

# SUMMARY REPORT

SPECIALIST SYMPOSIUM: SHAPING THE FUTURE  
OF SPECIALIST CARE IN BC



Prepared on behalf of the Specialist Symposium Working Group | April, 2019

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## Acknowledgements

On behalf of the Specialist Services Committee and the Specialists of BC, we acknowledge the efforts of the working group for the successful implementation of the Specialist Symposium. The quick turnaround on the number of registrations soon after the event was promoted, showed not only the amount of interest and need for the coming together of stakeholders around specialist concerns, but also the outreach of the working group. The seamless execution of the event is also attributable to the hard work of staff and the committee, each of whom contributed in their own unique way to make the symposium a great success, composed of the following members:

- Dr Matthew Chow, Co-Chair, Specialist Services Committee
- Dr Sam Bugis, Executive Director of Physician and External Affairs, Doctors of BC
- Dr John Falconer, President, Specialists of BC
- Dr Tommy Gerschman, Vice President, Specialists of BC
- Dr Kathy Lee, General Surgeon, Specialist Services Committee
- Ryan Murray, Director of Physician Workforce Development, BC Ministry of Health
- Adrian Leung, Director, Specialist Services Committee
- Joanna Pannekoek, Liaison, Specialist Services Committee
- Anusha Ahmadi, Communications, Specialist Services Committee
- Rhiannon Steele, Administration, Specialist Services Committee

We would also like to thank the presenters and facilitators who said yes to our requests and shared their successes, experiences and learnings, adding depth to the conversations.

Lastly, we thank all the participants, most of whom took time away from their practice to contribute to betterment of care in our province. Your commitment and feedback will help us shape a better future for specialist care in BC.



Dr Mathew Chow  
SSC Co-Chair



Brendan Abbott  
SSC Co-Chair



Dr John Falconer  
President, Specialists of BC



## Executive Summary

On January 18, 2019 the Specialist Services Committee (SSC) in partnership with the Specialists of BC (SBC) jointly hosted the inaugural **Specialist Symposium: Shaping the Future of Specialist Care in BC**. Over 200 participants from across the province, including specialists, GPs, BC Ministry of Health, health authority representatives, and patients came together in Vancouver with representation from a variety of regions, specialty types and practice styles. The purpose of this symposium was to seek input from front-line practicing specialists and other key partners around how they see the future of specialist care evolving and how both the SSC and SBC can help them shape that future. In addition, the symposium provided an opportunity to connect and network across typical boundaries of specialty practice. The feedback collected will help inform the development of the SSC's renewed three-year strategic plan. It is important to note that a lot of new faces were encountered at the symposium, including a good turnout from the community specialists, which further confirms a wide representation of voices from the specialist community.

The event included a full-day of activity and dialogue attended by a broad range of partners, followed by a half-day event hosted by SBC where participating specialists discussed specific issues of importance to them.

### Themes

Prior to the symposium, the participants filled out a survey prioritizing 10 themes as areas of interest for discussion, which guided the development and planning for the day's program. The morning breakout sessions provided context for each theme below:

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|---|--|
| <ol style="list-style-type: none"> <li>1. <b>Improving patient flow</b></li> <li>2. <b>SSC initiatives: Intersecting with health care</b></li> <li>3. <b>Specialists' role in dealing with complex and chronic patients</b></li> <li>4. <b>Virtual care: Where it can take us</b></li> <li>5. <b>Ministry of Health surgical strategy and future priority planning</b></li> </ol> | <ol style="list-style-type: none"> <li>6. <b>Patient access to specialist consult and care</b></li> <li>7. <b>Patient Medical Homes/Primary Care Networks</b></li> <li>8. <b>Team-based care</b></li> <li>9. <b>Physician wellness and burnout: Don't just cope, thrive</b></li> <li>10. <b>Digital health strategy: Envisioning an integrated system of care</b></li> </ol> |
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In the afternoon, attendees participated in an engaging workshop where they identified topics of discussion through a facilitated discussion, and following three rounds of small group discussions, contributed to a collective prioritization of four topic areas as follows:

- Supporting high-quality care in community;
- Health and human resource planning (including supporting physician leadership and development);
- Addressing pay disparity; and,
- Increasing full-service family practice.

