



What do we do when our systems are sick?

How do we promote health when our health care system—its design and implementation, structure and policies, and internal operating system—needs dire attention? The very system that is supposed to set us up for success and healthy outcomes is perpetuating illness. And while there are parts of our system that work when we need them to, is this the best we can do?

When the foundation of our health care system depends on primary care access, yet delivery is broken, the system becomes challenging to navigate and we hinder our ability to provide the care and outcomes we, and our patients, deserve. And both patients and providers are growing increasingly frustrated with their lack of influence to cure it.

There is not a sole entity to blame for the constraints we experience. Some would say the manner in which physicians are paid and the resources available to take care of patients are archaic and do not reflect the needs of our ever-changing population with increasing complexities and disease burden. Our system pays to take care of the sick and injured; it doesn't pay to prevent them from becoming unwell to begin with. A system that does not consider the needs or real-time input of the physicians providing care or promote a healthy culture best suited for its patients is itself not well. A system free from power dynamics, racism, and gender inequity is also necessary, as all these factors affect health and outcomes.

Imagine a reality in which we had robust access, where social drivers of illness were addressed, deterioration of chronic disease states was intercepted, and patients moved back into the community from acute care. An ideology based not in reactivity or urgency but rather

in laying the groundwork for a commitment to primary prevention and health.

We are making inroads to address these difficulties, and yes, it is slow going. The Joint Collaborative Committees (JCCs) (www.doctorsofbc.ca/collaboration)—where family medicine, specialist care, and rural medicine meet to collaboratively effect system change—is a first-of-its-kind partnership in Canada. Involving government, health authorities, patients, and other stakeholders, all work is grounded in the principles of the quality improvement methodologies from the Institute for Healthcare Improvement and framed around the Triple Aim.

Through the Engagement and Quality Improvement team, and in conjunction with the JCCs, Doctors of BC is working to address some of what is broken in our health care system by supporting physician-led quality improvement initiatives, leadership training, and other programs that benefit doctors. And through the support of these initiatives, physicians are accomplishing world-class results here in BC. One example is the Surgical Patient Optimization Collaborative, which helps patients improve their health in preparation for surgery. The work of this collaborative has led to a marked reduction in adverse events during surgery, improved outcomes and recovery for patients, and an increase in patient and caregiver satisfaction. Another example is the new provincial cognitive-behavioral therapy skills initiative, which is currently underway and supports physicians to learn skills to manage their

own health and wellness, as well as teaching them how they can use those skills to support patients. These are just two of many examples that illustrate the good work that results from bringing physicians and care teams together to collaborate, influence the health care system, and become directly involved in leading change.

We are committed to continuing to advance the many quality improvement initiatives across the province and our shared learnings from the Institute for Healthcare Improvement, and we

actively look for opportunities to streamline services from a client-based perspective. I am reminded that there are inspirational physician leaders, patient partners, and health care workers fearlessly devoted to this work. The insurmountable pandemic has been a testament to what we can accomplish when forced to change and adapt in our system. The eternal optimist in me feels there is great opportunity and potential for growth in our system. After all, we can only go up from here. ■

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