South Island Division of Family Practice

Member Survey Summary | Winter 2021-22

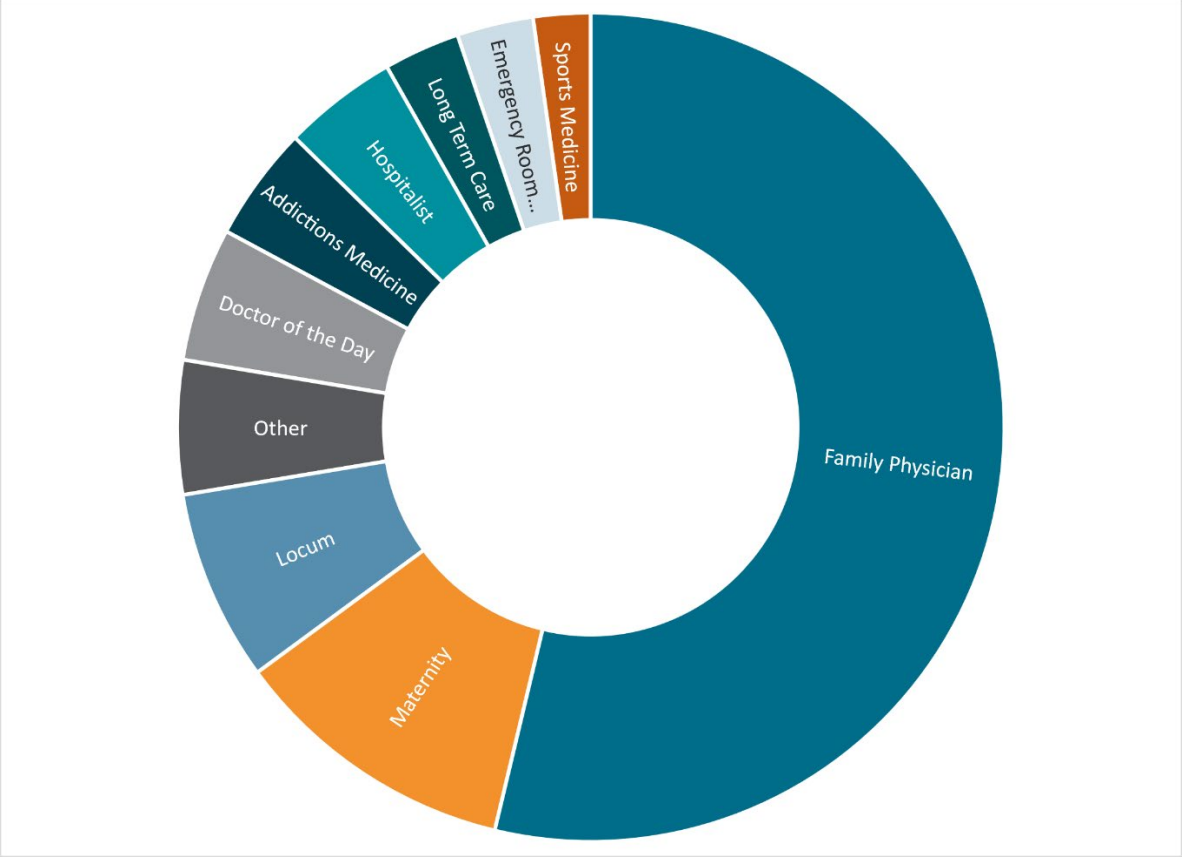
The South Island Division survey was sent to all Division members and 80 responses were received representing 28.4% of membership. Of the 80 responses, 56 members identified themselves and were eligible for payment for completing the survey. 84% of identified members who completed the survey are funded members of the South Island Division meaning 16% of identified respondents are primary members of another Division.

Common themes arising from survey responses, comments, and feedback were a need for patient education, business supports, financial struggles, and transparent collaborative communication.

The 1:1 Clinic Visit summary is included as an appendix to this document.

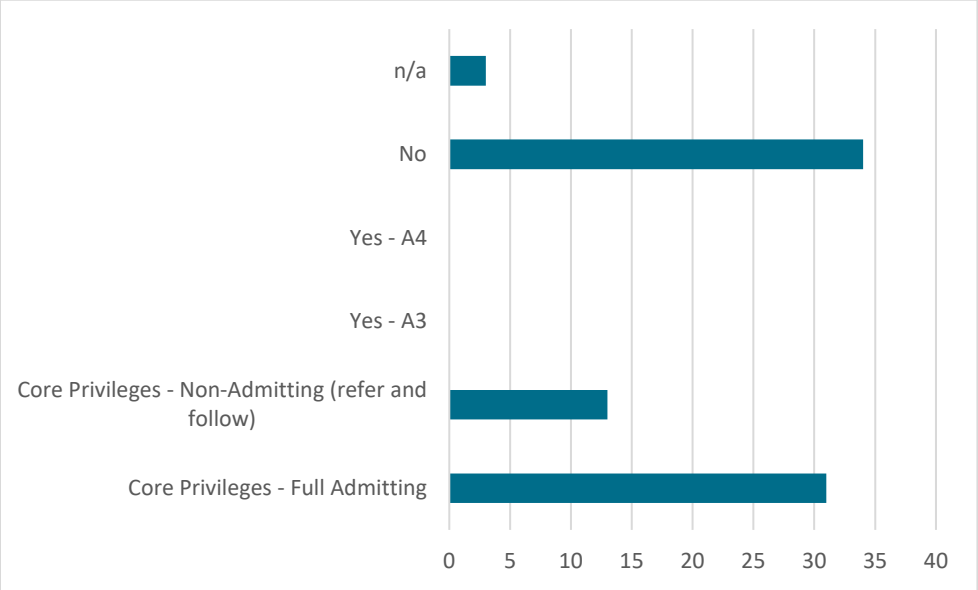
About You:

1. Which of the following best describes your practice? Please select all that apply.

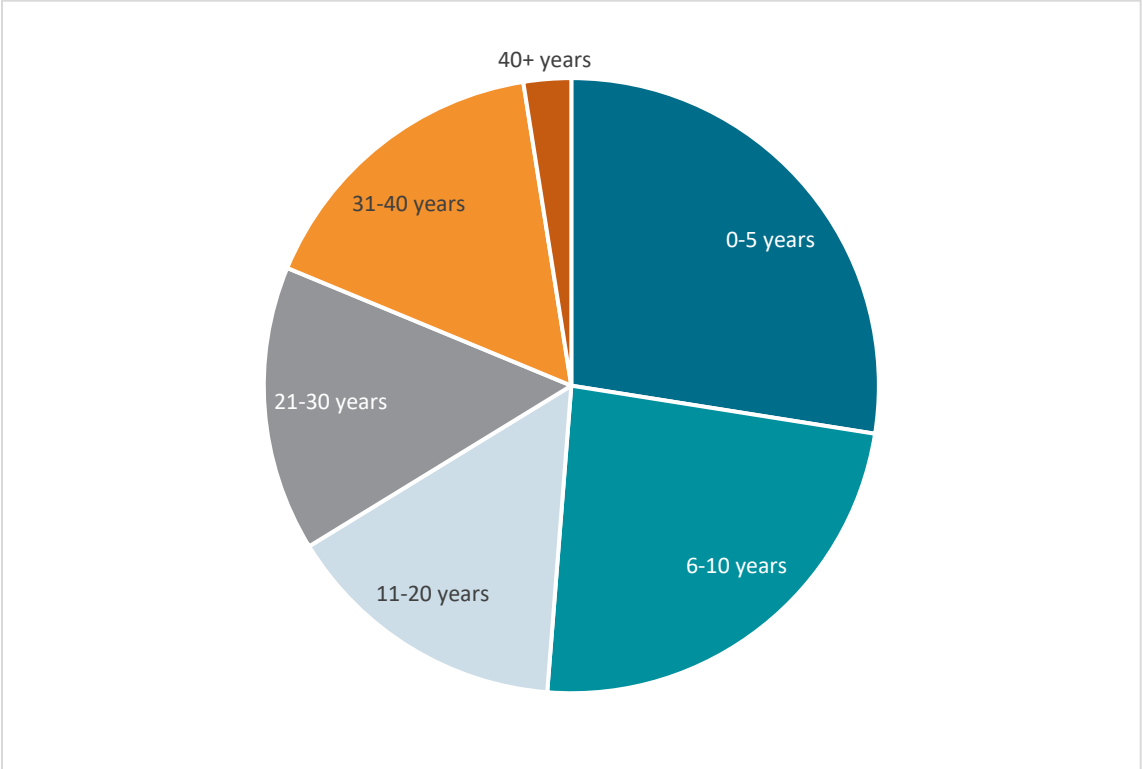


Other: Urgent Care, Surgical Assist, Palliative Care, Vasectomy

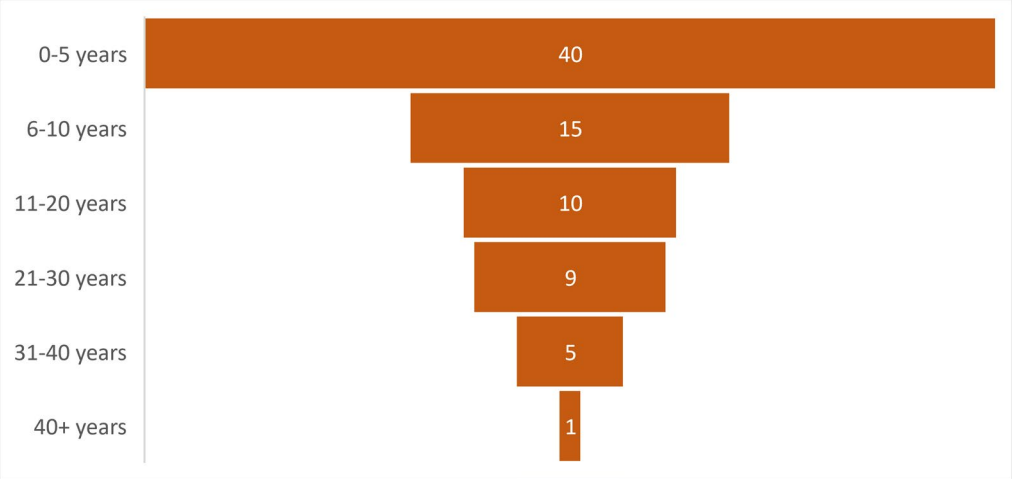
2. Do you hold hospital admitting privileges? If yes, at which level?



