

Physician networks: Improving practice coverage, patient care, and physician support

Physician networks are connections between doctors that are built on formal or informal relationships. They enable doctors to rely on each other for practice coverage, and to support each other with clinical services to meet the comprehensive care needs of their patients. The supportive, connected nature of physician networks will place them at the foundation of primary care networks as they are built.

In physician networks, GPs can increase their capacity to support patients, access shared team-based care resources, provide peer support for clinical matters, and increase work-life balance. A network can comprise a group of doctors and a combination of relationships: GP to GP, GP to specialist, and patient medical home to patient medical home. Physicians determine the makeup of their networks and decide which services they will collectively provide to best support local needs. Patients benefit from these relationships through increased access to continuous, comprehensive primary care, improved coordination of specialist care, and better access to after-hours care.

Physicians in some areas are already part of a network or on-call group, or are starting networks with colleagues to provide care for specific patient populations, including residential care, maternity, in-hospital, and end-of-life care. In many communities, divisions of family practice are actively involved in (or planning for) the development of formal physician networks with funding from the GPSC and Shared Care. Here are some ex-

amples of how physician networks are enabling physicians to better support each other and their patients.

Division maternity care projects

The division and Shared Care maternity care projects highlighted in the GPSC column in the January/February issue of the *BCMJ*¹ represent networks that enable family doctors, midwives, and obstetricians to provide coverage for patients—and for

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each other. Maternity care provides an example of how networks can be organized in different ways—for instance, the Burnaby Maternity Clinic is a GP-to-GP network, while the South Okanagan Maternity Centre networks GPs and midwives to provide patients with collaborative care.

Richmond Neighbourhood Networks

Richmond is a city that comprises many small, unique neighborhoods, each with distinct socioeconomic, cultural, language, and health care needs. To enhance primary care capacity in these diverse communities, the Richmond Division of Family Practice created Neighbourhood Net-

works²—geographically clustered groups of GPs—with the belief that enhancing support to physicians at the practice level would create parallel effects of enhanced patient experience.³ By fostering and supporting collegial relationships between local GPs, Neighbourhood Networks create a systemic approach to coordinating multidisciplinary care, patient attachment, physician recruitment, peer support, and practice coverage.

The division has created a series of papers outlining what they have learned and recommendations for creating Neighbourhood Networks, which are available on their website.²

Chilliwack Gender Care Network

The Chilliwack Division of Family Practice supports the Chilliwack Gender Care Network, with the goal of improving the quality of care for transgender, two-spirit, and gender-diverse clients in the community. This network consists of a physician and nurse practitioner who have received additional training through the PHSA for hormone readiness assessment, hormone therapy, and surgical readiness assessments. Network members are also members of the Chilliwack Gender Care Committee, which includes patients, parents, service providers, and organizations that work with transgender clients to promote public education and stigma reduction. Visit www.gendersupportnetwork.com to learn more.

Sunshine Coast Addictions Network

The Sunshine Coast Division's Addictions Network consists of GPs, specialists, an addictions nurse, and a pharmacist. The goal of this work is to

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enhance pathways for patients seeking addiction treatment on the Sunshine Coast. The division has sponsored two education sessions for physicians on addiction medicine and is planning to conduct a short research project that will track patients who go to an ER in part due to substance use.

Surrey–North Delta Opioid Agonist Therapy Network

The Surrey–North Delta Division’s Opioid Agonist Therapy Network is a mentoring and support system for family physicians interested in taking on patients who need opioid agonist therapy, with a focus on stigma reduction, trauma-informed practice, and effective buprenorphine-naloxone therapy in full-service family practice.

Victoria and South Island FP Palliative Network

The Victoria and South Island Divisions of Family Practice have col-

laborated to create the FP Palliative Network. This network links together a group of geographically diverse South Island and Victoria physicians who accept unattached end-of-life patients based on referrals from Victoria Hospice and the BCCA Pain and Symptom Management Clinic.

Physician networks are an evolving area of work, and these are just a few examples that have been formed around the province. As work unfolds on primary care networks—including data gathering and evaluation—more information will become available about how connecting GPs, specialists, nurse practitioners, and other care providers through physician networks will help to improve physician experience and patient access to care in communities around the province.

Visit the GPSC (www.gpsc.bc.ca/what-we-do/patient-medical-homes/physician-networks) and the Shared Care (www.sharedcarebc.ca/our-work/spread-networks) web-

sites to learn more about physician networks.

— **Afsaneh Moradi**
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