



Event Report

Designing a Supportive Primary Care System for
Family Physicians: A Round-Table Conversation in
Surrey-North Delta

Executive Summary

The round-table conversation hosted by Surrey-North Delta Division of Family Practice on January 27, 2019 saw over 50 family physicians from across Surrey and North Delta in attendance to discuss how primary care can support their quality of life. Participants reflected on the strengths that exist within the current primary care system, voiced their dreams for the future of primary care, and identified areas of opportunity and priorities as we move forward together in transforming primary care to better support family physicians and their patients in Surrey North Delta.

Key themes that emerged from the event are summarized in the table below, and in the infographic on the last page of this report. We will be using these themes to advocate on behalf of our family physicians and to direct our discussions with community partners. Partnership discussions between the Division, Fraser Health and other community partners are currently underway, and we plan to submit a request this spring to the Ministry of Health asking for the funding we need to make these dreams for primary care in our community a reality.

Factors That Support Physician Quality of Life	
Key themes: <ul style="list-style-type: none"> • Patient health outcomes • Staff support • Communication • Access to resources • Time management • Physical and mental wellness • Physician's practice 	Top Factors: <ul style="list-style-type: none"> • Ability to make a positive change • Less paperwork • Supportive and well-trained staff • Collegiality and support from colleagues • Better compensation • Physician empowerment
Vision for the Future of Primary Care	
<ul style="list-style-type: none"> • Integrated and comprehensive team-based care • Access to Coordinated Community Resources • Mentally and Physically Well Physicians 	<ul style="list-style-type: none"> • Vibrant Clinics • Time Available • Passion for Practice • Fair Compensation • Educated and Empowered Patients • Enabling Technology
Priority Areas	
<ul style="list-style-type: none"> • Fair compensation for family physicians • Physician mental resilience, and improving connections and communication between family physicians • Health informatics and EMR connectivity • Improving the referral process 	

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Appreciating Factors That Support Physician Quality of Life

The event started with activities for family physicians to discover the factors and characteristics of their work that support quality of life. Participants conducted appreciative interviews in pairs around the invitation:

Think of a time when you felt absolutely at your best working in family practice

Those stories were then shared in table groups of 5-6, with each group posting factors that made the difference or created the feeling up on a wall. A group made up of representatives from each table then arranged the factors into groupings. This process revealed several key themes:

- **Patient Health Outcomes:** Ability to make a positive change for patients
- **Staff Support:** Collegiality and support from colleagues, supportive and well-trained staff, an accommodating schedule, having a varied practice, working in a supportive and trusting team environment, and an ability to coordinate care and services
- **Communication:** Good communication with other care providers, building relationships, good MOA or nurse support in the office, connection with family, and respectful patients
- **Access to Resources:** Access to resources in the community, and having resources readily available
- **Time Management:** Good time management, having more time, good family support, and being valued for our time
- **Physical and Mental Wellness:** Work-life balance, mental wellness, completing work at work, feeling appreciated, and physical balance
- **Physician's Practice:** Less paperwork, better compensation, physician empowerment, authority and independence, work benefits, and ability to practice at top of scope

Table 1 shows the factors identified by family physicians that made them feel at their best working in family practice. For the next step of discovery, participants voted on the factors most important to them, according to the following:

- Things so well done you would like to have happen more often
- Things that could be improved on
- Important things you don't want to lose

While **Table 1** shows the results of the voting by theme area, **Table 2** shows results by total number of votes. When we look at the factors ranked by total votes, we see a cross-section of what is important to participants across the three areas listed above. At times, votes are split across the three areas, pointing to differences in experience or capacity, and in some instances,

votes fall clearly into one of the three areas, showing a consensus across the room. For example:

- The ability to make a positive change in the lives of patients ranked highest overall, with a large portion of participants identifying this as a factor that is currently done well, and that they would like to have happen more often. Similarly ranked was collegiality and support from colleagues.
- Less paperwork ranked second highest, as a factor that could be improved on, along with better compensation, and access to resources in the community.
- Supportive and well-trained staff, and physician empowerment each ranked highly, as important factors that participants did not want to lose. A third of the votes for physician empowerment identified it as something that could be improved on.
- Work-life balance ranked highly, with votes split across the three areas. Some participants saw it as being well done, while others identified it as a factor that could be improved on.

By looking back in time, participants connected with their history, and explored and uncovered the unique qualities of primary care that have contributed to their quality of life. These are enduring themes; factors that have supported participants feeling absolutely at their best working in family practice. They are key strengths; factors that give life to the work of participants and the 'best of what is'.

These key strengths are qualities the Division has noted and will continue to advocate for and seek to support on behalf of family physicians.

