



# Richmond A GP for Me Presentation to Community Organizations

## A GP for Me



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## Agenda/Goals

1. Overview of the project
2. What were the results of the GP and Community survey
3. Who we spoke to
4. What did you have to say
5. What we do next



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# Richmond Division of Family Practice

## Our Mission

A medical community that protects promotes and expands the role of family physicians in caring for their patients.

## Our Vision

To provide a collective and influential voice for Richmond family physicians.



Divisions of Family Practice

**A GP for Me**

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## About A GP for Me

Joint initiative of the Government of British Columbia and Doctors of B.C.

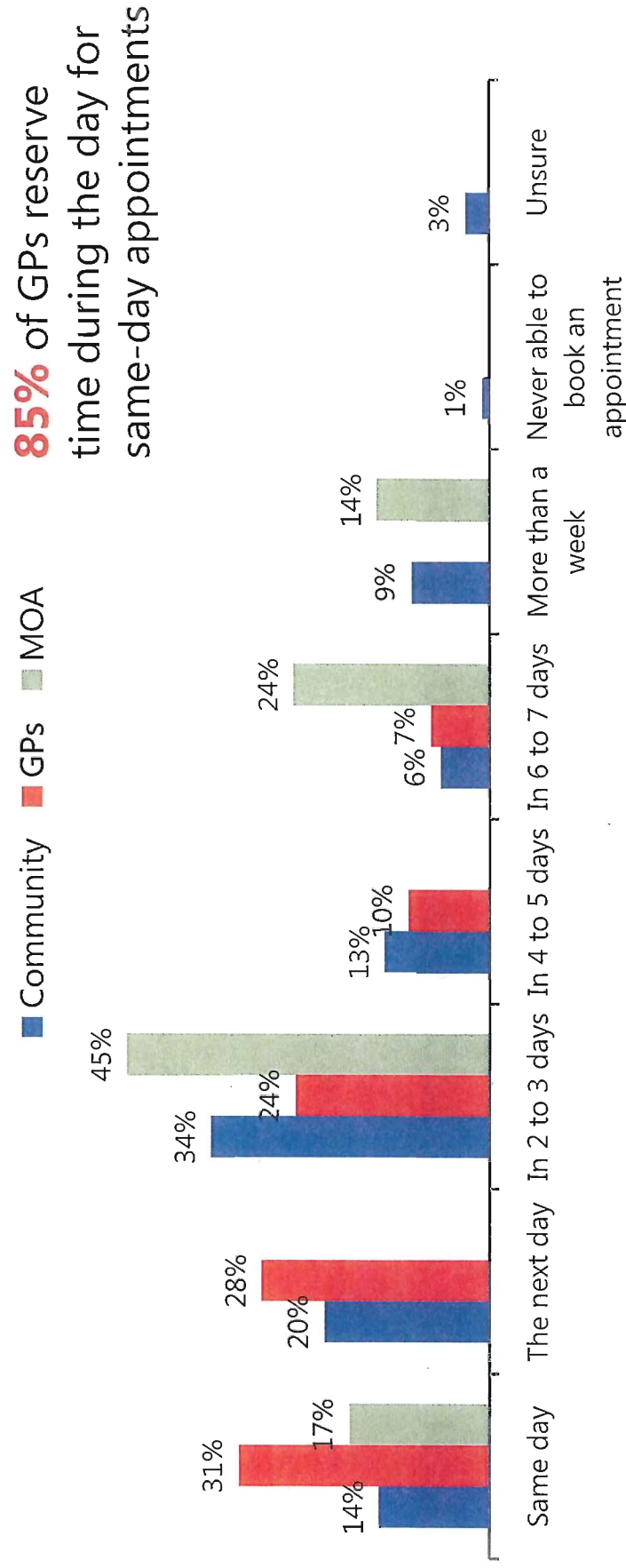
1. Attach those patients that want a GP to a GP
2. Promote or enhance longitudinal relationships
3. Increase the capacity and improve the delivery of primary care in the community

