Engagement Journey

Victoria Division of Family Practice



Traversing change with solid partners

hange is undoubtedly easier when you have other people by your side. The Victoria Division of Family Practice has started linking people together so that changing to the new model of healthcare is a shared endeavour.

The division began their shift towards the Patient Medical Home (PMH) model with work that started during A GP for Me.

"When A GP for Me was wrapping we began looking at strategies to transition some of this core work and the prototypes to the next phase. We started to talk to members about how to do this, but not initially from a PMH lens because we wanted to understand their thoughts first," says Alisa Harrison, Executive Director of the Victoria division.

In September 2015, the division hosted their first engagement event about transitioning out of A GP for Me. Thirty members who had been actively involved with A GP for Me projects, specifically those on one of the steering or advisory committees, were invited to attend. The division wanted to understand the attendees' experiences with quality improvement (QI) work in order to determine the logical progression of implementing a new standard of healthcare.

"We used an appreciative inquiry process. We acknowledged that the members were doing excellent work, but wanted the physicians to tell us more about why things were working well," says Alisa.

The physician members determined that the recruitment and retention effort needed to be at the centre of any change plan that was developed.

"If people in the community aren't there doing the work, and at least partially professionally satisfied and willing to stay, you can't do anything else. Those are the building blocks," Alisa expresses, "It's not only a quantity issue but also a coordination and organization issue. We have a giant bundle of resources that aren't working together. We need to figure out how best to link people," she continues.

The September engagement event led to a year of detailed conversations by the division board and staff with individual physicians and at each existing division working group or committee; the conversations raised the concept of the PMH, and the nature of coordination and enablers.

Alisa explains, "We started by taking individual pieces of the PMH model to the tables to review how the attributes fit into our change plan."

As the division was beginning to transition to the PMH model, simultaneously the Health Authority (HA) was becoming invested in the Primary Care Home (PCH).

"The division and the HA have a strong working relationship. There's a baseline commitment to working together. We had already started some work together around care of the elderly," Alisa describes.

The division was eager to continue working on elderly and residential care. Towards Optimal Residential Care Health (TORCH) was an initiative of the division in collaboration with Island Health Authority (IHA), patients and family members, and other care providers, to improve access to and quality of medical care in residential care. TORCH found sustainability through the Residential Care Initiative (RCI) successfully launching improvements to residential care, which allowed the division and IH to turn their attention back to a joint pilot project focused on redesigning senior services for frail elderly patients living in the community. The division and IHA agreed to bring their work under one umbrella and see what it would take to redesign community senior services with primary care at the centre.

"...come and build your ideas, share your ideas, let's grow a new way of thinking about these things together."

- ALISA HARRISON Executive Director, Victoria Division of Family Practice

"The PCH is a little different than the PMH but relates to our work because the HA decided that they wanted to focus services into neighbourhood delivery models – which went really well with the networking concept we wanted to employ around the PMH perspective," Alisa describes.

The Victoria division had previously heard about the Richmond Division of Family Practice's Neighbourhood Networks. The network vocabulary had resonated with the division's staff and board as an excellent term to encompass what they hoped to do with regard to coordination and linking people.

The concept was presented to members as a service that they could opt into if they decided to. Members are able to contact the division at their convenience to form or join a network.

In February 2017, a large group of division members came together to talk about the PMH. It was the first time the division addressed PMH explicitly.

Alisa credits the year and a half preparation work for getting the members truly engaged, "It's all about how you receive information. Physician's feelings, and what they live day-to-day, is a reference point for what we build together. Our genuine interest in members' experiences, and commitment to doing work that they really value, is at the heart of all the quality improvement projects."

Members are now contacting the division to get involved and learn more.

"Several of the members came to our Recruitment and Retention coordinator and said they wanted to form a cross coverage team in their facility. That's the first step in forming this network. A homegrown, grass roots, physician led, physician invented network," Alisa says enthusiastically.

Moving forward the division will be concentrating on networking, and engaging with residents. They will also launch Greenhouse Groups for participants to 'grow their ideas'. The primary Greenhouse Groups, which operate similarly to traditional working groups, will support the task of creating healthy community partnerships, and provide another opportunity for member physicians to guide the division's work with their ideas.

"We are framing it as 'come and build your ideas, share your ideas, let's grow a new way of thinking about these things together," Alisa elaborates.

The division has utilized a number of creative resources to actively engage members. A monthly, community driven NewsFlash ensures all members are up-to-date on relevant information and connected to their colleagues across the city. They have also launched the publication Scope Magazine featuring articles on family medicine in Victoria with the inaugural issue debuting in winter 2017.

The Victoria division recognizes the importance of partnership at a community level and credits the joint commitment between themselves, the physician members, the HA, and the Practice Support team for the successes achieved so far. The division will continue to commit to community driven engagement that is slow and steady, and are confident that their unique partnerships will drive system change forward in the Garden City.

