October 2020

REIMAGINING FAMILY MEDICINE

Learning from the COVID-19 Experience

BC FAMILY DOCTORS
Your Specialists in Primary Care.

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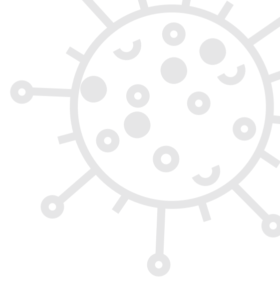

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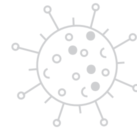

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Executive Summary

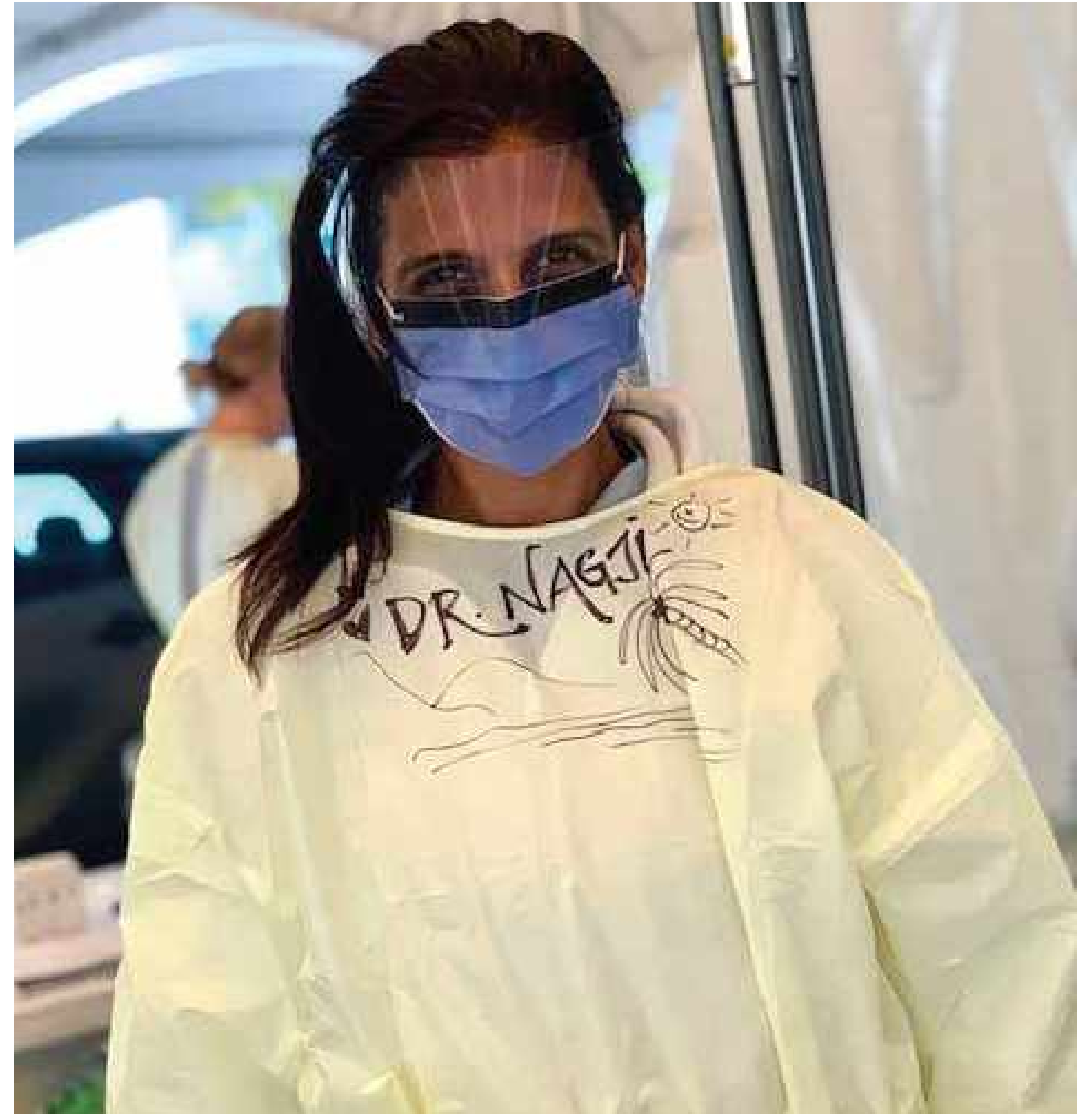
The COVID-19 pandemic has caused untold challenges for patients and their family doctors. COVID-19 has shone a spotlight on the cracks of a fragile primary care system. It has highlighted how hard family physicians were already working, leaving little ability to cope with pandemic response.

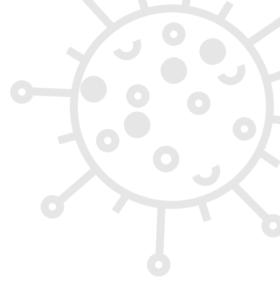
As family physicians, we have not been immune to COVID-19's impacts. On the front lines of our primary care system, the pandemic has reshaped our personal and professional lives. It has reshaped primary care in BC.

Practically overnight, we pivoted to delivering virtual care. We were lauded as 'health-care heroes,' yet we struggled to access personal protective equipment (PPE) for our community offices. As our patients' mental health concerns increased, we spent more time counselling as the lack of publicly funded mental health resources was laid bare. Family doctors struggled to provide the substance use care our patients needed, as we dealt with two public health emergencies. We worried about how to keep our patients safe and our clinics going.

It's been a lot for family physicians to carry. And the pandemic is nowhere near over.

The pandemic has demonstrated how family doctors and the healthcare system can be nimble when faced with a crisis. BC Family Doctors believes it's not too soon to begin learning from the pandemic. For more than 30 years, we have advocated for family physicians, working to ensure our fundamental role is seen, heard and valued. We brought together a group of family physician leaders to explore the impact COVID-19 was having on our professional and personal lives, and to define a better future for family medicine.





WHAT WE WANT TO KEEP

Positive changes occurred as health care delivery pivoted during the pandemic.
Here are a few of the things we want to keep:

1. Collaboration and Community
Keep and build the collaborative relationships between physicians, physician organizations, health authorities and the Ministry of Health to ensure patients receive the care they needed.

2. Virtual care
Support the ongoing enhanced access to primary care through telemedicine with system supports in place to uphold its use within a longitudinal physician-patient relationship.

3. Access to Specialist Care
Maintain the improved access to specialist care through virtual consultations and follow-up care when appropriate.

4. Recognition of the Social Determinants of Health
Continue to develop co-ordinated policy responses that recognize the inequities in our society to better support people's health and well-being.

5. Valuing Primary Care and Family Physicians
Ongoing recognition and investment in the primary care system and the role family doctors play as the foundation of our healthcare system.

WHAT WE WANT TO LET GO

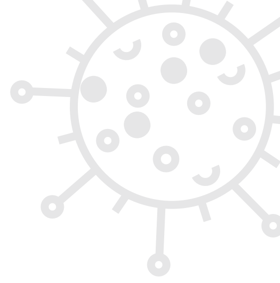
The pandemic has aggravated existing challenges for family physicians.
Here are a few things we would like to see go:

1. Lack of Funding and Support for Family Medicine Clinics
Family medicine clinics were not given the same resources as health authority-operated facilities during the pandemic. Family practices are a key part of the health care infrastructure - it is time to fund and support them as such.

2. Vulnerability of Mental Health Care
COVID-19 highlighted the lack of publicly funded mental health care. We need to develop and expand mental health services within family medicine clinics and throughout the health system.

