

# The ideals of balance and harmony

## How to measure performance in family practice

Story by Sarah de Leeuw

**D**r George Southey sings in a choir. He's also an avid windsurfer who loves to ski. On first glance these pastimes might not appear to have much in common. Ask George about the activities, however, and he'll explain the similarities, all of which make them so appealing to him.

"There is a beauty in harmony," observes Dr Southey. "You get this tingling feeling. A feeling of the sublime. Where everything is in perfect harmony. Voices in a choir. The beauty of a body balancing in nature, moving in snow. Or water. Wind. Sail. It doesn't always work perfectly, but when it does ... harmony ... well, it's physical poetry."



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Dr Southey's search for harmony and balance might also come from long nights at his family's kitchen table. His father was a litigator. George's brother is a lawyer too. And his sister spent years serving iconic Canadian institutions like the CBC and the CRTC (Canadian Radio-television and Telecommunications Commission). His family lineage reaches back into Canada's North-West Mounted Police force and the Riel Rebellion of 1869.

Fairness and justice were at the heart of many family dinner debates.

And at the heart of philosophical questions about fairness and justice are always issues of harmony and balance.

"The legal cases Dad brought home and we debated, those were our bread and butter around the family table. They were steeped into our bones. The broader issues our family discussions always touched on were ideals. How do you preserve ideals? How does change occur

without compromising ideals? How do you care for individuals while maintaining obligations to a larger group?"

Becoming a family physician was, laughs George, a bit of an affront to a family tradition. People who shared his genes tended to work on legal things, things to do with justice. Maybe, then, it's a case of the apple rarely falling too far from the tree: by the late 1980s, Dr Southey was asking legal-esque questions about family medicine. And about ideals. "How can family doctors be generalists, with knowledge in every field, all this while doing well with our practices and preserving our principles and ideals?" These questions were in part motivated by another observation of Dr Southey's: "I noticed behaviours that weren't, well, that weren't entirely in keeping with the ideals I grew up with and were taught in medical school."

Dr Southey wasn't so much concerned with specific incidents: he was more interested in understanding broad patterns of human behaviour, especially in family practice settings. It came back to ideals and principles for him. So, how to collate evidence about why people behaved in certain ways? "I wanted to look at whether or not medical practice [in clinics across Ontario] fit with the expectations of the doctors *and* the expectations of patients. I wanted to gain insight into how doctors think and act if problems arise in terms of what's expected of us as family physicians."



PHOTO LEFT Dr Southey by Lake Ontario: In life and in practice, finding balance helps us in our journey. PHOTOS RIGHT (Top) While each relationship is unique, the principles are consistent. (Bottom) Stuck between a rock and a hard place? Look for balance and harmony.



The trouble was, as Dr Southey quickly points out, “If you can’t measure it, you can’t manage it.”

So Dr Southey became a kind of pioneer in the area of measuring ideals and expectations about efficiency. He argues there’s a compelling association between how efficiently and effectively a medical system operates and the strength of comprehensive primary care that values relationships based on access, knowledge, trust, and sensitivity—both between clinicians and patients and within the team.<sup>1-8</sup> “Needs and expectations always need to be balanced. But there has to be a sense of ‘achieved quality.’ That’s the foundation.

If you feel you’re being asked to do things that don’t make sense, as a patient or a physician, you end up with cognitive dissonance.”

George Southey was an early embracer of electronic medical records (EMRs). Back in 1989, he chose EMR software that would allow a user to pull information, to “play with the data,” as he puts it. Early on, working with the records allowed him to “pull out data and give feedback to people in my practice.” He was interested in efficiency and comprehensive primary care.

By 1993, the work Dr Southey was doing had caught the attention of the College of Physicians and Surgeons

## “ HEALTH CARE EQUALS A BALANCE BETWEEN DOCTORS’ AND PATIENTS’ EXPECTATIONS ”





of Ontario and he was recruited to act as a peer assessor for other practices using EMRs.

"I looked at more than 300 practices across Ontario. Suburban, rural, urban, special needs, northern. We covered almost everything. Most practices were quite good, less than 10% received minor suggestions for improvement, and less than 1% had deeper difficulties. Practices with challenges often appeared to have drifted away from the doctor's ideals and principles, and the patients' expectations were no longer adequately addressed. The thing is, if you work in a feedback vacuum, you can lose your focus on your purpose."

Thinking about providing productive feedback concerning performance resulted from years of working with deep data provided by EMRs and from experience on "the front lines" at Dorval Medical in Oakville, Ont, a clinic Dr Southey founded based expressly on ideals and principles of access, knowledge, trust, and sensitivity—to which he brought further ideals of renowned author Daniel Pink who argues that motivation for individuals comes when there is a sense of purpose, autonomy, and mastery. He committed years of providing care anchored in these ideals—and by all accounts, measurements indicated considerably improved efficiency with high achievement of quality.

Dr Southey believes, deeply, that family practice in Canada is striving toward an elevated set of ideals: "Health care equals a balance between doctors' and patients' expectations. There has to be harmony there. When the two overlap, when there's resonance, there's a wholeness. A completeness. In clinics where a doctor's ideals or principles are not being met, [the doctor] can feel trapped. The majority of Canadians do feel well served by family doctors. But we do see people caught in negative situations. In many cases, it has to do with a loss of focus on our humanity. We have to remember technology can't compete with the power of the human relationship. We all need a familiar, friendly face looking out on our behalf. There needs to be formalized acceptance of feedback between the public and professionals to reinforce the value of relationships in family

practice. Measuring and assuring the (patient-centric) relationship brings satisfaction to both the patient and the doctor. It also lays the foundation for the system's quality, equity, and efficiency."

That formalized acceptance Dr Southey is talking about will require adaptation and comes back to George's appreciation of measurement and data. To support ideals and principles. Which, he admits, are also often changing and evolving.

Not that this troubles him at all.

In fact, perhaps in deference to those complicated legalese conversations at the family dinner table all those years ago, George Southey remains committed to the realization that, even being guided by principles, ideals are never fully achievable: "We always have to adapt. Adaptation is never easy, but it's always exactly what has to happen. A dream always evolves. But we can never give up on our dreams." 

**Dr Southey** is a family physician in Oakville, Ont, where he lives, practises and enjoys his relationships with 1400 patients. In addition to many quality peer assessments, he has provided consulting on primary care quality by analysis, expert opinion, and testimony in more than 170 regulatory and legal cases.

**The Cover Project** The Faces of Family Medicine project has evolved from individual faces of family medicine in Canada to portraits of physicians and communities across the country grappling with some of the inequities and challenges pervading society. It is our hope that over time this collection of covers and stories will help us to enhance our relationships with our patients in our own communities.

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**PHOTOS** Dr Southey with patient Bev Armstrong. For Dr Southey, this is what it is all about: the long-standing, complex, and human relationship.

**PHOTOGRAPHER** Laura Bombier, Toronto, Ont