Themes	Factors	Things so well done you would like to have happen more often			Total Votes
		Things that could be improved on		Important things you don't want to lose	
Patient Health Outcome	Ability to make a positive change	21			21
	Good outcome	8		1	9
	Compliant patients who have made active progress in improving health	6			6
Staff Support	Supportive and well-trained staff	1	5	11	17
	Collegiality, and support from colleagues	11	1	5	17
	Accommodating schedule	4	2	6	12
	Having a varied practice	10		1	11
	Supported		2	6	8
	A team to support, a team to trust	1	2	3	6
	Working alongside colleagues in a friendly shared practice environment	2		3	5
	Ability to coordinate care and services		4		4
	Simple processes		3		3
	Infrastructure		2		2
	My best when I have time to talk about meaningful change with my colleagues	2			2
	When I was providing palliative care			1	1
	When I could follow my patients to hospital when they became acutely ill		1		1
	When the problem isn't immediately obvious and I have to do a lot of digging to diagnose the condition	1			1
	My best when my staff and doctors share a common vision and priorities				
	Common vision and priorities, eg. patient experience				
	Clinic staff and MDs share common vision -> efficient patient care				
	My best when the team takes time to reflect to improve				
	When I am able to provide care to a large variety of people in a variety of different circumstances				
Communication	Good communication with other care providers	6	2	3	11
	Building relationships	9		1	10
	Good MOA or nurse support in office	1		7	8
	Connection with family	2		5	7
	Happy and respectful patients	1		5	6
	Communication		3		3
Access to Resources	Access to resources in community		14	1	15
	Resources readily available	7	3		10
Time Management	Time Management	1	9	2	12
	Good family support		1	7	8
	Time, and more of it	1	6	1	8
	Better time management - being better valued for our time	1	5		6
	Well rested	1	1		2
Physical and Mental Wellness	Work-life balance	6	4	5	15
	Mental wellness	1	1	9	11
	Completing work at work	4	3		7
	Feeling appreciated			6	6
	Physical balance	1	1	3	5
	Better support for mental health patients		5		5
	Building a good rapport, patient comfortable expressing their feeling			1	1
	Trust both directions		1		1
	First started practice younger, healthier patient				
	Most attractive: Patient Medical Home, that salaried physicians have been hired by Fraser Health				
Physician's Practice	Paid staff (paid by government); more money, paid vacation				
	Less paperwork	1	19		20
	Better compensation		16	1	17
	Physician empowerment (voice)	2	1	13	16
	Work benefits (mat leave, vacation pay)		10		10
	Ability to practice at top of scope			6	6
	Get out of the treadmill		3		3
	Treating family dynamics and coordinating care		2		2
	Home visits providing supportive care to patient and family members	1	1		2
	Right after finishing training during their time of need		1		1
	Enablers to perform at higher level				

Table 1: Tabulation of factors identified by family physicians that made them feel at their best working in family practice, arranged by theme, and showing results of dot sticker voting.

Themes	Factors	Things so well done you would like to have happen more often			Total Votes
		Things that could be improved on		Important things you don't want to lose	
Patient Health Outcome	Ability to make a positive change	21			21
Physician's Practice	Less paperwork	1	19		20
Staff Support	Supportive and well-trained staff	1	5	11	17
Staff Support	Collegiality, and support from colleagues	11	1	5	17
Physician's Practice	Better compensation		16	1	17
Physician's Practice	Physician empowerment (voice)	2	1	13	16
Physical and Mental Wellness	Work-life balance	6	4	5	15
Access to Resources	Access to resources in community		14	1	15
Staff Support	Accommodating schedule	4	2	6	12
Time Management	Time Management	1	9	2	12
Physical and Mental Wellness	Mental wellness	1	1	9	11
Communication	Good communication with other care providers	6	2	3	11
Staff Support	Having a varied practice	10		1	11
Communication	Building relationships	9		1	10
Physician's Practice	Work benefits (mat leave, vacation pay)		10		10
Access to Resources	Resources readily available	7	3		10
Patient Health Outcome	Good outcome	8		1	9
Time Management	Good family support		1	7	8
Communication	Good MOA or nurse support in office	1		7	8
Staff Support	Supported		2	6	8
Time Management	Time, and more of it	1	6	1	8
Communication	Connection with family	2		5	7
Physical and Mental Wellness	Completing work at work	4	3		7
Physical and Mental Wellness	Feeling appreciated			6	6
Physician's Practice	Ability to practice at top of scope			6	6
Communication	Happy and respectful patients	1		5	6
Staff Support	A team to support, a team to trust	1	2	3	6
Time Management	Better time management - being better valued for our time	1	5		6
Patient Health Outcome	Compliant patients who have made active progress in improving health	6			6
Physical and Mental Wellness	Physical balance	1	1	3	5
Staff Support	Working alongside colleagues in a friendly shared practice environment	2		3	5
Physical and Mental Wellness	Better support for mental health patients		5		5
Staff Support	Ability to coordinate care and services		4		4
Staff Support	Simple processes		3		3
Communication	Communication		3		3
Physician's Practice	Get out of the treadmill		3		3
Staff Support	Infrastructure		2		2
Physician's Practice	Treating family dynamics and coordinating care		2		2
Time Management	Well rested	1	1		2
Physician's Practice	Home visits providing supportive care to patient and family members	1	1		2
Staff Support	My best when I have time to talk about meaningful change with my colleagues	2			2
Staff Support	When I was providing palliative care			1	1
Physical and Mental Wellness	Building a good rapport, patient comfortable expressing their feeling			1	1
Staff Support	When I could follow my patients to hospital when they became acutely ill		1		1
Physical and Mental Wellness	Trust both directions		1		1
Physician's Practice	Right after finishing training		1		1
Staff Support	When the problem isn't immediately obvious and I have to do a lot of digging to diagnose the condition	1			1
Staff Support	My best when my staff and doctors share a common vision and priorities				
Staff Support	Common vision and priorities, eg. patient experience				
Staff Support	Clinic staff and MDs share common vision -> efficient patient care				
Staff Support	My best when the team takes time to reflect to improve				
Staff Support	When I am able to provide care to a large variety of people in a variety of different circumstances				
Physical and Mental Wellness	First started practice younger, healthier patient				
Physical and Mental Wellness	Most attractive: Patient Medical Home, that salaried physicians have been hired by Fraser Health				
Physical and Mental Wellness	Paid staff (paid by government); more money, paid vacation during their time of need				
Physician's Practice	Enablers to perform at higher level				

