Vancouver
Division of Family Practice
A GPSC initiative

# STRATEGIC PRIORITIES 2023-24

Building off the rich and diverse ways that our members provide primary care in the community and recognizing the primary care system is undergoing significant change, the overarching goal of the Division is to support members in the ongoing care of their patients and to ensure that family doctors are a driving force in the primary care system changes underway in our community.

## CONTEXT

Primary care in BC is in crisis. Record numbers of family doctors are leaving practice as they retire and/or succumb to the often insurmountable challenges of running a practice. New graduates are choosing careers other than longitudinal primary care and medical students are choosing specialties other than family medicine. More than one million British Columbians do not have access to a family doctor and record numbers of Vancouverites are unable to access consistent primary care. A variety of factors (some predicted and others not) have led to the current state.[1] This year, a new payment model is available to community-based longitudinal family doctors, as one of a number of steps aimed at stabilizing the system.

The Division is uniquely positioned to support our members to continue to practice primary care. In addition to direct support through programs, communication, relationships and education, we play a distinct role in advancing the interests of the profession and patients, including advocacy in the context of local partnership and collaboration, working towards the common goals of improved access to care and better health outcomes for patients.

The Division recognizes that it cannot solve all primary care system problems, but can be a support to our members as they navigate their careers in primary care.

## FOUNDATION

Practices are referred to as Patient Medical Homes (PMHs), which is a term:

- that speaks to an ideal model of care that is based on and builds upon the exceptional care that family physicians already provide.
- that was developed by the Canadian College of Family Physicians (CCFP) and expanded by the Family Practice Services Committee (FPSC) to include the networking of family practices (PMHs) with each other and with the system as a whole.
- that incorporates various models of provider practices and models of remuneration.

Primary care network (PCNs):

- are clinical networks of providers in a geographic area where patients receive expanded, comprehensive care and improved access to primary care.
- include FPs, NPs, and allied health care providers in patient medical homes (PMHs), First Nations communities, health authority services and community health services.
- Are governed by local leadership under the direction of the Collaborative Services Committee (CSC)

[1] *There are many pressures on the profession – including, but not limited to: the overwhelming administration burden of practice; increased patient medical, and health system, complexities; difficulties accessing locum coverage; inequities in remuneration; issues with MOA support and the current labour market; practicing in an expensive urban centre context (increasing cost of rent, property taxes); and the corporatization of urban primary care.*

As the Division works to improve the healthcare system for providers and patients, we must focus efforts to ensure that:

- family physicians in all models of practice see themselves in the vision and work;
- attention is paid to the impact of, and inequities that occur secondary to, racism and discrimination in the healthcare system and society at large;
- the support for and work to optimize the PMH model remain true to the principles of PMH as seen in the work from the CCFP and the FPSC; and
- the local, regional and provincial plans to implement the Ministry of Health primary care policy direction on PCNs builds upon the strong foundation of PMHs and honours the role of family physicians as leaders in the primary care system.

## PRINCIPLES

The work we undertake is based upon the following principles:

- Patients are at the centre of the healthcare system.
- Family physicians are supported to provide quality patient care.
- Autonomy and self-determination of individual family doctors is respected.
- Access to opportunities is fair and equitable for all members.
- System changes are spreadable and scalable across our city.
- Physician wellness and personal capacity is paramount.
- Local healthcare decision making is essential.
- Changes are evidence based; built on previous investments and experience where appropriate; and incorporate an iterative process.
- A commitment to equity, diversity and inclusion with a focus on removing systemic barriers to primary health care through advocacy and direct system work.
- Partnerships and stakeholder relationships are leveraged to create a strong and coordinated system of primary care.

## PRIORITIES

### 1. Members

The power of our Division rests in our membership. Any system change must serve the needs of our members and will require strong physician leadership. To maintain member support for our work, we must continue to provide value to them both at the individual and system levels.

#### A. FAMILY DOCTOR WELLNESS AND RESILIENCE

Physician burnout is a major issue that affects a vast number of our members. This has been exacerbated by a variety of factors, including the health system crisis, the Covid 19 pandemic, and the overwhelming needs of patients. The Division will continue to support physicians to feel valued and represented and will continue to offer programs to support physician wellness.

