



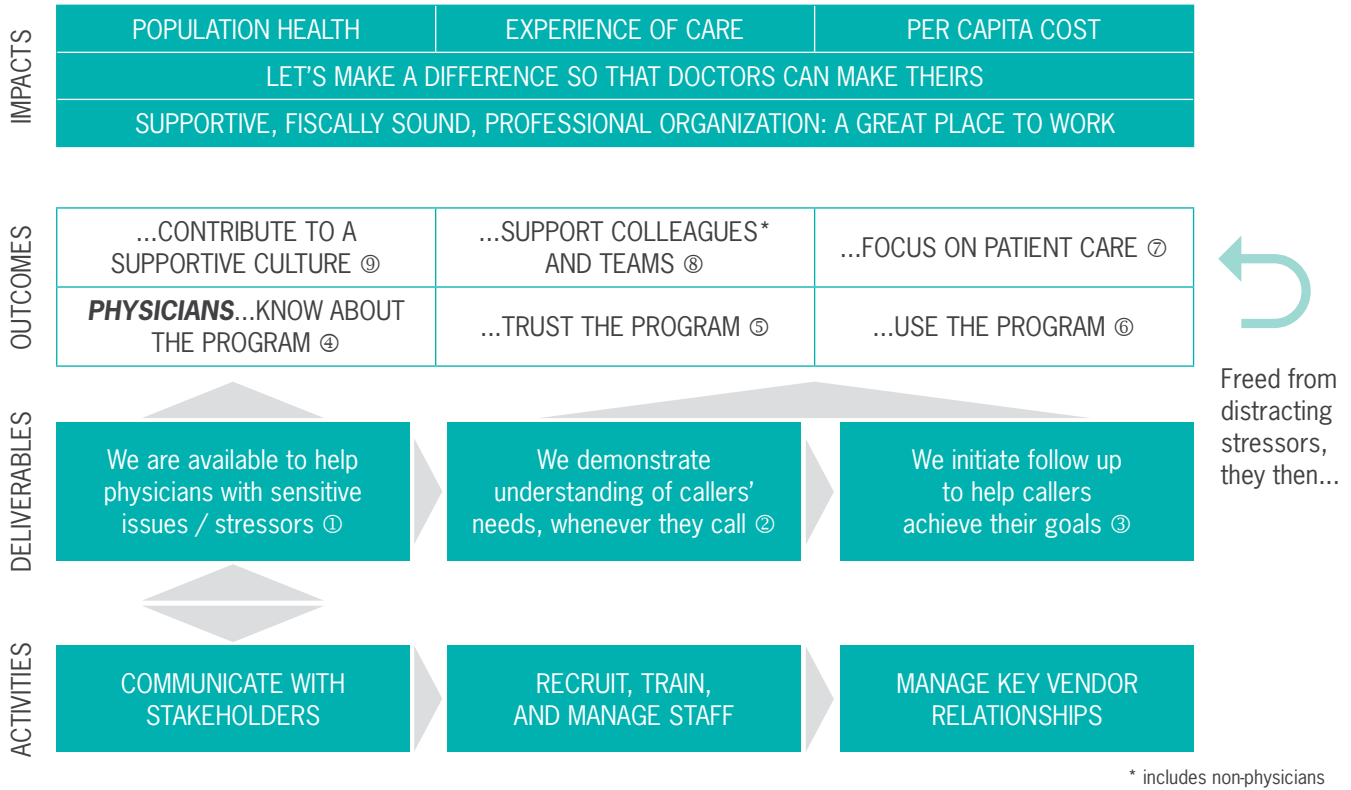
Physician  
Health Program  
British Columbia

# Annual Report 2020



# Logic Model

During 2019, a new logic model of the Program was created and reviewed by the Steering Committee, and was subsequently approved in final form in early 2020.





# Governance Structure and Funding

The Physician Master Agreement (PMA) is negotiated periodically between the Government of BC and the Doctors of BC.

