



Physician  
Health Program  
British Columbia

# 2014

ANNUAL REPORT



## BACKGROUND

The Physician Health Program has been operating since 1979 as a confidential support service for physicians.



Over the years, the mandate of the Physician Health Program has expanded from a focus solely on substance use issues to include a full range of mental and physical health issues, as well as both personal and professional relationship stress.

The range of services provided now includes clinical counselling, assistance with attachment to family physicians, and occupational health assessments. Outreach services are also provided in the form of accredited learning events. These services are available to both physicians<sup>1</sup> and their families.

Funding for the Program expanded in 2006 when the Ministry of Health began matching the funding contributed by the College of Physicians and Surgeons of British Columbia (CPSBC) and the BC Medical Association (BCMA). In 2006, the Physician Health Program became an independent non-profit society. As a result of a 2011 review of its governance model, the Physician Health Program became a department of the Doctors of BC on April 1, 2012.

## MANDATE

### THE PHYSICIAN HEALTH PROGRAM OF BC HELPS PHYSICIANS AND THEIR FAMILIES BY:

- Fostering an environment of health and wellness;
- Offering prompt personalized assistance with a variety of issues including (but not limited to):
  - physical health,
  - mental health and addictions,
  - difficult relationships;
- Advocating for the individual and collective health of physicians.

### THE PROGRAM DELIVERS ON THIS MANDATE THROUGH TWO SETS OF OPERATIONS:

1. **Member Assistance (Clinical) Services:**  
when physicians and trainees present themselves to us, we provide prompt personalized assistance; and
2. **Learning & Wellness (Outreach) Services:**  
we seek and accept invitations from groups of physicians to facilitate their learning about their own health and wellness.

<sup>1</sup> In this document, when we use the term “physicians” it should be understood to include trainees (medical students and residents).