3. Administrative Burdens
Physicians are spending hours doing work that takes them away from the provision of clinical care. Reducing the administrative burden can help physicians get back to providing quality patient care.

4. Burnout and Moral Distress
Family doctors are exhausted and reaching burnout. We need to address the moral distress that comes with knowing what our patients need but being unable to provide it due to constraints that are beyond our control.



FAMILY MEDICINE IN CRISIS

Family physicians were already working under pressure in a primary care system that had little capacity to cope with emergencies before the onset of COVID-19. Now, more than six months into the pandemic, the critical role of family doctors in triaging, providing non-emergency care and caring for vulnerable populations is still not being adequately supported.[1] The majority of community-based family medicine clinics are not receiving the support and resources that the Ministry of Health and health authorities provide to other health care facilities, like PPE, technology or staff support.

Family physicians are the backbone of an effective healthcare system. Our diverse knowledge, unique skill set and long-term relationships with our patients make us essential to the very fabric of the primary care system. The disparity in support between acute care and community primary care has resulted in physicians sacrificing their health and security to meet the needs of patients. We're exhausted, frustrated, angry, and resigned. Our perceived value in the healthcare system feels at an all-time low.

Immediate supports and reforms are needed to ensure not just an effective response and recovery to the global pandemic, but the future stability of primary care and family medicine. BC Family Doctors believes we need a comprehensive approach to supporting physicians' needs as healthcare providers and as human beings. We need a **Physician Medical Home**, just as British Columbians need a **Patient Medical Home** to meet their needs. It's about recognizing that patients and physicians need, and together make, a medical home.

The problem is not the next coronavirus surge but the fact that the very foundation of the primary care system is beyond fragile now.

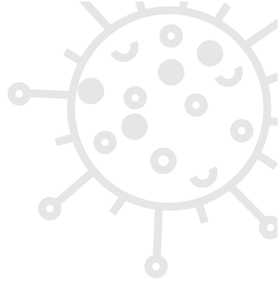
OUR PROMISE

BC Family Doctors pledges to advocate for the needs of family physicians in this critical time. We promise to be your voice, to speak boldly at the tables of change to ensure your needs are met. We will work to heighten the respect and value of the foundational role family physicians play within our healthcare system. We will create opportunities for family physicians to come together and build community. We will work with our partner physician organizations to ensure our broader physician community is working together to tackle the challenges facing us all during and beyond the pandemic. We'll use our voice to make sure nothing about you happens without you.

BC Family Doctors promises to advocate and lobby for:

1. A reliable and funded supply of PPE to ensure you can safely deliver patient care during the pandemic.
2. An increase in support for community-based family medicine clinics to recognize the rising costs of doing business during COVID-19.
3. An increase in funding support and time allocated to family physicians to support people who use drugs in order to mitigate the risks and harms from the dual public health emergencies.
4. The development of a plan to anticipate the backlog of deferred care during the pandemic, so that family medicine clinics are able to 'scale up' to meet the needs of patients and communities.
5. The development of regulatory standards and system supports that recognize virtual care is most effective within a longitudinal patient-physician relationship.
6. The 2022 Physician Master Agreement (PMA) negotiations to address the needs of family physicians.

Foreword



The COVID-19 pandemic is the most serious health challenge of our time. It has tested our communities and our health care system in ways we've never been tested before. Family physicians have been on the front lines of the pandemic response. The commitment, work and sacrifices that we have made during this public health crisis have been significant.

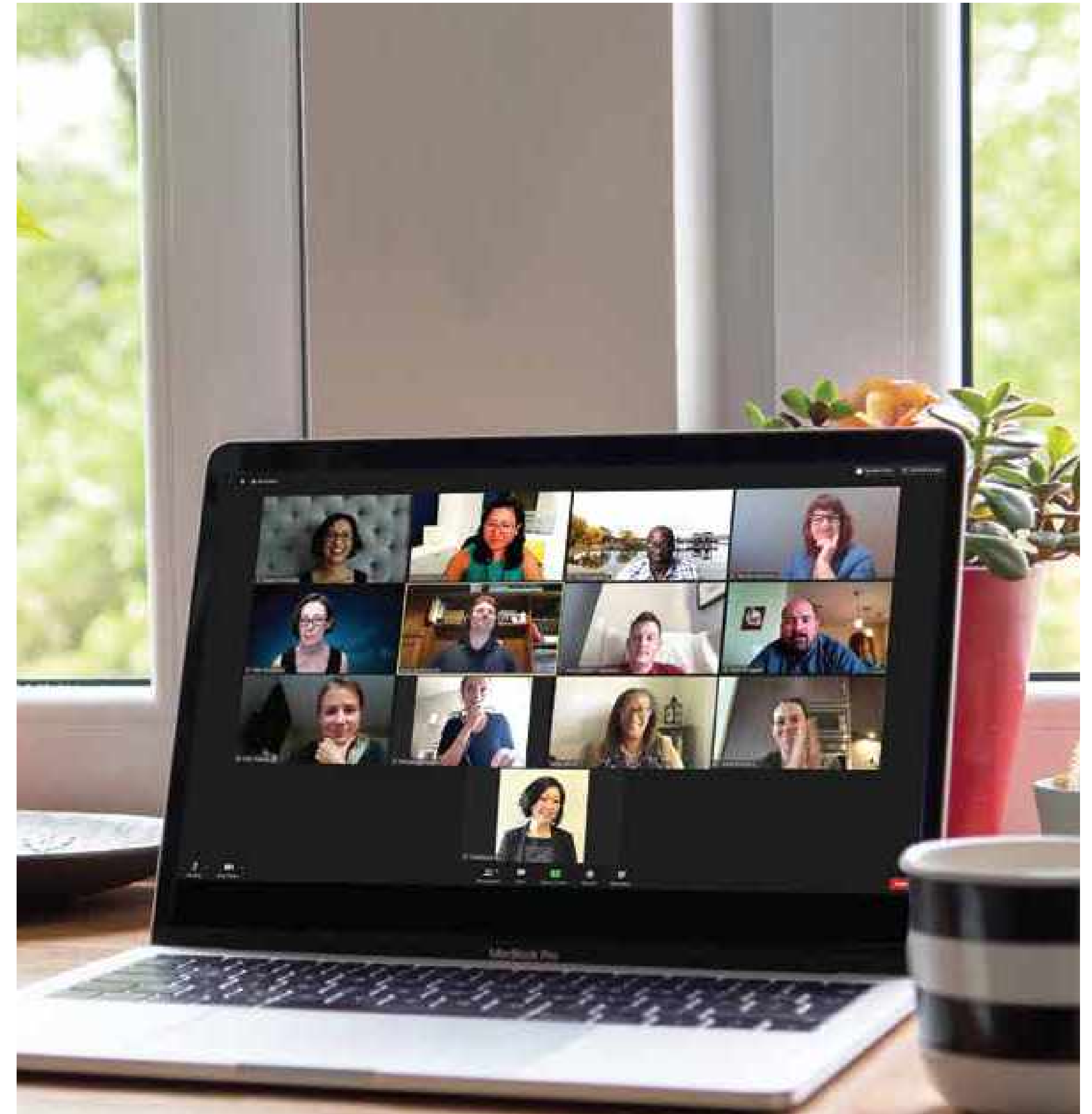
Recognizing the burden of care that physicians were shouldering as a result of the pandemic, BC Family Doctors brought together a group of family physician leaders for a series of conversations. We wanted to learn about the impact COVID-19 was having on their professional and personal lives, and explore the potential to accelerate some of the positive changes happening in the health system. Those conversations led to this report, which offers a framework for how to improve the working lives of family physicians beyond the pandemic. It captures our early learnings from a unique moment in time.

