Facility Engagement: Relationships drive change

The Facility Engagement Initiative continues to gain momentum with 69 hospital-based physician groups now organized and leading more than 500 projects across BC. So what is energizing this activity?

Mainly, it's relationships. My father, who was an obstetrician, worked at the tertiary care teaching hospital in Edmonton. He used to say he would not infrequently see Dr Snell—the CEO of the hospital at the time—in the hallway. If there was an issue to discuss, the two of them would just talk about it.

Today, doctors may never see the CEO or other senior executives. There's not a one-on-one relationship anymore, for a variety of reasons. The pressure on resources, staff, and the whole system is so much greater. We can't expect to be able to stop Dr Snell in the hallway and talk to him about our issues.

As a result, for the past few decades, physicians have felt that they've lost their voice. They are not always asked about critical decisions that impact patients. When concerns arise, often physicians don't know whom to contact in the health authority structure. After asking the same question over and over, nothing changes, and they stop engaging. I experienced this personally, and have heard it consistently in surveys and interviews with hospital-based doctors.

That's why we introduced Facility Engagement. It specifically aims to remove this barrier that doctors feel so discouraged about. It encourages health authorities and doctors to talk to each other and build relationships, and gives physicians time and more opportunity to influence decisions affecting their workplace and patient care.

We're optimistic that Facility Engagement is creating an environment for change, but it will continue to take effort on the part of physicians and health authorities.

How will we know if it is working? When doctors are able to prioritize the issues most important to them and discuss them with the health authority, and say, "We're organized now. We'd like to be involved." And when the health authority comes to physicians to ask for input about their 10-year plan or important clinical decisions before they make them, and says, "We should talk to these doctors. They know what they're doing."

That doesn't mean that every doctor will get what they want. But if physicians have a chance to weigh in and be involved, we will make some progress.

We also realize that doctors need to do a better job of talking to each other about their issues. Through this initiative they are doing more of that, and I hear they are enjoying it.

In my previous role as head of surgery, my colleagues and I agreed to reallocate some OR time from one surgical service to another, based on information that we discussed openly. The group that gave up the OR time realized it was not right that cancer patients from the other service were waiting longer than their own patients who had less-serious problems.

Supported by good information, we simply talked, and our patients benefited, which, in the end, is the whole point.

Facility Engagement is sponsored by the Specialist Services Committee, one of four committees representing a partnership of Doctors of BC and the BC Government. Read more about Facility Engagement progress at www.facilityengagement.ca.

—Sam Bugis, MD
Executive Director, Physician and External Affairs, Doctors of BC

PVD: It's not in your head

On 6 October 2017 the Women's Health Research Institute (WHRI) in Vancouver located on the BC Women's Hospital campus helped to launch an awareness campaign titled #ItsNotInYourHead. This campaign, championed by Dr Lori Brotto, a women's health researcher, clinician, and executive director of the WHRI, centres on a chronic genital pain condition called provoked vestibulodynia (PVD).

PVD is a type of localized vulvodynia (pain in the vulva). The estimated prevalence of this condition is about 12% in the general population and approximately 20% of women under the age of 19. It is characterized by intense pain provoked with direct contact to the vulvar vestibule (located at and around the entrance of the vagina). This can happen during sex, when attempting to use menstrual products, during physical medical exams, when wearing tight clothing, or even when sitting (to name a few examples).

Many women who live with PVD suffer in silence for years. The average length of time it takes to receive an accurate diagnosis spans 3 to 7 years, and that's with multiple visits to a variety of health care professionals. This is, unfortunately, because PVD is difficult to diagnose based on a physical exam as there is no physical sign of pain, infection, abrasions, or trauma. In addition, most of the symptoms (intense itching, stabbing pains, burning) are similar to those of other common conditions, such as yeast infections. All of these factors often result in women being told that their pain is in their head, which can lead to feelings of isolation, anxiety, depression, and distress.

One way that PVD can be diagnosed is with a cotton swab test:

a clinician uses a moistened cotton swab to lightly touch around the vulvar vestibule. A touch on the woman's thigh is felt but does not provoke pain; a touch on the vulvar vestibule, however, produces immediate sharp, shooting, and stinging pain. Recommending patients to a gynecologist who specializes in vulvovaginal health or sexual medicine is also instrumental to receiving diagnosis.

The #ItsNotInYourHead campaign is bringing attention to evidence-based psychological treatment options for PVD: mindfulness meditation, and cognitive behavioral therapy. The cause of PVD is unknown and likely multifactorial, but thankfully these treatments have shown to be effective in managing pain for many women in clinical trials carried out at UBC and with funding from the Canadian Institutes of Health Research. With the help of a patient collaborator, Dr Brotto commissioned a short video that follows one woman's journey from the onset of PVD through to her diagnosis. The video also describes the findings from the research and lets others who are suffering from the condition know that they are not alone, and that their pain is real.

To learn more about PVD, check out the campaign on Twitter, Facebook, and Instagram at @NotInYourHead17.

Respect in the maternity ward

The anticipation, the excitement, the unknown, and the unrelenting desperation to deliver a healthy baby are shared by every woman in pregnancy. Respect and the opportunity to participate in one's own decisions in childbirth are likely assumed as automatic. But according to the World Health Organization (WHO), that is not necessarily so.