A more detailed outline of what was discussed by participants in those groups can be found under the 'Afternoon Workshop' section of this report on page 9.

A video captured on the day about how the Specialist Services Committee serves doctors and patients in BC can be found [here](#).



## Breakout Sessions

The morning session was meant to enhance participants' understanding of the priority themes mentioned above, in 10 breakout sessions either through information sharing or sharing of best practices led by front-line specialists. Each of the breakout sessions are summarized below.

### Improving Patient Flow

In this session Dr John Reid, a Vascular Surgeon out of St. Paul's Hospital, shared his experiences and learnings from his SSC funded work designed to explore, standardize, improve and redesign the surgical patient journey through the operating room from arrival at Surgical Daycare to discharge. The project utilized a Lean Methodology supported by a consultant who worked with the team to identify areas where improvements could be achieved.

Dialogue with session participants included key aspects of the project success including the necessary culture change needed to improve patient flow as well as sustaining the project. Dr Reid cited full engagement of all stakeholders including health authority partners at the outset while maintaining necessary leadership throughout the project, keeping open lines of communication as important contributors to success. Yet another highlight was the creation of a simple tool within Outlook that allows surgeons to be notified via text that the patient is ready, further limiting unnecessary delay. [Click here](#) to download the full presentation.

### SSC Initiatives: Intersecting with Health Care

This session provided an overview of all the current initiatives, programs and support available to specialists by the SSC. Physician and staff leadership from SSC's two flagship initiatives, Facility Engagement (FE) and Physician Quality Improvement (PQI) provided a summary overview and engaged with participants to gather feedback and input on how they could continue to improve.

**Facility Engagement** Aims to strengthen relationships, engagement and communication between health authorities and facility-based physicians, to improve their work environment and the delivery of patient care.

**Physician Quality Improvement** provides training and support to physicians through technical resources and expertise, to lead quality improvement (QI) projects, and build QI capacity. This investment increases physician involvement in QI and enhances the delivery of quality patient care.

Participants offered feedback on key areas such as: improved consistency across programs with regards to standards for proposal approvals, a desire for better support of community-based specialists, and the need to train physicians early in their careers so they are well supported as they enter the work force – particularly as more younger doctors are stepping into leadership roles. [Click here](#) to download the full presentation.

### Specialists' Role in Dealing with Complex and Chronic Patients

This session focused on the role many specialists play in providing not only high quality care to patients dealing with complex and chronic conditions, but also a longitudinal path to providing such care. In some instances where patients are at the higher end of complexity, specialists end up seeing the patients more regularly than their primary care providers. This necessitates the health care system to recognize the role that specialists play in these circumstances and ensure appropriate supports are in place for communication and coordination across all continuums of care.

Participants in this session heard from two highly experienced specialists on the challenges and opportunities of how to better provide the necessary care for this unique patient population: Dr Aven Poynter, Clinical Assistant Professor, Dept. of Paediatrics, UBC and Dr Jana Davidson Clinical Professor and Head of the Division of Child & Adolescent Psychiatry at UBC and Psychiatrist-in-Chief at BC Children's Hospital. Dr Poynter highlighted two patient case studies of common complex

pediatric patients, identifying both the highly complex clinical needs, and the many different organizations and ministries they fall under – including all the administrative requirements on the part of the specialists providing the care in connecting with the many different programs and services.

Dr Davidson highlighted a new care model called [Compass](#) through which, a multidisciplinary group of clinicians provide child and youth mental health advice and support to local care providers over the phone. This program is aimed not only at creating a greater degree of access for child and youth mental health patients, but also providing local care providers access to high quality advice and support.

Participants in this session engaged in dialogue around the ongoing specialist challenges of dealing with chronic and complex patient populations, including a desire to trial new models of care through the use of multidisciplinary teams. There was substantial interest in further exploring the role of specialists in improving coordination in the new Primary Care Networks model currently being developed across the province. [Click here](#) to download the full presentation.