BC Family Doctors sees family physicians as specialists in primary care and the essential foundation of a high-functioning healthcare system. For more than 30 years, we have advocated for family doctors, working to ensure the fundamental role of family doctors in this province is seen, heard and valued. Our purpose is to build an environment where family doctors thrive.

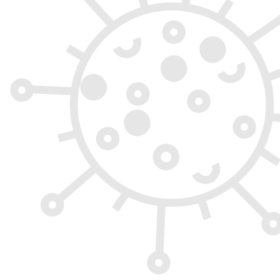
This report was written by BC Family Doctors' Director of Strategy and Operations, Penelope Hutchison and Executive Director, Dr Renee Fernandez; and designed by Program & Communications Coordinator, Meg McCaslin.

BC Family Doctors would like to thank Siena Consulting (Gayle Farrell and Kate Spezowka) for facilitating the conversation series.

BC Family Doctors would also like to express our gratitude to our participants. This report was made possible because these physicians bravely vocalized their experiences as family doctors in the midst of a global pandemic: Dr Fiona Duncan, Dr Jaron Easterbrook, Dr Joshua Greggain, Dr Charlene Lui, Dr Kevin Martin, Dr Toye Oyelese, Dr Jennifer Tranmer, and Dr Maryam Zeineddin.



COVID-19's Impact



My wife travels a lot for work. On March 11, 2020, she came home from Florida with a cough. Then I got a cough. We were swabbed for Coronavirus and it took nine days for the results to come back.

I started to have a violent fever, chills. The stories on the news were scary. I finally called an ambulance and was admitted to hospital. I had labs done and x-rays. The doctor came in and said 'Thankfully, you have pneumonia'. It was one of the best things I had ever heard.

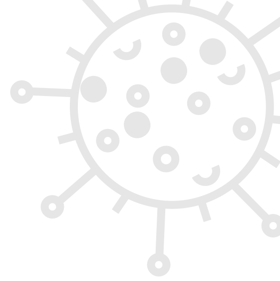
In that moment of calling an ambulance – my wife couldn't come with me – it put into focus the value of my life. To be frank, it wasn't to do with being a family doctor or medicine or prescriptions, but what do I value and how do I do this differently?

The sweeping health, social and economic changes brought on by the COVID-19 pandemic have upended daily life. Guided by public health officials' recommendations, we stayed home, washed our hands, donned masks and stayed two metres apart.

Lives were lost. Fear and anxiety about contracting the virus became pervasive. We lost our places of connection and community. Schools, restaurants, community centres, libraries and other businesses closed and then gradually re-opened under physically distanced protocols. Jobs were lost, reduced to part-time or moved home to the kitchen table. The work/home juggle became a complex circus act, and the tolls on our mental health became hard to shoulder.

COVID-19 also amplified the inequities in our society. Homelessness. The opioid crisis. Police violence. Black Lives Matter. Indigenous rights. Systemic racism. Gender discrimination. We began to have a lot of hard conversations.

One month turned into three, then seven. With no certainty about when a vaccine will become available, there is no clear end to the pandemic. We remain all in this together.



COVID-19's Impact on British Columbians

233

Confirmed COVID-19 deaths in BC (as of Sept 28, 2020) [2]

8,908

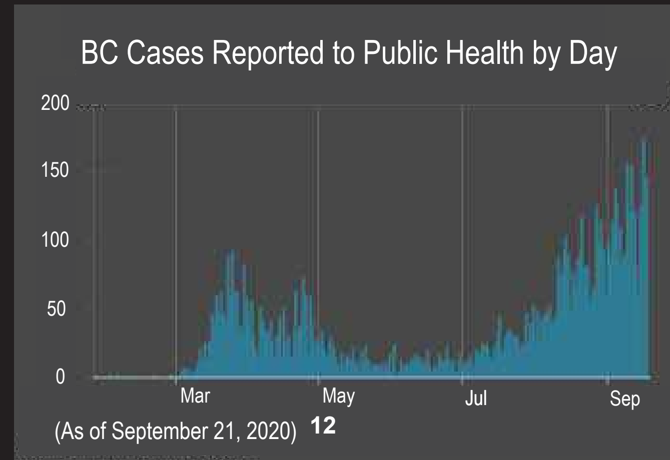
Total cases of COVID-19 in BC (as of Sept 28 2020) [3]

79

Declared outbreaks in a BC care facility (acute/long-term/independent living) (as of Sept 24, 2020) [4]

30,000

Non-urgent elective surgeries postponed (between March 13– May 15, 2020) [5]



47%

Provincial survey respondents stating their mental health worsened due to the pandemic [10]

33%

Provincial survey respondents stating they had difficulty accessing healthcare due to the pandemic [11]

1,068

Confirmed overdose deaths in BC (Jan 1- Aug 31, 2020) [6]

395,600

Jobs lost in BC (between March – April 2020) [7]

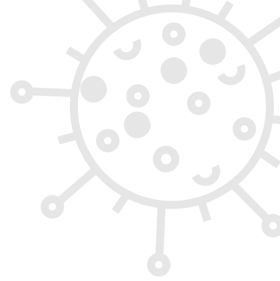
4.3%

Increase in Provincial unemployment rate (from February to April 2020) [8]

1,131,490

Canada Emergency Response Benefit (CERB) applications made by British Columbians (as of July 31, 2020) [9]

The Impact on Family Physicians



Amazing things happened in the beginning. Doctors coming together, stepping forwards. Shifting to telehealth. Closing practices to create safety. Reaching out to patients. Patients adapting. We had smaller cohorts of doctors working together in good faith with health authority partners. Like all great crises, there was a limitless well of energy.

As it has dragged on, I feel a shift. I'm tired. We've been holding space for our patients and how they're fed up with being home and financially challenged. That's all stuff that takes from us, and we haven't been holding space for how unsatisfying our work lives are. None of us wanted to do 95% of our care by phone. I see patients in-person and feel invigorated, but then you need masks and...

It's been day after day after day. Provincial announcements about top-ups but we're small business owners so "go away", family doctors aren't eligible. Which is fine, I don't begrudge anyone being applauded for the work they've done but I know how much family doctors and our MOA's (medical office assistants) take on – the stress.

One of the challenges about this dramatic shift to virtual care is that the work flow doesn't make sense in my office. Patients have become accustomed to being fit in on the same day no matter what they call for. My day is no longer broken up – it's just phone, phone, phone. I haven't had time to pause and stop and even iterate on what we've learned...I'm at the point where I don't know how much longer I want to do this."

As family physicians, we have not been immune to COVID-19's impacts. On the front lines of our primary care system, the pandemic has reshaped our work and personal lives.

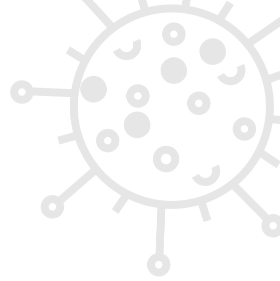
We were already working long hours before the pandemic hit, charting late into the night and checking on patient results while on vacation. COVID-19 intensified the demands on us. Boundaries between home and work life blurred, if not disappeared.

The cascade of new and changing information on the virus and on care delivery protocols was overwhelming. Physicians shared information in grassroots Facebook groups. We learned from our colleagues in Italy, Spain and China, and adapted our practices again and again. A big part of the job became just keeping up with the flood of new information.