Table 2: Arrangement of factors identified by family physicians that made them feel at their best working in family practice, by total votes.



Framing a Vision for Primary Care

The next step in the event built on what participants discovered about their history, by having participants consider the future of primary care and dream 'what might be'. Each participant made a drawing around the invitation:

What three wishes do you have for the future?

Key themes that emerged from these images are:

- **Integrated and Comprehensive Team-Based Care:** Groups of family physicians practicing together to provide timely and coordinated care. Peer support and collegiality. A strong team surrounding and supporting the family physician, making time for themselves and with their families possible. In- and out-of-office support, including MOA, nurse, nurse practitioner, and allied health, with good team work and collaboration. Primary care networks of clinics, the hospital, the urgent care centre, and other community resources. Connection and integration that support timely and open communication.
- **Access to Coordinated Community Resources:** Ease of access to resources in the community, including allied health and health authority services. Resources for chronic care, diabetes, mental health, addictions, frail elderly, and homebound patients. Access and coordination with the health authority, including the hospital and urgent care centre. Access, coordination, and support from specialists. Allied health professionals visiting family physician offices.
- **Vibrant Clinics:** Happy practice environments with supportive and well-trained staff; colleagues working in practice together; availability of locums and doctors; good work-life balance for everyone; patient education and training; patient, office and family physician supports and resources; positive patient-physician interactions; and variety on the physician roster of patients.
- **Mentally and Physically Well Physicians:** Family physicians are happy and healthy, mentally, physically and spiritually well, and have work-life balance. They spend time at home with their families, vacation and travel, keep healthy and rested, exercise and pursue continuing medical education. They are supported by an office team to have 'me' and family time.
- **Time Available:** Paperwork is reduced, office appointments are streamlined, more time is available, time to support mental health visits. Work is completed within business hours and at their office, supported by a strong in-office team so that the family physician is not doing it all. Family physicians have time for family, play and staying mentally and physically well.
- **Passion for Practice:** Family physicians lead and care with heart, knowing that they make a difference. They fight for what's right, educating, empowering and taking care of their patients and community. They are challenged and motivated.

- **Fair Compensation:** Physicians are fairly compensated, allowing for financial security and independence, retirement support and benefits. Physicians can detach from their practice at the end of the day, so that time at home can be spent with family and on self-care without worry. Financial resources are available to fund office support and patient care teams. Family practice is a valued aspect of primary care, and physician wellness and patient wellness are valued hand in hand.
- **Educated and Empowered Patients:** Patients are knowledgeable, empowered, safe, capable, and follow through. Patients are at the centre of their care, and work with, and recognize the contributions of, their family physician. Patients have access to necessary training and resources.
- **Enabling Technology:** Integrated and interconnected EMRs; interoperability and access of systems across sites; integrated and universal systems that support information flow, connectivity, ease of use and communication; and application of technology.

