

### SUMMARY OF KEY DISCUSSIONS

- Facility Engagement (FE) Regional Engagement Strategy
- Physician Health Program Update
- FEI Program Updates

## FEI REGIONAL ENGAGEMENT STRATEGY

The SSC FEWG discussed opportunities to further advance a regional FE engagement strategy and flexible framework.

Many local decisions are made at a regional level. To influence how things work at a facility, physicians need to engage regionally together with each other and health authorities. In smaller communities, physicians are part of both an MSA and divisions, and decisions are often made for the benefit of the whole community. Health authority decisions are often made regionally.

Ongoing strategic dialogue is needed to plan to sustain more collaborative regional work to achieve 3 goals:

- Build relationships, trust and connections between among and between physicians and health authority.
- Build consensus among and between physicians and health authority on shared regional priorities.
- Create opportunities for meaningful collaboration between physicians and health authorities on shared priorities and issues.

**FEI is one vehicle** to enable regional engagement, as well as divisions and other joint collaborative work.

Current regional and sub-regional activities underway include **networking, relationship building, targeted projects/activities** (such as physician recruitment and retention and patient transport) and **MSA-only regional tables** (such as Island MSA Network), **partnership tables** (such as Fraser Health's MSA Presidents Council). **Successes and challenges** vary from region to region.

#### Successes:

- High participation from physicians.
- Willing health authority partners who are committed, keen and ready work with physicians, build relationships and find common ground.
- Willingness to collaborate and solve problems together.

- Robust exchange of information, knowledge, experiences.
- Communication, facilitation and staff supports.

#### Challenges:

- Degree of regional engagement progress depends on readiness and level of relationships and trust between the partners.
- The right people /decisions makers need to join the tables to move things along.
- Ongoing, sustainable physician participation, capacity and turnover is a challenge.
- Corporate memory can be a challenge.
- Large regions: regions within regions with unique differences – make it difficult to achieve consensus.
- Urban issues can dominate, and rural and remote issues can be lost.

#### Opportunities

- Continue exploring rural and remote-focused opportunities.
- Potential spread and scale of MSA work and good ideas – already underway for quality work with 14 projects.
- Leverage FEI support team and knowledge sharing work.
- Regional alliances.

## PHYSICIAN HEALTH PROGRAM UPDATE

**PHC Family Doctor Connection Program:** Connects physicians and trainees with a primary care provider. One of the top two most utilized PHP programs = 575 connections with 250 wait listed. Communication and background work for FP referrals continues.

**PHP Peer Support Initiative:** Five prototype sites – divisions and MSAs – will test a hybrid model of provincial training with local implementation. Startup funding is secured for the first year for the prototype sites who will share knowledge, learnings, and participate in program evaluation and improvements.

**PHP Physician Wellness Network:** Brings together physician organizational representatives with a formal role or responsibility related to physician wellness. First virtual gathering is in the works for late spring.

## FEI PROGRAM UPDATES

**FEI has reduced the number of annual funding transfers** from four to two gates, each with 50% of annual funding. Tier-one sites will receive full annual funding when they have less than one year's amount of funding in their account.

**Provincial evaluation communication sharing key findings and recommendations:** sent out to MSA leaders, executives and health authorities. FE is working to develop a data collection strategy to help scope out Evaluation 3.0 later in the year.

**Knowledge sharing work** is underway to collect and share content and support peer-to-peer sharing. Cross pollinates ideas, experiences successes via newsletter, webinar, upcoming web portal. Aims to create a culture of sharing. Supports Engagement Partners as knowledge brokers.

**Cultural Safety and Humility:** With this growing priority, as well as new practice standards from the College, FE is working with teams to bring together, tools and relevant and helpful resources for physicians.