Clinical care changed faster than at any other time in our career. Practically overnight, family doctors had to implement virtual care. Videoconferencing and phone calls replaced face-to-face office visits for all but the most serious issues. Our work as the first point of contact for patients became 24/7.

We learned how to deliver care in the midst of a pandemic. We had to decide which patient care services should be conducted in-person and which could be conducted by phone or video. We balanced the benefits and risks of providing in-person or virtual care, based on patient needs, the presenting concern, and our clinical judgement.

We worried about how to keep our clinics going. In the early months of the pandemic, many patients were hesitant to book appointments. Fee-for-Service billings went down with the reduced volume of care while the cost of doing business went up. Family physicians' billings dropped by an average of 16 per cent between March - May 2020, compared to the same period in 2019.[13] Some clinics had to lay off their medical office assistants. The loss of revenue put the sustainability of many family practice clinics at risk.

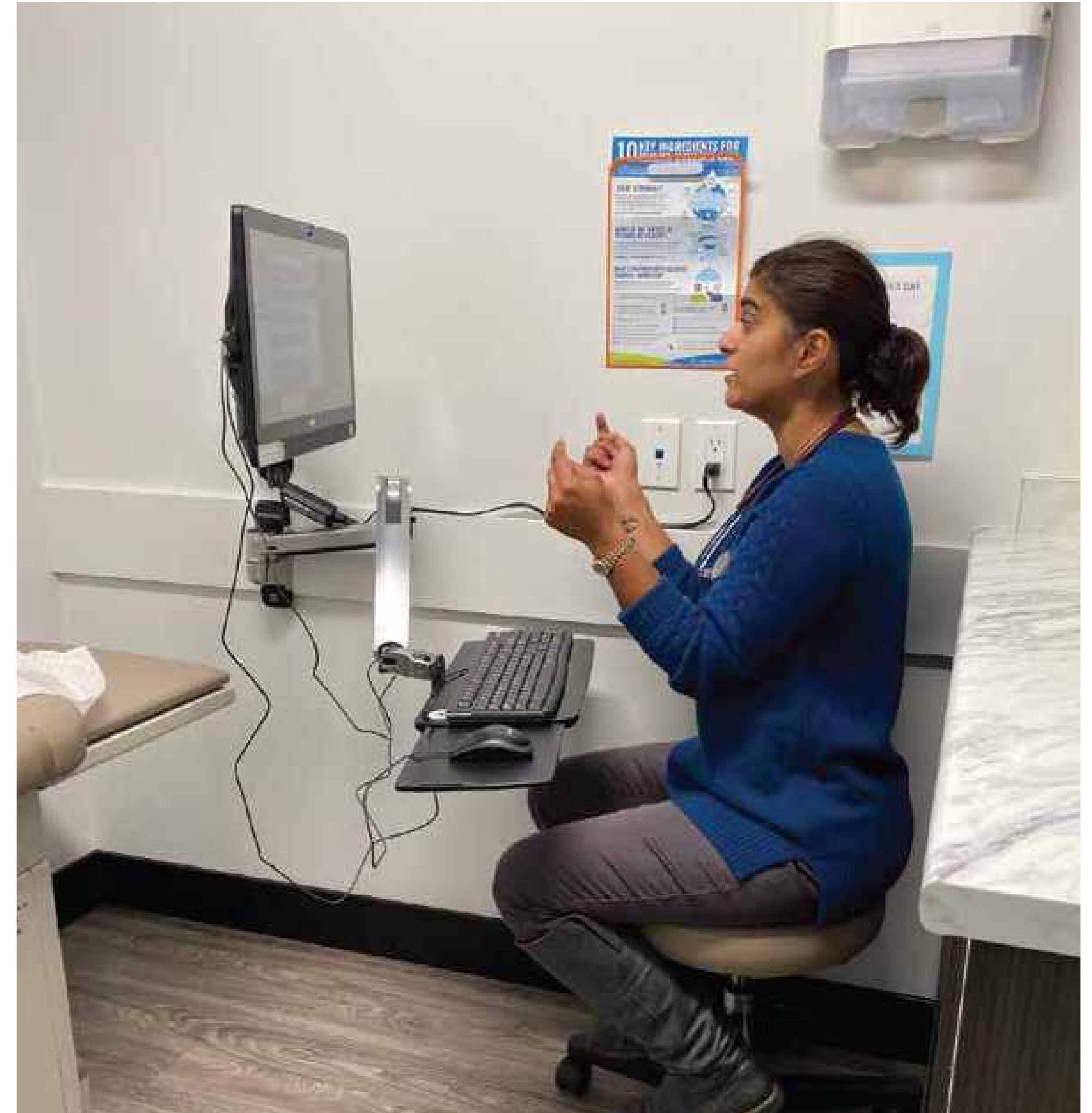


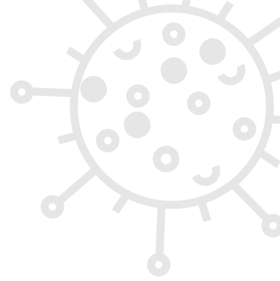
Sitting at home doing telehealth and not laying hands on patients, and talking to people, who are struggling about really deep issues. There are good things and bad things, but right now, it feels pretty heavy...

The lack of connection between primary care and the rest of the health system was laid bare. Community- based family medicine clinics, operating as small businesses outside of the health authority support network, were left to fend for themselves. The Ministry of Health spent $1.14 million on PPE between January - June 2020, yet many of us were left to source and purchase our own PPE when seeing patients for essential services in our clinics.[14]

When the direction came to re-open our clinics for more in-person care, we paid out-of-pocket to adapt our clinic spaces and increase infection control protocols to keep ourselves, our staff and patients safe. We figured out how to safely expand in-person services so that we could continue the care that our patients needed. We juggled schedules with our colleagues to limit the number of staff in the office and the demand on our limited PPE supply.

When we did see patients in the clinic, we donned necessary protective gear to protect ourselves and our patients. We worked with itchy masks and foggy glasses – and sweat under our gowns. Beyond the discomfort, PPE made care a detached experience, making it difficult to see and express the emotions behind each other's words. It was ill-suited for a profession in which our relationship and connection with our patients are at the heart of care delivery.



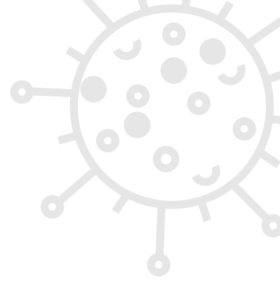


What does it mean to be a physician when your role is now holding the collective grief of our entire society?

No matter what they're coming in for at my clinic, the conversation is all about grief, this milestone, and all the loss.

We'd always provided mental health counselling, but COVID-19 turned family doctors into mental health therapists as patients turned to us for help for their new and worsening mental health issues. The number of patients experiencing difficulty sleeping, worsening chronic conditions, increased use of substances, and other issues as a result of isolation grew daily. As our usual ways of coming together as a community to acknowledge milestones like birth and death were lost, people turned to their doctors for help. Our job as family physicians became one of holding space for patients' loss and grief.

We battled misinformation about COVID-19 along with the virus itself. We cared for people who refused to wear masks in our clinics, requested hydroxychloroquine prescriptions and questioned whether the pandemic is a hoax. We explained the evolving evidence about the coronavirus, its prevention, treatment and vaccine development, and patiently countered conspiracy theories.



