

Community of Practice (CoP)

Supporting Chinese-Speaking Patients: Focus Group 2

November 8, 2022

Background

The Community of Practice (CoP) supporting Chinese Speaking Patients has identified the need to bolster the provision of culturally appropriate care for many patients who only speak Chinese. These patients tend to be elderly, with more complex conditions and are being supported by older solo family physicians in Vancouver. The Chinatown neighborhood in PCN 2 is a good example. As more doctors supporting Chinese speaking patients move into retirement age, and less new to practice doctors are coming forward to take over practices, sustaining the provision of culturally appropriate care may become challenging in the next 5-10 years.

In response to this issue, the Vancouver Division held a two-part virtual focus group with nineteen CoP members and FPs in the Chinatown area to learn what they foresee for the future of their practices and patients. On Oct. 6, 2022, the Division's Membership and Primary Care Network teams hosted the first focus group session, which centred on envisioning what an ideal family practice might look like in the next decade and what supports would help FPs and their Chinese-speaking patients thrive.

Session II: Day-to-Day Challenges and Potential Solutions

The second session was held on Nov. 8 with the same group. Using feedback from Session #1, we identified four priority areas, which span common challenges that FPs encounter when caring for Chinese-speaking patients. Our goal was to determine which practical supports would have the most impact on their day-to-day.

We used a facilitation activity called Troika Consulting to encourage discussion; participants could roleplay as Clients or Consultants. The Clients posed their concerns and asked for help, while the Consultants provided ideas and coaching advice to the Clients. This facilitation process's main takeaways are summarized in the tables below:

Issue: Finding and accessing Chinese-language or culturally appropriate resources
 What's available in your community and what do you need?

Client Concerns:

- Elderly patients face difficulties in accessing healthcare due to language or socio-economic barriers, as some don't have a lot of education around basic medical info and technology.
- FPs need easy access to Chinese-language resources, such as instructions on how to prepare for colonoscopy, physio that speak Chinese, etc.
- Many FPs use YouTube or overseas resources, but these are not validated for Canadian context and require a lot of research time.

Consultant Advice:

- Existing community services can only offer a very limited amount of support due to high demand.
- HealthLink BC has a lot of good resources, which you can print out or email to patients.
- Connect with the patient's pharmacist, as they are often a longstanding trusted source of info.
- Would be useful if the CoP could have a "clinical guidelines committee" to validate relevant Chinese-language resources (often from overseas) and curate them.

Client Takeaways:

- Would love to have a shared folder available of resources that are curated and sorted by topic area. This would save time instead of us individually trying to find the same thing.

Issue: MOA Supports
 What in-clinic supports would make it easier for MOAs to help your Chinese-speaking patients?

Client Concerns:

- It's very hard to find well-trained MOAs who are Chinese speaking, as their skills are in high demand and are often poached by hospitals or specialists.
- Compensation needs to include money to hire and retain good MOAs. Also, the new primary care model needs funding for actual social workers, not pushing that work onto MOAs.

Consultant Advice:

- Foster good office culture and non-monetary benefits to retain MOAs. MOAs who have strong connections socialize together and refer new employees from their social circles.
- Reach out to partner organizations who offer training, compensated time, and scholarships on QI or peer mentoring for MOAs.
- Cultivate strong relationships with IMGs and overseas-trained MOAs to support retention; these are viable options if the licensing process is easier to get through.

Client Takeaways:

- MOA retention is an issue that's been around for decades. Hopefully, the new FP compensation model allows for more funding to hire MOAs and other in-clinic staff supports.



Issue: Chinese-Speaking Locum Pool

How do we improve access to Chinese-speaking locums?

Client Concerns:

- Unsafe neighbourhood is not appealing to NTP FPs/locums.
- Locums' scope of practice and patient care is significantly hindered by their inability to speak Cantonese or Mandarin.
- In general, there is a limited capacity of locums to support the locum coverage needs of longitudinal practices.
- Interested in student recruitment but considers current state of Chinatown is not appealing to new physicians.

Consultant Advice:

- Develop a list of new/recent graduates to refer to when locum coverage is needed.
- Implementation of Language Line Services, for example the ones used in hospital settings, in order to support the locums who do not speak Cantonese or Mandarin. In addition, have this service be funded for family practice settings.
- Government-approved and timely integration of IMGs from Hong Kong to practice in Canada/Vancouver and support these patients and be able to speak Mandarin or Cantonese.
- Offer additional part-time employment in order to support Family Physicians operate their clinic more optimally.

Client Takeaways:

- Safety of neighbourhood is deterrent for locums.
- Language line services should be used in the meantime for current locums to rely on, especially if it is funded.
- Integration of IMGs via the IMG ROS program or PRA BC program.
- CME events or Division events to meet NTP FPs and graduates.

Issue: Succession Planning

What does the FP community need when planning for retirement and supporting new-to-practice physicians to take over?

Client Concerns:

- Extremely intimidating for NTP FPs to take over a patient panel of over 1500 patients due to the extensive responsibility involved.
- For each retiring FP, there needs to be at least one to two NTP FPs to manage practice responsibilities and the demands of a large patient panel.
- According to feedback from NTP FPs, they do not want to contribute to overhead, which is why associate roles are more appealing.
- Definitive phase out of paper charts, thus implementation and commitment to EMR.

Consultant Advice:

- Implantation of team-based care for NTP FPs, especially for large panel sizes of retiring FPs.
- With the announcement of the new payment model, remuneration is changing, therefore, this may attract more NTP FPs to commit to longitudinal care.
- Patient-physician relationship: patients have specific expectations when it comes to their health and type of care, which were shaped and formulated by the retiring FP. Therefore, if a takeover does occur, it is important for patients to know it is not guaranteed the NTP FP may not fulfill all of their healthcare needs and expectations.
- Educated NTP FPs and residents of business and financial operations of the clinic to help them understand the pressures involved as a clinic owner and the reasoning behind the compensation/billing split.

Client Takeaways:

- Shared realization a panel takeover of a veteran FP requires one to two NTP FPs to support their patient panel and business operations.
- In order for longitudinal care and patient panel takeovers to seem less daunting for NTP FPs, provide them with the option to transfer the panel elsewhere (outside of Chinatown) or create a practice setting involving team-based care.
- Facilitation of Division events with mid-late career FPs to converse with NTP FPs and/or residents to get to know each other on a personal level, understand the work involved when it comes to patients and business matters. The aim here is to develop a connection and network, meanwhile attract NTP FPs to join their practices.

Next Steps

Division staff will debrief on areas of opportunity that could be explored further, such as helping FPs find and share Chinese-language resources, as well as facilitating networking between new-to-practice and veteran physicians. Many participants have signed up to join a peer WhatsApp and email group to stay connected. We anticipate there will be further engagement opportunities in the coming months, particularly after the new physician payment model is confirmed, which may alleviate some of the existing challenges and barriers.