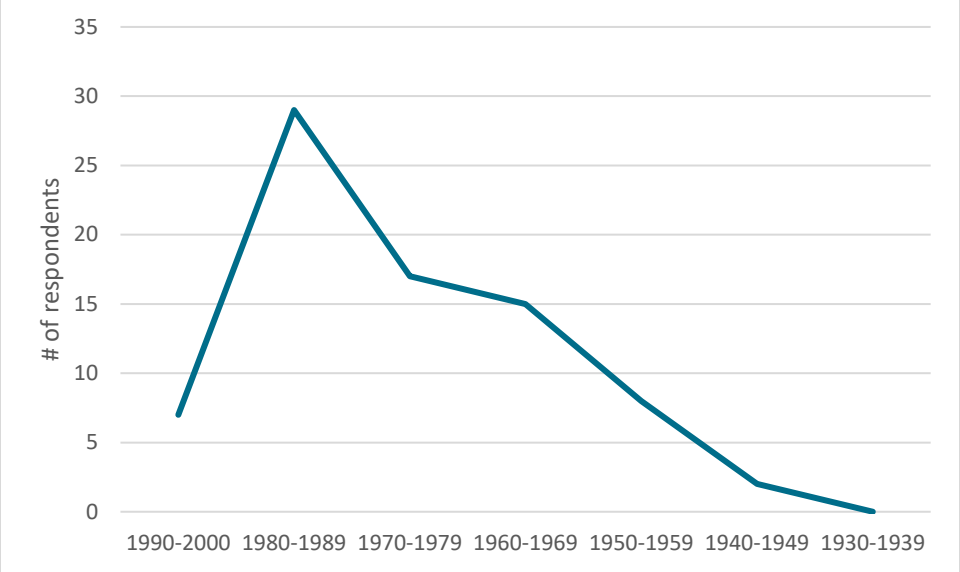
3. How many years have you been practicing?



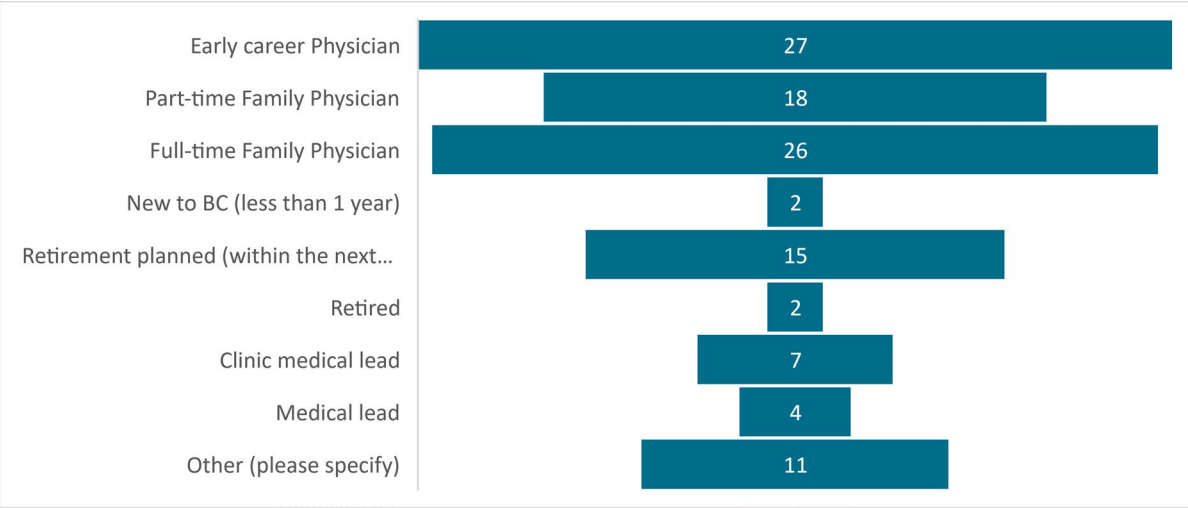
4. How many of those years have you been practicing in South Island?



5. When were you born?



6. Which best describes your practice? Please check all that apply.



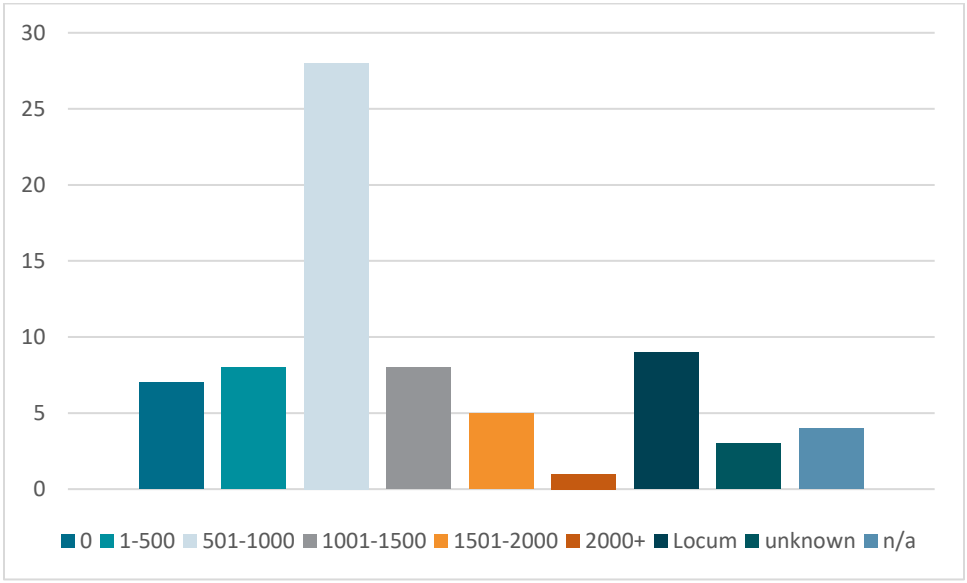
Other: Academic, Locum, Semi-retired

7. Do you want the Division to annually issue you a T4A for funds you receive for work on behalf of the Division, e.g., attendance at meetings?

Yes = 55

No = 25

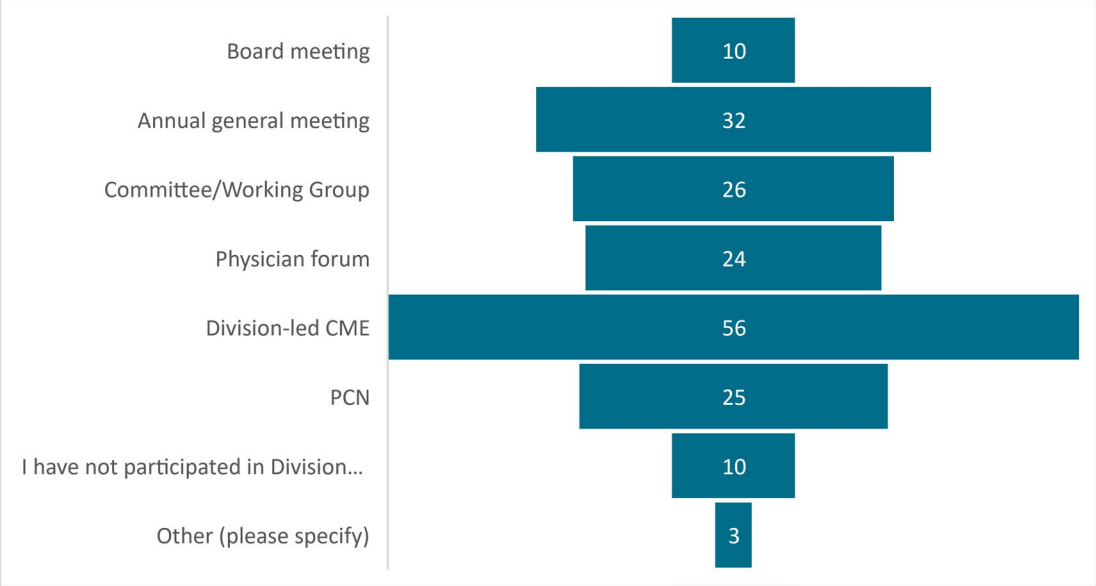
8. What is the approximate number of your patient panel?



Member Engagement and Communication:

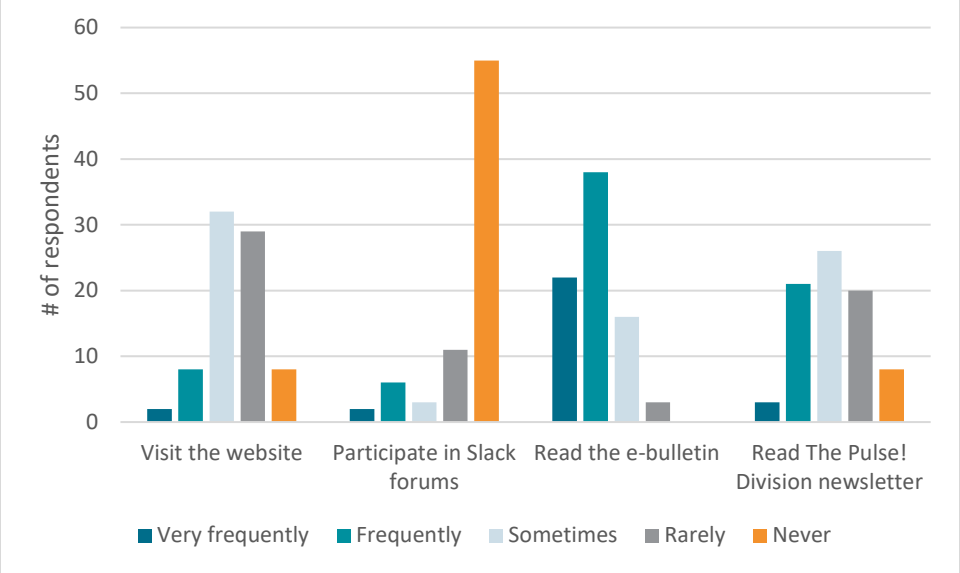
The Division would like to acknowledge that while these questions refer to the past two years, this time has been markedly different from normal operations due to the global pandemic.