The amount of work can be overwhelmingly high ...when it comes to people's lives and the responsibility for their mental health – these months have not been easy.... Even if it's in my own home, there's juggling kids being at home... It's a recipe for disaster. I've practiced for 16 years but I guarantee I won't do so for more than 20.

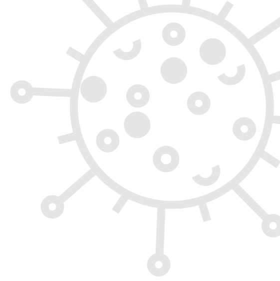
Our community of family physicians was supporting our patient populations through not one, but two public health emergencies. COVID-19 exacerbated the existing opioid overdose crisis. With international supply chains cut off, the street drug supply became even more toxic. In June 2020 alone, overdoses killed 177 people - the highest total ever recorded for a single month in provincial history.[15] Our patients were dying, and we struggled to provide the substance use care that they needed.

Underlying all of the clinical practice stressors was a gnawing fear about bringing the virus home. Many of us slept and ate in separate rooms, if not separate homes. We arrived home from clinic, stripped down and showered before interacting with those we loved and lived with. We updated our wills and had difficult end-of-life conversations with our spouses and parents. We imagined our families without us, then swallowed our fear and went to work. Issues of burnout and mental health distress among family physicians became even more prominent than before.

It's been a lot for family physicians to carry.

And the pandemic is nowhere near over.

What We have Learned



**“COVID amplified things we knew to be true.
The positives – people gathered and built relationships across silos.
The challenges– patients struggling through addictions, marital breakdown. If you had cracks in your eggshell, those became apparent.**

**I’m doing my best to separate my home life from my work life.
There is endless work needed in this province for help.
The tap doesn’t get turned off because the need turns off; it’s just that I’m done. The biggest thing is the sustainability of family practice.**

BC Family Doctors believes it’s not too soon to begin learning from the pandemic. We saw family medicine clinics transform their practices quickly and safely to meet patient needs, with minimal support or funding. We proved that our capabilities are vast, that we are ready and able to do what it takes to serve our patients. Imagine what our community-based clinics could do with the appropriate infrastructure support and resources.

We do not yet know how long this pandemic will last or what toll it will take, locally or globally. The challenges of delivering primary care within potentially undulating waves of COVID-19 will have impacts that we are only beginning to understand. What we do know is that the pandemic has intensified both the positives and negatives of family medicine. Understanding both can help us reimagine a better future for family physicians.

WHAT WE WANT TO KEEP

Family physicians and the entire health care system quickly pivoted the delivery of healthcare during the pandemic. Many positive changes emerged. We cannot go back to the way things were in family medicine or in healthcare at large. Here are a few of the things we heard from our conversations with family physician leaders regarding what we want to keep after COVID-19.

1. Collaboration and Community

Physicians worked together in local communities and online spaces to determine how to deliver care during the pandemic. Our increased connection and teamwork helped our patients to receive the care they needed.

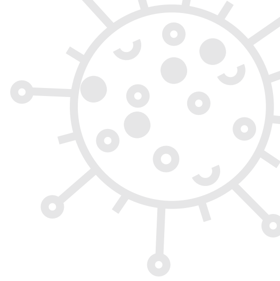
People came together at all levels of the health care system. Collaborations happened between family medicine clinics, Divisions of Family Practice, Doctors of BC, BC Family Doctors, health authorities and the Ministry of Health. A new sense of teamwork enabled decisions and actions to happen quickly. We need to keep and build on these collaborative relationships to improve primary care in the long-term.

“What gave me the most hope during COVID is people from Ministry of Health, Divisions, health authorities, others, came together quickly. Decision makers were brought to the table, roadblocks and barriers were being pulled down... Why do we need a global pandemic to bring us to a place where we can show our collaborative creative ability? Why can’t we have a permanent approach to problem-solving where barriers are proactively brought down and a solution-minded approach is the norm?”

2. Virtual care

Barriers to providing virtual care fell within days as family physicians adapted to telemedicine. We saw that the system could adopt new technologies and make improvements to fee schedules quickly.

We need to hold onto and accelerate the enablers to virtual care, including appropriate remuneration. We need system supports that recognize that virtual care is safest and most effective when used within a longitudinal physician-patient relationship.



3. Access to Specialist Care

The transition to virtual care improved access to specialist care. Patients who might normally be on a wait list for 18 to 24 months after their referral found themselves with appointments within weeks in some cases. This improved access to virtual specialist care is especially important for those in rural areas. Many times, rural patients and families need to travel many hours, often in inclement weather conditions, in order to access secondary and tertiary care.

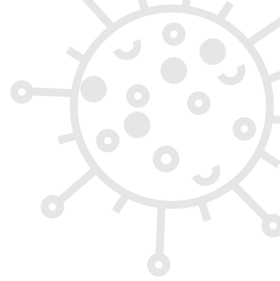
The pandemic has shown us that physicians can effectively utilize virtual care modalities for initial consultations and follow-up care for some health conditions. We need to maintain this access and improve it further by exploring innovative models for collaborative virtual care services, involving both the family physician and consultant.

4. Recognition of the Social Determinants of Health

COVID-19 amplified the inequities in our society. People living in vulnerable circumstances have been the hardest hit. The opioid crisis, housing crisis, systemic racism-all have come to the forefront and need to be addressed.

Throughout the pandemic, we have seen people working together to address many of these, from cities finding temporary housing for the homeless to establishing a safe drug supply.

We need to continue to develop co-ordinated policy responses that address inequities in our society and recognize the role the social determinants of health has in supporting people’s health and well-being.

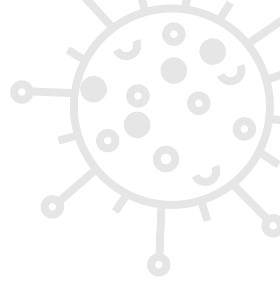


5. Valuing Primary Care and Family Physicians

Public appreciation and recognition of the challenges facing family doctors and other frontline healthcare workers has been heartwarming. The 7 p.m. cheer allowed us a brief moment to pause and reflect each day. Beyond appreciation, the pandemic has accelerated investments in resources to support the mental health and well-being of healthcare workers who were struggling with overwork and burnout long before COVID-19 began.

There has been growing acknowledgement of the value and importance of primary care. We need ongoing recognition, investment and support of primary care and for the role family doctors play as the foundation of our healthcare system. We need to continue to acknowledge the humanity behind the masks and gowns beyond the end of the pandemic.

For the first time I felt like I was part of a society and a movement. The great majority of citizens understood their personal behaviour had collective consequences.



WHAT WE WANT TO LET GO

In the last few years, the health needs of patients and the healthcare system have become more complex: chronic disease management; Special Authority forms; working with a complicated fee schedule; increasing overhead costs; and pay disparity between family doctors and other physicians. The pandemic has aggravated these and other challenges for family physicians and put the sustainability of family medicine clinics at risk.

Here are a few things we would like to see go as we emerge from the pandemic:

1. Lack of Funding and Support for Family Medicine Clinics

The costs of doing business increased during the pandemic, but the fixed fee values of the Fee-For-Service funding model did not. Temporary fee code changes created the ability to deliver care virtually however, family medicine billings dropped as costs rose.

Family medicine clinics were not given the same resources and supports during the pandemic as health authority-operated facilities. These clinics are a key part of BC health care infrastructure – it is time to fund and support them as such.

I need a reliable and sustainable work/life balance that can withstand the ebbs and flows of crisis. We seem to be always in crisis in family practice and this pandemic has simply increased it. We cannot continue to fight and exist in a crisis-like world where it feels like the system's job is to erect barriers to the provision of care.