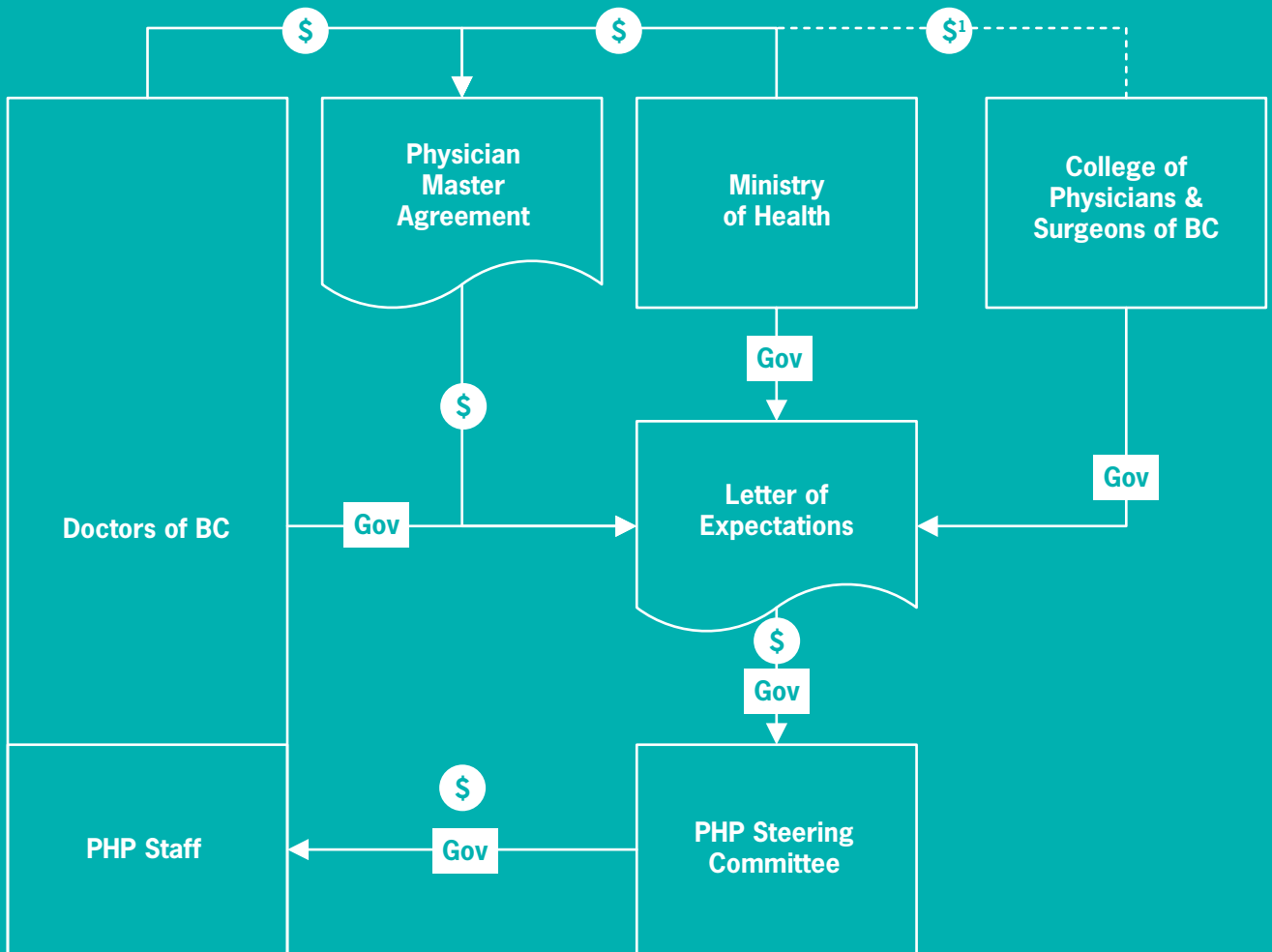
## ORGANIZATIONAL STRUCTURE

The Physician Health Program exists as a joint venture of the three parties who provide its funding, and who also provide governance to the Program through a Steering Committee whose structure they have jointly defined.

The financial resources contributed by the three funders are specified in the Physician Master Agreement.

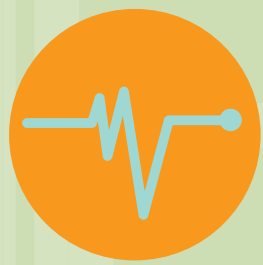
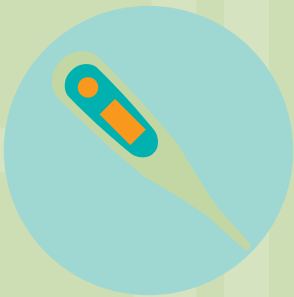
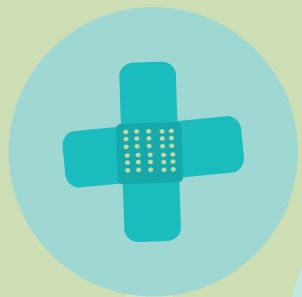
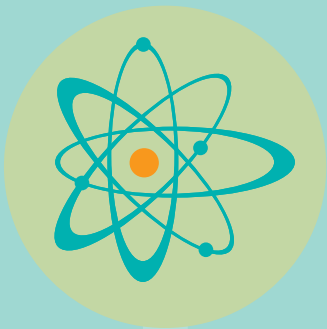
The resources invested into the program include a budget of \$1.2 million dollars per year, 25% from the Doctors of BC, 25% from the College of Physicians & Surgeons of BC, and 50% from the BC Ministry of Health. The Steering Committee consists of five members. Each funder appoints one member, then two additional members-at-large are selected by the original three. A Letter of Expectations, signed by the three funders, defines the role of the Steering Committee in governing the Program.

Program staff are employees of the Doctors of BC, reporting through an Executive Director to the CEO of the Doctors of BC.



1 The College of Physicians & Surgeons is not a party to the Physician Master Agreement. However, its contribution to the Physician Health Program is referenced in the Agreement.

