

## STRATEGIC PRIORITIES 2022-23

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Building off the rich and diverse ways that our members provide primary care in the community, 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

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Effective health care systems are based on a strong foundation in primary care. Our primary care system is currently in crisis with record numbers of Vancouverites unable to access a family physician; record numbers of physicians retiring and/or struggling to remain in practice; and fewer and fewer new graduates choosing to enter longitudinal primary care.<sup>1</sup>

The Division realizes that supporting our members to continue to practice primary care is of paramount importance, understanding that Divisions play a unique role in advancing the interests of the profession and patients. With respect to advocacy, our role is intended to be 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.

### FOUNDATION

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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;
- was developed by the Canadian College of Family Physicians (CCFP) and expanded by the General Practice Services Committee (GPSC) to include the networking of family practices (PMHs) with each other and with the system as a whole; and
- that incorporates various models of provider practices and models of remuneration.

As we work 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 GPSC; and
- the local, regional and provincial plans to implement the Ministry of Health primary care policy direction on Primary Care Networks builds upon the strong foundation of PMHs and honours the role of family doctors in the system.

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<sup>1</sup> 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.

## PRINCIPLES

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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.
- 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

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### 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 in the current pandemic environment. The Division will support physicians to feel valued, represented and considered.

#### B. FAMILY DOCTOR ENGAGEMENT AND REPRESENTATION

- i. Strive to 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**

Partnerships with primary care providers, community service providers and system stakeholders and key system enablers are critical to successful system change.

### **A. 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 GPSC, VCH, MoH, BCFD, DoBC, etc.

#### **iii. PCN IMPLEMENTATION**

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

### **B. 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 address the 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.