



Community Based Specialist Focus Group Summary

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The Specialist Services Committee (SSC) is interested in learning more about the unique needs of Community Based Specialists (CBS) without hospitals privileges to better engage and support them. To this end, 5 focus groups were held over a 6-week period in spring 2021. The focus groups asked CBS to reflect and report on potential gaps and opportunities within SSC's mandate and scope of work¹. CBS were further asked to identify concrete and actionable opportunities for SSC – and to prioritize the direction of this work. This brief report is a summary of these focus groups.

¹ To learn more about SSC and its work, please visit: <https://sscbc.ca/about-us>.

Methods

CBS were recruited via email using a distribution list created from the responses to a 2020 SSC survey targeting CBS. Forty CBS without hospital privileges responded expressing willingness to participate. Every effort was made to accommodate availability, but scheduling conflicts did emerge and ultimately, twenty-five² CBS without privileges participated in one of four 90–120-minute focus groups. During physician recruitment six CBS with hospital privileges indicated a desire to provide input. To accommodate these specialists, a 5th focus group was held with four CBS with hospital privileges. Focus group participants practiced in twelve different specialty areas and there was representation across all five geographic health authorities.

Participating specialties and health authorities

Number of focus groups	4 with CBS without privileges	1 with CBS with privileges
Number of participants	25 CBS without privileges	4 CBS with privileges
Participating specialties	Dermatology Endocrinology Internal Medicine Nephrology Neurology Obstetrics/gynecology	Ophthalmology Pediatrics Psychiatry Radiology Rheumatology Urology
Participating health authorities³	Fraser Health – 12 Vancouver Coastal Health – 8 Vancouver Island Health – 6	Interior Health – 4 Northern Health – 1

Key Themes

The following is a summary of the key themes that emerged across the focus groups. It should be noted that the findings from the focus group with CBS with hospital privileges did not differ substantially from those with CBS without hospital privileges and as such, the summary provides an overview of the collective results across all focus groups. As is the nature of summarizing, not all discussion points and comments are included. Rather, this represents those key themes that surfaced most prominently across multiple focus groups.

² An additional 6 were scheduled to attend but did not attend.

³ One participant had offices in both Fraser Health and Vancouver Coastal Health and is included in both categories

Participants brought a wide range of perspectives to the focus groups. The majority of discussions were active and lively. In fact, as a result of the fruitful and engaging dialogue most of the focus groups went beyond the anticipated time set aside for the session (i.e., closer to 120 minutes rather than 90 minutes).

The following themes are organized in order of priority, as identified by the participating CBS.

Theme 1

CBS carry a tremendous “burden of business” significantly contributing to fatigue and burnout

Time spent managing the business is significant

- ▶ The most prominent and consistent theme across the focus groups was the “burden of business”. Participants reported spending a relatively large portion of their time on “office work” or “administrative work” at the expense of clinical time. Many CBS felt that more time working at the top of their scope as physicians, rather than tending to the burdens of their business, would lead to better patient experience.
- ▶ Physicians reported that the burdens of business not only take time away from patient care but also encroaches on time which would normally be reserved as personal/family time. For many participants, this had a significant negative impact on their work/life balance and many felt there was an important link between the burdens of business and burnout.

The “burdens of business” span a number of important areas

- ▶ In describing the burdens of business, physicians included a wide range of tasks and services including managing EMRs, human resources, and issues related to contracts. In addressing these challenges, specialists indicated limited, if any, opportunities for cost-sharing strategies and resources. As such, each specialist is “reinventing the wheel” so to speak at considerable cost both in terms of time and money.
- ▶ Physicians indicated that negotiating and working with EMR vendors was time consuming, expensive, and challenging. CBS reported that there was little, if any, ongoing support from EMR vendors once signed on. The identified gaps included a lack of cost-effective staff training and limited, if any, individualized trouble shooting and supports. EMR integration is an important issue for CBS.
- ▶ CBS indicated a need for supports with respect to the hiring, training and supervision of office staff including conflict resolution. Physicians indicated that

these supports would contribute to reducing staff turnover, which is a significant burden.

- ▶ Several participants shared that support for CBS at key career transition points, such as starting their own practise, taking extended leaves (e.g., parental leave), or closing a practise are lacking. As a result, tools and/or skills were often accessed in an ad-hoc way by leaning on mentors or exploring relevant websites for resources (e.g., Doctors of BC). CBS reported that many of the tools they identified were developed for GPs and as a result, needed to be adapted and modified, a time consuming and expensive process.
- ▶ Participants also brought forward frustrations in working through contract and lease management, budgeting and financial record keeping.
- ▶ Participants requested access to voice dictation services. They noted that while their specialist colleagues who work in facilities have access to these services at no-cost, they do not.