The Program’s funding is currently described under Article 6.9 of the 2014 Benefits Subsidiary Agreement, which is part of the PMA. The Government and the Doctors of BC sign a separate Letter of Expectations, which serves as the terms of reference for the Physician Health Program Steering Committee. The Steering Committee governs the Program in a manner consistent with the oversight of other collaborations between the Government and the Doctors of BC. The Steering Committee is tasked with producing a multi-year strategic plan for the Program that aligns with the priorities of both the Doctors of BC and the Ministry of Health. It must also approve annually a work plan and budget for the upcoming year, and a report of the previous year’s activities, along with policies that serve as decision-making guides for staff in the day-to-day operation of the Program.

As previously reported in 2019 PHP Annual Report, a new PMA was reached in 2019 between the Doctors of BC and the Ministry of Health. The Ministry of Health assumes responsibility for 100% of the funding of the Program, as it does for the Joint Clinical Committees such as the General Practice Services Committee and the Specialist Services Committee. This PMA extends until March 31, 2022.

In October 2020, the Canadian Medical Association (CMA), Scotiabank and MD Financial Management Inc. (MD) announced a new CMA Physician Wellness+ Initiative directing \$15 million in funds to the health and wellness needs of physicians and medical trainees across the country. The Doctors of BC PHP was allocated \$1 million over four years (\$250,000 per year starting fall 2020) to identify current gaps in existing wellness services, and to enhance or develop new, innovative services and programs to address those gaps and ensure future needs are met.

## Committee Members

(as of December 31, 2020)

**Ashok Krishnamoorthy**, Doctors of BC Co-Chair

**Ryan Murray**, Ministry of Health Co-Chair

**Melanie Altas**, Doctors of BC Representative

**Marie-Claude Grégoire**, Doctors of BC Representative

**Selena Lawrie**, Ministry of Health Representative

**Dorothy Williams**, Ministry of Health Representative

## Program Staff

(As of December 31, 2020)

Executive Director:

**Andrew Clarke**

Manager of Clinical Services:

**Roxanne Joyce**

Manager of Administrative Support Services:

**Patzi Baranowska**

Physician Health and Wellness Liaison:

**Felicia Phan**

Program Physicians:

**Kathleen McGarvey, Doug McGhee,**

**Peter Gibson, Maureen Mayhew,**

**Megan O’Keefe**

Consulting Psychiatrist:

**Jennifer Russel**

Clinical Coordinators:

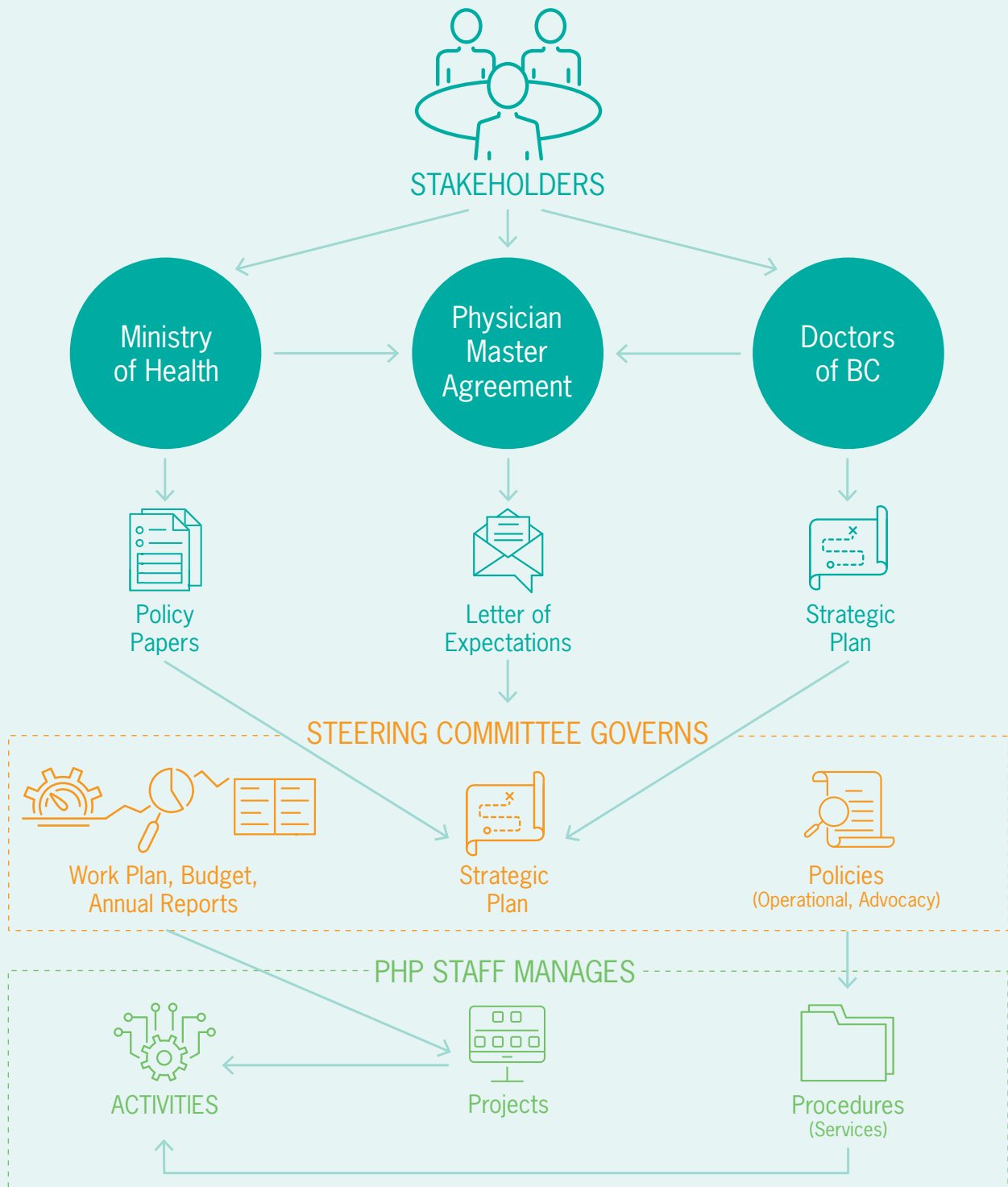
**Carol Faris, Lucy McCullough, Gillian Inksetter,**

**Jenna Beaumont, Jena Mekhlis, Kristina Auman**

Administrative Support Team:

**Mark Lee, Crystal Drown, Michaela Arimare**

# Governance Map



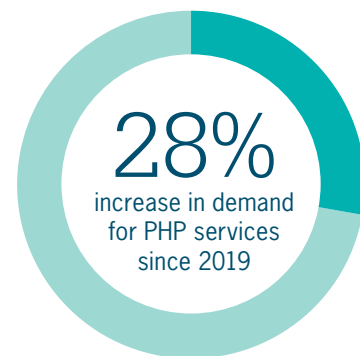


## Report on Activities

### Planned Work

The 2020 Work Plan for the Physician Health Program included:

- Continued provision of current range of clinical services
- Addition of Consulting Psychiatrist to PHP team for clients to receive timely occupational health assessments
- Designing and implementing a plan for CMA Physician Wellness+ Initiative with new Health and Wellness Liaison role
- Demonstrating collaboration with key Doctors of BC Departments, including Facility and Community Engagement, Advocacy, and Member Products and Services (Insurance)
- Accelerating policy development which includes reviewing and revising PHP policies, both internal and external; consolidating efforts with Doctors of BC where possible
- CBT Skills Group Pilot with built-in evaluation matrix



### Services Provided<sup>1</sup>

Demand for PHP services has increased by 28% since 2019, which may in part be attributed to the onset of the COVID-19 pandemic and the new Health and Wellness Liaison Role which promotes awareness of the PHP and coordinates learning and wellness initiatives in the physician community. Clinical services continue to consume the majority of the Program's resources.

The following tables show the services provided, stratified by a number of dimensions.

