their priorities, what we have done with that information, and what will be our next steps. And then, in the future, we'll return to our members and be able to say: 'this is the outcome; this is what we have done.' As a division supporting member priorities, we feel we need to make that demonstration to the members to say, this is what we do and this is how it impacts what you do."

During the provincial journey to a PMH model the Comox Valley Division of Family Practice sees their role as change leaders and translators between the broader system and local physicians.

"We really had to step it back, take it right to where people were at, and honour what they were experiencing, and what made sense to them," Janet says, "We needed to answer what this means at the individual practice level. We then took that to the board and staff and said: 'Now for us, change leaders, how do we make sense of what is most meaningful and important for our members? And how can we use that as the strategic starting point, to leverage their interest?'"

The Comox Valley division will continue to reflect the values of its community, prioritizing their people – patients and physicians alike – during the PMH system transformation. Listening to the recommendations of their physician members, and molding those outcomes to the provincial model ensures alignment to the PMH attributes, a higher standard of patient care, and clarity of direction for physicians in delivering patient centred treatment.