In response to WHO's report on the mistreatment of women during childbirth in health facilities, childbearing women in BC have created a new tool to measure respectful maternity care. WHO conducted a review across 34 countries of documented claims of human rights abuses in childbirth but was left to conclude there is no consensus on how to measure disrespect in maternity care practices. However, the work of Dr Saraswathi Vedam, principal of the University of BC's Birth Place Lab and associate professor of midwifery at BC Women's Hospital, is changing that.

Funding from partners at the Vancouver Foundation, BC Women's Hospital Foundation, and the Michael Smith Foundation for Health Research enabled Changing Childbirth in BC, a community-led research project, and led to the development of the MADM (Mother's Autonomy in Decision Making) scale and MORi (Mothers on Respect index). These tools recently received an Innovation Award from the National Quality Forum. With new tools in place to quantify a patient's experience, this data could now be used to measure current practices and inform new ones.

More than 4000 women across BC were surveyed about their childbirth experiences and reported variations in respect and autonomy during pregnancy depending on their health status and preferences for care, as well as where and how they gave birth. Overseen by Dr Vedam, the project is run through a steering group of women from different cultural and socioeconomic backgrounds. Despite the diversity of the participants, Dr Vedam says they all raised similar concerns.

Women who were dissatisfied with their role in decision making had very low MADM scores, indicating a lack of autonomy. Dr Vedam's research also found women with higher medical or social risks during pregnancy were four times as likely to have low MORi scores, indicating they felt less respected by their care providers. Recent immigrants and refugees, or women with a history of substance use, incarceration, poverty, or homelessness were twice as likely to have low MORi scores. Women with midwifery care reported higher MADM and MORi scores compared with women with just physician care.

—J. Stewart
Senior Director Communications and Media Relations, BC Women's Hospital Foundation

Stories for Caregivers: Finding solace in a social platform

The role of the caregiver is crucial to the physical and mental health of outpatients. However, those providing essential support are often desperately in need of help themselves. There are approximately 1 million caregivers in BC, and research[1] from the Office of the Seniors Advocate indicates that 30% of them feel distressed and, therefore, unable to continue in their caring activities. The research also found that the support available to unpaid caregivers is less accessible now than it has been in previous years. It's estimated that to replace family caregivers with paid employees would cost BC $3.5 billion a year, which would place increased strain on a health care system already under immense pressure.

To combat the issues of distress, anger, and depression within the caregiving community, Vancouver-based Coup Group has created a new not-for-profit social platform: www.storiesforcaregivers.com.

Stories for Caregivers aims to improve the quality of life for family caregivers through emotional support, access to free resources—such as educational videos and webinars—and a website for users to share their advice and experiences.

Dr Yvette Lu, a family physician from Burnaby, also hosts an educational video series called *House Call* on the site. In the series, she visits caregivers and finds practical solutions to the daily challenges they face.

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The creator of Stories for Caregivers, Bannister Bergen, says that nearly 30% of Canadians over the age of 15 care for a family member or loved one, but they receive a lack of attention and support. Stories for Caregivers is there to let them know that they are not alone.

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cme calendar

MOVEMENT IS MEDICINE
Vancouver, 28 Apr (Sat)
Few doctors feel comfortable prescribing exercise to their patients—do you? Movement is Medicine: What's Your Patients' Best Exercise Prescription, is an interactive half-day workshop designed to empower primary health care providers with the skills, confidence, and tools to provide exercise counselling and prescription to patients of all ages. Learning objectives: review evidence for the harms of physical inactivity and benefits of physical activity; understand the Canadian Physical Activity Guidelines for patients of all ages; learn to incorporate the Exercise Vital Sign into your office visits in 1 minute, or less; use simple motivation interview strategies to reframe barriers and enhance behavioral change; is exercise safe? Do I need to medically clear patients for exercise? Learn what the best approach is for your patients with pre-existing chronic disease.Credits: 7 Mainpro+ credits. To register and for more information, visit casem-acmse.org/event/eimc/ or email eimc.ubc@gmail.com.

VULVOVAGINAL HEALTH UPDATE
Vancouver, 3 May (Thu)
UBC CPD is excited to announce the first BC conference addressing vulvar health! We expect a strong regional interest as vulvovaginal disorders are one of the top reasons women seek help from their family doctors. To be held at UBC Robson Square, this unique conference was planned with women's health care providers in mind and will provide education in vulvovaginal disorders. Areas that will be addressed include: vulvar skin conditions, urogenital symptoms of menopause, sexual health concerns, vulvar pain conditions, and recurrent vulvovaginal infections. The focus will be on practical diagnosis and management. Target audience: family physicians, gynecologists, dermatologists, nurse practitioners, residents, medical students. Presentation by invited speaker Lynne Margesson, MD, Geisel School of Medicine, Dartmouth, on Vulvar Ulcers Update and Office Management of Hidradenitis Suppurativa of the Vulva. Conference information, program details, and online registration: ubccpd.ca/course/vulvar-health-2018. Tel 604 875-5101, fax 604 875-5078, email cpd.info@ubc.ca; web https://ubccpd.ca.

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