REPORT ON ACTIVITIES



## Member Assistance (Clinical) Services

### SERVICE QUANTITY

	<i>Reporting Period</i>		
	Fiscal 2012	Fiscal 2013	Fiscal 2014
<b>Intake Method</b>			
Intake through Member Assistance Provider (PPO)	343	394	336
Intake through PHP Admin Office	99	110	116
<b>Total New Cases at Intake</b>	<b>442</b>	<b>504</b>	<b>452</b>
<b>Relationship of Help Seeker to Eligible Member</b>			
Self	386	437	380
Spouse/Partner	45	48	47
Child/Dependent of Physician	10	17	19
Other <sup>1</sup>	1	2	6
<b>Total</b>	<b>442</b>	<b>504</b>	<b>452</b>
<b>Career Stage of Eligible Member</b>			
Practicing physician	317	346	315
Resident/Fellow	69	93	72
Medical student	54	61	60
Retired	2	4	5
<b>Total</b>	<b>442</b>	<b>504</b>	<b>452</b>

<sup>1</sup> Concerned third parties who are not physicians/trainees or their family members.

	<i>Reporting Period</i>		
	Fiscal 2012	Fiscal 2013	Fiscal 2014
<b>Principal Service Provided</b>			
Refer <sup>1</sup> to Preferred Provider Organization (PPO)	222	329	204
Connect <sup>2</sup> to Family Doctor	128	123	149
Refer to Occupational Health Assessment	40	47	63
Provide <sup>3</sup> 24/7 Intake (Crisis support)	30	23	47
Provide Peer Support	66	25	28
Coordinate <sup>4</sup> Workplace Relationship Improvement	33	19	22
Coordinate Approach to Physician-at-Risk	20	14	15
Coordinate Return-to-Work	11	6	8
Refer to Resource outside PPO	13	29	51
Connect to Resource outside PPO	7	12	14
<b>Total</b>	<b>570</b>	<b>627</b>	<b>601</b>
<b>Principal Issue At Intake<sup>5</sup></b>			
Individual Mental Health	161	206	201
Marital/Family	120	151	128
Work/Occupational Issues	114	108	80
Substance Use	24	15	22
Other	23	24	21
<b>Total</b>	<b>442</b>	<b>504</b>	<b>452</b>

1 Refer means to offer a resource outside PHP who will provide a service to the client. Information about the client is exchanged directly with the resource, and the PHP pays (part of) the cost of service to the client.

2 Connect means to offer a resource outside PHP from whom the client may obtain service. Information about the client is not exchanged with the resource, and no payment is made on behalf of the client.

3 Provide means to render a service to the client directly by PHP staff.

4 Coordinate means to offer a complex range of services, some provided by PHP staff, and some by resources outside the PHP.

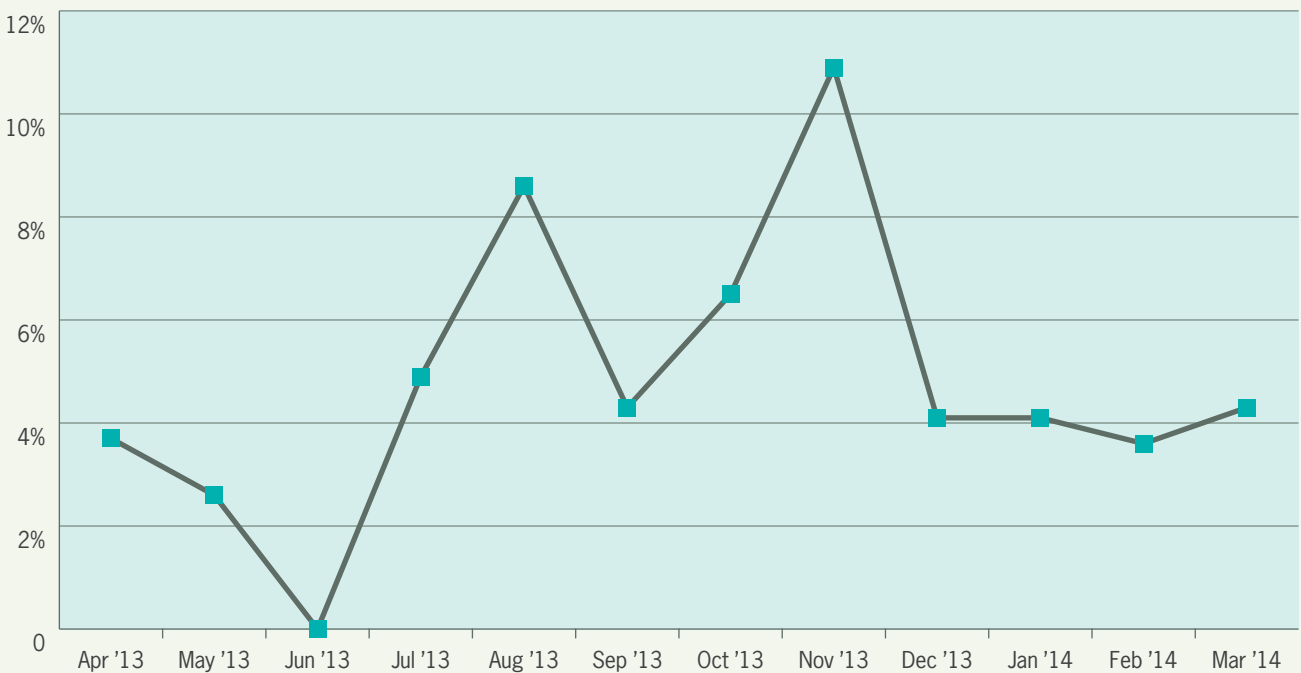
5 Excludes connection to family physician.