9. In the last two years, what Division-led activities have you participated in? Please check all that apply.

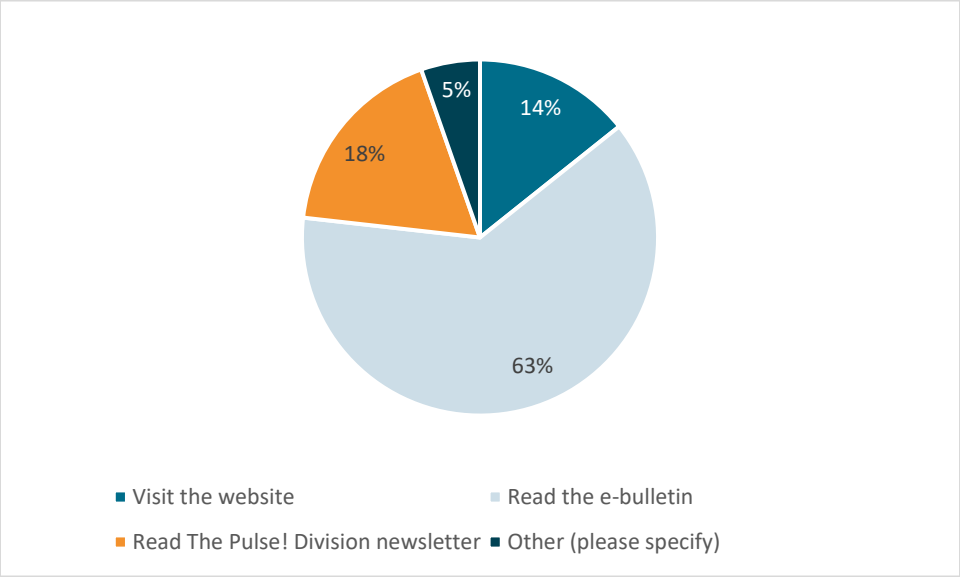


Other: Physician BBQ, Meetings with Board Chair

10. Regarding communication from the Division, how often do you:



11. How would you like to get information from the Division moving forward? Please select all that apply.



Other: Email, Visit with ED, Meetings with peers

12. How would you like to be reminded about forthcoming meetings to which you have been invited as a guest/committee member? Please select all that apply.

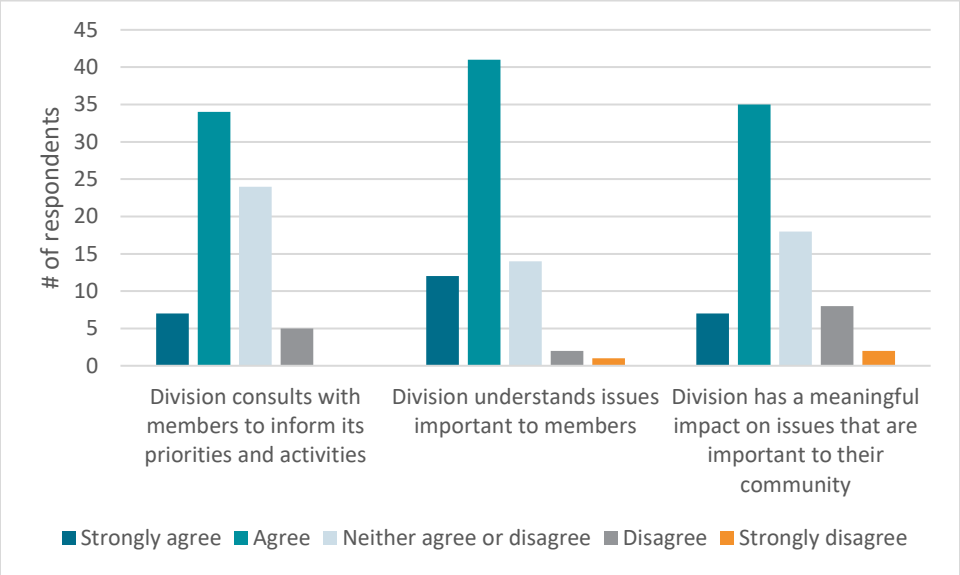
Email = 70

Calendar invite = 27

13. Please add any additional comments about the Division's communication channels.

- Reformat the e-bulletin for ease of use
- Email is best
- Use of a Facebook group seems to be the best source (not Division run)
- Introduce the Division to new members

14. Regarding Member engagement over the past two years, how do you feel about the Division's performance in the following areas:



15. Please elaborate on your responses above.

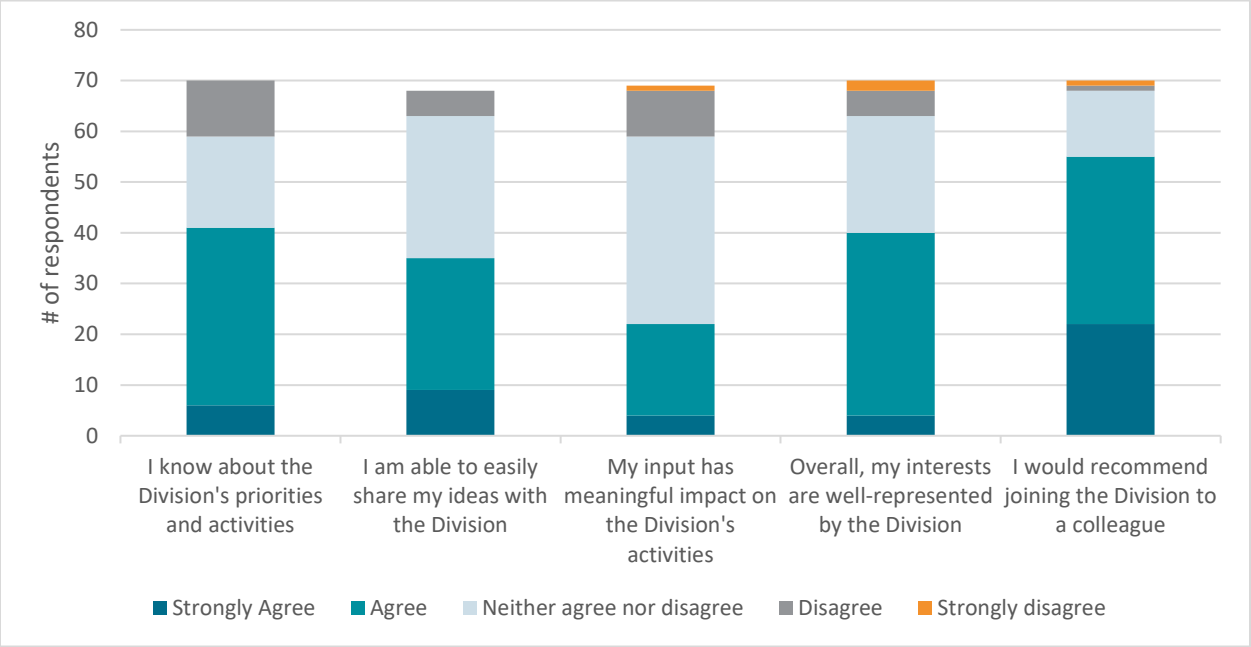
Responses fell into the following categories:

- Value & Impact
- Communication
- Transparency

"It's a complex issue and I think the division is trying to make things better for us. We work in a complex system with a lot of out-of-date processes which are taking a toll on all of us, but I recognize the complexity of trying to fix it, which is no small task."

"I think more engagement is needed; surveys are great. Info sharing about division priorities would be good. I am not confident the division has a meaningful impact on issues in our community. Seems the ministry holds all the cards."

16. Please consider your personal experience with the Division over the past two years and rate your agreement with each of the following:



17. Please elaborate on your responses above.

Members commented on not feeling engaged and supported by the Division in the past, but optimism was expressed towards recent changes. Lack of understanding of what the Division does and what their priorities are.

18. Do you use the South Island FETCH resource?

Yes = 17

No = 47

No response = 16

19. In your opinion, what health inequities are experienced by Indigenous peoples?

Multiple health inequities were mentioned; most or all fall into the following categories:

- Socioeconomic
- Geographic
- Historical trauma
- Systemic racism
- Ignorance

20. How can the Division support members to prioritize improvements for care of Indigenous peoples?

The most common response was Indigenous-led training and engagement activities.

"Cultural learning. Engaging with Indigenous people in a way that is meaningful to them. Taking time to listen and learn, being open minded."

21. What do you believe is your role in reconciliation?

Learning, self-awareness, equity, and advocacy.

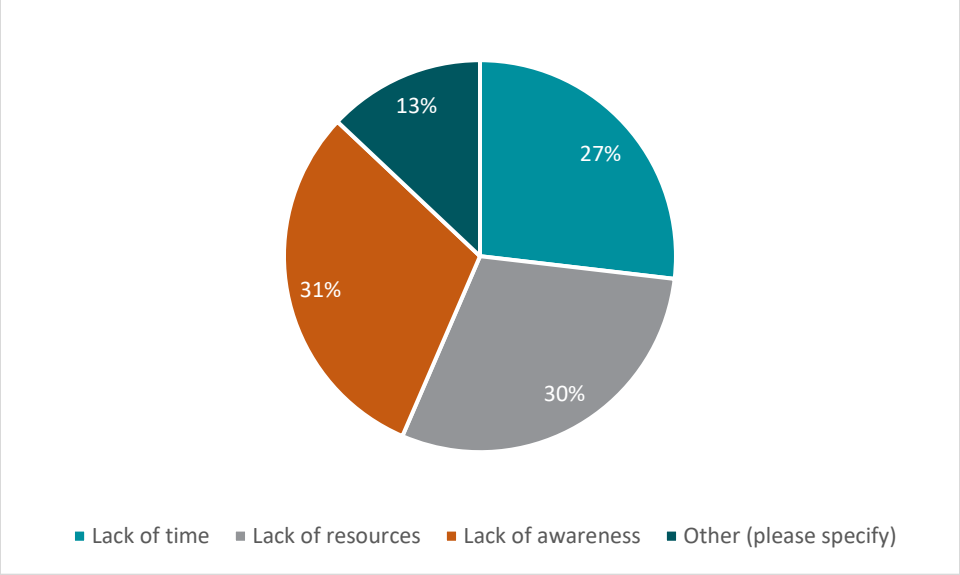
22. Have you attended a cultural competency and safety workshop?