2. Vulnerability of Mental Health Care

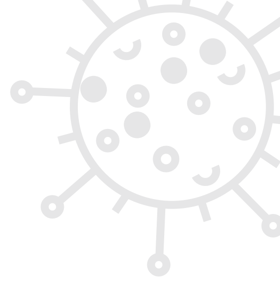
With the rise in mental health issues during the pandemic, the lack of accessible mental health resources and supports was made evident. Patients with pre-existing mental health concerns needed increased support from their family physician, and patients with new concerns struggled to access mental health care outside their family doctor's office.

COVID-19 highlighted the importance of mental health and the need for publicly-funded mental health care. The artificial division of physical and mental health care in health care funding must end. We need to expand mental health services and supports within family medicine clinics and throughout the BC health system.

3. Administrative Burdens

Physicians are spending hours every day doing work that takes them away from the provision of clinical care. The growing volume of paperwork, regulatory and charting requirements keeps us up late at night after our children are asleep. Saturday nights have become date night with the EMR.

The need to work around the system has created excessive demands on our time. During the pandemic, this has included learning new billing rules, creating COVID-19 Safety Plans, and navigating through closures of many health services. Reducing the administrative burdens can help us work to the full scope of our practice and resume providing quality patient care and doing the work we love.



When mom's at the hospital and dad's running the office ....
Guess what? They get screens. Yup, gasp, it's true.
And they all huddle together and entertain themselves, pets included.
Hopefully they feed themselves too.

4. Burnout and Moral Distress

An increased workload, blurred lines between home and work, longer work days, and loss of control over patient care – these struggles have all been exacerbated by the pandemic. Family doctors are exhausted and reaching burnout. We need time to hit 'pause' and iterate on what we've learned. We need to prepare for what comes next.

The issue is more than exhaustion, it's about heartbreak. We are distraught by providing care that is less than what our patients need. We bear witness to events that cause patients harm. We see missed diagnoses as our patients delay seeking care due to fear of exposure. We are unable to access care for our patients due to health care closures and deferrals. Both before and during the pandemic, we live with the challenge of knowing what our patients need, but being unable to provide it due to constraints that are beyond our control.[16] We suffer from moral distress as we lose hope about our ability to deliver quality care in a broken system.

A DAY IN THE LIFE OF A BC FAMILY DOCTOR

6:17 AM
Time for
breakfast

Off to do
hospital
rounds

Arrives at
clinic
to see
patients

Phone &
video calls
with patients

5:35 PM
Going home

Play time
with the
kids

Late night
hospital
admission

10:17 PM
Finally home,
changes clothes
in garage

11:40 PM
Exhausted,
time for
bed

Watch the full story in the Highlight section of our Instagram:

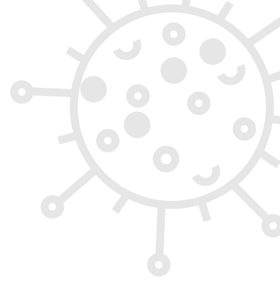
Making Family Practice Sustainable

Family medicine has changed to something that nobody ever thought it was. I think our entire structure of supports for family medicine is inadequate for what we're expected to do, whether COVID or not.

COVID-19 has shone a spotlight on the cracks of a fragile primary care system. It's highlighted how hard family physicians were already working and how little slack was available in the system to cope with pandemic or any emergency response. We can't go on this way.

Now is the time to start shaping the 'next normal' for family medicine, to build a stronger, more sustainable primary care system. Throughout our series of conversations with family physicians, it became clear that what's needed for a better future for patients and for family physicians, is to humanize the healthcare system.

We need to meet family doctors' foundational physical and mental health needs. We need to establish basic employment standards for our working environments, such as lunch breaks and sick days. We also need to fulfill some of our more aspirational needs, to rediscover purpose and meaning in our professional lives. In doing so, we can make the system of care better for our patients and for ourselves.

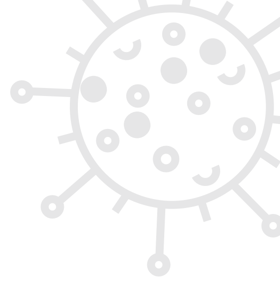


We need to humanize the system. Right now, the expectations are that we can do everything, that our time is not our own. That it's okay for us to work ridiculous hours. That we're X-Men. We need to put our own humanity as a first priority. We need to meet our foundational needs. Work reasonable hours. No busy work. Have a team and resources to support our work. Be respected, not exploited. Fair remuneration with reasonable contracts or different payment models.

To provide a means to restoring humanity to healthcare, BC Family Doctors created the Physician Medical Home framework. It depicts a comprehensive approach to supporting the hierarchy of needs that physicians have as healthcare providers and as human beings. Just as patients need a Patient Medical Home, so too do family doctors, who 'feather the nest' and create the home that is the longitudinal patient-physician relationship. It's about recognizing that patients and physicians need, and together make, a medical home.

The foundation of the Physician Medical Home is about our own health, providing physicians with a reasonable balance between our personal and professional needs. There is time off for self-care and rest, for family and friends, and for restoring and supporting our own mental and physical health.

Both individual and systemic factors affect physicians' health. Our individual resilience as physicians is not the issue. A respectful culture and equitable working environment are required for our health and well-being, just as they are required for our safety and security.

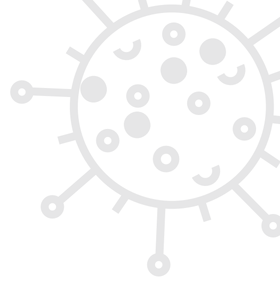


THE PHYSICIAN MEDICAL HOME

ASPIRATIONAL

FOUNDATIONAL

Level	Description
AGENCY	Connection to purpose, leadership opportunities, ability to improve the system
RESPECT	Recognition of the value of family physicians and primary care
COMMUNITY	Collaboration and connection with other physicians and stakeholders
PRACTICE SUPPORT	Tools and resources to deliver patient care
SAFETY & SECURITY	Physical and psychological safety, fair working conditions
HEALTH & WELL-BEING	Supports for physical and mental health



A move towards an understanding that like teachers have limits on the hours in their day, no free work, limited class sizes, etc... we as doctors have limits too, and those need enforcement for us to continue to work and for patients to receive safe care.

The Physician Medical Home identifies the need for a safe and respectful workplace which provides physical and psychological safety, free from violence, verbal abuse and discrimination. The provision of fair working conditions provide improved security. Like other health care staff, doctors need regular breaks during the working day, and the ability to access paid overtime, sick days, vacation and health benefits.

There is income security and appropriate compensation that reflects the full scope of longitudinal patient care. It's having the ability to spend the time needed with our patients to care for their health issues without being bound by limiting compensation models. There is also an acknowledgement and addressing of the gender pay gap that exists across all physician specialties.

Like the **Patient Medical Home**, the Physician Medical Home acknowledges the need for practice support and the structural enablers of care. It provides physicians with the tools to do our jobs, including team supports, physician networks, and training. We can use virtual care as a complement to in-person care to improve patient access within an established patient-physician relationship. We have the technological and infrastructure supports to create comprehensive, coordinated, longitudinal care that works for our patients and our practices. The Physician Medical Home reduces burnout by creating an optimized care environment where physicians can put the needs of patients first, as we took an oath to do.