Forms and referrals

- ▶ CBS shared that working with poor quality referrals was time consuming, frustrating and negatively impacted the patient experience. The COVID-19 pandemic appeared to exacerbate this issue and was top of mind for CBS and as such it was difficult to determine the extent to which this issue represents an ongoing challenge.
- ▶ Participants reported that changes to referral forms resulted in considerable work for themselves and their office staff and as such should only be implemented through a systematic and thoughtful approach.
- ▶ Third-party forms (e.g., insurance) were also identified as a source of burden for CBS with some participants reporting the need to complete multiple nearly identical forms for the same patient.

Theme 2

CBS do not feel sufficiently connected to colleagues

Isolation and joy in work

- ▶ Participants indicated feeling isolated and insufficiently connected to a network of colleagues. Those practicing in larger urban areas felt this isolation particularly acutely.
- ▶ Participants reported that the benefits of being more connected to colleagues would include increased collegiality with referring specialists and increased joy in work.

Experience with existing structures such as MSAs and Divisions of Family Practice

- ▶ Participants reported uneven experiences with existing structures including specialist sections, local Medical Staff Associations (MSAs) and Divisions of Family Practice. While a few participants reported being/feeling included within these structures, most did not. Some CBS indicated a desire for a much stronger connection with their local MSAs as a way to connect with colleagues but also with the greater healthcare system including the health authorities.
- ▶ Some participants reported creating their own “structures” for connecting with colleagues including the use of various technologies (e.g., WhatsApp).

Advocacy and collective voice

- ▶ Participants indicated that there were no defined pathways to advocate the collective voice (“there is nobody to go to bat for us”). While the idea of a structure similar to a Division of Family Practice or an MSA created specifically for CBS resonated with a few participants, this did not appear to be a particularly strong priority across the focus groups.
- ▶ One suggestion was directed at SSC’s newsletter. They suggested that the existing newsletter be used not only to report on activities and decisions after-the-fact but also to gather input and feedback from specialists on upcoming decisions and activities. While this idea surfaced only in one focus group, it is mentioned here because of its direct link to SSC.

Networking and learning events

- ▶ Over the last year, during the Covid-19 pandemic, many physicians indicated an increase in connection with a variety of educational and networking events enabled by video communication platforms such as Zoom. Participants indicated learning of these events in an ad-hoc way, through word of mouth or

by virtue of participating in other events. Many indicated that they would like to be made aware of these opportunities in a more systematic and consistent way.

- ▶ Several physicians indicated wanting to be informed of, and invited to, in-person events such as grand rounds. It was suggested that coupling these more formal events with informal ones such as a coffee cart or a meal would allow participants to deepen their connection with new colleagues.
- ▶ Some participants indicated a desire to be connected with each other through a larger event such as an annual in-person symposium. It was noted however that the event would have to be carefully designed with CBS in mind so that it was sufficiently valuable to take time away from their community practices.

Theme 3

Developing capabilities and training

Relevance of current training opportunities

- ▶ Overall, participants' interest in training was primarily focused on their areas of expertise and their CME credits.
- ▶ The value of SSC's current training offerings was not easily apparent to participants. The training was seen as relevant primarily for those individuals working in facilities. For example, the Physician Quality Improvement (PQI) appeared to them focused on improving quality in a hospital setting. Participants were unaware of any relevance of this training to their own practice. Similarly, the SSC leadership training offered through Sauder was perceived to be useful only to those with an interest in a formal leadership role within a facility or the health authority.
- ▶ In contrast to the above, one focus group participant who had the opportunity to participate in PQI reported that her experience was very beneficial in terms of networking and connecting with colleagues.

Barriers to participating in training

- ▶ Participants identified a number of barriers to participating in SSC's training opportunities including time commitment (too much), scheduling (not flexible enough), loss of revenue (no paid educational time), and the requirement for sponsorship through the health authority.
- ▶ Overall, for CBS, training opportunities need to be available on a very flexible basis such as in the evenings or weekends or on-demand.

Remaining engaged with SSC

As part of the focus group, participants were asked whether they wished to remain engaged in this work. Thirteen participants indicated a desire to remain involved in some capacity as SSC works to develop a workplan and formalize operational pieces.

Lessons for future focus groups

As part of the focus group, participants were invited to complete a short survey of their experience. The ratings varied considerably between focus groups with some focus groups rating them more highly than others. In particular, we noticed that larger focus groups were more satisfied and found the sessions a better use of their time, than the smaller focus groups. This is an important lesson for us and suggests that similar focus groups should be between 6 and 8 participants whenever possible. The open-ended comments suggested that participants would have liked more information from SSC both before and during the session in terms of the purpose of the focus group and where it might lead with respect to future opportunities. Some indicated that they would have appreciated a summary of the findings from previous focus groups, a snapshot of an environmental scan or a list of pre-determined options related to our topic to help inform their discussion. Where possible, we implemented improvements to successive focus groups.