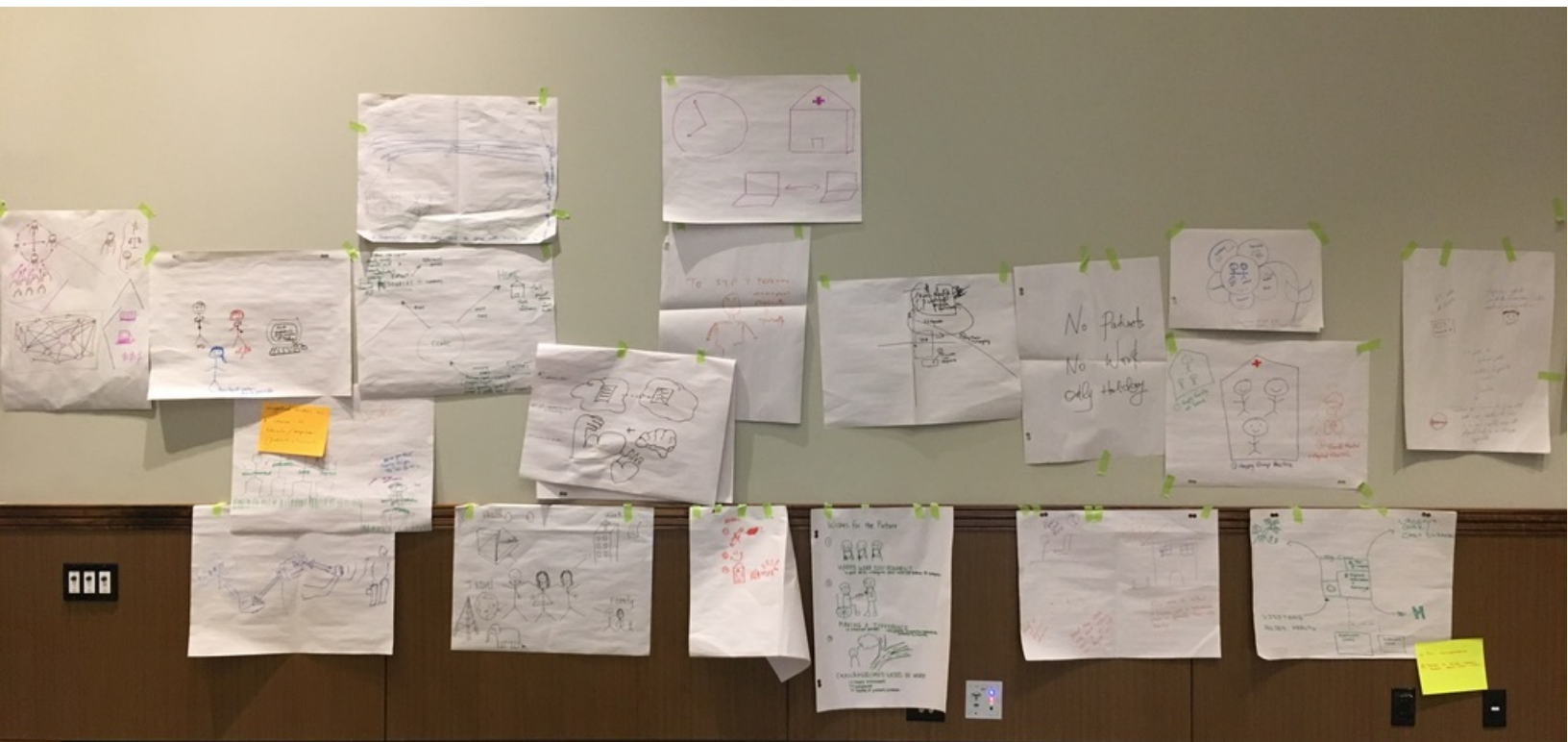
Participants engaged in table-level conversations about their dreams with attention to:

- The role of the family physician and patient
- Collaboration and team-based care
- Physicians' quality of life

At the end of the activity, participants were asked to reflect on the conversations:

What is most attractive to you about the future of primary care?
What excites you about redesigning primary care?

Individually and collectively, the drawings and the themes that emerged from them frame a vision for primary care that supports physician quality of life. The Division will be using these themes to advocate on behalf of our family physicians and to direct our discussions with community partners.



Identifying Priority Areas, Recommendations and Actions

The final part of the event leveraged the momentum created from the discovery of key factors and the framing of a vision for primary care into making that future more likely. Space was opened to participants to identify topics important to them for which they would host a discussion. Twelve participants came forward with topics and led concurrent breakout sessions after which discussion points, recommendations and actions were reported back to the whole group. In the event's final activity, participants voted to identify the topics they believed to be the most important.

Table 3 shows the topics brought forward by participants, arranged by what participants believed to be the most important.

Topic	Votes
Fair Compensation for Family Physicians	68
Physician Mental Resilience	56
Health Informatics and EMR Connectivity	32
How to Improve Referral Process	28
How to Improve Communication Between Family Physicians	21
Frail Elderly Care	18
Leadership Opportunities	11
Diabetic Care in the Community	8
How to Have Difficult Conversations	7
Better Communication from FH ER	3
Getting Hospital Privileges	1
Ideal Family Practice for Future	0

Table 3: Topics brought forward by participants, arranged by total number of votes post breakout session and report-out.

What follows is a compilation of the reports shared by participants. Existing activities and resources that fall within a topic are included, as well as proposed actions by the Division.