### Virtual Care: Where It Can Take Us

With the vast geography of BC, access to necessary services can be a significant challenge for some patients. This is where the use of virtual care or telehealth can bring substantial improvements to equity of access for both patients and providers alike. In this session, Dr Anurag Singh (Nephrologist), Dr Kendall Ho (Emergency Medicine Specialist) and Dr Shiraz Moola (Obstetrician/Gynecologist) shared their perspectives and experiences of utilizing virtual care in expanding access to their patients and creating efficiencies in their practices.

The session participants outlined the importance of using virtual care not only for patient access avoiding costly and time-consuming patient travel, but also to ensure provision of real-time coaching and support to rural and remote physicians by the larger centres. Physicians in urban settings also expressed a need for virtual care due to the lengthy waitlists they face despite being in larger centres.

Other questions and considerations included:

- How to measure patient experience in a virtual care environment;
- How to use telehealth in specialist practice;
- How to address scheduling and communication challenges;
- What virtual care system to use;
- How to integrate different systems for different care providers;
- Should virtual care only be used for quick consults or to provide more longitudinal care;
- What fee codes best support this model of care;
- How could overhead costs be minimized to make it easier to get started in providing virtual care; and,
- How to sustain the work being done.

Another critical element expressed by participants is the need to ensure that the necessary staff are present to help guide and translate the information for the patient, which may require looking at some unique funding models. [Click here](#) to download the full presentation.

### Ministry of Health Surgical Strategy and Future Priority Planning

In an effort to improve surgical services in BC, the BC Ministry of Health announced the Surgical Services Strategy in March 2018. This strategy prioritizes patients waiting for hip and knee replacement and use of innovative ideas to better manage waitlists and improve patients' experience of care.

This session was presented by four representatives: Ms Marilyn Copes (BC Ministry of Health, Co-Chair of the Provincial Surgical Executive Committee and Shared Care Committee), Dr Andy Hamilton (Anesthesiologist, Director of Surgery for Interior Health and co-chair Provincial Surgical Executive Committee), Erik Skarsgard (Surgeon in Chief at BC Children's Hospital, Professor of Surgery at UBC) and Susan Wannamaker (President, BC Children's and Women's Health, Vice President, PHSA at Provincial Health Services Authority). In this session, the participants received an overview of work to date and an opportunity to provide input and feedback regarding future priority planning.

In addition to the overview of the strategy, a surgeon and administrative lead from a site in BC brought awareness around some elements of the strategy that have been successfully implemented in a surgical site in BC.

Following presentations, it was widely recognized that this strategy will have a significant impact on each individual specialist, the sites they work in, as well as the health authorities' approach to meeting the ministry priorities. Feedback provided by participants included concerns around reliability of waitlist data, as well as the heavy focus on volume of treatments potentially at the cost of quality. Surgeons in particular pointed out a lack of access to operating room time and challenges of dealing with cancellations and issues outside of their control which also contribute to the lengthy waitlists faced in BC.

The ministry appreciated the feedback and agreed to continue these discussions with key stakeholders throughout the province to ensure the specialists have avenues to provide input and feedback on this and future strategies. [Click here](#) to download the full presentation.

### Patient Access to Specialist Consult and Care

Long waitlists are a challenge for many patients and providers across the province, especially considering the effect of BC's aging populations on demand for specialist consult and care. This session explored how specialists can coordinate with their colleagues to improve access by centralizing referrals.

After presentations by Dr John Oliver, Orthopedic Surgeon in Kelowna, Ms Shelley Luciw, Clinic Administrator, Kelowna Bone and Joint, and Mr Stefan Fletcher, CEO of RebalanceMD, participants in this session discussed potential barriers to transitioning to the 'central intake' and 'pooled referral' models of care. This transition requires a major culture change from practicing as an individual to practicing in a team, all the while having faith that there would be enough patients to go around without a need to "stock pile" through maintaining long waitlists. Both models presented are fully owned and operated by physicians in their community clinics, sustained by MSP billing. Presenters encouraged other groups to take the initiative to address the issues of access faced by their patients, including expanding into teams and looking for unique solutions to maximize resources. This may mean considering other healthcare providers who can augment specialist care through creating multidisciplinary teams. [Click here](#) to download the full presentation.