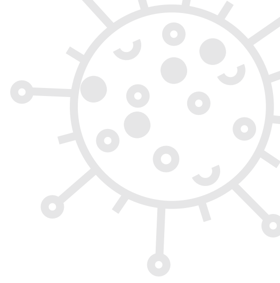
It emboldens connection and cohesion among family doctors, between family doctors and other specialists, and with allied care providers. We support each other and build safe spaces to share and problem-solve. We work together, between physicians and physician-led organizations and with health authorities and the Ministry of Health, tearing down barriers and building functional partnerships to lead system-wide changes.

The Physician Medical Home acknowledges the value of primary care and the foundational role of family physicians in the health care system. Family physicians are respected and remunerated as specialists in primary care who are skilled clinicians, patient advocates and health care leaders.

The aspirational needs of physicians are at the pinnacle of the Physician Medical Home. Family physicians want to connect to purpose and meaning in our work. We want to remember the joy in patient care, to have the chance to fall in love with the practice of medicine again. It's an environment where we can truly thrive, not just persevere. We are looking for opportunities for leadership, to have a voice and a seat at decision-making tables. In this Physician Medical Home, we can advocate for change and improve the system of care. It's about making a difference in the lives of our patients. It's why we became doctors.

Every practice has space for new patients. That attachment and access for all patients across BC to a practice/patient medical home becomes a reality. That practices and infrastructure supporting practices, including teams, supports the kind of 2020 care that patients in every corner of the province deserve.

Family Medicine in Crisis



The problem is not the next coronavirus surge but the fact that the very foundation of the primary care system is beyond fragile now.

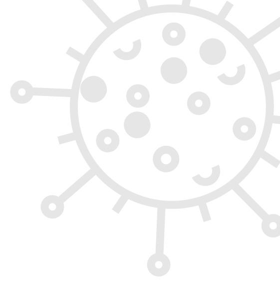
Family physicians were already overworked and undervalued before COVID-19 came along. We were working under pressure in a primary care system that had limited capacity to cope with emergencies, let alone a global pandemic. Now, more than six months into the pandemic, our professional lives are getting worse, not better.

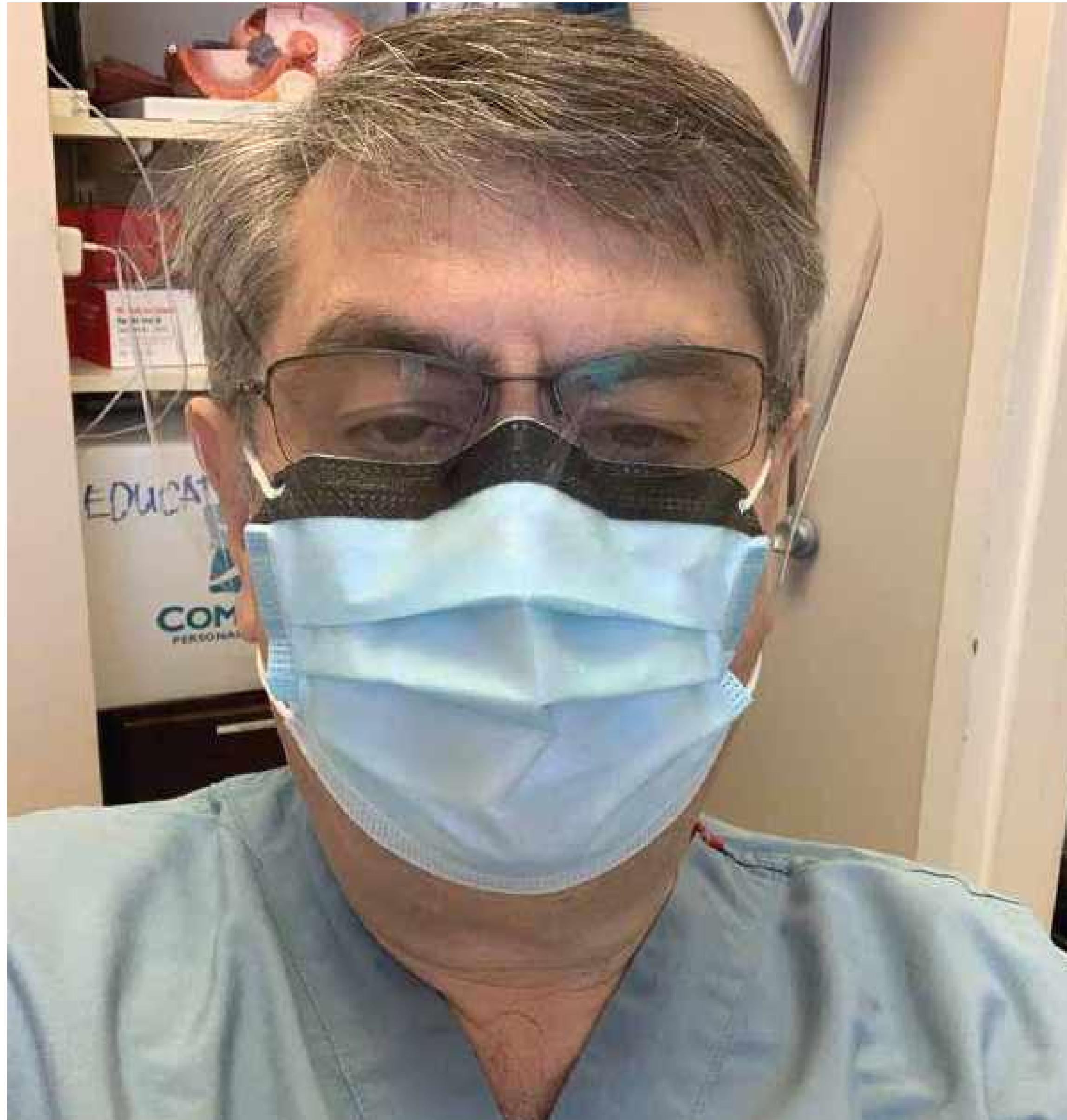
Our patients are our first priority, and we continue to show up for them everyday. They are why we do what we do. But our distress is growing as the demands being made on us by the healthcare system increase, without the needed support to be able to meet those demands.

Primary care and family medicine clinics remain siloed from the rest of the healthcare system. The majority of community-based family medicine clinics are not receiving the support and resources that the Ministry of Health and health authorities provide to other health care facilities. We have received little funding or support to purchase PPE, to keep or support our staff, or to adapt our clinic spaces to keep patients safe.

The critical role of family doctors in triaging, providing nonemergency care and caring for vulnerable populations is not being adequately supported.[17] We are the first point of contact in this pandemic. We are coordinating flu vaccinations and back to school COVID-19 assessments. We are addressing mental health and substance use care in the midst of a growing opioid crisis. We are providing ongoing primary care to meet complex needs of our patients.

The sacrifices we are making to meet these demands are taking their toll. We are exhausted, frustrated, angry, resigned. Many of us have never seen morale among our family physician colleagues so low. It's not that we're running on the treadmill, we're falling off it.





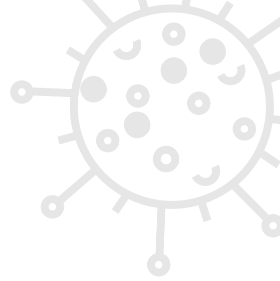
Family medicine is in crisis. We've been here before but not like this.

We are on the precipice. COVID-19 may well accelerate the decline of family medicine. Research shows heavy workload and burnout are commonly cited reasons for retirement.[18] We know that approximately 40 per cent of BC physicians are over age 55 and are expected to retire or reduce their work hours in the next few years.[19] New family medicine graduates aren't filling the gap, choosing hospitalist positions, walk-in clinic jobs or working with corporate virtual care providers, looking for better options than longitudinal, fee-for-service family medicine. Mid-career family doctors, struggling under the burgeoning pressures of COVID-19, are wondering how much longer we can keep going.

