



## Engagement

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Dear Colleagues,

Family physicians continue to experience a degree of unrest in several parts of the country. Even when times are difficult, the public continues to appreciate the ongoing care they get in family practice, even though members of our profession might not always feel appreciated by government and other decision makers. It is tempting, during such times, to save one's energy for the clinical care we provide and take a pass on hospital or regional health authority advisory committees.

The aim here is not to take sides, but rather to remind ourselves of the importance of physician engagement in health and health care. This article looks at activities family physicians can take part in in the medical and organizational worlds with the objective of system improvement. There is emerging evidence that high-performing health care systems are associated with higher levels of physician engagement.<sup>1,2</sup> What then are some of the key elements that best enable such focus on system improvement?

- Trusting relationships between organizations, such as health authorities and governments, and the medical profession are essential; without this, it will be difficult to arrive at a shared vision and common goals.
- A culture of collectively wanting to better deliver on high-quality health care, support better working conditions, and achieve local improvement is a powerful driver for physician engagement.
- Connecting with physicians in their clinical context is key. Clinical units (microsystems such as group family practices or regional groups) provide good opportunities for physician engagement; FPs can build upon their leadership in clinical care and the relationships they have established with administrative staff to engage in quality improvement and local system improvement.
- Physicians assuming defined leadership roles in organizations is necessary but insufficient to achieve sustained improvement. Physician leadership and engagement must happen at all levels within organizations. In British Columbia, for example, through important partnerships between communities, patients, regional health authorities, the medical association, and the Ministry of Health, physicians are involved in 3 interdependent key initiatives: clinical care management, integrated primary and community care, and the National Surgical Quality Improvement Program. "The vision is 'top enabled,' and the improvement in care is 'bottom driven.'"<sup>2</sup> There is a common understanding that individual and population health are both important and both must be addressed

in an integrated fashion to achieve high-quality care and improved population outcomes. This is accomplished by recognizing the contributions of physicians, providing educational and mentoring opportunities, and removing financial barriers that might affect such opportunities.<sup>2</sup>

- Physicians who assume responsibilities in health system improvement might be perceived as having moved to "the other side" or to "the dark side." This might come, in part, from the fact that the medical profession is less concerned, in its day-to-day preoccupation, with the preservation of organizations or achievement of financial benchmarks. As physicians, we are preoccupied with caring, in the best possible way, for each patient we see, and with improving his or her situation, as well as broader population outcomes. There are also demands on our time that might interfere with our clinical responsibilities. It is important for organizations to pay attention to the work experience of physician leaders.
- The concept of "compacts"<sup>1</sup> is emerging as an enabler to build links between physicians and organizations, describing what organizations and those who work for them owe to one another. Divisions of family practice in British Columbia<sup>2</sup> and the Physician Engagement Agreement at the Ottawa Hospital in Ontario<sup>3</sup> are examples of initiatives where compacts have been used successfully to build links between the medical profession and administration or management, and to clarify the goals, aspirations, and expectations of both parties.

The CFPC's vision of the Patient's Medical Home provides an example of a microsystem where engagement of clinicians with organizations is facilitated. In high-functioning settings, there is evidence of improved satisfaction by patients and clinicians, as well as improved outcomes.

Embracing physician engagement in these challenging times might be more important than ever. The just-released "Innovation in Primary Care: Effective Primary/Secondary Care Interface"<sup>4</sup> provides wonderful examples of situations where physicians, concerned about timely access to care for their patients, join forces with one another, with other providers, and with organizations, to achieve system improvement and better patient care. 🌱

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### References

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Cet article se trouve aussi en français à la page 175.