### Patient Medical Home & Primary Care Networks

Significant transformation is currently underway in primary care as the BC Ministry of Health, doctors, Divisions of Family Practice, health authorities and provincial partners work to create an integrated system of care across BC. In this session, Dr Shelley Ross and Shana Ooms, leadership from the General Practice Services Committee (GPSC), presented their vision of an integrated system of care, built upon [Patient Medical Homes](#) and [Primary Care Networks](#).

Participants in this session sought clarity on the allocation of resources, and on who has a say in the deployment of new resources. There was a significant desire expressed by specialists to be given greater consideration and input during the planning and development of Primary Care Networks. This is particularly important for patients with complex and chronic conditions who regularly see more than one physician, necessitating two-way communication between primary care and specialist care providers. In addition, participants also raised the issue of specialists' inability to 'refer' unattached patients back to primary care or PCN to ensure that they are connected with a primary care provider. The inability to do so often results in either the specialist providing the primary care or the patient being left unsupported over the longer term. GPSC leadership agreed that specialists need more fulsome involvement in primary care transformation and encouraged the engagement of specialists at a community level as the work evolves. [Click here](#) to download the full presentation.

### Team-Based Care

This session highlighted the development of multidisciplinary, team-based care within Rheumatology clinics around BC. Through the innovative use of the Section of Rheumatology's Labour Market Adjustment (LMA) fees, Dr Jason Kur (President, BC Society of Rheumatologists) demonstrated how the section of Rheumatology created a fee enabling the inclusion of nurses into their clinics.

Attendees participated in dialogue regarding the cost of implementing this new model including any potential impact on overhead. Based on data to date, this particular model has demonstrated sufficient value including increasing physician billings through increased efficiency. Dr Kur noted that quality of care, practice management and overall physician wellbeing

improved with the addition of nurses. Participants expressed significant interest in exploring similar models in their own practices of specialties as many of the learnings were transferable to other specialties. It was acknowledged that physicians do not receive business training and there is a need to address this gap by supporting physicians with the tools and learning to help enable more of these models to be trialed. [Click here](#) to download the full presentation.

### **Physician Wellness and Burnout: Don't Just Cope, Thrive**

Physician wellness and burnout have become significant topics of interest in the medical community as more and more physicians are facing the impact of burnout including the negative impact on patient care. This session highlighted examples of work taking place at the local level to help support the physician community.

Participant dialogue in this session focused heavily on the increasing demand on physicians to do more with less. Demands due to the complexity of patients, lengthy waitlists, increasing college regulation and a lack of control all contribute to the increasing numbers of physicians feeling burnout and or screening positive for depression. Participants also expressed a need for system change including guidelines to protect them against burnout that may introduce a limit on the number of demands, working hours, and workload volume, similar to other high-stress careers like police officers, emergency responders, etc. Despite acknowledging the resources available to support activities that individual physicians can implement to support their own wellness, participants in the session expressed a desire for this issue to be recognized as a system issue as opposed to something that individual physicians may address on their own.

### **Digital Health Strategy: Envisioning an Integrated System of Care**

As the medical landscape becomes more technically advanced, there is need for a comprehensive strategy to help make sharing of information efficient across all continuums of care. In this session, Dr Doug Kingsford (Chief Medical Information Officer of the Provincial Digital Health Initiative with the Ministry of Health, and CMIO and Executive Medical Director at Interior Health) presented on current work underway in BC aimed to help improve the integration, communication and coordination of patient care.

Participants expressed the current frustrations and the inability to share patient records across sites and regions which can negatively impact patient care. Part of the strategy includes a provincial working group to address issues of interoperability along with the necessary privacy and security concerns, that remain two main barriers to information sharing. It was also noted that other jurisdictions, including Alberta, have overcome some of these barriers and therefore have models we can learn from. As a result, the Ministry will be developing a digital health strategy outlining ways to incorporate technology in the health care system moving forward.



## Afternoon Workshop

Following a morning of fast-paced and informative breakout sessions, all participants gathered in the ballroom to participate in a facilitated workshop called an Open Space Forum<sup>1</sup>. The purpose of this session was to gather feedback from the participants in regard to the future of specialist care in BC. The forum enabled participants to generate their own discussion topics by completing what is referred to as a “sentence stem”. The following sentence stem was posed to the group: “In order to support specialists to provide the highest quality of care in BC now and into the future, I/we must pay attention to: \_\_\_\_\_”.