## Background on the GP survey

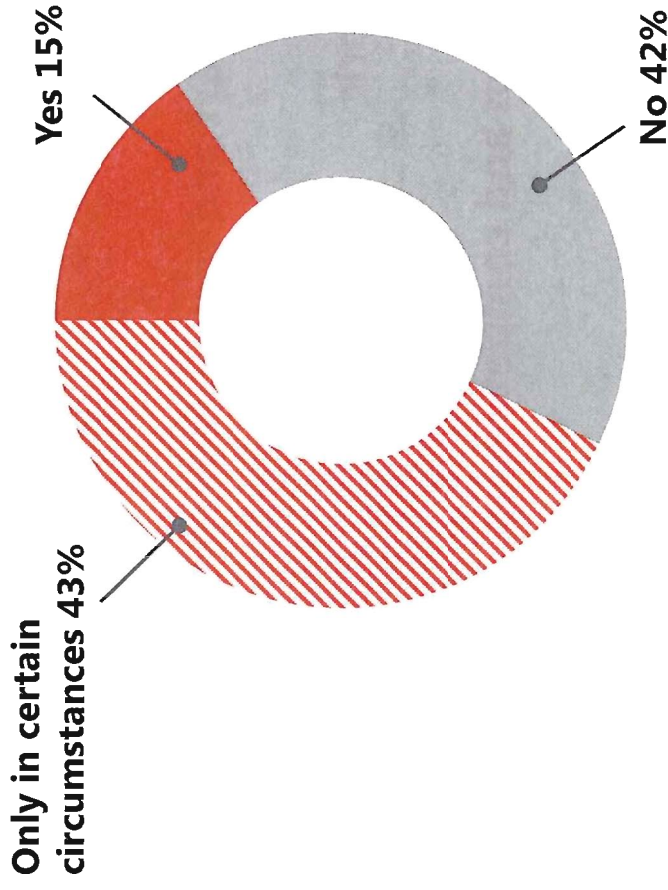
- Disseminated to all Richmond Division of Family Practice member GPs
- Available from August 18 to October 9
- Available online and in paper format

***Results presented in this slideshow are not snapshots of the GP community in Richmond, but rather information provided by our members.***

# How long does it take to get an appointment?



# Are Richmond GPs accepting new patients?



## In the past 12 months, accepted:

- An average of **87** patients
- A total of **3,576** patients

# How much time do Richmond GPs spend on administrative, non-clinical activities?

Richmond GPs spend an average of:

- 7** hrs/week on **Review of patient chart and testing/consultation results**
- 8** hrs/week on **Forms and paperwork**
- 9** hrs/month on **Maintaining education and competencies**
- 13** hrs/month on **Other**





## Richmond GPs interested in increased access to allied health professional support for:

Counselling – psychological **80%**

Geriatric community services coordination (e.g. access for your patients to someone who knows all the public, private and volunteer services & activities) **73%**

Chronic pain management **69%**

Social services coordination **55%**

Lifestyle coaching (e.g. diet, exercise, smoking cessation) **54%**

Condition-specific teaching and/or follow-up **49%**



## Richmond GPs plan for retirement

- **5** GPs plan to retire in 1 to 2 years
- **19** GPs plan to retire in 3 to 4 years
- **9** GPs plan to retire in 5 to 9 years
- **16** GPs plan to retire in 10+ years
- **24** GPs have no plans to retire