Yes = 43

No = 22

No response = 15

23. In your opinion, are there any barriers to providing culturally safe care? Please select all that apply.



Other: Lack of knowledge and willingness to examine own privilege, lack of feedback mechanisms and approaches to addressing concerns when they arise

24. If you are aware of resources/training opportunities on cultural safety and humility that you would recommend, please share them below.

San'yas, Bystander to Ally, The Next Seven Generations, Indigenous Canada course through UofA, Indigenous Perspectives Society trainings.

Impact:

25. In your opinion, what health inequities are experienced by LGBTQ2S+ patients?

- Discrimination/bias
- Access
- Lack of awareness/inexperienced providers, particularly with language
- Knowledge
- Fear

26. What resources and tools would assist you in providing care to LGBTQ2S+ patients?

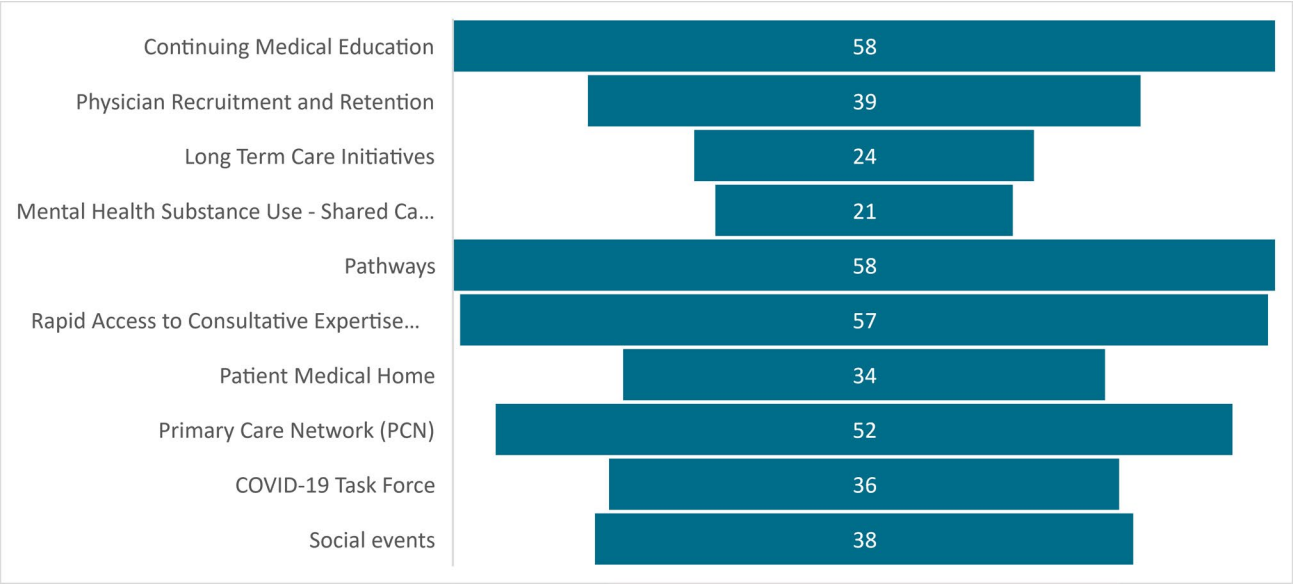
Access to experts and services, including CME events, referral processes and where to find resources.

27. In your opinion, what patient transition between acute and primary care needs the most improvement?

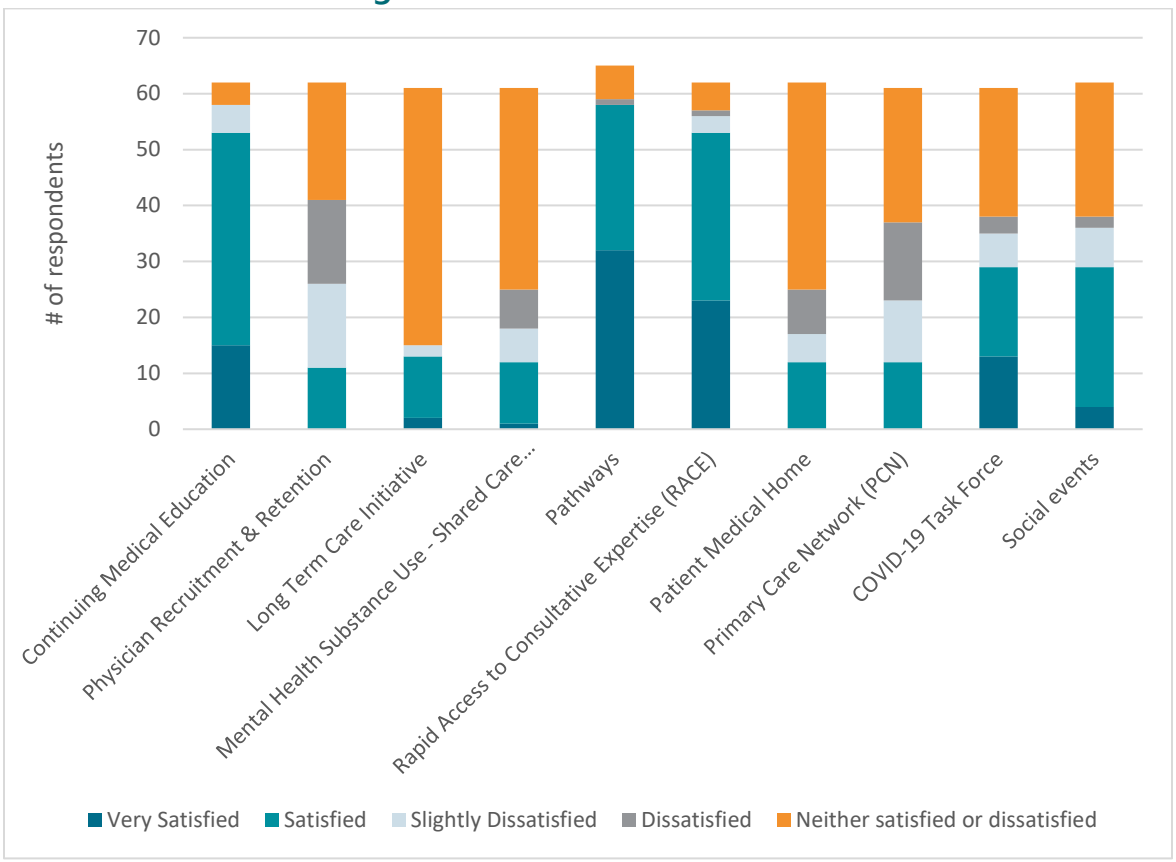
- Follow up and access to community primary care
- Communication: needs to be timely and realistic
- Reconciling medications
- Mental health and substance use support

"Communication and discharge planning if patient is attached to community provider."

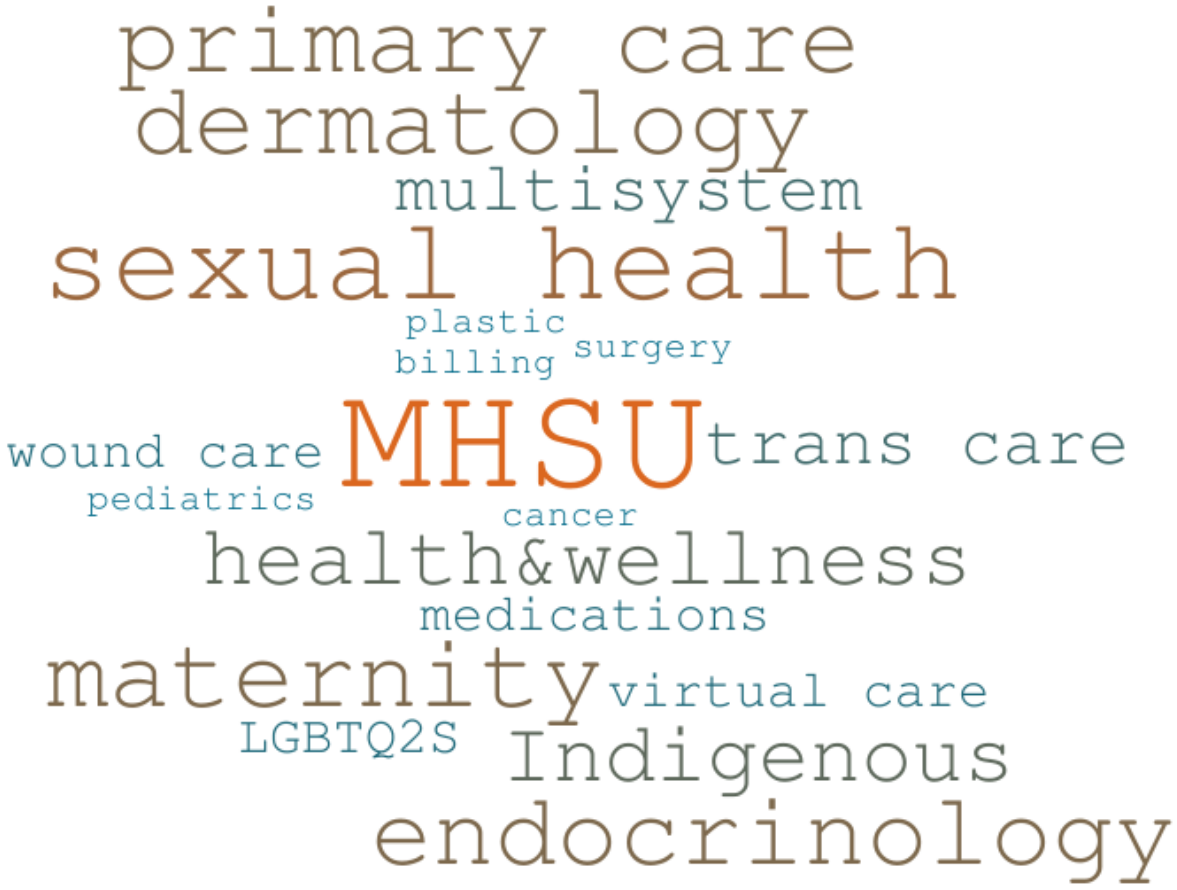
28. Which of the following Division activities are you aware of?