## SERVICE QUALITY

The Program is currently developing a broad range of metrics to measure service quality. At this moment, we have implemented the measurement of caller wait time and call abandonment on our 24/7 help line. We have service-level agreements in place with the provider of these services, so that financial penalties are imposed when service levels fall below the standard agreed upon.

### Abandoned Calls Fiscal Year April 1, 2013 – March 31, 2014



Wait Time (Seconds)	2013						2014					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0-29	73	68	79	71	69	87	88	83	73	81	70	72
30-59	9	6	1	1	2	5	1	1	4	1	3	6
60+	0	0	7	9	10	4	18	17	21	15	9	14
Total Monthly Calls	82	74	87	81	81	96	107	101	98	97	82	92
<b>Total Abandoned Calls</b>	<b>3 (3.7%)</b>	<b>2 (2.6%)</b>	<b>0</b>	<b>4 (4.9%)</b>	<b>7 (8.6%)</b>	<b>4 (4.3%)</b>	<b>7 (6.5%)</b>	<b>11 (10.9%)</b>	<b>4 (4.1)</b>	<b>4 (4.1%)</b>	<b>3 (3.6%)</b>	<b>4 (4.3%)</b>

## Outreach Services (Learning & Wellness)

### SERVICE QUANTITY

Three different metrics for measuring service **QUANTITY** appear in this report. These are:

1. **Learning Events:** The number of events that occurred within the fiscal year.
2. **Participants:** The number of people who participated in the learning events.
3. **Contact Hours:** The number of participants in each event, multiplied by the duration of the event, then summed.

This table shows a count of Learning Events broken down by service package.

Service Package	Reporting Period		
	Fiscal 2012 <sup>1,2</sup>	Fiscal 2013	Fiscal 2014
Administer Accreditation	8	5	3
Deliver Presentation	10	5	13
Facilitate Interactive Learning Session	51	38	64
<b>Grand Total</b>	<b>69</b>	<b>48</b>	<b>80</b>

1 Data before April 2012 is estimated.

2 Fiscal years ending March 31.

This table shows the count of participants in the events, again broken down by service package.

	<i>Reporting Period</i>		
	Fiscal 2012	Fiscal 2013	Fiscal 2014
<b>Total Participants<sup>1</sup></b>			
Administer Accreditation	30	39	18
Deliver Presentation	945	162	608
Facilitate Interactive Learning Session	362	552	478
<b>Grand Total</b>	<b>1337</b>	<b>753</b>	<b>1104</b>

These data are conservative estimates based in part on records of attendance that were collected at most, but not all, events. Actual numbers of participants are likely higher.

The following table shows the total contact hours with participants. This metric takes into account the varying length of the learning events. For example, an event which is one hour long and has ten participants would result in 10 contact hours. Another event that is two hours long and has 10 participants would result in 20 contact hours.