Participants generated over 30 responses and after grouping the responses into themes, 17 topic areas remained. For the full list of topics, please refer to Appendix A. Three rounds of small group discussions then took place where attendees self-selected the topics they wished to participate in and then voted on the topics they saw as having the greatest importance. Following is a summary of the top four highest scoring topics, themed by SSC staff and then tabulated as voted by the 200 participants.

*Note: The information below is a reflection of the comments made by participants as part of the small group discussions as captured by the note-takers. They may not capture the full scope of what was discussed and do not represent which comments received broad agreement or endorsement from the participants.*

### 1) Supporting High Quality Care in Community: 22% of votes

Subcategories: Complex Care, Supporting Community Specialists, Increasing Capacity in Community, Working to Scope, and Multidisciplinary Team-Based Care.

Participants initially identified the areas that are working within the scope of this section that included: the existence of some multidisciplinary teams serving distinct patient populations with positive outcomes, access to programs such as [RACE](#) and [Pathways](#), as well as the SSC’s incentive fees that support specialist-to-specialist and specialist-to-GP communication.

Participants identified the following areas for improvement:

- Acknowledge that a small percentage of complex patients can take a large percentage of clinician time
- Explore attaching ‘complexity’ scoring to the patient rather than a fee code
- Increase collaboration between specialists and GPs, including involving specialists in the development of Primary Care Networks
- Explore similar incentive fees for specialists that are available to GPs to address rising overhead costs
- Improve connectivity through IMIT systems, so patient records are easily accessible regardless of location
- Provide support and training to help physicians to work in teams including increasing access to virtual care
- Transform the existing culture so the physician is not obliged to be the de facto leader, which creates increased pressure/time demand.

### 2) Health Human Resource Planning: Physician Development, Recruitment, Retention and Succession Planning: 17% of votes

Subcategories: Retirement and Succession Planning, Preparing for Entry into Practice, Recruitment and Retention, Physician Talent and Leadership Development.

<sup>1</sup> Open Space Forum: A facilitators Guide

When identifying what's working in these areas, participants listed: streamlining of applications, programs supporting smoother transitions from medical school into practice, and access to training and support such as SSC's UBC Sauder Physician Leadership Program and SSC's Physician Leadership Scholarship Fund.

Participants identified potential areas for improvement as follows:

- Create a portal on the Doctors of BC website where physicians may access all information regarding retirement
- Help communities find ways to remove financial/logistical barriers to starting practice
- Increase mentorship opportunities
- Capture and promote successful transition examples for others to learn from
- Conduct a fulsome needs assessment of physician human resource needs
- Provide ongoing training and mentorship for different stages in a physician's career

### 3) Reducing Pay Disparity: 12% of the vote

The two areas that were identified where there is current activity on this topic were: Amount distributed to address specialist compensation disparity under the Physician Master Agreement, and specific Labour Market Adjustment fee codes supported by the SSC.

Participants identified potential areas for improvement as follows:

- Create a fairer process of distributing funding to address disparities
- Address the issue of money being reduced from one specialty not being redistributed to other specialties
- Create a fair way of compensation for complexity of patient
- Collect better data re: average billing, hours to help inform the process

The Specialists of BC held a separate session on Saturday, January 19 at which the issue of pay disparity was explored further.

*Note: Pay disparity across specialist sections falls outside of the SSC's mandate and therefore is not something that can be directly addressed through this committee. Specialist pay disparity is addressed separately under the Physician Master Agreement.*

### 4) Increasing Full-Service GPs: 11% of the vote

In this discussion, the areas identified as currently working included: an overall good communication between family physicians and specialists, primary care teams working towards providing greater support including afterhours care, and recognition that patients who have a family physician generally do better.

Participants identified potential areas of improvement as follows:

- Increase support for full-service family practices to address lack of access to primary care, causing specialists to fill the gaps
- Increase access to family physicians resulting in increased patient utilization of Emergency Rooms for non-urgent issues
- Find ways for specialists to refer unattached patients back to primary care to manage chronic conditions. Currently the specialists often end up taking on the longitudinal care path when dealing with patients with chronic conditions.