29. In general, please indicate the extent to which you feel satisfied with each of the following Division initiatives:



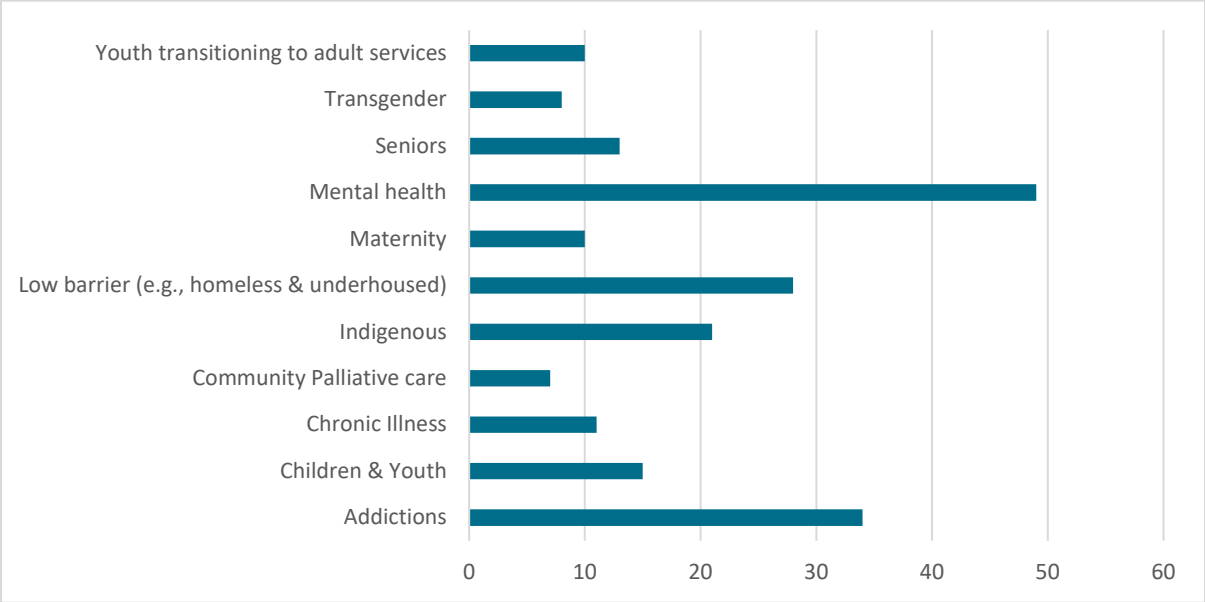
30. What CME topics are you interested in?



31. What are your health and wellness needs?

- Balance
- Rest
- Time
- Exercise
- Sleep
- Locum coverage
- Social interaction with your peers
- Health benefits
- Boundaries
- Tools to prevent burnout

32. Which of the following patient populations do you think needs more support? Please select your top three only.



33. Please add any comments about your choices above.

"Mental health support is dire for patients. Access to psychiatry is so restricted, so for anybody who can't afford counselling we need more access to therapists."

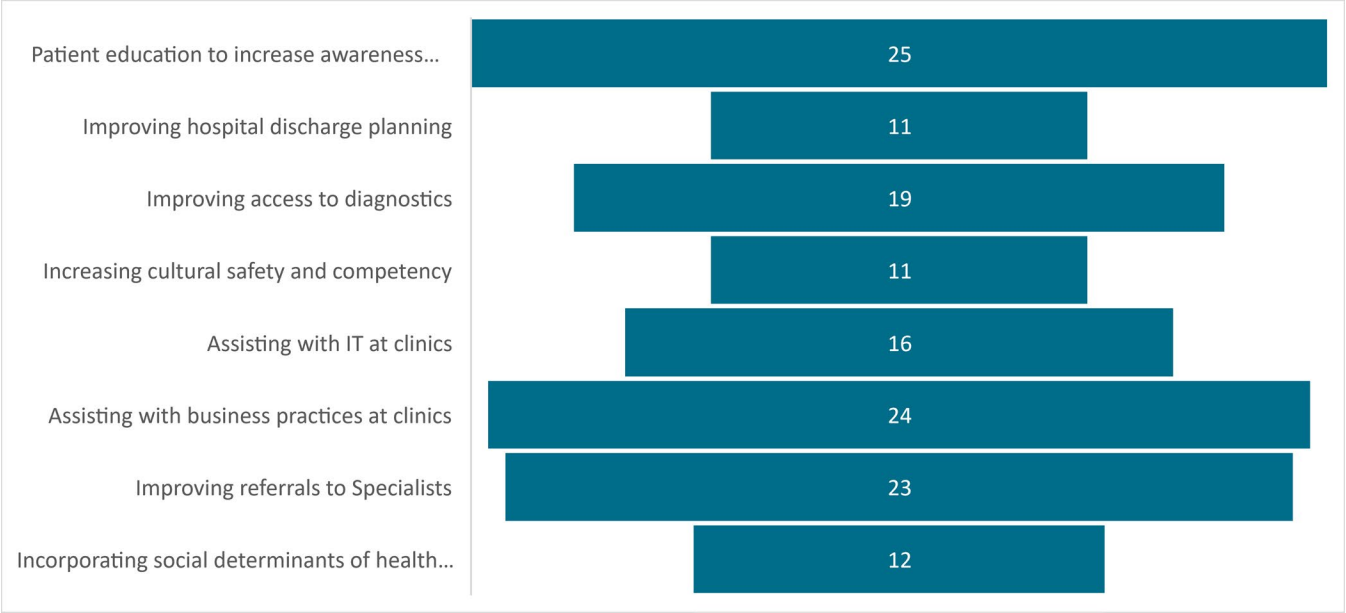
"The second pandemic has been that of mental illness - I spend up to half of my day navigating mental health related issues with patients, and maternity patients are very vulnerable to this, as are youth."

"I work in maternity care. It has become a lot more complex and the basic maternity visits are not well compensated for dealing with that complexity. Most of these women do not have family doctors so we also end up providing all of their general family medicine care."

"Child and youth mental health is #1."

"Ultimately, all of the above need better support. Mental health resources though for children, people w/ addiction, homeless etc. would go a long way."

34. A number of other priority areas (in the hospital and beyond) have been identified. Which two of the following areas should be prioritized?



35. Please add any comments to your choices above.

- All are important
- Financial payment model
- Patient education
- Referrals and work with Specialists

36. Do you agree with the priorities of the Division's strategic plan developed this year? These include:

- Strengthen our FP community by increasing member support and engagement
- Support our FPs to provide culturally safe primary care
- Affect primary care system change
- Build organizational capacity to better serve members and enhance the work environment for staff

Agreed = 54

Disagreed = 2

No response = 24

37. In closing, please share your additional comments, thoughts, or questions.

"I'm very pleased to see that the Division is increasing it's outreach to members. I look forward to seeing what this translates to. If the Division is the voice of family physicians, for them but also for the needs of our patients/communities, we'd be well served!"

"To attract family physicians to the South Island, we need to present a positive and attractive "vibe" with less negativity!"

"Family physicians (not just "primary care") need more support and respect and better remuneration to be sustainable."

"The changes I want to see may be too far reaching for the division, but I thank you for your work and for doing what you can."

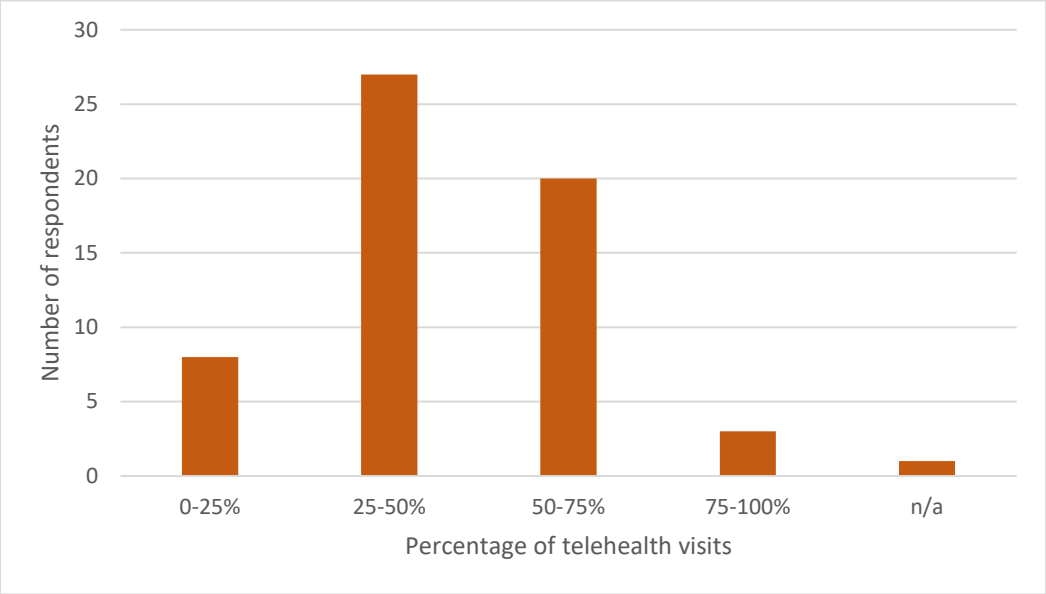
"WE NEED MORE FAMILY DOCTORS IN VICTORIA!"

THIS IS THE END OF THE CORE SURVEY.

