

# Divisions of Family Practice

## FAQs for Family Practitioners

The General Practice Services Committee (GPSC), a joint BC Medical Association-Ministry of Health Services initiative, has launched *Divisions of Family Practice* – affiliations of family physicians (FPs) with common health care goals and/or in the same geographic area of BC. The initiative will give physicians a stronger collective voice and more impact in their community while helping them work together to improve their clinical practices, offer comprehensive patient services, and influence health service decision-making in their community.

The following frequently asked questions are provided for family physicians interested in learning more about what a Division of Family Practice is and how they are developed.

### **Who is eligible to form a Division of Family Practice?**

Membership in any Division of Family Practice will be open to all FPs with common goals and/or in the same geographic area. To form a Division, family physicians must:

- currently be discussing common issues impacting patient care in the community
- be interested in working as partners with their health authority (HA) and the GPSC
- have a practice or participate in a network that provides comprehensive care.

Each Division should have as a goal the participation of the majority of family practitioners in its community. Through the GPSC, Divisions will have access to a facilitator to assist in the development and implementation stages.

### **What kind of governance structure will Divisions have?**

Each Division will be a society. This involves a relatively simple and straightforward development process which will be heavily supported by the GPSC. A prime benefit of the society structure is that it allows Divisions to hold service contracts.

### **How will the Divisions of Family Practice be funded?**

Annual funding for basic facilities and the operation of each Division will be provided by the GPSC and is calculated based upon the number of physicians in the Division. These funds can also be used to cover physician attendance at planning meetings. Additional funding for special clinical programs or other initiatives undertaken may be available separately from the Ministry of Health Services (MoHS) and/or from the HAs, as agreed upon by the Division partners.



### ***Why would I want to be part of a Division of Family Practice?***

Participating in a Division in your community offers a number of benefits, including:

- enhanced provision of full spectrum primary care as a collective responsibility
- greater impact on the organization of local/regional health services around your practice
- improved access to health authority and specialist services
- increased ability to advocate for the needs of patients and for yourself and your colleagues
- on-going support from peer networks as well as physician health and wellness programs
- shared efforts for recruitment, retention and locums
- more support from colleagues in caring for complex or unattached patients
- reliable assistance with duties historically falling to call groups, e.g. scheduling, meeting organization
- strong financial and practice support for information technology and pilot projects.

### ***How does a Division of Family Practice work?***

A group of family physicians will negotiate and sign a Document of Intent (DOI) with the GPSC, their local HA and the MoHS Medical Services Division (the partners) that will outline how each partner will support the Division of Family Practice and each other. The partners also will negotiate which important issue will be addressed first. The Ministry and HA will provide the Division with community data (demographics, community health status, percentage of patients receiving recommended care) to assist in identifying health service gaps and developing plans to address them. A Division may take advantage of existing GPSC/health authority programs – such as maternity care networks, integrated health networks, the enhanced access primary health care services network or the residential care network – or to develop new ones.

Although there will be some basic, common elements to all Divisions, others – such as family physician involvement in the local hospital – will be determined by a Division's members to reflect local issues.

As Divisions mature, they will take on additional responsibilities that could include:

- ensuring comprehensive primary health care for community residents
- facilitating administration for Division members
- facilitating integrated care with specialists
- exploring integration with mental health and addiction services, palliative care and residential services as well as with community organizations.

### ***How does a Division integrate with other health services?***

A Division of Family Practice will work with its local health authority and community agencies through a Collaborative Services Committee (CSC), co-chaired by both a Division and an HA representative. The CSC will develop and implement solutions to issues facing the delivery of health services at the community level across the continuum of care. Any initiatives requiring additional funding will require the support of the Division, local HA and the MoHS.