## Summary and Next Steps

The Specialist Symposium was developed as a way to engage all partners and stakeholders in collaborative discussion with front-line specialists to help inform the future work of the SSC and the SBC. The active dialogue and valuable feedback collected in the symposium has contributed to and further validated the input received from additional stakeholder consultations and engagement.

While the information in this report so far has been solely focused on the discussions at the Symposium, it is important to note and draw parallels to additional input gathered by SSC through other avenues, to ensure robust feedback from all stakeholders. Other stakeholder groups that SSC has engaged over the past year for capturing feedback include: Specialty Sections, Specialists of BC, health authority partners and leadership, SSC members and guests, BC Ministry of Health, and physician and staff leadership of active SSC initiatives. Four themes emerged from these broad consultations that include:

- Better supporting community specialists;
- Supporting multidisciplinary team-based care;
- Physician burden and burnout; and,
- Physician leadership and mentorship.

As can be observed, there are notable parallels between the emerging themes in the Symposium and the broader feedback collected by the SSC.

The Specialist Symposium Working Group and Specialist Services Committee will be reviewing the input and feedback collected throughout the Symposium along with information gathered through stakeholder consultation and engagement activities conducted over the past year to inform SSC's next three-year strategic plan from 2020-2023.

It is important to acknowledge that not all topics discussed in the symposium fall within the SSC's mandate. In instances where topics or ideas expressed by symposium participants and other stakeholders fall under another organization's mandate, we will share the feedback with them in an effort to advocate for the specialist voices across the province.

When the revised strategic plan is approved in the Summer of 2019, you will be able to find it on the SSC website at [www.sscbc.ca](http://www.sscbc.ca). It will also be sent out through our quarterly SSC Focus newsletter. To subscribe to our newsletter, email [sscbc@doctorsofbc.ca](mailto:sscbc@doctorsofbc.ca) with the subject line 'add me'.

To share any feedback in the meantime, feel free to contact us directly via email at [sscbc@doctorsofbc.ca](mailto:sscbc@doctorsofbc.ca).



## Event Evaluation

Evaluation results from Symposium participants were quite positive with the following average ratings.

- 95%** Of the participants said the Symposium created opportunities for physicians to provide feedback on emerging issues impacting specialists care in BC
- 96%** Of the participants agreed the Symposium enabled frontline and specialist champions to contribute thoughts and ideas to inform SSC's future priorities
- 92%** Of the participants said the Symposium created opportunities for collaborative discussion across specialty disciplines and system partners regarding ways to improve patient care in BC

[Click here to download the full evaluation Summary.](#)

Here are a few areas that the event participants identified as being most fruitful:

- Discussions and exchanges of ideas with others
- Discussion in the afternoon
- The ability to find out and give feedback to the SSC
- Multi-disciplinary discussions of all specialists & GPs all at different stages of practice
- Round table discussions & brainstorming exercise
- Discussion and open dialogue of specialist work and care in the province with a focus on QI initiatives
- Networking, sharing ideas with colleagues and ability to work together

And a few general comments:

*"Excellent platform for discussion"*

*"Keep up with this good work"*

*"Thank you for holding today's session!"*

## Appendix A – Workshop Topics

As part of the afternoon workshop, participants identified issues they wished to discuss by answering the following sentence stem: “In order to support specialists to provide the highest quality of care in BC now and into the future, I/we must pay attention to:\_\_\_\_\_”.

After several rounds of dialogue, participants voted on what they felt were the top priorities. Below is the result of this process, including the topic theme and value associated to it based on the number of votes.

	<b>Topic</b>	<b>Value</b>
1.	High Quality Care in Community	22%
2.	HHR: Physician development, Recruitment and Retention and Succession Planning	17%
3.	Reducing Pay Disparity	12%
4.	Increasing Full-Service GP's	11%
5.	Comprehensive Tech in Clinical Practice	7%
6.	Patient Centered Care	6%
7.	Burden through Regulation	6%
8.	Managing Waitlist	5%
9.	Collective Representation for Patients	4%
10.	Generalism	2%
11.	Innovation	2%
12.	Diversity Among Members	2%
13.	Ways to Support Colleagues	1%
14.	Vulnerable Populations	1%
15.	Procedures and Tests	0%
16.	Integration (education)	0%
17.	Equity of Access	0%