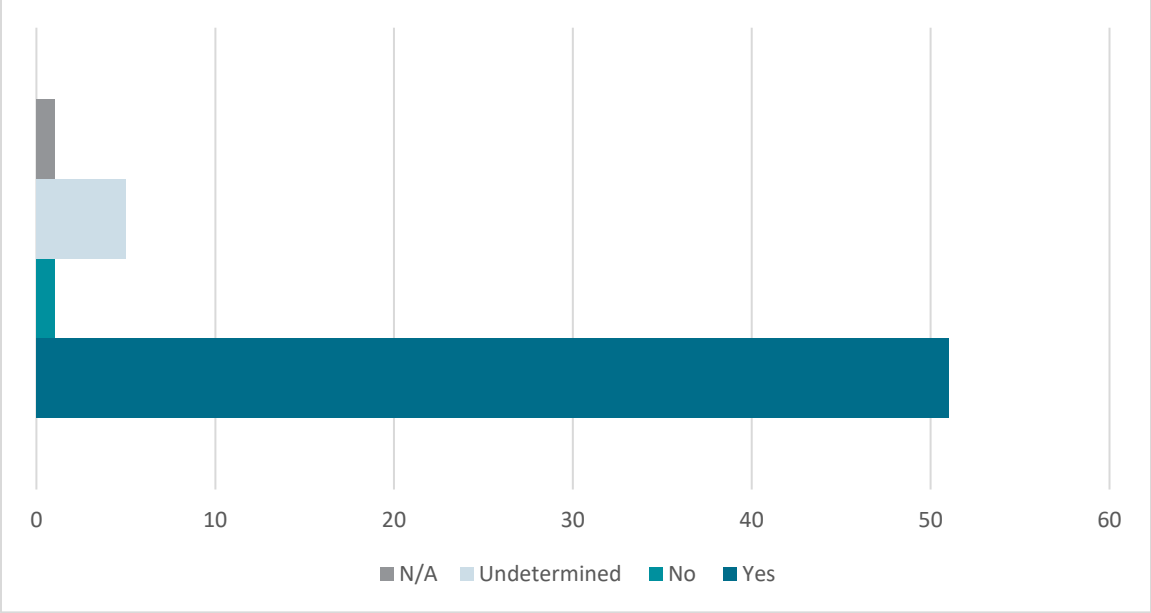
RESPONSES TO THE QUESTIONS FOLLOWING THIS WERE OPTIONAL. THESE OPTIONAL QUESTIONS WERE COMPLETED BY 58 RESPONDENTS.

Virtual Care:

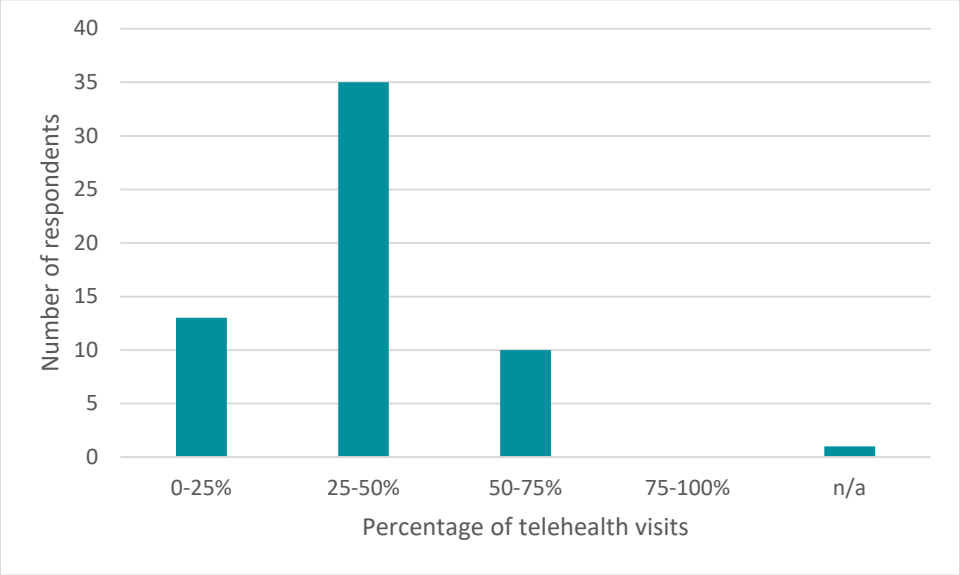
39. What percentage of your total appointments per week are currently through telehealth?



40. Do you plan to offer telehealth visits beyond the COVID-19 pandemic?



41. What percentage of your total appointments per week would you like to offer via telehealth going forward?

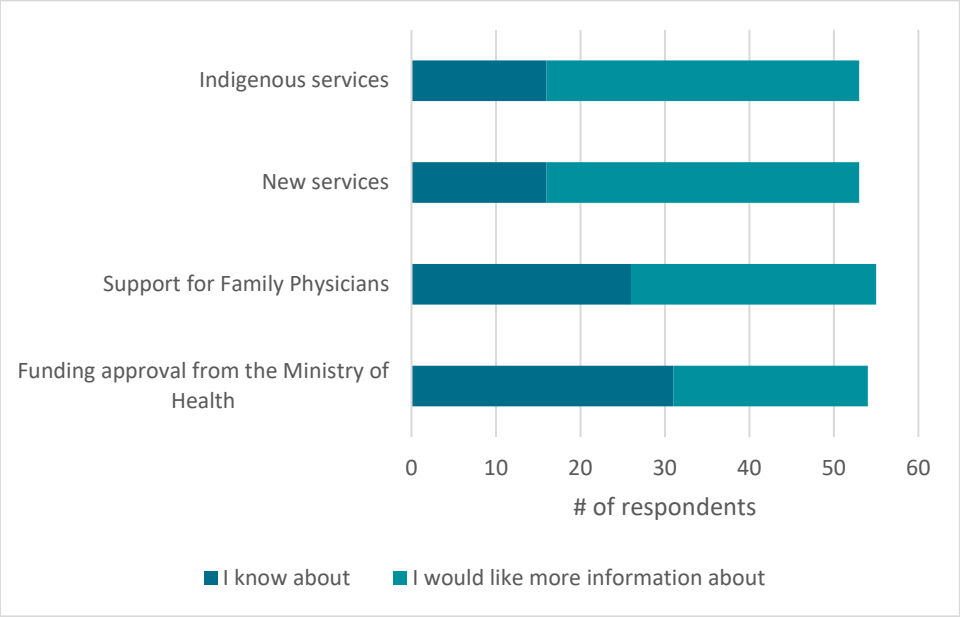


42. Please describe any other issues regarding telehealth you feel the Division may be able to assist with.

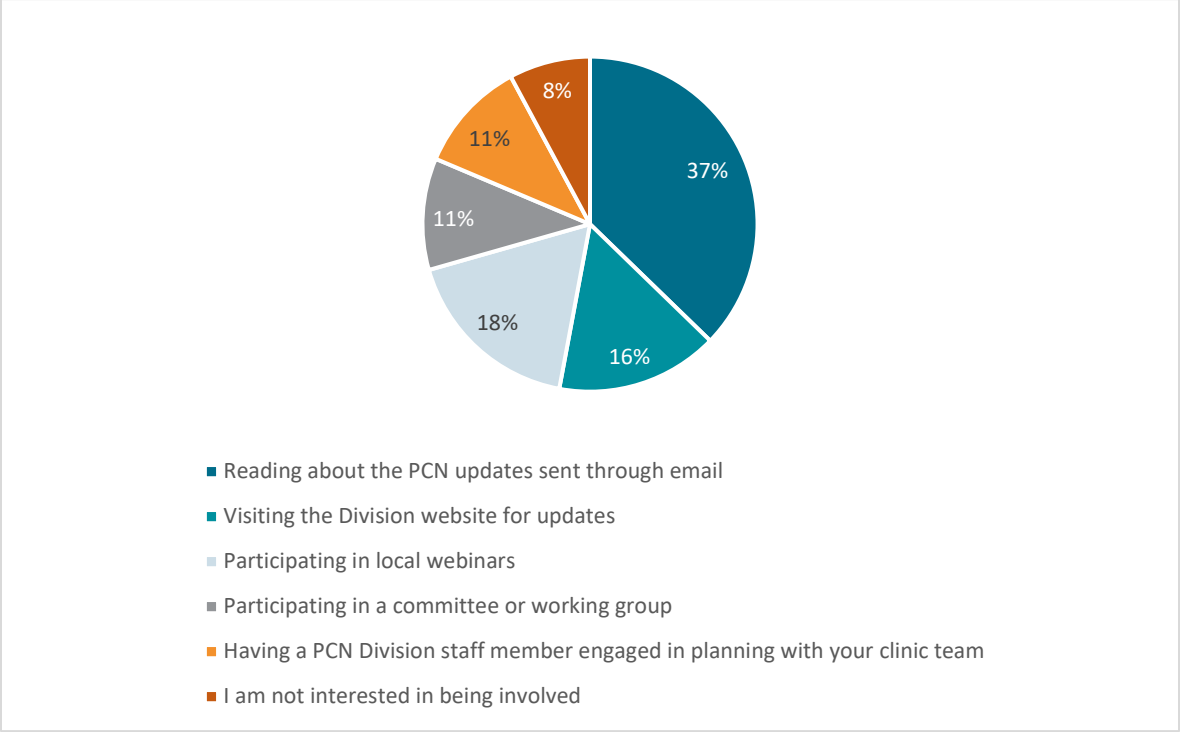
- Technology support/video visits
- Patient education
- Maintaining pay value

Primary Care Network:

43. Please rate your knowledge about the following aspects of the Primary Care Network (PCN) initiative.



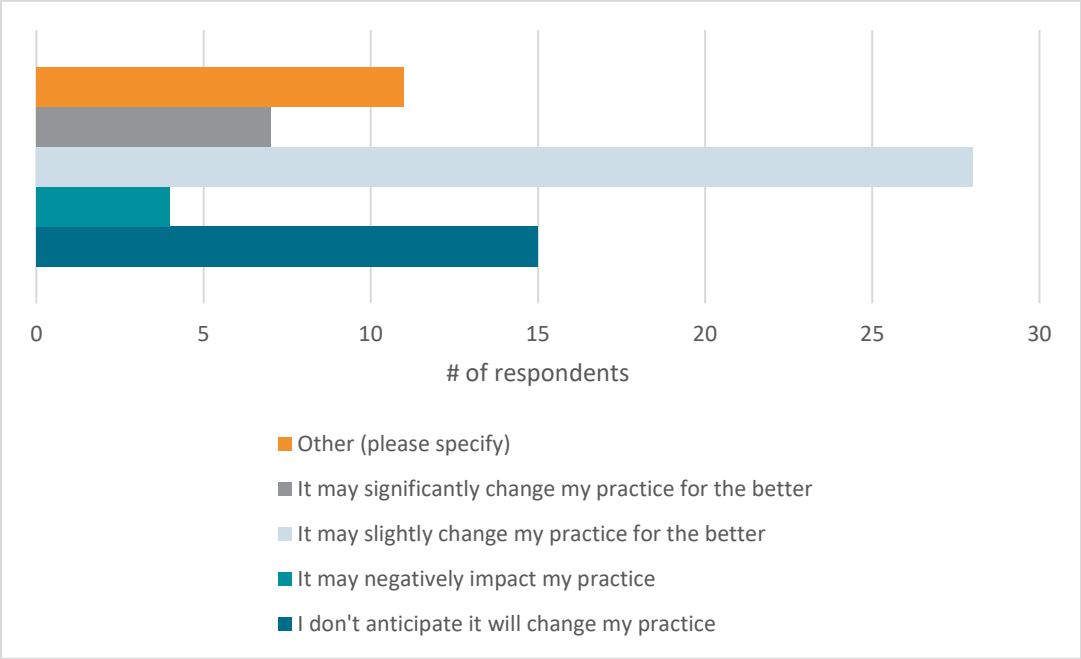
44. How would you like to be engaged in the coming year around the PCN? Please check all that apply.