#### B. CAREER CONTINUUM

Our membership includes physicians at different places in their careers, from residents to newly practicing doctors, to those established in their careers, to those approaching retirement and those who are retired. Within those groups, we have members who work in a variety of settings and roles (ie. those in community-based longitudinal and/or focussed practices, locum physicians, students, etc.), and within a variety of payment models.

The Division aims to support members throughout their career and different practice models.

### C. Family Doctor Engagement and Representation

The Division strives to:

i. Provide a representative family physician voice in our work both within the Division and with our partners.
ii. Create opportunities for our members to provide input on global and focussed topics (i.e. remuneration, models of care, etc).
iii. Ensure our members have access to information, updates and education regarding the primary care system and the changes underway.
iv. Enable interested members to participate in and take advantage of opportunities that become available.
v. Ensure that attention is paid to equity and diversity within membership opportunities and representation.

## 2. Patients

Patients are at the centre of the healthcare system and as such are the ultimate focus of the work we undertake.

### A. Increase Appropriate Access to Quality Primary Care

Evidence shows that ongoing access to a family physician improves patient outcomes and reduces overall health expenditures. Increasing access to a family physician for all members of our community is of paramount importance to our Division.

### B. Patient Engagement

As we work towards system change, it is essential that we contemplate the effects on, and needs of, individual patients, patient populations and future patients. Effectively engaging a broad representation of our patients and incorporating their viewpoints on our work requires both focus and innovation.

## 3. System

Solid Primary Care Networks, partnerships and key system enablers are critical to successful system change.

### A. Primary Care Networks

#### i. PCNs

Primary Care Networks are each led by a Steering Committee that provides strategic guidance for the development and implementation of a local, comprehensive primary care delivery system that promotes accessibility, affordability, and high-quality care for all members of the community.

The Committees will work to enable the networks to be responsive to the needs of patients, physicians and other professionals providing care, and taxpayers, and to support the development of innovative models of care that improve health outcomes, effectively manage costs, and increase patient satisfaction. The Committees will also be responsible for monitoring the performance of the networks, evaluating their effectiveness, and making recommendations for improvements as needed.

*Caveat ~ At the time of the drafting of these priorities, PCN Networks are under review and their focus may be changed in the refresh. However, Divisions have been encouraged by the Ministry to keep the work moving. As a result, the preceding system priorities may need to be adjusted based on the results of the review.*

#### ii. PCN Implementation

Ensure implementation is based upon a strong foundation of PMHs (family practices), honours the leadership role of family physicians in primary care, and incorporates the principles outlined earlier in this document.

### B. Partners

#### i. Clinical Partners

Continue to improve communication and relationships between family physicians and practices (PMHs), other primary care providers, acute care providers, specialists and allied healthcare providers to optimize patient transitions in care and the overall understanding of the practice of shared care.

#### ii. Partnership Tables

Build upon existing collaborative relationships with partners including Vancouver Coastal Health, Providence Health Care, Provincial Health Services, Divisions BC and other community partners to ensure the family physician's voice is incorporated in the partnership work. This includes advocating for member and Divisional issues to the appropriate organizations, such as FPSC, VCH, MoH, BCFD, DoBC, etc.

### C. Enablers

#### i. Information Technology

IT is an essential tool in achieving improvements in system efficiency, patient access, population health and overall experience of the system for both patients and providers. Attention to IT solutions is a requirement for any sustainable change. As such, we will continue to advocate for the removal of significant technological barriers that currently impede provision of quality primary care in Vancouver.

#### ii. Evaluation

To understand the impact of our work, strive for constant improvement and remain accountable to our members and funders, evaluation and quality improvement must be incorporated in all our activities.

#### iii. Data

Data-driven describes a strategic process of leveraging insights from data to identify new program opportunities, better serve our members and communities, and improve operations. Being data driven will allow the Division to use evidence-based data to make better, well-informed decisions. While we are committed to being data driven, we are also committed to ensuring the that the privacy rights of our members are maintained and protected.