We need action now. We need to address the shortcomings in primary care that are leaving so many of us burned out, disheartened and unable to practice medicine the way we want to. If we don't act now, there won't be a primary care system where patients can access longitudinal care relationships with a trusted family doctor. We can't create the kind of Patient Medical Home that British Columbians need if the health care system isn't there to help us meet our own basic needs as primary care providers and as human beings.

Family physicians are the backbone of an effective healthcare system. Our diverse knowledge and unique skill set makes us essential to the very fabric of the primary care system. Our comprehensive scope of practice, along with the long-term relationships we build with our patients and their families, contribute to our high value in the healthcare system. We are our patients' advocates, coordinating their care to ensure their complex care needs are met. We train and mentor future family doctors, participate in research and quality improvement, and provide leadership at the practice, community, hospital and system levels. Despite all this, our value in our healthcare system feels at an all-time low.

Our Promise



Family doctors face the challenge of knowing, but being unable to provide, what British Columbians need in an outdated primary care model. It's time to address the need for stability and sustainability within family medicine.

Immediate supports and reforms are needed to ensure not just an effective response and recovery to the global pandemic, but the future stability of primary care. We are not alone in making these calls for reform. Family physician leaders are releasing similar reports, such as **Primary Care 2025: Capitalizing on Rapid Change to Improve Ontario's Primary Healthcare System**, which calls for connecting siloed healthcare sectors, enabling primary care hubs and team-based care, and funding primary care leadership.[20]

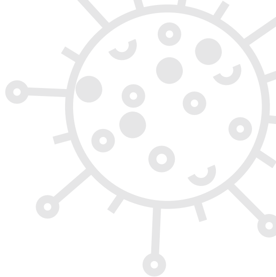
BC Family Doctors pledges to advocate for the needs of family physicians in this critical time. We're here for you. We recognize the tremendous challenges you are facing in delivering patient care, challenges which have only increased with COVID-19. We promise to be your voice, and to speak boldly at the tables of change to ensure your needs are met. We will work to heighten the respect and value of the foundational role family physicians play within our healthcare system. We will work with our partner physician organizations to ensure our broader physician community is working together to tackle the challenges facing us all during and beyond the pandemic. We'll use our voice to make sure nothing about you happens without you.

BC Family Doctors promises to advocate and lobby for:

1. A reliable and funded supply of PPE to ensure you can safely deliver patient care during the pandemic.
2. An increase in support for community-based family medicine clinics to recognize the rising costs of doing business during COVID-19.
3. An increase in funding support and time allocated to family physicians to support people who use drugs in order to mitigate the risks and harms from the dual public health emergencies.
4. The development of a plan to anticipate the backlog of deferred care during the pandemic, so that family medicine clinics are able to 'scale up' to meet the needs of patients and communities.
5. The development of regulatory standards and system supports that recognize virtual care is most effective within a longitudinal patient-physician relationship.
6. The 2022 Physician Master Agreement (PMA) negotiations to address the needs of family physicians

We believe that what we do as family physicians matters. BC Family Doctors will fight for a primary care system that supports us as specialists in primary care. Where family physicians feel seen, heard and valued as the cornerstone of an integrated system of care, connected to purpose and able to do the work that we love.

Appendix: The Physician Medical Home



ASPIRATIONAL

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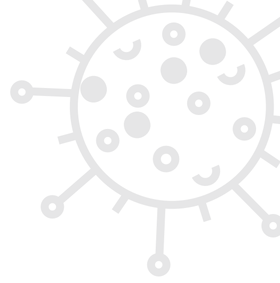
THE PHYSICIAN MEDICAL HOME



The Physician Medical Home includes six levels of physician needs. Each level identifies the specific needs of physicians as human beings, workers, and health care leaders.

It describes a working environment that allows physicians to provide optimal patient care and to create a sustainable primary care system.

1. HEALTH AND WELL-BEING

What It Means: A physician's achievement of optimal health and well-being. The ability to function at full capacity emotionally, socially, mentally and physically. Finding resilience and joy in practice.

What Family Doctors Need:

- Ability to meet basic bodily needs in the workday.
- More control over workflow. Time off for self-care and rest, for family and friends.
- A change in the physician culture that upholds self-sacrifice as necessary for the greater good, requiring long work days, exhaustion and burnout.

2. SAFETY AND SECURITY

What It Means: The ability to practice in a safe, healthy working environment which includes, but is not limited to, physical and psychological safety, equity, anti-racism, and gender parity. A physician's ability to achieve both physical and economic security, including fair remuneration and benefits.

What Family Doctors Need:

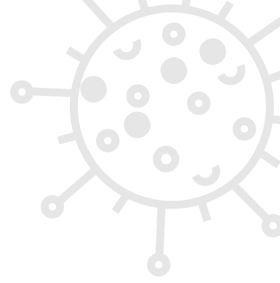
- A safe, healthy and respectful workplace which provides physical and psychological safety, free from violence, verbal abuse and discrimination.
- Income security and remuneration that reflects the full scope of longitudinal care work, including direct and indirect care duties. Equitable compensation with our specialist colleagues that recognizes family doctors as specialists in primary care.
- Fair working conditions with basic employment standards upheld, such a reasonable working hours, regular breaks, paid sick and vacation time, and health benefits.

3. PRACTICE SUPPORT

What It Means: Optimization of the Patient Medical Home where family practices operate at an ideal level to provide longitudinal patient care. Infrastructure and practice management supports to reduce administrative burdens and increase physician time with patients. Models of care and remuneration that offer choice, workload balance, team support and opportunity.

What Family Doctors Need:

- Improved patient access to primary care, consultant care, and other services to ensure equity for all patients in BC.
- Team-based care supports, including social work, nursing, mental health counsellors and other allied health professionals.
- The ability to use virtual care as a complement to in-person care within established patient-physician relationships. Ongoing remuneration for virtual care that remains equivalent to in-person care services beyond the pandemic.



4. COMMUNITY

What It Means: Connection and cohesion among family doctors, between family doctors and other specialists, and with allied care providers. The building of coalitions amongst partner organizations and with patients as allies to support a strong healthcare system.

What Family Doctors Need:

- Support for community spaces and organizations for family physicians in order to build connection, share, and problem-solve together.
- Collaboration and community-building at all levels of the health system, including partnerships between physicians, physician-led organizations, health authorities, and the Ministry of Health.
- Generation of new relationships to improve primary care with patients, health professionals, and community groups working together to address community health needs.

5. RESPECT

What It Means: Acknowledgement and appreciation of a physician's role in care delivery, patient advocacy and as team members. Fostering of mutual respect and empathy between physicians and patients. Recognition of family doctors as specialists in primary care.

What Family Doctors Need:

- Increased acknowledgement of the value of primary care.
- Investment and support from government, physician organizations and the larger community for family physicians' role as the foundation of the health care system.
- Recognition of family doctors as specialists in primary care.

6. AGENCY

What It Means: A physician's connection to purpose and meaning in their work. Opportunities for leadership and service to our patients and communities. The ability to influence and improve care delivery from an individual and system level.

What Family Doctors Need:

- Training, resources and support to engage in medical leadership to improve health care delivery.
- Opportunities to work collaboratively with other system leaders to influence policy, planning and large-scale system change in BC health care.
- Commitment from all stakeholders to build a primary care system where family physicians thrive as the cornerstone of an integrated system of care.

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