	<i>Reporting Period</i>		
	Fiscal 2012	Fiscal 2013	Fiscal 2014
<b>Total Contact Hours<sup>2</sup></b>			
Deliver Presentation	2115	95	608
Facilitate Interactive Learning Session	410	550	475
<b>Grand Total</b>	<b>2525</b>	<b>645</b>	<b>1083</b>

1 The numbers of participants were estimated for a portion of the learning activities where exact participant counts were unknown.

2 The length of the activity was estimated for all learning activities based on the service package type.

## SERVICE QUALITY

The following tables are showing a measure of service **QUALITY**. Currently, our quality metrics are based solely on learners' self-reported levels of satisfaction with the learning experience.

### RESPONSE RATES

This table shows the number of evaluation forms received, divided by the estimated attendance at all events in the period, expressed as a percentage. Response rates are broken out by the topic category.

Topic Category	Reporting Period		
	Fiscal 2012	Fiscal 2013	Fiscal 2014
Effective Conversations Workshops	99%	11%	40%
Peer-Led Group Interactions (PLGIN modules)	33%	31%	23%

The overall low PLGIN evaluation response rate is likely due to the high proportion of residents (postgraduate trainees) who participated in PLGIN modules. Residents are not eligible for CPD credits. Therefore they tend not to submit evaluation forms at the conclusion of learning events.

## CONTENT RELEVANCE

This table shows the percentage of responses to the evaluation question  
**“I found this content relevant to my work and life.”**

Topic Category	Response	Reporting Period			Average
		Fiscal 2012	Fiscal 2013	Fiscal 2014	
Effective Conversations Workshops	Agree or Agree strongly	97%	100%	100%	98%
	Disagree, Disagree Strongly or Neutral	3%	0%	0%	2%
Peer Led Group Interactions	Agree or Agree strongly	100%	98%	100%	>99%
	Disagree, Disagree Strongly or Neutral	0%	2%	0%	<1%

PLGIN evaluations were not consistently collected and recorded in 2008, 2009, 2010 while the content was under active development.

## TENDENCY TO RECOMMEND

This table shows the breakdown of responses to the statement  
**“I would recommend this workshop to others.”**

Topic Category	Response	Reporting Period			Average
		Fiscal 2012	Fiscal 2013	Fiscal 2014	
Effective Conversations Workshops	Agree or Agree strongly	97%	100%	98%	99%
	Disagree, Disagree Strongly or Neutral	3%	0%	2%	1%
Peer Led Group Interactions	Agree or Agree strongly	100%	98%	97%	98%
	Disagree, Disagree Strongly or Neutral	0%	2%	3%	2%

## KEY ACHIEVEMENTS

This year the program selected a new strategic partner to provide 24/7 member assistance service.

The PHP now can monitor and continuously improve the quality of services provided.



In August 2013, Dr. Samantha Kelleher, who had represented the College of Physicians and Surgeons on the committee, relocated to Manitoba and was replaced by Dr. Ailve McNestry, who is now the Deputy Registrar responsible for physician monitoring.

Although meeting frequency decreased, intensity increased, as the committee grappled with difficult decisions regarding the refinement and approval of a strategic plan for the program. There are many good ideas circulating in the community about services the program could provide. However, there are not enough resources within the current funding envelope to implement all these ideas sustainably. Difficult decisions may lie ahead. At this point, the committee does not have enough certainty about the wishes of stakeholders to make those decisions responsibly. Therefore, the committee instead approved an interim strategic plan, to maintain existing services while gathering the information needed to make important and difficult decisions in future. The plan calls on the program to speak individually to representative stakeholders through semi-structured interviews, and to supplement this with other informal input gathering activities. The results of all these conversations will be summarized and reported. By completing the activities contained in the interim plan, the committee will arrive at a place where it can make important and difficult decisions with clarity and transparency.

Operationally, the program made an important transition this year by selecting a new organization as a strategic partner in the provision of its 24/7 member assistance service. Thanks to this transition, the program was able to implement service level agreements so that the quality of services provided to members can be monitored and continuously improved.

**THE THREE KEY OBJECTIVES IN THIS INTERIM PLAN ARE:**

1. Continue to refine and improve client services.
2. Enhance program governance and administration.
3. Strengthen relationships between the Physician Health Program and those it serves.