45. If you answered "I am not interested in being involved with the PCN" above, please state why.

- Time consuming process
- Administrative burden
- Burn out/fatigue

46. How do you anticipate that PCN implementation will change your practice?



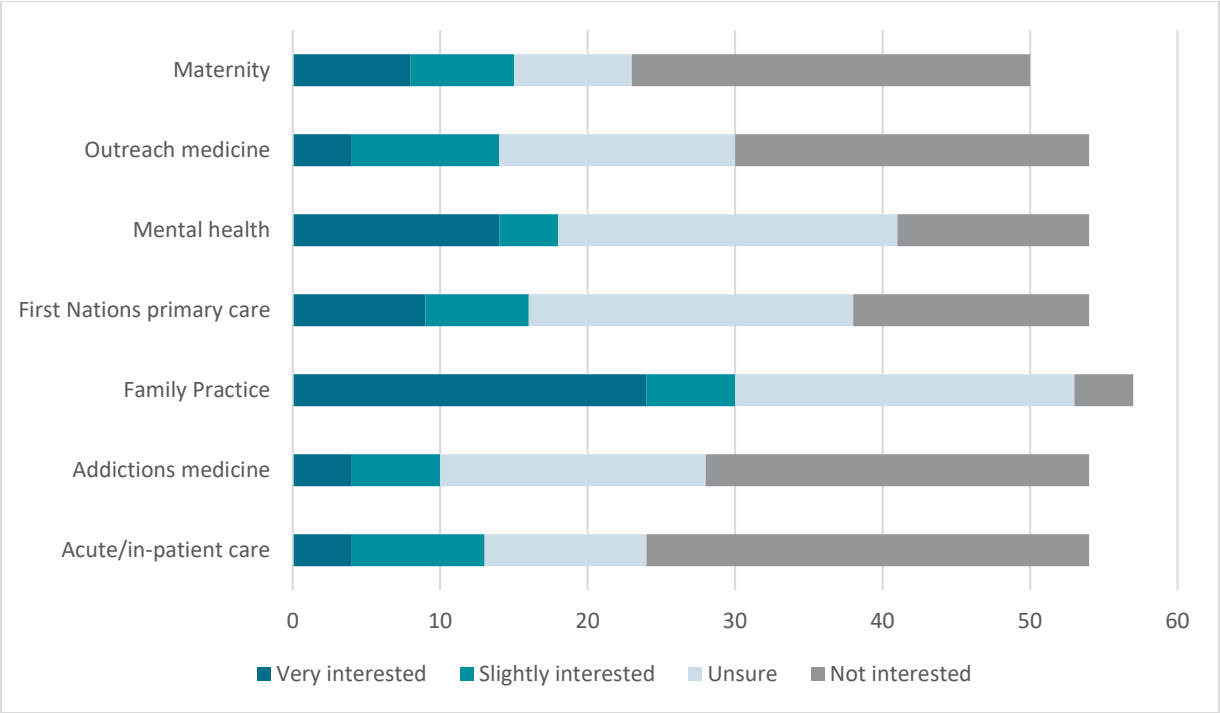
Other: No plans to be involved, Locum, nothing meaningful so far/insignificant, underfunded

"All patients should have access to physios and counsellors and not just the ones whose doctors join a team."

"It all depends if I can access better/more supports for me and my patients."

Other Areas of Interest:

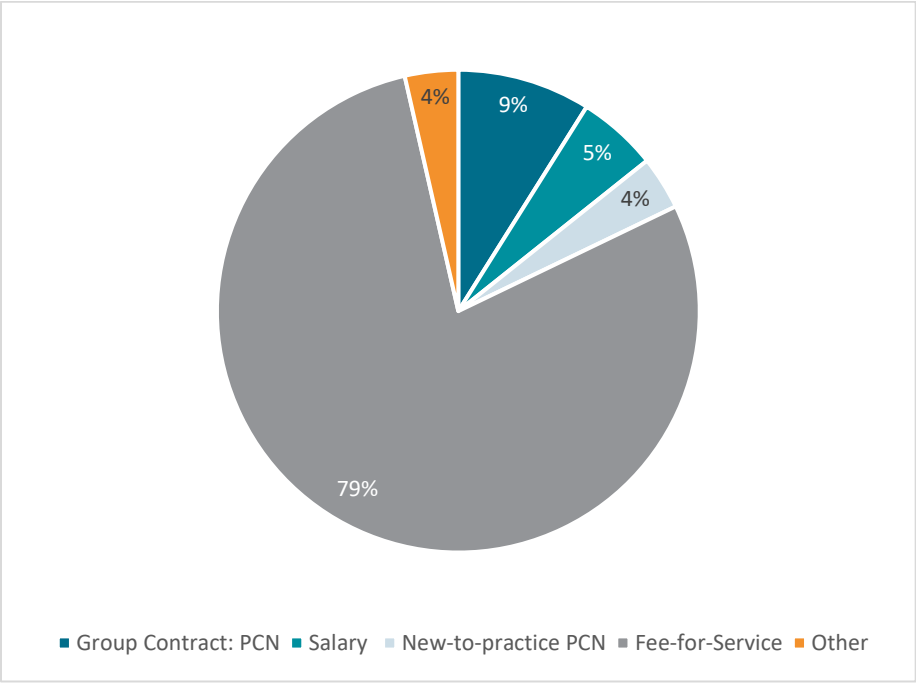
47. Communities of Practice are groups of primary care practitioners who get together, share knowledge and experiences, and drive quality improvement. Please indicate your interest in participating in the following potential communities of practice.



48. Who do you look to for leadership in primary care?

- Doctors of BC (DoBC)
- Board/Division leads
- BC Family Docs
- Colleagues
- GPSC physician members

49. What payment model do you currently practice under?



Other: Service contract

50. In your opinion, what if any, barriers exist to signing PCN or UPCC contracts?

- Lack of trust and understanding
- Not enough value
- Time intensive process
- Lack of autonomy
- Island Health/Ministry of Health (MoH)

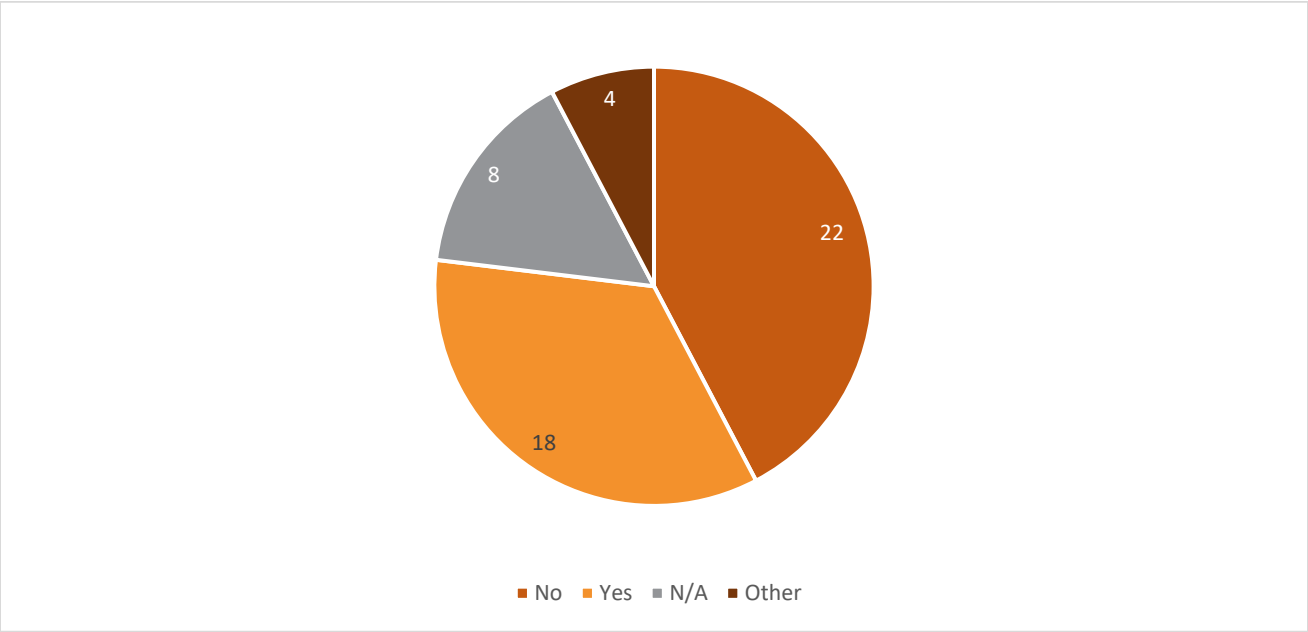
"Contracts are poor, little trust between MDs and the health authorities, the UPCCs have a terrible track record, the complexity of the contracts for those running the business of a large clinic is mind-blowing."

51. What does team-based care look like to you?

- Patient centered care
- Multi-disciplinary and access to allied health professionals, preferably co-located

"If I was earlier in my career and not already totally burnt out, I'd love to work on a team where I got to be the doctor rather than the administrative clerk. My role would be to help oversee care, manage complex problems, and oversee the systems that do the screening and other practice level systems. I would have a nurse and/or nurse practitioner to do well baby checks, immunizations and do a lot of the basic primary care. They would consult me for anything out of the ordinary and review anything that they felt uncomfortable with. I'd have a pharmacist who reviewed all the meds and made recommendations, who I could consult with on difficult med problems. I'd have a robust administrative staff to fill out requisitions, arrange referrals and do all the annoying paperwork that takes up more time than the actual clinical care does. Ideally, I'd also have a scribe or some easy way of doing my notes so that I could spend the majority of my time doing clinical care rather than clicking boxes and trying to get electronic documents from one place to the next. Team based care means a fully funded system (doctors aren't paying the overhead to run the whole thing) with everyone working to the top of their game for the greater good of the patients and the functioning of the team."