Topic	Report from Breakout Session	Plan of Action Proposed by Division
<p>Fair Compensation</p> <p><i>Physician Lead:</i> Dev Dhillon ddhillon98@hotmail.com</p> <p><i>Division Staff Contact:</i> Jody Friesen jodyfriesen.sndfp@gmail.com</p>	<ol style="list-style-type: none"> 1. Salaried physicians 2. Revisit fee codes structure and value 3. Need for time-based compensation 4. Need for complexity-based / procedure-based compensation 5. Chart/notes compensation based on time spent (compensation for time spent reviewing charts as well) 6. Phone/fax billing codes (e.g. for prescription refills) 7. MOCAP for being on call 8. Counselling fees for addiction management 9. Retirement plan 10. Overhead support based on number of patients (e.g. business cost program in Alberta) 11. Maternity leave benefits – need an increase 12. Need of unified voice! 13. *Direct questions/comments to SGP * 14. Need to know what it is and what supports we need for blended funding 	<ul style="list-style-type: none"> • Form a working group to continue the conversation and advocate for fair compensation. We imagine a WhatsApp group, supported by infrequent face-to-face meetings. <i>Please reach out if you'd like to join.</i> • A project modelling the impact of alternate funding models on an existing group family practice in Surrey is currently underway. The Division will be sharing the outcomes from this analysis as they become available. • The Practice Support Program supports GPs with panel management so that they have a better understanding of their patients and their care needs; this data can support the case for fair compensation and resourcing. A \$6,000 Panel Management Incentive is available for GPs who undertake this work. <i>Please reach out to Henry Su at henry.su@fraserhealth.ca</i>

Topic	Report from Breakout Session		Plan of Action Proposed by Division
Physician Mental Resilience <i>Physician Lead:</i> Sujatha Nilavar sujatha.nilavar@gmail.com <i>Division Staff Contact:</i> Susan Kreis susankreis.sndfp@gmail.com	<u>Constraints</u> <ul style="list-style-type: none"> • Time <ul style="list-style-type: none"> ○ Hiring scribe ○ Efficient MOAs ○ Delegating tasks ○ Group visits +/- ○ Technology • Compensation • Perfectionism • Trained to be quiet • Persevere – med school/residency • Minimizing our meds • We don't know how to receive care 	<u>Resilience</u> <ul style="list-style-type: none"> • Family Support • Belief in making a difference • Physically fit/well • Peer support • Critical incident debriefing • Dealing with guilt + shame • Limit setting • Mentors • Parenting, relational classes for physicians • Grief education • Work less • Sharing resources • <u>Recognize</u> the signs of burnout • Who do I turn to? 	<ul style="list-style-type: none"> • Host a presentation by Dr. Linda Uyeda, <i>Wellness – Core Beliefs</i> • Dr. Uyeda provided the following link to a documentary on Physician Burnout/Depression/Suicide • The session report will be shared with our Wellness Committee to identify further actions. <i>Please reach out to Division staff if you are interested in joining the committee.</i> • We anticipate creating a space for further conversation, such as a regular email update and an online conversation WhatsApp group.

Topic	Report from Breakout Session	Plan of Action Proposed by Division
<p>How to Have Difficult Conversations</p> <p><i>Physician Lead:</i> Lawrence Yang gatewaymedic@gmail.com</p> <p><i>Division Staff Contact:</i> Susan Kreis susankreis.sndfp@gmail.com</p>	<ul style="list-style-type: none"> • Self-awareness of own emotions – Am I talking from defensiveness? • First address emotions of the other • Do not fully take full responsibility of bad outcomes (it's a team and family, a system) • “We are the face of the system (GPs)” • Apologize freely for the system <u>but</u> own your part • Understand history of “trauma” in all people (colleagues too) • Learn about wellness & self-care. Lack of this impacts <u>all</u> communication • Find a way to remember that we don't own every bad thing that happens • Have a confidant who is a colleague & knows how to have tough conversations 	<ul style="list-style-type: none"> • We see connection between this topic and the topic of Physician Mental Resilience. • Connect GPs who want to be a mentor with GPs who would like to be mentored. We see these starting as informal connections, with the possibility of growing into a supportive peer-network. <p><i>Please reach out to Division staff if you would like to be a mentor or are looking for mentorship.</i></p>