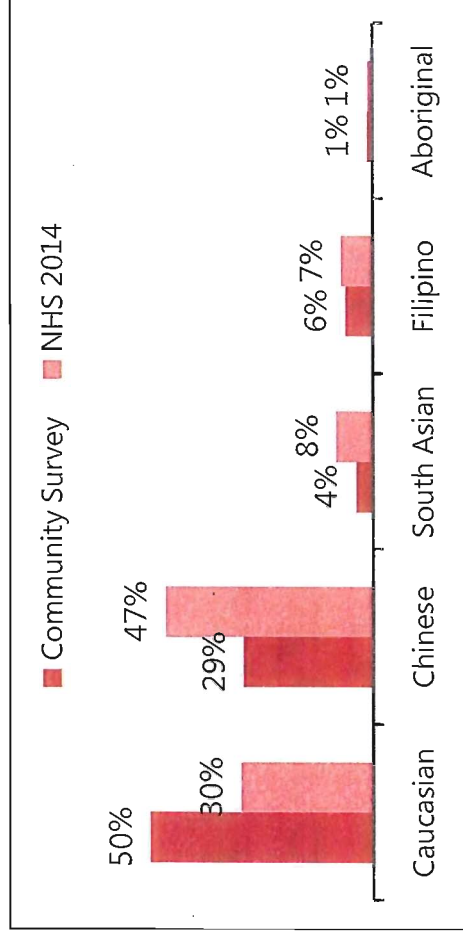
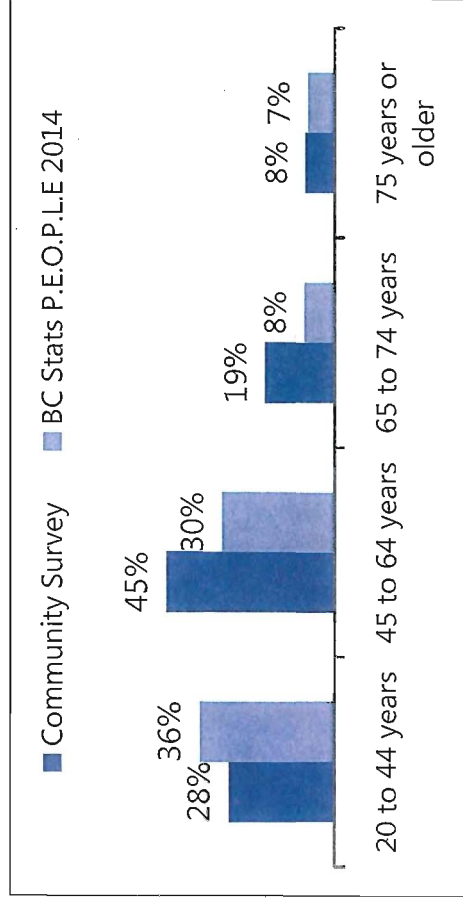
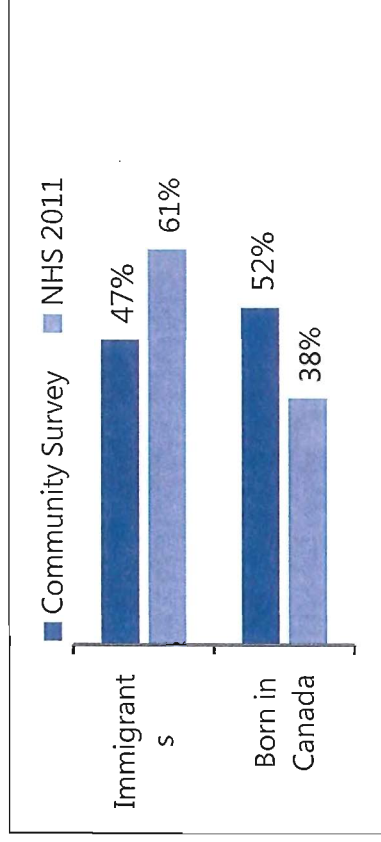
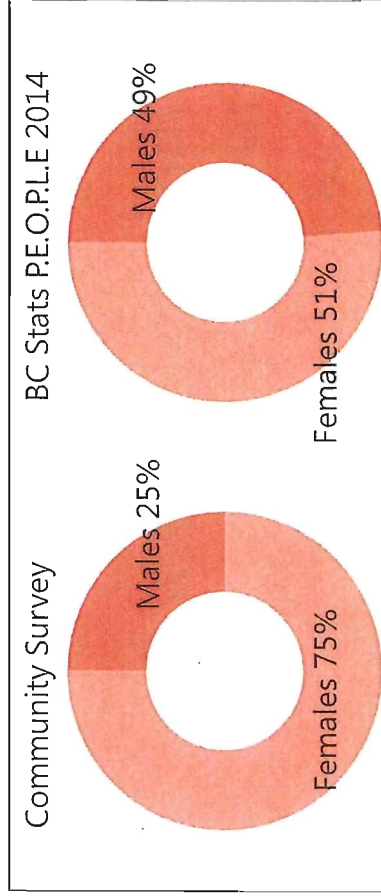
## Background on community survey

- Advertised information about the survey in local English, Chinese, Filipino and Punjabi media
- Richmond City Hall, VCH, community centres and community organizations advertised and encouraged participation