52. Are you willing to accept international refugees into your practice?



Other: Lack of space, winding down practice N/A: Locum with no panel

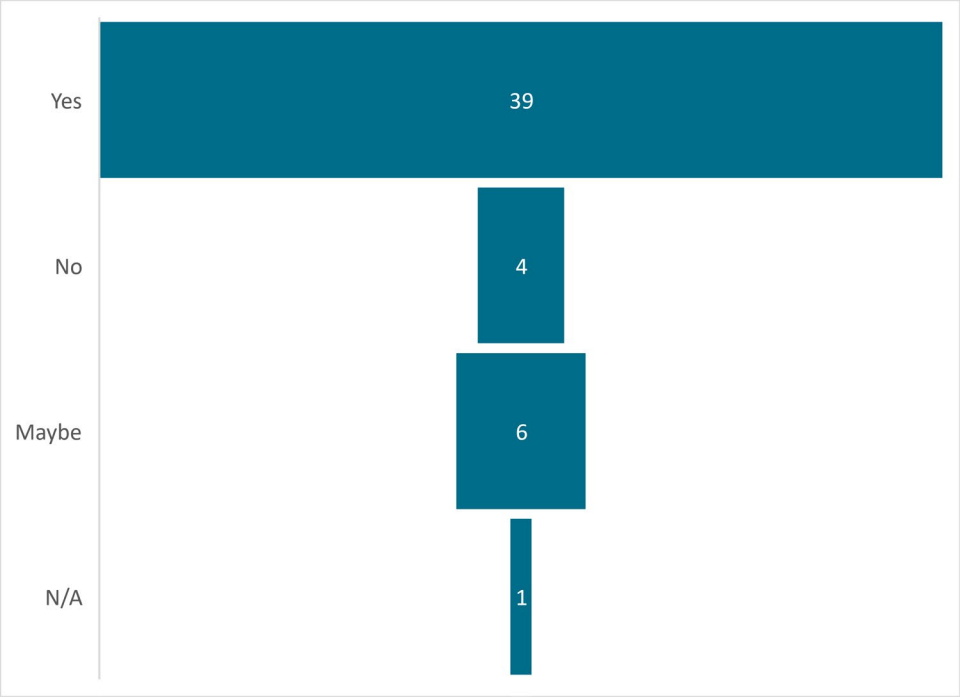
53. Are there supports you need to attach additional patients to your practice? Please comment.

- No capacity to attach more patients
- Financial support/attachment incentives
- Patient education
- More space
- Overhead
- Team-based care

"I do not have a longitudinal practice and would like to start one. Supports would include - a non-toxic culture at Island Health, a collaborative non-FFS contract, team members and office space/equipment."

"My practice is well over capacity to the point where I can barely care for the patients I do have, reacting to their acute needs, and little to no time for proactive care."

54. Would you use the free Provincial Language Services to assist in translation for ESL patients during their visits with you?



55. In closing, please share your additional comments, thoughts, or questions.

"Thanks for reaching out to members. I look forward to the Division being an increasingly effective advocate for its members and those who the members serve (patients/communities)."

"I am very disappointed with the PCN to date (lack of access, lack of resources and funding), but am hopeful that PCN access for community physicians will expand in the future."

"Thanks-I realize everyone is trying but it's getting frustrating trying to deliver good quality care in this system. We need true reform, not UPCC's. Perhaps the Group contracts will help bring new residents to practice. Thanks for work."

South Island Division of Family Practice

Clinic Visits & 1:1 Summary | Fall - Winter 2021

Visits with Leslie Keenan, I/Executive Director and Dr. Vanessa Young, Board Chair were conducted with Division members between September – December 2021. These visits were a combination of one-to-one and group, with the group visits held in a clinic setting.

The purpose of these meetings was to determine members' **top 3 burning issues** they felt the Division could assist with as well as what **feedback members had for the Division** – what is going well and where are there areas for improvement.

There were 28 physicians and 1 nurse practitioner who took part in these meetings. 15 of these physicians also completed the South Island Division Member Survey which ran via Survey Monkey from November 30, 2021 – January 14, 2022.

Common Themes aligning with Member Survey:

1. Patient Education

The theme of patient education was recognized both from these visits and the member survey. Specific areas for education include:

- Appropriate use of virtual care/telehealth
- Prescription refill requirements
- Explanation of physician payment structure

2. Business Supports

Business supports are something the Division has already embarked upon, utilizing the expertise of HIVE Business Solutions.

- Locum pool – very difficult to take time away, vacation, maternity leave, etc.
- Negotiating and understanding leases
- Hiring/human resource managing
- Office efficiencies
- MOA supports
    - Relief pool
    - Benefits

3. Financial

- Costs of running a business, ie. Lease, salaries and benefits, equipment, furnishings, additional cleaning

Feedback & Recommendations for the Division:

1. Culture

- Need for transparency in communication
- Board personal beliefs and perspectives become the beliefs of the Division
- Divisions are a branch of the Ministry of Health
- Help heal the divide – share knowledge and success stories

2. Operations

- The Division has lost its focus which has worsened since the PCN was added
- Physician education – Zoom CME: bring a case or two versus just lecturing; not enough time for discussion
- Peer mentors for new physicians and MOAs
- Appreciate UpToDate, Dine & Learns, ability to gather physician voice and the e-bulletin

3. Patient Care

- Support members in providing efficient and quality care

"Specialists order tests but don't tell us what we're supposed to do with the results. They assign us tasks without asking. They don't want to order tests or prescriptions because of the follow up needed. They do not welcome questions in between consults. All of this leads to poor patient care. Consults require instructions to the family physician for ongoing management with the ability to consult with the specialist if needed, eg. Patient status changes."

4. Frustration with PCN process

- Allocation of resources to actual implementation
- Overhead
- A lot of time has been invested with not much to show for it

Recommendations

- Provide transparency in communication
- Consider the impact of your words, particularly Board members – it's degrading for members working in UPCCs to hear that traditional practices and walk-in clinics can do it better and cheaper
- Consider what you offer to members not involved in PCN
- Work more closely with BC Family Docs to tackle big topics like UPCCs, contracts, etc.

Feedback & Recommendations for Island Health:

1. Culture

- Physicians driven away from UPCCs
    - Ongoing and significant delays with contracts department
    - Agreements made during meetings have not been honored
    - Threatened with legal action; feeling threatened around funding
    - Bullied through letters written to the College
    - Not respecting time away from work – phoning during evenings and weekends
    - Holding meetings that impact Family Physicians but not inviting them
        - Ex. IH Quality Council making clinical policies for primary care without having physicians at the table
    - Clinic manager (RN) dictating clinical practice to physicians
- Island Health doesn't consult, it's pretend engagement. Physicians don't see their input implemented into action and directions taken are often different than what was endorsed

2. Financial

- Physicians are rewarded for not choosing family practice – salaries/hourly wages are far higher at Island Health facilities (hospital & UPCCs) than those in the community earn
- Community physicians can't compete against UPCCs for Allied Health Practitioners
- New-to-practice contract funds should go to the physician with additional overhead provided
- Collaborative agreement is a huge barrier to signing contracts.

"Existing practices are full and if we take on an RN to attach another 500 patients, don't expect us to be OK with you removing that RN while expecting us to continue care without support. Where is team in that?"

3. Operations

- RNs with acute orientation and no experience in primary care are being brought into Family Practices. The hiring of LPNs is happening in Victoria PCN, why not South Island?
- Family Physicians with Island Health staff in their practice have to record their hours in two different ways, one for the Ministry of Health and one for Island Health
- Dysfunctional workflows at UPCCs
- Cerner is terrible – if the downtown UPCC uses Oscar, why can't the others follow suit?
- 1.5 months for a computer and printer via Island Health set up for an RN at a Family Practice
- UPCCs triage system is based on emergency triage system which skews data as they are not using true CTAS criteria

Suggestions

- If it impacts physicians, involve physicians; build trust
- Develop a process to assign a third-party mediator for contentious issues
- If RNs working in Family Practice aren't full scope, have a training plan in place to access needed skills. It does not offset need for GP is RN is not full scope.

Feedback & Recommendations for PCN Steering Committee:

1. Resources

- There are not enough team-based care services to meet patient needs
- Concerned about patient access to services & attachment
- There's inequity between UPCCs and primary care in the allocation of Allied Health Practitioners (AHP)
    - RNs and MOAs are watching YouTube they're so bored. Institute a mechanism where the resources can be shared with the rest of the primary care community!
- There is a high turnover of AHP. What does the data show about their reasons for leaving?
    - Would prefer interviewing/hiring our own AHPs to help us grow the community.
    - Joint performance reviews (staff & physicians) would be welcome.
    - Staff should be non-union with benefits covered by another organization

"We're in an MHSU crisis and we can't manage it. The care is too complex, e.g., youth on Seroquel, parents are hurting, kids are spiraling. It amounts to neglect of children and is an atrocity. I am being forced to practice beyond my scope because the needed resources aren't available."

2. UPCCs

- What is preventing UPCC physicians and nurse practitioners taking on patients in follow up model or longitudinal model
- Physicians are leaving UPCCs because of the contract and tensions with Island Health around lack of consistent operating model. Roles are unclear, people are not working as a team, rather they are doing their own thing.
- There aren't enough roles for patients or physicians in providing feedback about UPCCs on what is working and what needs improvement

"The UPCC staff expect the GPs to be responsible for operations, but we don't have the responsibility nor autonomy to do so."

3. Communication

- Need clarity in communication about PCNs to keep the primary care community apprised of progress
- Island Health and the Division are making decisions without involving the physicians
- If we don't sign up for PCNs, will we be left in the dust?

Suggestions

- Provide practices flexibility by having PCN substitute LPNs for RNs if requested
- Provide regular communication with updates – what are the benefits/services provided, numbers attached, number AHPs implemented, key projects
- For decisions that impact practice, need to disseminate these to members for input before decision is made – potentially through the physician lead on committee

- Employ the model used at Esquimalt UPCC with active partnership of Family Practice nearby – patients at the family practice office can see the nurses at the UPCC for wound care and patients at the UPCC can be seen by a physician if needed.