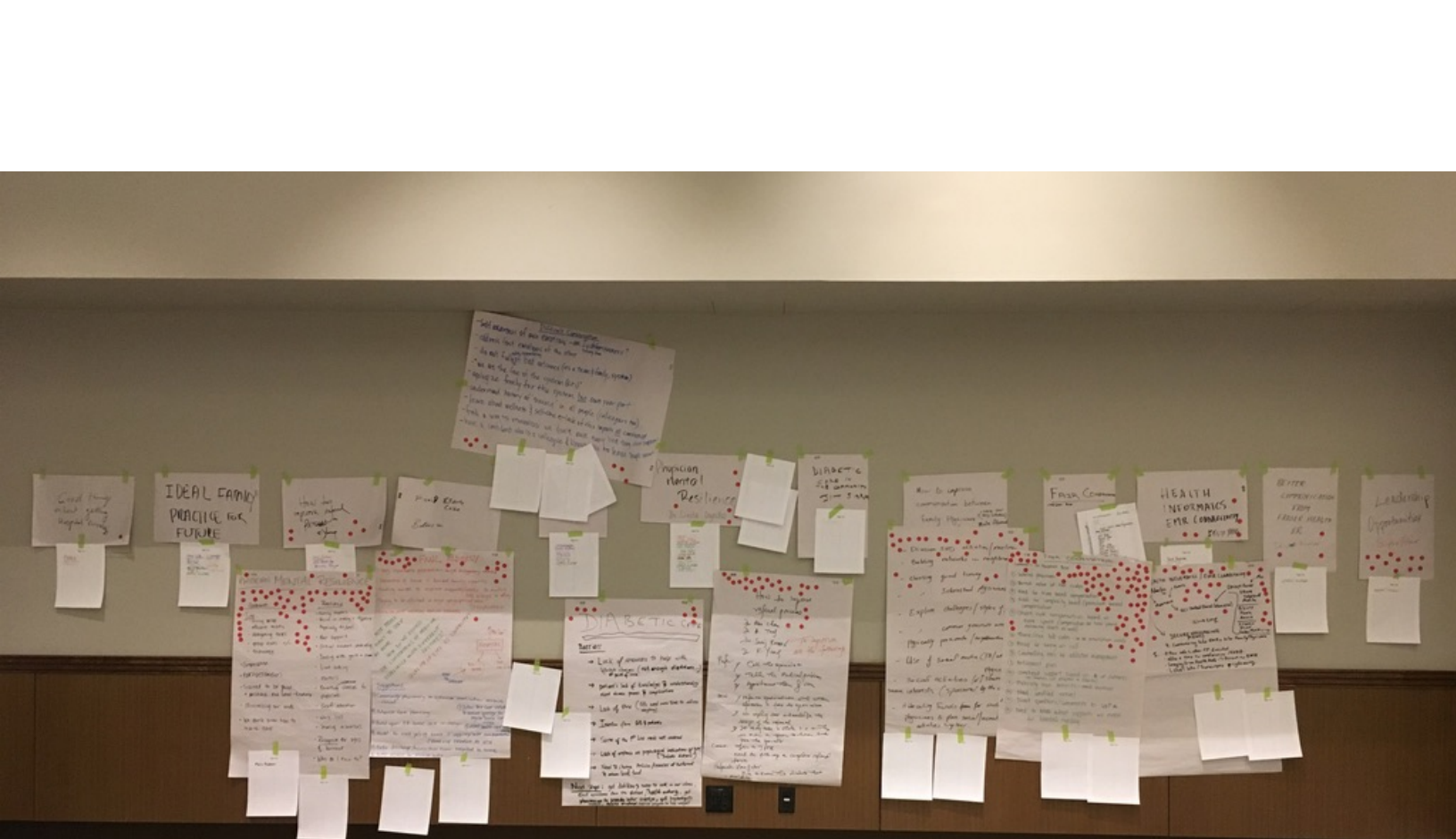
Topic	Report from Breakout Session	Plan of Action Proposed by Division
Health Informatics and EMR Connectivity <i>Physician Lead:</i> Felix Yang felixstyang@gmail.com <i>Division Staff Contact:</i> Jody Friesen jodyfriesen.sndfp@gmail.com	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> Associate/admin/lite Privel ↓ Meditech </div> <div style="text-align: center;"> Remote UCI → EMR Profile </div> <div style="text-align: center;"> Priv. ↓ Direct Access <ul style="list-style-type: none"> • 3/2019: Telus Wolf • 9/2019: Plexia Accuro • 3/2020: Oscar Telus MedAccess </div> </div> <p>Secure Messaging (MBMD)</p> <p>4. Interconnectivity between Family Physicians' EMRs</p> <p>5. EFax info to other FPs if needed Offer a time to conference 14077 Imaging from Health Authority - Direct to EMR Label labs/transcripts right away</p>	<ul style="list-style-type: none"> • There is currently a physician advisory group working with Fraser Health on the topic of improving Health Informatics through information management and information technology • An infographic that provides an update on the projects underway through Fraser Health is available here. • <i>Please reach out to Division staff if you are interested in becoming involved in this conversation, starting an EMR support group or learning more.</i>

Topic	Report from Breakout Session	Plan of Action Proposed by Division
<p>How to Improve Referral Process</p> <p><i>Physician Lead:</i> Elaine Jackson eejackson1@gmail.com</p> <p><i>Division Staff Contact:</i> Jody Friesen jodyfriesen.sndfp@gmail.com</p>	<p>Prefer:</p> <ul style="list-style-type: none"> • Call the specialist • Tell them the medical problems • Appointment time given <p>Now:</p> <ul style="list-style-type: none"> • Refer to specialist with written information and fax to specialist • No reply fax acknowledging the receipt of the referral • It may take a whole six months to over a year to hear back from the specialists <p>Current:</p> <ul style="list-style-type: none"> • Refer to JPOCSC • Need to fill up a complex referral form <p>Referral Navigator: Nice to know the languages and dialects that are available</p>	<ul style="list-style-type: none"> • A pilot project is currently underway in South Surrey and White Rock for online referral tracking and notification within Pathways, and results and feedback has been very positive. More information can be found in the latest Pathways Newsletter and a video demo can be found here. • The Division is currently considering how to implement this improved referral process through Pathways in Surrey and North Delta. • We are looking for physician champions to adopt and share about this referral tracker with their peers. <i>Please reach out to Division staff if you are interested in learning more.</i>