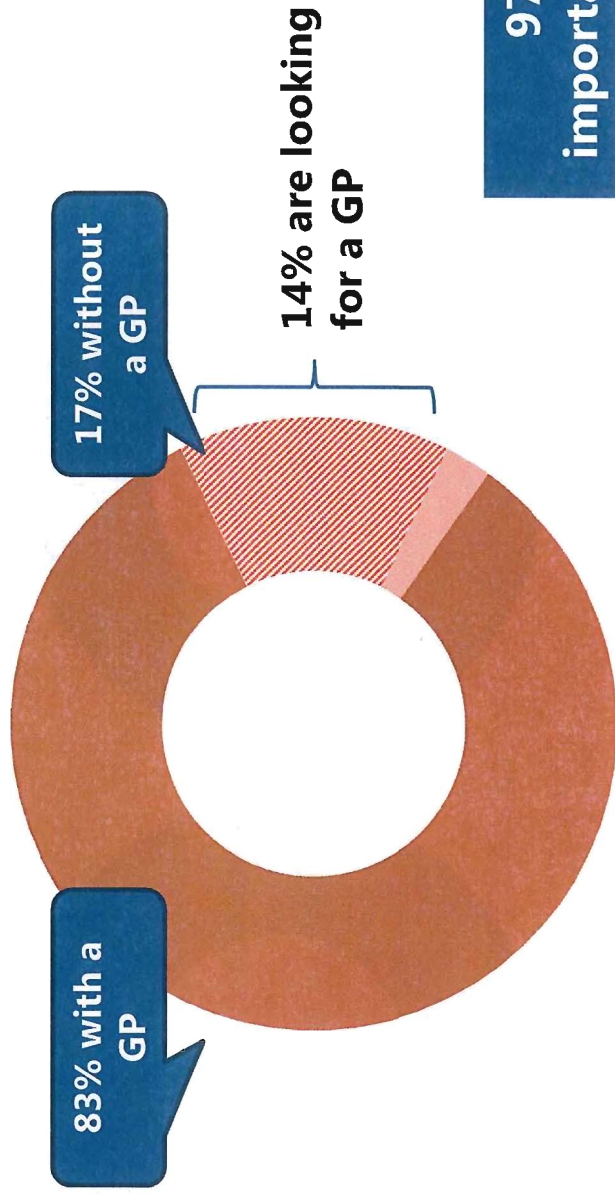
***The data presented in this slideshow is not a snapshot of our community, but rather abbreviated information provided by our community***



