



Physician health and wellness is about to get a whole lot more robust

I made a private commitment to myself as I took on the Doctors of BC presidency in the middle of the pandemic: I wanted to do everything in my power to make sure that every one of us saw it through safely to the end. My main fear was not casualties from COVID-19; instead, I feared burnout, fatigue, mental health issues, and substance use would take their toll.

Even before the COVID-19 pandemic, physician wellness was an issue requiring attention and support. With the added stressors on physicians and their families during the past 18 months, the need has increased exponentially. Since 2019, BC's Physician Health Program (PHP) has seen a 58% increase in the number of physicians seeking help and a 37% increase in case complexity. In a recent sample of acute care physicians in BC, colleague Dr Nadia Khan found burnout rates as high as 71% in women and 64% in men. And a recent Ontario Medical Association survey found that 74% of physicians and trainees are experiencing at least some degree of burnout.

In October 2020, the Canadian Medical Association announced the Physician Wellness+ Initiative, which directs funds to address the health and wellness needs of physicians and medical trainees across the country. Included in this distribution of funds, Doctors of BC's PHP was allocated \$1 million over 4 years to identify gaps in existing wellness services, to enhance or develop new services and programs to address those gaps, and to ensure future needs are met. The PHP, in partnership with and with additional funding from the Joint Collaborative Committees, will focus on physician health and wellness and develop a number of programs to assist BC's doctors at local, regional, and provincial levels.

Physician wellness network

We know that reducing burnout and supporting physician wellness are essential, so the physician wellness network will offer ongoing opportunities for communication, networking, and collaborative gatherings for doctors involved with MSAs, divisions, public health, and UBC's resident doctors, among others, to share ideas, successes, and challenges, and to strategically align activities that support physician wellness.

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Cognitive-behavioral therapy (CBT) skills training

So that physicians can better support their patients with mild to moderate mental health issues and use CBT skills for self-care and to communicate with colleagues and within teams, the Shared Care Committee will be offering a CBT skills training program over a period of 8 weeks plus 2 half-days. When the PHP piloted a physician-specific cohort in the fall of 2020, it was so popular that more than 170 physicians expressed interest, despite there being only 15 spots available.

Physician peer support network

Given the abundance of literature that shows the effectiveness of physician peer support to foster a caring medical community and culture where physicians feel at ease seeking and offering help, the PHP will be training physicians across the province to deliver one-to-one emotional peer support. A consultation with local divisions, MSAs, and other physician organizations is taking place to help determine the best approach.

Expansion of PHP family doctor connection service

It's not just our patients who deserve their own family doctor; physicians do as well. The PHP will be engaging with divisions of family practice to increase the capacity to attach physicians to their own personal primary care provider.

The CBT and peer support programs are in the early stages of planning and development, and prototyping is intended to start this fall.

I will not pretend that these initiatives on their own will restore our health and wellness. I have heard from many colleagues about the systemic problems, under-resourcing, understaffing, increasing complexity, and heavy burdens placed upon you. I experience these too.

However, by making physician health and wellness a top priority, we shine a light on an important issue, we make systemic changes possible, and we start to tackle intangibles such as toxic workplace cultures that contribute to burnout, fatigue, and distress. By putting a greater emphasis on our own wellness needs, we also set an example for our patients and society.

And what of my commitment that we all make it through to the end? We have indeed lost some colleagues along the way, though none

PRESIDENT'S COMMENT

were physicians who contracted COVID-19 in the line of duty. The factors contributing to these losses are complex, but I would like to think they also galvanize us to make things better. I am bolstered by the news that we have welcomed many new colleagues into our profession; the number of BC doctors has actually grown during the pandemic. People have joined us from different provinces and different countries; they are from different backgrounds and have many different experiences. They bring with them valuable ideas, innovations, and an abundance of energy that can only contribute to the value of our BC physician community. ■

—Matthew C. Chow, MD
Doctors of BC President

EDITORIALS

Continued from page 318

the spread of that communicable disease. When other people's lives and health are at stake, personal privacy needs to take second place to public safety.

A person can choose to live off the grid and lose out on the conveniences afforded to those of us who choose to use cellphones and the Internet. Likewise, a person can choose to remain unvaccinated, but then they should lose out on certain freedoms (such as cross-border travel) that should be afforded only to those of us who have chosen to be vaccinated. ■

—David B. Chapman, MBChB



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#COVID19Vaccine registry for **#pregnant** and **#breastfeeding** individuals in Canada. While **#COVID19** clinical trials with pregnant and breastfeeding individuals are now underway, initial trials did not include these populations.

