

FAQs for Family Physicians

The Divisions of Family Practice is an initiative of the General Practice Services Committee, a joint committee of the BC Ministry of Health Services (MoHS) and BC Medical Association.

Divisions of Family Practice are affiliations of family physicians with common health care goals and/or in the same geographic area of BC. This initiative was designed to increase family physicians' (FPs) influence on health care delivery or policy and provide personal and professional support for physicians. It gives physicians a stronger collective voice and more impact in their community while helping them work together to improve their clinical practices, offer comprehensive patient services, and influence health service decision-making in their community.

The following frequently asked questions are provided for family physicians interested in learning more about Divisions of Family Practice and how they are developed.

How does a Division of Family Practice work?

A group of family physicians negotiates and signs a Document of Intent (DOI) with the GPSC, their local health authority and the MoHS Medical Services Division (the partners) that outlines how each partner supports the Division of Family Practice and each other.

The partners also negotiate which important issue will be addressed first. The Ministry and HA provide the Division with community data (demographics, community health status, percentage of patients receiving recommended care) to assist in identifying health service gaps and developing plans to address them. A Division may take advantage of existing GPSC or health authority programs – such as maternity care networks, integrated health networks, the enhanced access primary health care services network or the residential care network – or to develop new ones.

Although there are some basic common elements to all Divisions, others – such as family physician involvement in the local hospital – are determined by Divisions members to reflect local issues.

As Divisions mature, they may take on additional responsibilities such as:

- ensuring comprehensive primary health care for community residents
- facilitating administration for Division members
- facilitating integrated care with specialists
- exploring integration with mental health and addiction services, palliative care and residential services as well as with community organizations.

Why would I want to be part of a Division of Family Practice?

Participating in a Division in your community offers a number of benefits, including:

- enhanced provision of full spectrum primary care as a collective responsibility
- greater impact on the organization of local/regional health services around your practice
- improved access to health authority and specialist services
- increased ability to advocate for the needs of patients and for yourself and your colleagues
- on-going support from peer networks as well as physician health and wellness programs
- shared efforts for recruitment, retention and locums
- more support from colleagues in caring for complex or unattached patients
- reliable assistance with duties historically falling to call groups, e.g. scheduling, meeting organization
- strong financial and practice support for information technology programs and pilot projects. For example, a Division can provide support for its members in technology-based Communities of Practice, including negotiating contracts with EMR vendors.

Who is eligible to form a Division of Family Practice?

Membership in any Division of Family Practice is open to all FPs with common goals and/or in the same geographic area. To form a Division, family physicians must:

- currently be discussing common issues impacting patient care in the community
- be interested in working as partners with their health authority (HA) and the GPSC
- have a practice or participate in a network that provides comprehensive care.

Each Division should have the participation of the majority of family practitioners in its community.

How does a Division integrate with other health services?

A Division of Family Practice works with its local health authority and community agencies through a Collaborative Services Committee (CSC), co-chaired by both a Division and an HA representative. The CSC develops and implements solutions to issues facing the delivery of health services at the community level across the continuum of care. Any initiatives requiring additional funding will require the support of the Division, local health authority and the MoHS.

For example, the CSC members may identify that the largest issue facing the partners is unattached patients. Data is used to understand the scope of the problem and to determine which patients are the highest priorities, and how the partners will assign care providers to them. Costs of the proposed solution is then examined by the partners. The health authority may agree to provide physicians with access to nurse practitioners and the MoHS may agree to provide the Division with a contract to offset the additional costs associated with attaching additional patients to Division members' practices. Over time, the CSC will track the progress towards the Division's goal.

Why would a health authority support a Division of Family Practice?

The major reasons for health authorities to support Divisions in their area are:

- to improve ability to connect and partner with family physicians, who have the greatest clinical influence over the health of the population
- to enhance coordination across the continuum of care
- to provide the ability to partner on solving regional problems e.g. hospital coverage, unattached patients
- to enhance ability to provide inter-disciplinary clinical support to family physicians.



What is the role of the regional health authority?

The health authority's role is to:

- co-chair the CSC (VP or executive director)
- remove systemic barriers to improved care and system sustainability
- provide regional, in-hospital and emergency department data while respecting patient privacy
- provide practice and change management support
- provide evaluation support.

What is the role of the Ministry of Health Services?

The Ministry provides:

- funding to prototype new models of care
- data including individual practice profiles and overall Division profiles.

What is the role of the GPSC?

As well as providing oversight through the Executive Lead position, the GPSC provides:

- annual infrastructure funding
- clear guidance on the Division of Family Practice structure and policies
- access to additional GPSC initiatives
- support through family practice initiatives including the Practice Support Program
- funding for multidisciplinary care and improved specialist interface.

How are Divisions of Family Practice funded?

Annual funding for basic facilities and the operation of each Division is provided by the GPSC and is calculated based upon the number of physicians in the Division. These funds can also be used to cover physician attendance at planning meetings. Additional funding for special clinical programs or other initiatives undertaken may be available separately from the Ministry of Health Services (MoHS) and/or from the health authorities, as agreed upon by the Division partners.

What is the timeline for new Divisions?

Three prototype Divisions have been established: Abbotsford, Prince George, and White Rock/South Surrey. Discussions are also taking place with other interested communities and it is estimated that about ten Divisions will be developed by the end of 2009. If successful, additional Divisions will be established across the province.

What kind of governance structure does each Division have?

Each Division will be a non-profit society. This involves a relatively simple and straightforward development process which will be heavily supported by the Divisions provincial staff. A prime benefit of the society structure is that it allows Divisions to hold service contracts.

Why does the BCMA support Divisions of Family Practice?

The Divisions of Family Practice developed as a direct response to FP requests for quality improvement and practice change support. These two organizations recognize that Divisions can:

- revive the professional community of family practitioners
- enhance the profile of family practice to the public and to medical students
- provide a regional infrastructure for clinical teaching of family medicine to medical students and family practice residents
- provide an infrastructure for FPs to interact with health authorities, community resources and others.



Why does the Ministry of Health Services support Divisions of Family Practice?

The goals of the Divisions support the Ministry's commitment to:

- ensure each British Columbian has easy access to good primary health care
- better understand, plan and provide integrated, coordinated care
- connect community supports with professional services in family practice
- accelerate integration of health authority services with primary health care
- improve the transfer of patients between hospitals and the community
- de-congest emergency rooms and reduce hospitalizations and re-hospitalizations
- better attend to the needs of patients in hospital and residential facilities
- improve GP recruitment, retention and engagement.

Are there similar models in use in Canada or other parts of the world?

Yes, there are similar models in the United Kingdom, Australia and New Zealand. BC's approach is somewhat influenced by the UK and Australia experiences, but more closely parallels current BC collaborative projects such as the BC Maternity Care Networks.

Evaluations of other models identified a number of policy decisions that weakened their effectiveness and has influenced the model developing here in BC:

- the FP organizations did not include improved patient access, health outcomes and physician professional satisfaction among its ultimate goals
- they operated in competition, rather than in alignment, with the regional health authority delivery system
- they did not consider their community and local government as partners.

Where can I get more information?

Visit the GPSC Divisions of Family Practice website at:
www.bcma.org/divisions-family-practice

Brian Evoy, Executive Lead

Divisions of Family Practice

Email bevoy@bcma.bc.ca
Direct 604.638.2880
Cell 604.218.5476
Fax 604.638.2920
Toll-free 1.800.665.2262