# Who responded to our survey? (n=1511)



# Do you have a regular family doctor?

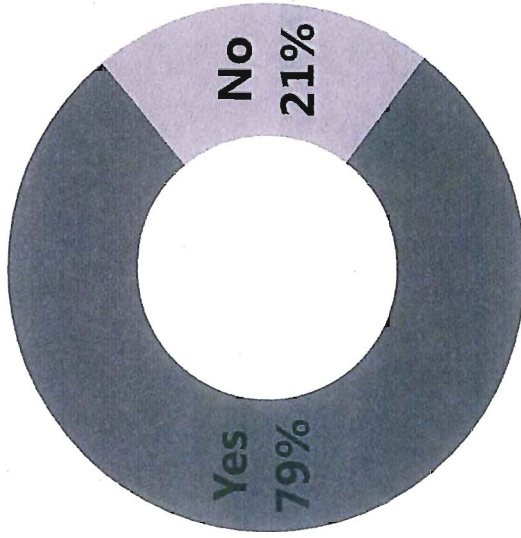


97.8% believe it is important to have a GP

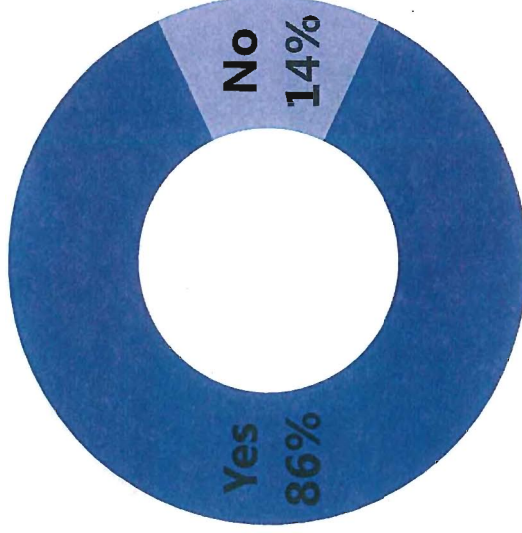


## Attachment - age

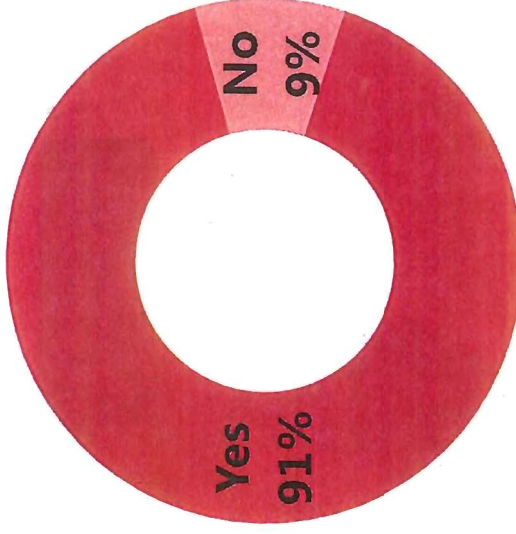
18-44 years



45-64 years

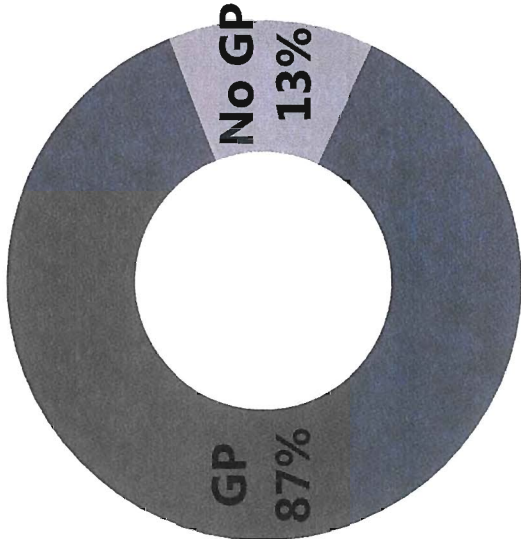


65+ years

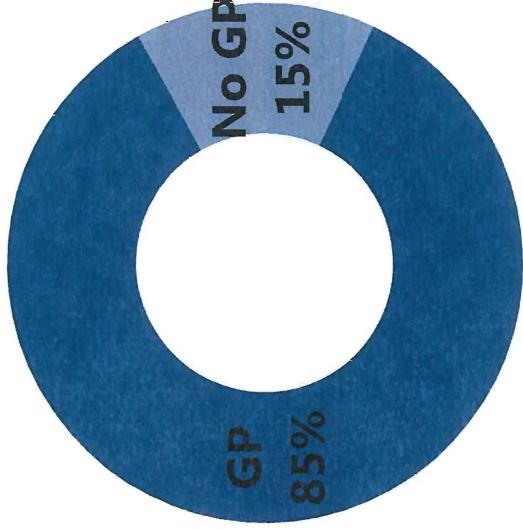


# Attachment - immigration status

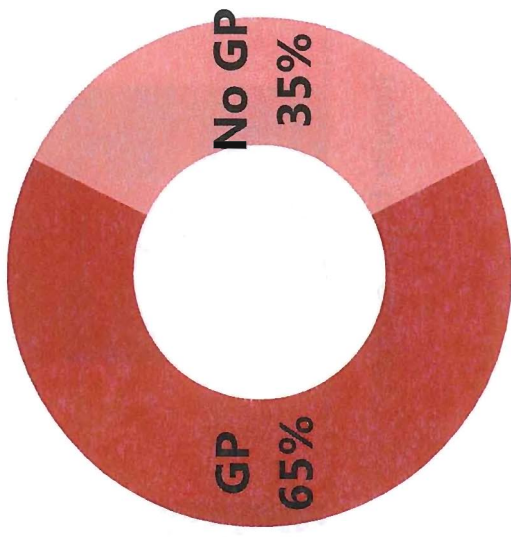
Born in Canada



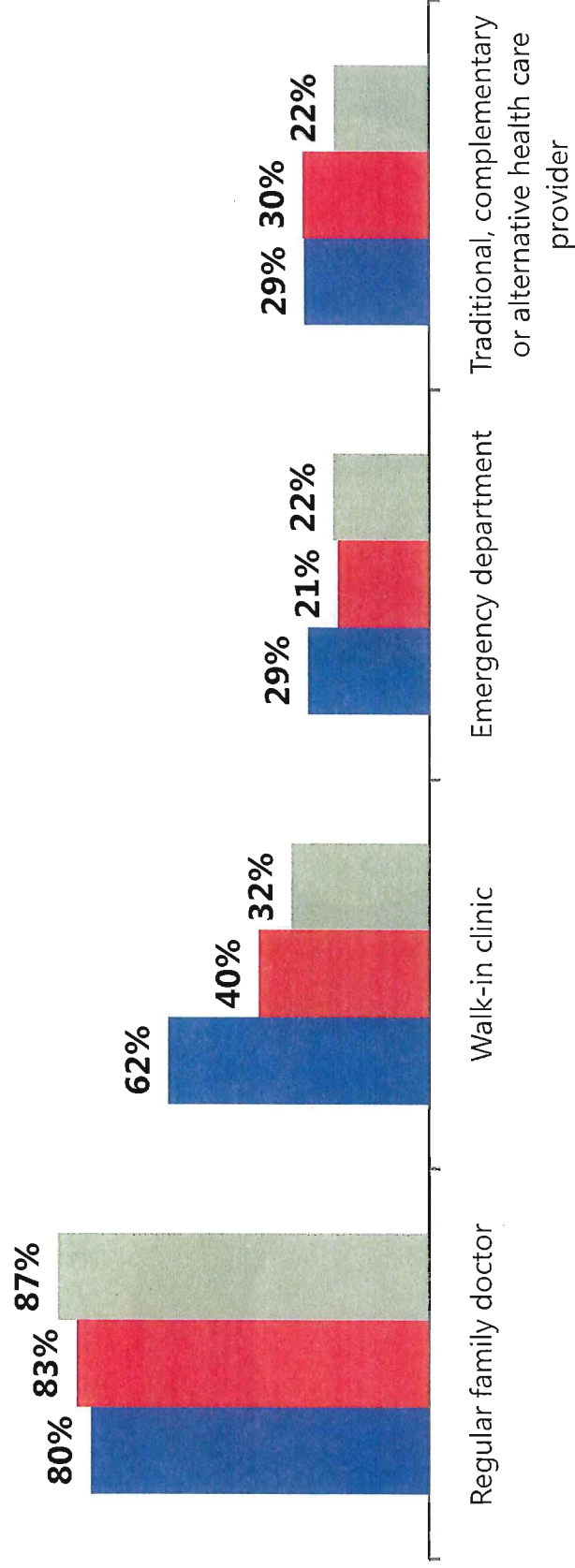
Immigrants in Canada for >10 years



Immigrants in Canada for <10 years

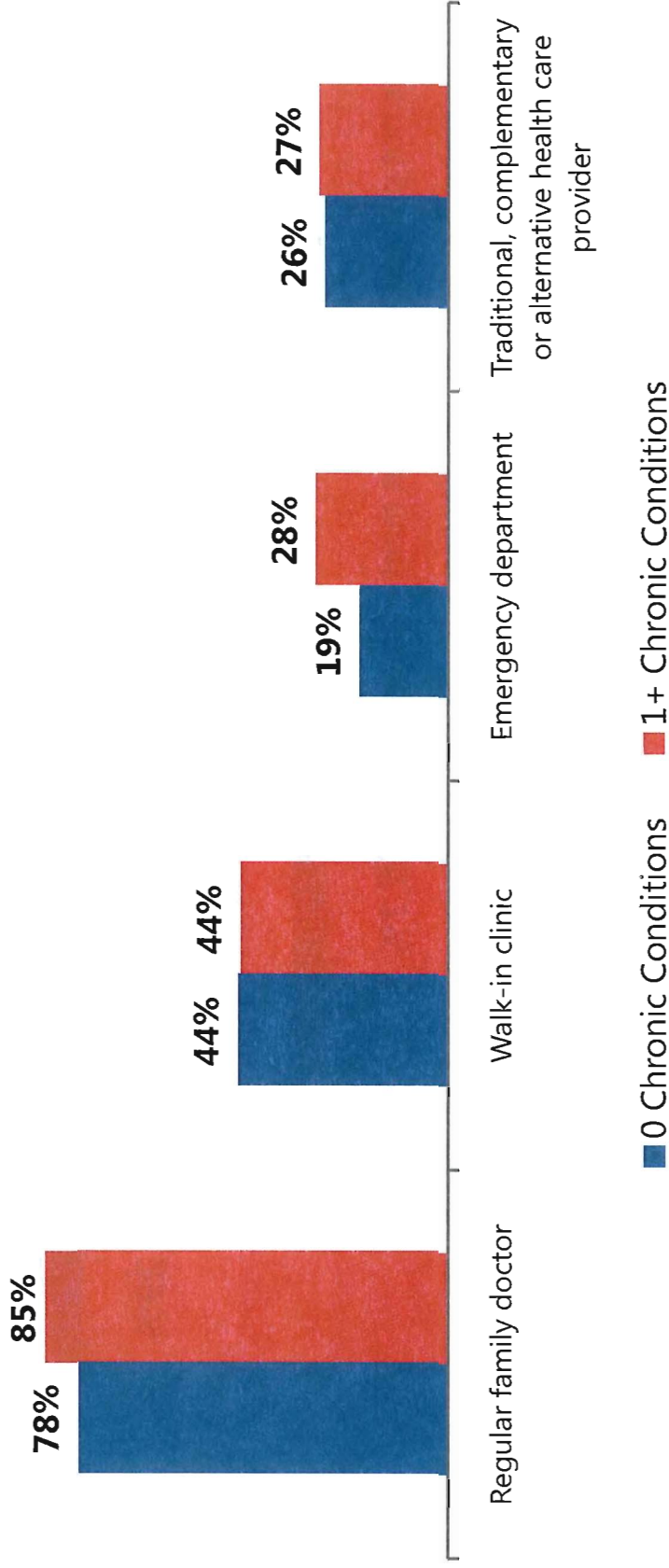


# Medical services used in the past year - age



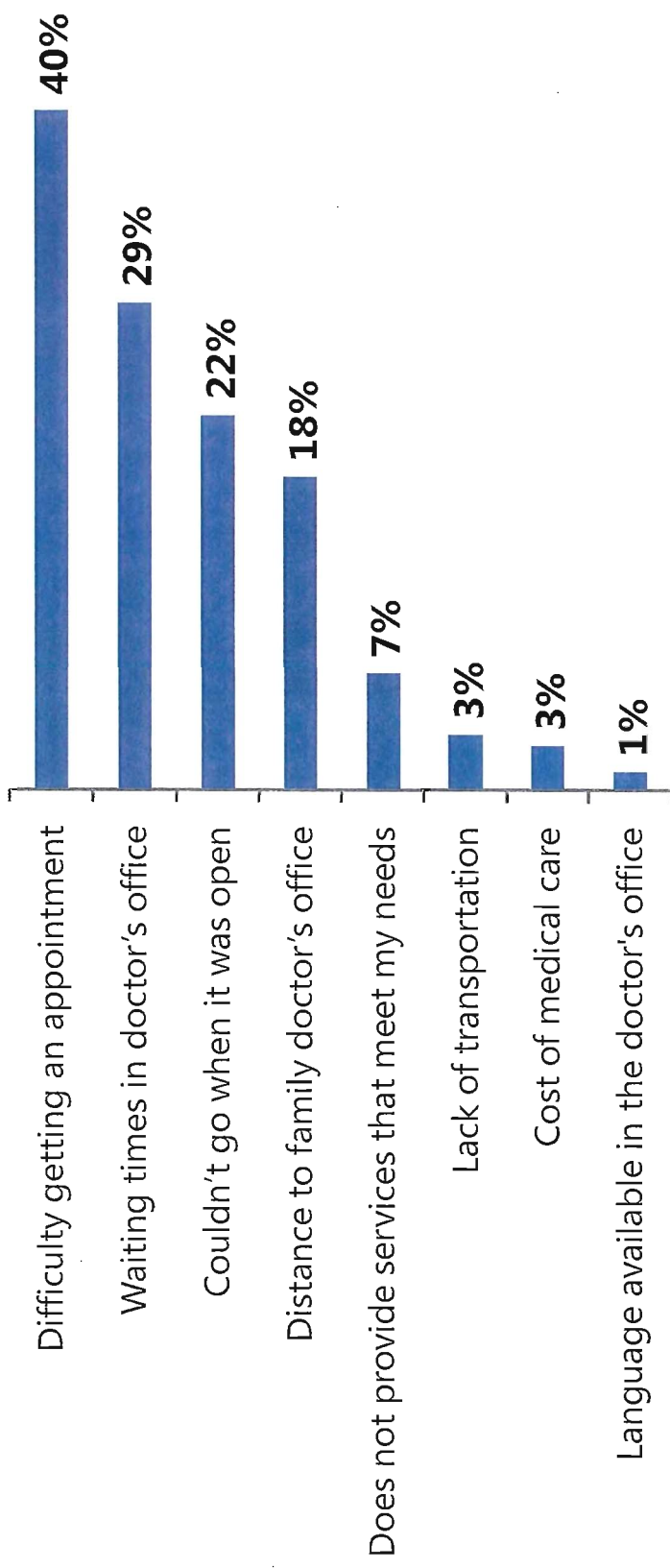


# Medical services used in the past year – chronic condition



# Why did attached patients use a walk-in clinic in the past year? (n=465)

## Factors preventing access to a family doctor:



## **What would make it easier to find or keep a family doctor? (n=1000)**

1. Up-to-date list of GPs accepting new patients (24.5%)
2. GP recruitment (22.9%):
3. Improved access (21.6%)
4. Desired GP characteristics (7.2%)
