



**qathet**

**Division of Family Practice**

An FPSC initiative

# **STRATEGIC PLAN 2024-27**

REVISED: July 24, 2024

---

## Our Strategic Direction

### Our Vision: what we aspire to achieve

---

A healthy and resilient community

### Our Mission: what we do

---

Improve primary care for the benefits of patients and providers

### Our Purpose: why we exist

---

Building off the valuable and different ways that family physicians (FPs) and nurse practitioners (NPs) provide primary care in the community and recognizing the primary care system is undergoing significant challenges, qDoFP is uniquely positioned to support FPs/NPs in the ongoing care of their patients and that they are a driving force in improving access to primary care for all qathet residents through partnership and collaboration.

### Our Core Values:

---

**Continuous improvement:** Being adaptive and striving for excellence

**Accountability:** Strengthening trust through openness and reflective action

**Collaboration:** Working in partnership to build and sustain a healthier community

**Equity:** Working towards fair and just opportunities for health and wellness



### Land Acknowledgment:

---

The qathet Division of Family Practice, our membership and partners acknowledge that the work we do occurs on the traditional and treaty lands of the Tla'amin people.

---

**Context:**

Primary care in BC is facing numerous challenges. Record numbers of FPs are expected to leave their practice in the next 5 years as they retire and/or move away from overwhelming challenges or running a medical practice. Key trends to highlight are:

- New graduates are often choosing careers other than longitudinal family practice and medical students are choosing specialties other than family practice.
- In the qathet region, we estimate that 20% of the population do not have access to a primary care provider (PCP).
- In 2024, a new payment model has been made available to longitudinal FPs, which has been widely adopted and help stabilize a primary system in crisis.
- An aging and growing population will continue to put pressure on maintaining appropriate level of access to primary care.

---

**Foundation:**

The foundation of primary care transformation is based on the following models:

**Patient Medical Homes (PMHs)** speaks to the ideal model of care that is based on and builds upon the care that FPs/NPs provide in a longitudinal based relationship. The model was developed by the Canadian College of Family Physicians (CCFP) and embraced by the Family Practice Services Committee (FPSC).

**Primary Care Network (PCNs)** speaks to clinical networks of PMHs in a geographic area where patients receive expanded, comprehensive care and improved access to primary care. The model is based on team-based care where FPs/NPs work alongside allied health professionals and in collaboration with First Nations communities, health authority and community services.

---

**Process:**

The qDoFP Board of Directors (the “Board”) is responsible for ensuring the organization has a strategic plan in place that provides value to members and is aligned with funding priorities. In January 2024, the Board embarked on the following strategic planning process:

Timeline	Steps
January 15, 2024	Board review strategic planning process for approval
February 2024	Staff participate in 2 focus group sessions focusing on membership
Feb/March 2024	Survey to members focusing on value and support for identifying priorities
March 6, 2024	Fireside chat with Dr. Brenda Hefford on the role of DoFPs and systems priorities
April 13, 2024	Strategic planning session with Board and staff facilitated by Brian Evoy
May 1, 2024	Review of strategic planning insights at Board meeting
July 17, 2024	Review of final draft strategic plan for approval
July 30, 2024	Approved strategic plan shared with membership

---

## Areas of Focus: where we do our work and make an impact

---

### #1: Improve Primary Care Providers' (PCPs) wellness and job satisfaction

Over the next three years, qDoFP will provide supports for clinics and FPs/NPs that reduce burdens to practice, retain current PCPs, attract new PCPs, and provide a strong sense of collegiality. Key tactics include:

- Develop recruitment, retention & retirement strategies
- Create spaces for members to connect professionally and socially
- Develop a menu of practice supports (HR, EMR, QI, sharps disposal, scheduling, etc.)
- Implement a robust local education program

### #2: Support PCPs' ability to meet patients' needs

Over the next three years, qDoFP will provide supports to improve the ability to meet current patients' needs. Key tactics include:

- Build team-based care capacity
- Improve communications with patients
- Support clinical networks such as long-term care and maternity
- Identify key pathways of patients' needs for redistribution towards most appropriate care

### #3: Improve health equity

Over the next three years, qDoFP will strive to make our health system more culturally safe and accessible for Indigenous peoples and ensure equitable access to primary care for all. Key tactics include:

- Promote and support cultural safety and humility initiatives
- Develop a Community Advisory Group (CAG)
- Implement a community solution for episodic and after hour primary care
- Implement an attachment mechanism
- Develop a strategy for underserved populations

### #4: Plan for a sustainable primary care

Over the next three years, qDoFP will lead conversation in imagining and preparing for a sustainable primary care through research, member engagement and partnership. Key tactics include:

- Complete environmental scan of primary care innovations
- Support the transition of new models of care based on members' needs
- Clarify the role of qDoFP in the case of a primary care crisis such as clinic closure
- Create a community think tank to leverage synergies and interests in supporting primary care

---

## **Enablers: what is needed to execute on our priorities**

---

These strategic enablers allow our organization to execute its strategy more efficiently and effectively. To ensure successful implementation of the strategic plan, the following four key enablers will be interwoven in the day-to-day operations of the organization:

### **Member Engagement**

Engagement is the heart and soul of our organization. It is one of those fundamental things we do both to keep members involved and to empower them to be a voice of influence in improving primary care locally, regionally, and provincially. Any system change will require the support and interest of our members. To maintain member buy-in for our work, we must continue to show value and relevance to them both at the individual level and at the community level. Membership engagement is a process of dynamic communication and collective problem solving whereby members are informed and have a meaningful impact on priorities and activities.

### **Evaluation**

To understand the effects of our work and justify the ongoing investment of resources, evaluation must be incorporated in all our activities. We will strive to maintain a balance between evaluation for accountability to funders and evaluation for quality improvement purposes.

### **Partnership**

As pressures on organizations increase and the issues faced by our community become more complex, the idea of cross-organization partnerships holds much promise. Through partnerships we can contribute our part and reap the benefits of others' knowledge and efforts. Also, we can add depth and breadth to our community impact. Although organizations may have different structures and approaches, they can work together toward common purposes and achieve shared results. To achieve the potential benefits of partnership, qDoFP must be prepared to build, sustain, and evaluate its partnerships in a meaningful way.

### **People**

Investing in people not only provides benefits to the individual, but also to the organization, helping qDoFP to continue running effectively for the benefit of our members, partners, and community. By people, we mean employees, board members and physician leaders involved with our organization. This enabler will ensure that they have opportunities to advance their level of knowledge and skills and hopefully reach a higher level of satisfaction with our organization. In a limited talent market and available time, we must ensure that qDoFP remains an attractive employer as well as an organization where people want to invest their time to make a difference in the community.