Read the article: bcmj.org/news-covid-19/covid-19-vaccine-registry-pregnant-and-breastfeeding-individuals-canada



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e-Prescribing is just what the doctor ordered to streamline the prescription process and improve quality of care for Canadians

Dr. Rashaad Bhyat, Clinician Leader at Canada Health Infoway, shares his perspective on how e-prescribing modernizes the prescription process and enhances patient safety, benefiting patients, physicians and pharmacists alike.

What is one of the most common issues brought on by handwritten prescriptions that can hinder the prescription process?

One of the main challenges with handwritten prescriptions is a notion that many physicians, pharmacists and patients will be familiar with, given it is firmly embedded in popular culture: handwritten prescriptions can lend themselves to misinterpretations due to illegible handwriting. Given their demanding schedules, physicians have to write prescriptions as swiftly as possible, which can sometimes lead to an indecipherable scrawl. This can result in considerable back and forth between physicians and pharmacists to determine the intent of the prescription, culminating in delays for patients to receive the medication and care they need.

How can e-prescribing factor into improving quality of care for patients?

In our daily lives, we benefit from doing so many

things digitally, be it our shopping, our banking or our work. Meanwhile, interacting with the health care system in a digital way has not always been so straightforward for patients, physicians and pharmacists alike. e-Prescribing services like PrescribeIT® modernize the prescription process by enabling physicians to electronically transmit a prescription directly from an Electronic Medical Record (EMR) to the pharmacy management system of a patient's pharmacy of choice. This reduces the risk of illegible prescriptions, transcription errors, and back and forth between physicians and pharmacists, streamlining the prescription process and making medication available to patients in a safer and more timely manner.

What role does e-prescribing play in improving efficiencies for physicians and pharmacists to enhance patient safety?

The biggest risk to patient safety as it relates to prescriptions often comes down to communication. Streamlining communications within a patient's circle of care is vital to ensure patient safety and also creates efficiencies for both physicians and pharmacists. PrescribeIT® offers the ability for physicians and pharmacists to send secure clinical communication to each other

through an integrated messaging tool, permitting them to quickly align on an appropriate course of action and provide the best medication options for their patients.

For instance, during a recent interaction with one of my patients, I created a prescription that was sent to a pharmacy without PrescribeIT®. The pharmacy subsequently left me a voicemail flagging a drug-drug interaction: a conflict between the medication I had prescribed and another one of the patients' prescriptions, that could cause the medication to be less effective. By the time I had listened to the voicemail, the pharmacy had closed for the evening. While I was able to connect with the pharmacy the following morning and adjust the prescription in time, this back and forth could have been avoided with the simple push of a button using PrescribeIT®'s integrated messaging tool, allowing the patient to receive the medication they needed even sooner.

What value does e-prescribing with services like PrescribeIT® offer during COVID-19?

With in-person interactions carrying a much higher risk over the course of the pandemic, e-prescribing has proved itself not only to be convenient, but essential. e-Prescribing can be a significant asset when in-person visits with health care professionals are not possible or not recommended. e-Prescribing enables vulnerable populations to limit their time outside, thereby reducing their risk of infection, and prescribers who have been working remotely throughout the pandemic have also seen the value of e-prescribing, as many don't have fax machines in their homes.

Beyond the pandemic, do you think e-prescribing is here to stay for the long-term?

Absolutely. Over the course of the pandemic, we have seen a rapid and essential shift towards digital health solutions and virtual care, which constitutes any interaction between a patient and a health care provider that doesn't involve direct contact, such as video or phone appointments. According to a Canada Health Infoway survey, 51 per cent of patient-reported visits are now virtual, which is over double pre-pandemic levels. In tandem, we have passed an adoption tipping point for e-prescribing, with a critical mass of Canadian pharmacies and EMRs now on board, laying the foundation for a vast increase in use of the service. In Canada, PrescribeIT® now serves an estimated nine million patients across the country, with exciting plans to expand into British Columbia.

The digital transformation occurring in the realm of health care is focused on improving safety, efficiency, convenience and quality of care for patients and physicians, and e-prescribing is a great example of exactly this. As we look beyond the pandemic, I think that this e-prescribing service will continue to play an essential role in modernizing how Canadians give and receive care. You might even say it is just what the doctor ordered.

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