## APPENDICES

### Committee Membership

**Dr. Dorothy. L. (Sam) Williams**

Member at Large, Chair  
Geriatric Medicine, Island Health  
Chief of Staff, West Coast General  
Hospital, Port Alberni

**Dr. Shao-Hua Lu**

Appointed by the Doctors of BC  
Addiction and Forensic Psychiatry,  
Vancouver

**Mr. Kevin Warren**

Appointed by the Ministry of Health,  
Victoria

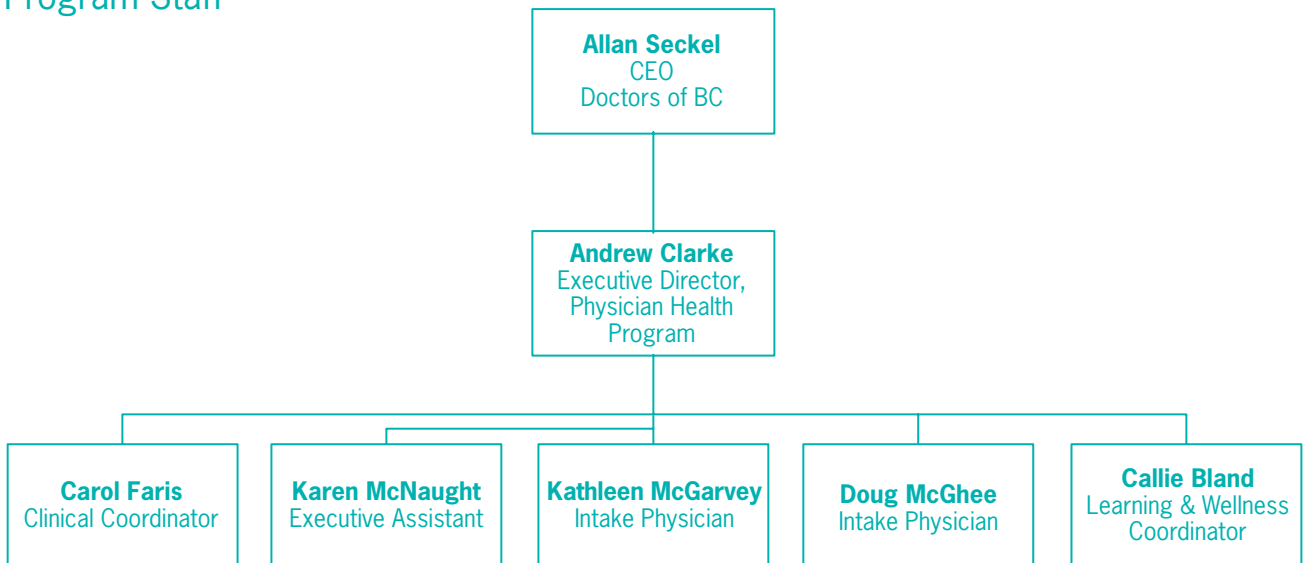
**Dr. Ailve McNestry**

Appointed by the College of  
Physicians & Surgeons of BC  
Family Practice and  
Occupational Medicine  
Deputy Registrar, CPSBC,  
Vancouver