5. GPs accepting new patients (6.9%)



## What would make your current relationship with your family doctor even better?

1. More time spent with patient, ability to address more than one issue per visit (18.3%)
2. Improved access (16.4%)
3. GP-patient relationship improvements (15.9%)
4. GP initiated preventative care (4%)
5. Use of technology for improved access (3.2%)



# Assessment and Planning Activities- Phase 1

## Information Gathering



### Surveys

- Richmond residents
- GPs
- MOAs
- Richmond School Counsellors
- Clients at Homeless Connect Event
- Mental Health clinicians



### Community

- Alzheimer Association
- Bounce Back
- City of Richmond
- CHIMO
- Richmond Food Bank
- Richmond School District
- RCMP
- RYSA
- SUCCESS
- Touchstone
- Turning Point
- Volunteer Richmond



### Doctors/Specialists

- Cardiology
- Emergency room doctors
- Endocrinology
- Hospitalists
- Internal Medicine
- Maternity care providers
- Pediatrics
- Neurology
- Orthopaedics



### VCH/PHSA

- Ambulatory care
- BC Children's Youth Transitions Project
- Home care
- Mental health
- Public health
- Speech therapists
- Social workers
- Management



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## We asked...

1. How big of an issue is unattachment in Richmond and what causes it?
2. What are the consequences when a client does not have a GP?
3. Do you have ideas about how to improve access to GPs?



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# **Causes, Consequences and Solutions: What we heard from you**

## Causes of unattachment or lack of attachment

- Lack of patient education
- Lack of GPs taking on patients in Richmond
- Barriers to access
- Lack of full service GPs providing longitudinal and/or complex care especially for mental health and addictions clients
- Perceived lack of incentive for GPs to take on complex patients
- Aging physician population
- Prevalence and use of Walk In Clinics for non episodic care
- Cultural beliefs/norms





## Consequences of unattachment/poor attachment

- High utilization of WICs
- Inappropriate use of Emergency Rooms
- Specialists and AHP working out of scope, beyond their mandate
- Time lags, problems worsen therefore later assessment and diagnosis
- Issues discharging patients from hospital/care and where to send relevant patient information
- Patients unable to access services and benefits due lack of GP time to complete paperwork (“GP as gatekeeper”)
- Lack of a complete, centralised medical record due to lack of continuity which can result in polypharmacy, inaccurate diagnoses and treatment



## Solutions suggested by you

- Up-to-date, central list of GPs accepting new patients and have specific interests and/or training in certain areas i.e. young families, mental health and addictions
- Patient education
- GP recruitment, particularly of those GP's who are able to communicate in languages other than English
- Knowledge exchange and relationship building between GPs and HCPs and community organizations
- More education for GPs around certain topics and patient populations





## Questions

1. Did anything surprise you?
2. Did we get it right?



## Next Steps

- Create solutions and develop plan to submit to stakeholders
- If successful, will attain funding. Funders will have 2 main criteria before allocating funding:
  1. Can we achieve our goals
  2. Can we sustain it?
- In order to get the funding, we need your support