Topic	Report from Breakout Session	Plan of Action Proposed by Division
<p>How to Improve Communication Between Family Physicians</p> <p><i>Physician Lead:</i> Dev Dhillon ddhillon98@hotmail.com</p> <p><i>Division Staff Contact:</i> Jody Friesen jodyfriesen.sndfp@gmail.com</p>	<ul style="list-style-type: none"> • Division SND activities/meetings • Building networks in neighbourhoods • Choosing good timing, and interested physicians • Explore challenges/styles of practice, and common ground among physically proximate/neighbourhood doctors • Use of social media (Facebook/WhatsApp) • Social activities with Division members who share same interest (sponsored by the Division) • Allocating funds for individual physicians to plan social/recreational activities together 	<ul style="list-style-type: none"> • Division will be providing support to physician leaders to engage groups of physicians who may be less involved with the Division at the current time • Division staff will continue to visit physicians at their offices to connect them with services and support • We are considering creating a dedicated fund/grant that physicians could apply for, to access for social/recreational activities and build family physician connections • WhatsApp groups can be created for physicians who share interest areas to connect online • <i>Please reach out to Division staff about how you would like to be involved</i>

Topic	Report from Breakout Session	Plan of Action Proposed by Division
<p>Frail Elderly Care</p> <p><i>Physician Leads:</i> Baldeep Toor baldeep.toor@gmail.com</p> <p>Mark Blinkhorn mtblinkhorn@gmail.com</p> <p><i>Division Staff Contact:</i> Brian Kines briankines.sndfp@gmail.com</p>	<ul style="list-style-type: none"> • Very important population - large budgetary needs • Dementia at home and limited family supports • Funding model to improve support (needs to match FFS billings in office) • Trying to be efficient in large geographical area (Surrey) • Appropriate mental health supports <ul style="list-style-type: none"> • Most people want to stay at home • How do we discuss the limitations of medicine, especially with different cultures? • Quality of life vs. longevity! <p>Suggestions:</p> <ol style="list-style-type: none"> 1. Community (clinical) pharmacy to optimize medication reviews 2. Advance care planning 3. Build upon FH home care re-design 4. Model to visit patients at home and appropriate compensation (such as the Home-ViVE program in Vancouver) 5. Better discharge/transition from hospital to home 6. Better access for mobile labs 7. Follow residential care initiatives to ensure quality for regular home care visits 8. Allied health care - OT, PT, wounds 	<ul style="list-style-type: none"> • The Division is currently in the process of submitting a request for funding from SharedCare through the Coordinated Seniors Care Initiative. • The Division is exploring possibilities to partnering with existing community programs and services to better connect and support frail elderly in our community as well as their caregivers • Dr. Baldeep Toor is currently investigating how the Vancouver Home-ViVE program functions, and the viability for a similar program in Surrey • This topic may also potentially link with the Residential Care Initiative that is currently underway

Topic	Report from Breakout Session	Plan of Action Proposed by Division
<p>Diabetic Care in the Community</p> <p><i>Physician Lead:</i> Jit Singh jitjawandasingh@gmail.com</p> <p><i>Division Staff Contact:</i> Saira Abrar sairaabrar.sndfp@gmail.com</p>	<p>Barriers:</p> <ul style="list-style-type: none"> • Lack of resources to help with lifestyle changes (not enough dietitians...) at point of care • Patients' lack of knowledge and understanding about disease process and complications • Lack of time (GPs need more time to address everything) • Inertia from GPs and patients • Some of the first-line meds not covered • Lack of emphasis on psychological implications of DM ("Diabetic distress") • Need to change policies/resources at national and local level <p>Next Steps:</p> <ul style="list-style-type: none"> • Get dietitians and nurses to work in our clinics • Elicit assistance from the Division/health authority • Get pharmacare to provide better coverage • Get psychologists involved • Develop a structured exercise program to lose weight 	<ul style="list-style-type: none"> • Physician Advisory group, the recently completed Provincial Diabetes Evaluation will inform developing improved diabetic care in the community • Based on their advice, the Division is currently discussing with community partners how we can leverage existing resources and redeploy them within a community and family practice setting • The Division is considering starting with the North Delta – West Newton neighbourhood, where a group of family physicians have shown an interest in leading improved diabetic care in their neighborhood. GPs interested in this topic, regardless of their neighbourhood are welcome to connect for more information.



