



Involving Family Physicians in Health Reform

Tips for Ontario Health Teams

Family physicians (FPs) see more patients than any other part of the healthcare system and know first-hand where the system has fallen short and where more help is needed. The evidence is clear: organizations that effectively engage physicians in health system design, change processes, and leadership development opportunities are more likely to experience improved outcomes.

As you involve FPs in your Ontario Health Team (OHT) efforts, here are some tips for success.

Wondering why it may be challenging to get family physicians involved in your OHT?

- The average FP cares for 1,200 patients, often with little administrative supports or teams.
- Unlike other health sectors that are equipped with large infrastructure, FPs mostly work independently with their own staff; and, with varying levels of formal accountability based on their practice type, including access to staff resources to support quality improvement.
- Our recent OCFP membership survey underscores FPs' daily challenges of paperwork, workload/burnout and managing patient expectations.
- Many communities rely on FPs, who are also hospitalists or who also work at the Emergency Department, to staff their hospitals and to be on call.
- Most FPs view meetings as time away from patients and from their personal lives; finding replacements for clinical duties can be challenging.
- FPs are more likely to engage if they are asked by a peer, especially around health system changes.
- 50% of FPs are primarily paid fee-for-service, so time away from their clinic is direct income lost. While the financial impact is less for those practising on a capitation basis, they still have their patient responsibilities that must be done by others or otherwise delayed. *Often the FP is one of the few around a meeting table who is not being paid to be there.*
- With experience and training in population health and community-based medicine, FPs are highly qualified and uniquely positioned to inform health system change. **Thus, engaging FPs for their valuable insights will enhance and enrich the work of your OHT and benefit the patients you seek to serve.**

So how can you best engage FPs in OHT work? See next page for considerations →

Principles of Meaningful Involvement of Family Physicians in OHTs

1. Planning and Preparation

- Present a solid value proposition for family physicians (FPs) by providing a clear answer to the question: “how will this make it easier for me to do a good job for my patients?”
- Involve FPs from the beginning and co-develop a clear but flexible strategy to encourage FPs’ participation.
- Seek out a locally-identified, well-respected and connected family physician as a champion.
- Be prepared to enable face-to-face individual outreach.
- Eliminate physical and financial barriers to FPs’ participation. For example, schedule meetings outside of normal clinical hours and in convenient locations.
- Promote the availability of Continuing Professional Development credits to FPs engaged with your OHT work. *FPs can now earn up to 60 Mainpro+® certified credits for participating in OHT work*

through OCFP’s [OHT Planning and Delivery of Integrated Care program](#).

2. Transparency and Trust

- Trust takes time to develop: open communication is a key variable for success.
- Be transparent about purpose, accountabilities, expectations and constraints.
- Be clear about how FPs’ input will be used.

3. Inclusion and Demographic Diversity

- Engage with the full diversity of primary care settings, models and providers, including rural, urban, group and solo practitioners, who will be impacted by proposed decisions and initiatives.

4. Collaboration, Shared Purpose, Openness and Learning

- Be responsive to FPs’ input and provide updates on progress and/or outcomes.

- Use appropriate engagement and change management methods such as forums led by FPs and for FPs.
- Monitor and evaluate engagement effectiveness.
- Create realistic timelines and understand FPs’ time constraints.

5. Sustained Engagement

- Demonstrate the link between FPs’ involvement and results. For example, explain how their involvement will help release more time for care and improve patient outcomes.
- Ensure ongoing communication with FPs, including with those who have not been able to attend in-person engagement sessions.
- Be clear about time commitment – monthly or otherwise – and over what period of time.

Visit OCFP’s [dedicated OHT webpage](#) for up-to-date information, and feel free to reach out to us at ocfp@ocfp.on.ca with any questions.

Sources used in the development of this piece:

Engaging Primary Care Physicians in LHIN Processes: “Primary Care Physician Engagement Resource Guide & Toolkit”. Toronto Central LHIN. December 2010
Denis J-L, et al. Exploring the Dynamics of Physician Engagement and Leadership for Health System Improvement. Saskatchewan Ministry of Health. 2013
Evidence Brief: Preparing for a Devolved, Population-Based Approach to Primary Care. OCFP. October 2015
What the FIG/FIT/FOE? Decoding Ontario’s Family Practice Models. iamsick.ca blog. 2015

