

## Divisions of Family Practice—regional groups quickly solving problems at the community level

**T**he Divisions of Family Practice initiative—launched about a year ago—now has five communities with active participation, each with an established division, with discussions underway in another 20 areas of the province. These affiliations of family physicians with common health care goals or in the same geographic area (or both) will create a stronger collective voice and more impact in their communities to enhance patient access to primary health care.

There are several phases for a community to move through to create a division. Physicians lead the way, holding numerous discussions about their own community's needs and developing plans—or service agreements—to outline the services each division will deliver. They are working with the health authority, the Ministry of Health, and other health service agencies.

Our small team based at the BCMA has outlined the process to create a division and provides financial and staff support for each step in the journey. The province's health authorities are also supporting divisions in their communities.

Even with structure and process, our goal is to ensure that each community group has the flexibility to develop its division according to its community strengths and requirements. For example, although Chilliwack and the south Okanagan each faced different issues and unique circumstances, each was able to develop its plans according to its own needs.

Chilliwack faced a wave a resignations of family physicians from Chilliwack Hospital, threatening its Doctor of the Day (DOD) program. A small group of FPs came together

quite quickly and worked to revise the program and encourage their colleagues to stay on at the hospital by reworking the patient assignments.

Dr Scott Markey saw the divisions opportunity as a way to expand on this work, encouraging FPs to develop programs to meet a variety of needs based on what they learned from the community while working to avert the DOD crisis. His small group outlined other possible programs, which they were ready to share with all FPs in Chilliwack in the spring. The results surprised him.

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“Six months after our potential crisis, the revised program was working well—and many of the doctors felt that other programs weren't necessary,” says Dr Markey, now the physician lead for the Division of Family Practice in Chilliwack. “We're going back into discussions and will involve more of the local doctors before further developing other ideas.”

Penticton also faced threats to its DOD program, which had been in place for years and had grown “rather organically, with everyone supporting everyone,” according to Dr Jeff Harries, physician lead for the Division of Family Practice in the south Okanagan. The threat was imminent—involving changes to pay structure for a specific group of physicians—and it would undermine the DOD program

to the point of collapse. A solution was required within weeks in order to keep FPs in the hospital providing continuity of care for patients.

“We fast-tracked the divisions process and moved from one DOD program to another, still meeting our own needs as well as those of our patients and the hospital nurses,” says Dr Harries. “It's actually better because our office days are still intact but we're on site at key times of day to facilitate care and decision making.”

Dr Harries credits the divisions structure and team as being essential in getting the right people to the discussion quickly when time was short. That has created momentum and a core group that is ready to explore other options, such as urgent care options in residential care settings.

Being involved in creating a Division and working with the team has helped everyone better understand who all the players are and what the possibilities are to improve care locally,” he says.

Both Divisions are working to engage physicians and other health providers in moving forward to ensure their programs meet community needs, as well as helping FPs find greater professional satisfaction. Both groups have had some success, and with the support of the GPSC and the Divisions team there is renewed optimism for working together.

The Divisions of Family Practice initiative is sponsored the General Practice Services Committee, a joint program of the BC Medical Association and the Ministry of Health Services. For more information, please visit [www.divisionsbc.ca](http://www.divisionsbc.ca).

—**Brian Evoy, PhD, Executive Lead, Divisions of Family Practice**