Conclusion – What’s Next?

The January 27 event was an opportunity for family physicians to discuss how primary care can support their quality of life. Outlined in this report, and summarized in the infographic on the last page, are the themes that emerged from the day as participants reflected on the strengths that exist within the current primary care system, voiced their dreams for the future of primary care, and identified areas of opportunity and priorities as we move forward together in transforming primary care to better support family physicians and their patients in Surrey North Delta.

The Division will be using the themes to advocate on behalf of family physicians and to direct our discussions with partners in the community. The feedback provided at this event is important for informing the focus of discussions that are currently underway between the Division, Fraser Health and other community partners as we discuss the primary care needs for our community. We plan to submit a request this spring to the Ministry of Health, and our request will include asking for the funding we need to make the dreams and visions for primary care in our community a reality.

Clicker voting results at the end of the event (see **Table 4**) show that the majority of participants enjoyed the event, felt able to voice their needs and are interested in joining a network and working towards primary care that supports physicians’ quality of life. Key themes from the event feedback were:

- **What went well:** Having the space and time to talk with fellow family physicians, on topics that matter to us
- **What was tricky:** Not enough focus on solutions and actions
- **An idea:** Want follow-up, connection with colleagues, and to continue the conversation

Our invitation to you:

The Division recognizes that continued conversation and effort is needed to foster action and sustain solutions. If you are interested in any of the topics mentioned in this report, or have another topic that you would like to bring up, we invite you to let us know. This conversation about primary care that supports physician quality of life is continuing. We will be following up with emails, office visits and future events, and invite you to stay connected, take action and connect with other physicians who are equally passionate.

	Strongly Agree	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Strongly Disagree
1 I enjoyed today's event	64	26	10	0	0	0	0
2 I felt able to voice my needs as a family physician today	47	40	9	2	2	0	0
3 I'm interested in working towards primary care that supports physicians' quality of life	84	11	4	0	0	0	0
4 The solutions and actions identified today will improve physicians' quality of life	19	45	21	10	0	0	5
5 The solutions and actions identified today will improve primary care	26	40	14	12	7	0	0
6 I'm interested in joining a network to improve primary care	53	30	7	7	2	0	0

	Resident	0 – 1	2 – 5	6 – 10	10 – 25	26+
How many years in practice?	20	5	30	10	15	20

Table 4: Results of clicker voting, by percentage of respondents.

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MY DOCTOR TAKES SUCH GOOD CARE OF ME... BUT WHO TAKES CARE OF HER?

I'M JUST SO GRATEFUL FOR MY PHYSICIAN! I HOPE THEY CAN GET SOME DOWNTIME!

WE'RE HERE FOR YOU!
SO LET'S HAVE A DIALOGUE!
KEY STRENGTHS **CORE ISSUES**

Primary Care
THAT SUPPORTS PHYSICIAN
Quality of life.

SELF CARE IS SO VERY IMPORTANT! FOR EVERYONE!

HEALTHY PHYSICIANS MAKE FOR TOP-NOTCH PHYSICIANS

WHAT ARE YOUR NEEDS/IDEAS?
LET'S TALK FUTURE! **LET'S STRIVE FORWARD!**

YOU SPEND YOUR LIFE HELPING OTHERS, NEVER FORGET THAT YOU MATTER TOO!

STRIVING! **THRIVING!**

WHEN HAVE I FELT AT MY BEST?
 WHEN I FEEL COMMUNITY CONNECTION!
 WHEN I SEE TANGIBLE SUCCESS!
 WHEN I FEEL TRULY SUPPORTED!
 WHEN I HAVE TRUE WORK/LIFE BALANCE!
 WHEN I FEEL COHESION WITH COLLEAGUES!
 WHEN I FEEL TRULY APPRECIATED!

CONNECTED TO MY PURPOSE
FULFILLED.

IT'S OK TO CARE FOR MYSELF TOO!

I LOVE PATIENTS WHO FOLLOW-THROUGH!

I APPRECIATE A HEALTHY, HAPPY SUPPORT STAFF!

I LOVE TO HAVE TIME WITH MY FAMILY THAT IS GUILT-FREE!

I LOVE A CHALLENGING AND VARIED PRACTICE!

I'M JUST A CAT, BUT I TOTALLY SUPPORT THIS!

WHAT IS MY Vision INSPIRATION AND HOPE FOR THE FUTURE?



WHAT ARE SOME CORE CONCERNS
DIABETES CARE & EDUCATION.
BETTER REFERRAL PROCESS.
PHYSICIAN MENTAL WELLNESS.
BUILD A PHYSICIAN NETWORK.
FAIR COMPENSATION.
MENTORS NEEDED.

I BELIEVE IN A BRIGHT FUTURE!

I HAVE A UNIQUE TALENT, INTRINSIC COMPASSION, AND STEADFAST DEDICATION, AND IT'S OK TO HAVE A VOICE FOR MYSELF AS WELL!