For example, the CSC members may identify that the largest issue facing the partners is unattached patients. Data will be used to understand the scope of the problem and to determine which patients are the highest priorities, and how the partners will assign care providers to them. Costs of the proposed solution will be examined by the partners. The HA may agree to provide physicians with access to nurse practitioners and the MoHS may agree to provide the Division with a contract to offset the additional costs associated with attaching additional patients to Division members' practices. Over time the CSC will track the progress towards the Division's goal.

**What is the timeline for new Divisions?**

Three prototype Divisions are currently in development: Abbotsford, Prince George, and White Rock/South Surrey. Discussions are also taking place with other interested communities and it is estimated that about 10 Divisions will be developed by the end of 2009. If successful, additional Divisions will be established across the province.

**Why would a health authority support a Division of Family Practice?**

The major reasons for HAs to support Divisions in their area are:

- improved ability to connect and partner with family physicians, who have the greatest clinical influence over the health of the population
- enhanced coordination across the continuum of care
- ability to partner on solving regional problems e.g. hospital coverage, unattached patients
- enhanced ability to provide inter-disciplinary clinical support to family physicians.

**Why does BCMA and the Society of GPs support Divisions of Family Practice?**

The two organizations recognize that the Divisions can:

- revive the professional community of family practitioners
- enhance the profile of family practice to the public and to medical students
- provide a regional infrastructure for clinical teaching of family medicine to medical students and family practice residents
- provide an infrastructure for FPs to interact with HAs, community resources and others.

**Why does the Ministry of Health Services support Divisions of Family Practice?**

The goals of the Divisions support the Ministry's commitment to:

- ensure each British Columbian has easy access to good primary health care
- better understand, plan and provide integrated, coordinated care
- connect community supports with professional services in family practice
- accelerate integration of health authority services with primary health care
- improve the transfer of patients between hospitals and the community
- de-congest emergency rooms and reduce hospitalizations and re-hospitalizations
- better attend to the needs of patients in hospital and residential facilities
- improve GP recruitment, retention and engagement.

**What is the role of the regional health authority?**

The health authority's role is to:

- co-chair the CSC (VP or executive director)
- remove systemic barriers to improved care and system sustainability
- provide regional, in-hospital and emergency department data while respecting patient privacy
- provide practice and change management support
- provide evaluation support.

**What is the role of the Ministry of Health Services?**

The Ministry will provide:

- funding to prototype new models of care
- data including individual practice profiles and overall Division profiles.

### **What is the role of the GPSC?**

As well as providing oversight through the Executive Lead position, the GPSC will provide:

- annual infrastructure funding
- clear guidance on the Division of Family Practice structure and policies
- access to additional GPSC initiatives
- support through family practice initiatives including the Practice Support Program
- funding for multidisciplinary care and improved specialist interface.

### **Are there similar models in use in Canada or other parts of the world?**

Yes, there are Divisions of Family Practice in the United Kingdom, Australia and New Zealand. Their evaluations identified a number of policy decisions that weakened their effectiveness:

- the FP organizations did not include improved patient access, health outcomes and physician professional satisfaction among its ultimate goals
- they operated in competition, rather than in alignment, with the regional health authority delivery system
- they did not consider their community and local government as partners.

BC's approach is somewhat influenced by the UK and Australia experiences, but more closely parallels current BC collaborative projects such as the BC Maternity Care Networks. The Division concept is grounded in the following principles:

- The Divisions of Family Practice are a response to FP requests for quality improvement/practice change support, and are supplemented by existing incentive payments, professional development opportunities, peer and professional support, specialist access, and physician recruitment activities
- The Divisions do not duplicate roles and responsibilities of a regional health authority.

### **Where can I get more information?**

Visit the GPSC Divisions of Family Practice website at: [www.bcma.org/gpsc-divisions-family-practice-information](http://www.bcma.org/gpsc-divisions-family-practice-information) or by contacting:

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*The Divisions of Family Practice is an initiative of the General Practice Services Committee (GPSC), a joint committee of the BC Ministry of Health Services (MoHS), BC Medical Association (BCMA), and the Society of General Practitioners of BC.*