**Dr. Yusuf Bawa**

Member at Large  
Family Practice  
Medical Director, Fraser Health,  
Langley

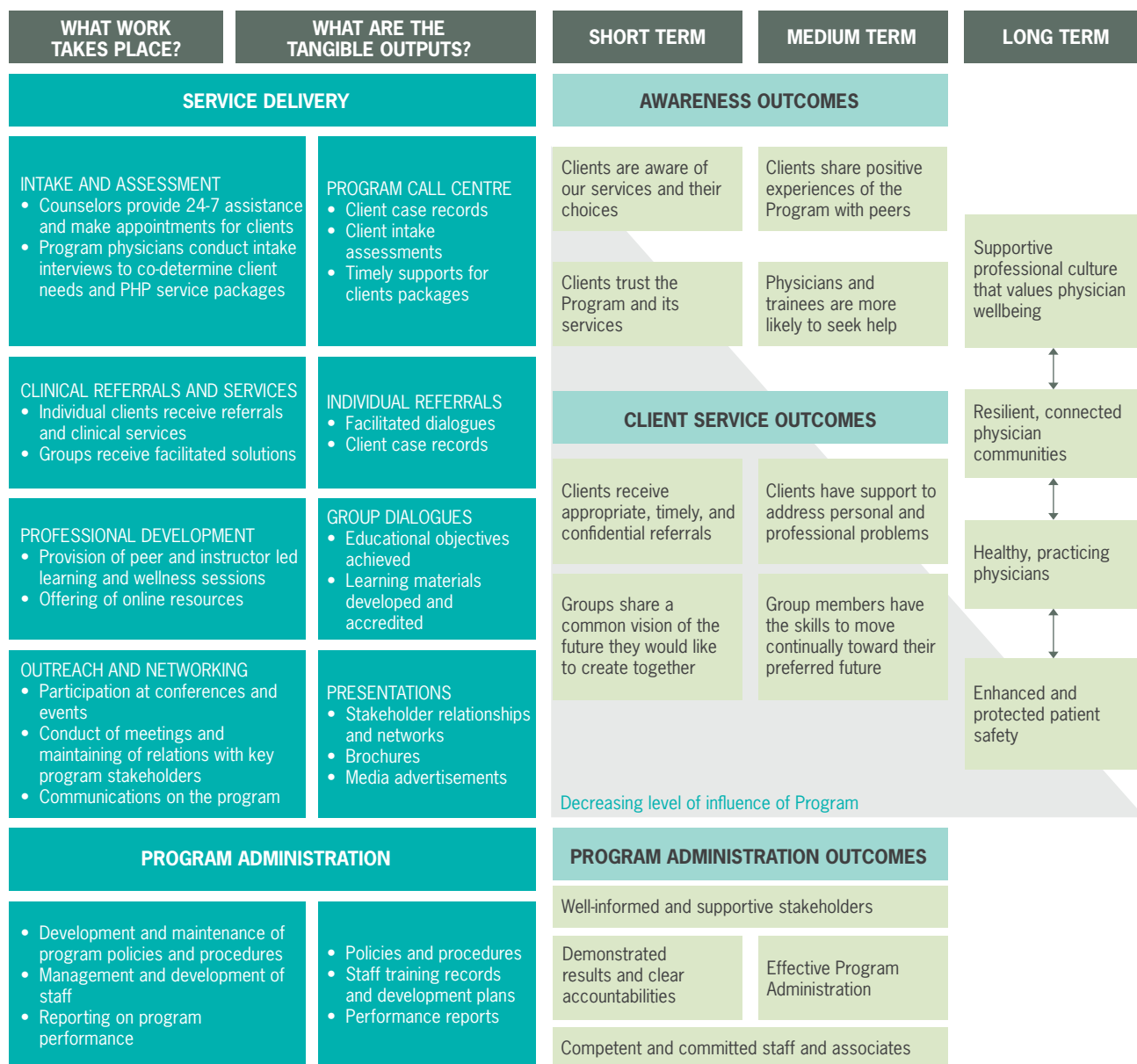
### Program Staff





## Logic Model

**MISSION:** The Physician Health Program of BC helps physicians, trainees, and their families by: fostering an environment of health and wellness; offering prompt, personalized assistance with a variety of issues including (but not limited to) physical health, mental health and addictions, and difficult relationships; and, advocating for the individual and collective health of physicians.



### CLIENTELE

- Physicians
- Residents
- Medical Students
- Retired Physicians
- Immediate Family Members

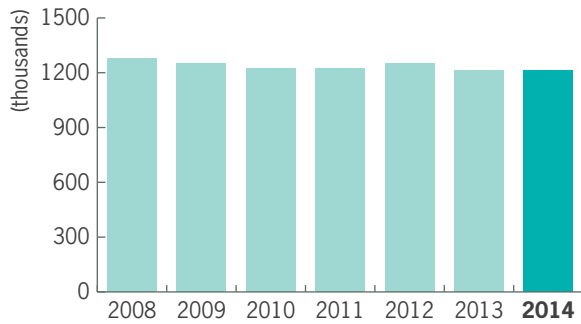
### RESOURCES

- Tripartite Funding (\$1.2MM/y)
- Four Employees (3.6 FTE)
- Two Sessional MDs (0.6 FTE)
- Office Space
- Equipment
- Purchased Svcs

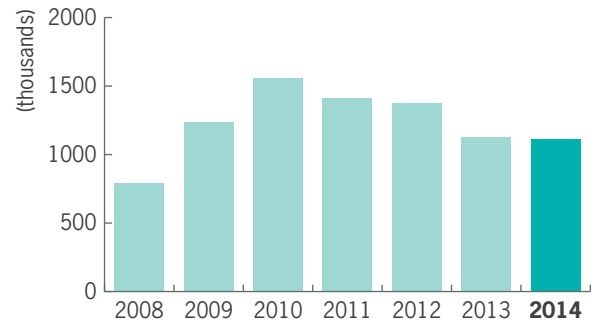
## FINANCIAL RESULTS

Audited financial statements and the auditors' report are available upon request.  
 Years ending March 31 (in Canadian dollars)

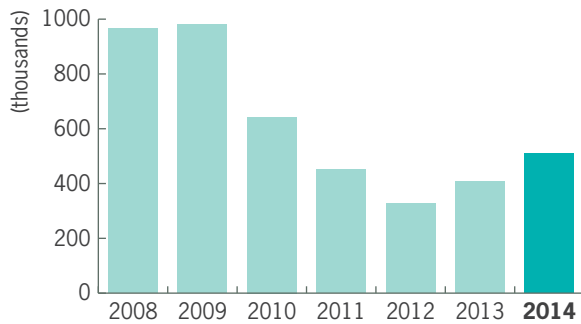
### INCOME



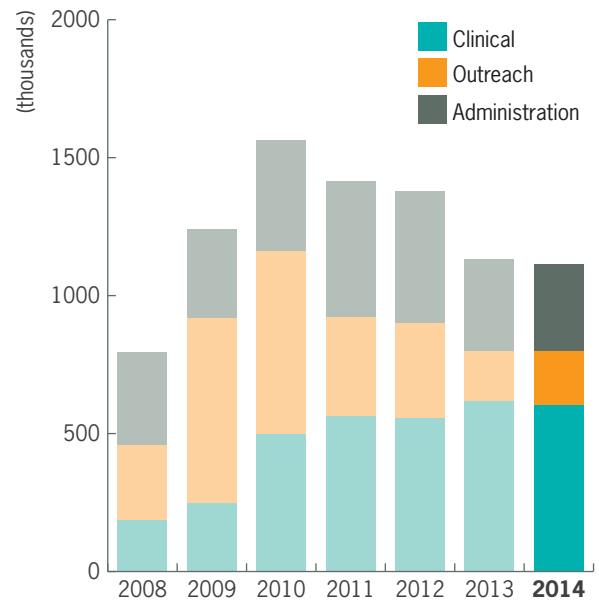
### EXPENSES



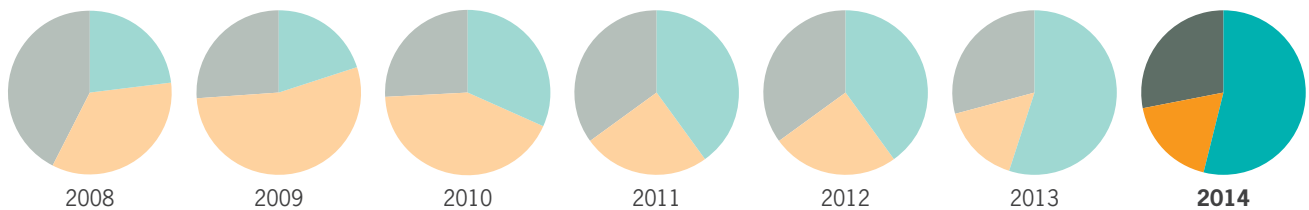
### NET ASSETS



### EXPENSE ALLOCATION PER COST CENTRE



### PROPORTION OF EXPENSES PER COST CENTRE



**Physician Health Program**

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