1. Includes services provided to all eligible groups: BC Physicians, BC Dentists, PEI Physicians.

**PRINCIPAL SERVICE PROVIDED****CALENDAR YEAR**

<b>Number of new cases</b>	<b>2020</b>	2019	2018 <sup>2</sup>	2017	2016	2015
Counselling	<b>841</b>	587	464	402	359	330
Family Doctor Connection	<b>199</b>	206	173	184	186	161
Occupational Health Consultation	<b>47</b>	44	50	63	79	83
Peer Support	<b>65</b>	52	49	35	33	37
Assistance Approaching a Colleague	<b>44</b>	35	28	25	27	28
Workplace Relationship Improvement	<b>12</b>	7	7	11	6	3
Assistance Returning to Work	<b>14</b>	8	4	24	12	16
<b>TOTAL</b>	<b>1222</b>	939	775	744	702	658

**PRINCIPAL ISSUE AT INTAKE<sup>3</sup>****CALENDAR YEAR**

<b>Proportion of cases<sup>4</sup></b>	<b>2020</b>	2019	2018	2017	2016	2015
Individual Mental Health <sup>5</sup>	<b>52%</b>	61%	57%	54%	55%	54%
Family & Non-Occupational Relationships	<b>23%</b>	19%	25%	23%	28%	24%
Occupational Issues	<b>19%</b>	15%	14%	18%	12%	15%
Physical Health Issues	<b>3%</b>	2%	1%	5%	4%	3%
Other Issues	<b>3%</b>	3%	2%	2%	2%	3%

**CAREER STAGE OF ELIGIBLE PERSON****CALENDAR YEAR**

<b>Proportion of cases</b>	<b>2020</b>	2019	2018	2017	2016	2015
Practicing physician	<b>73%</b>	68%	68%	62%	56%	59%
Resident/Fellow	<b>9%</b>	17%	19%	19%	23%	22%
Medical student	<b>11%</b>	12%	13%	17%	19%	17%
Retired	<b>2%</b>	3%	1%	1%	3%	2%

**RELATIONSHIP TO ELIGIBLE PERSON****CALENDAR YEAR**

<b>Proportion of cases</b>	<b>2020</b>	2019	2018	2017	2016	2015
Physician or Trainee	<b>89%</b>	89%	90%	90%	90%	92%
Spouse	<b>9%</b>	8%	7%	7%	7%	6%
Child	<b>2%</b>	2%	2%	2%	2%	1%
Other relationship	<b>1%</b>	1%	1%	1%	1%	0%

The distribution of cases by principal service provided, principal problem presented, and relationship to eligible person all remained approximately constant over time.

2. The 2018 Annual Report incorrectly stated that services to PEI physicians were not included in the total, when in fact they were. However, the number of cases involved in the error is small in relation to the total.
3. Excludes cases where the principal service provided was connection to a family physician.
4. Proportions may not sum to 100% because of rounding for presentation.
5. Including substance use.

## Program Testimonials

Despite the increased demand for PHP services, selected testimonials below demonstrate the importance and quality of support sustained throughout the pandemic:

*“I was immediately relieved by the response I got after having taken the largest obstacle of making contact with PHP. The response was not only confidential, but also personal, human, and reassuring. It felt like speaking to a close friend, especially when speaking to the Program Physician, who was the first person I spoke to. The Program Physician had immediate sympathy because they were in the same profession. It required less effort and less stress to talk about my issues and difficulties with someone who had the same background.”*

— MID-CAREER PHYSICIAN

*“Within 2 weeks of reaching out to PHP, my Clinical Coordinator went beyond my expectations with how she procured everything – I had a BC Health Card, a family doctor, a psychiatrist, a rheumatologist and a psychotherapist. I was really impressed with the support and had I not received it, I was considering moving back to my home province where I have friends, family and a successful practice. Thanks to PHP, I’m staying in BC, I’m on the right treatment with the right specialists, I’m feeling 80% better and I’m starting a new job soon.”*

— MID-CAREER PHYSICIAN

*“What exceeded my expectations the most was the continuity. My Clinical Coordinator actually continued to check in every several months. That was phenomenal because it gave me a feeling that someone out there still cared about me, so that was sort of almost stabilizing in a way.”*

— LATE CAREER PHYSICIAN

*“I was somewhat nervous about calling, I was not used to reaching out for help, but PHP helped me get in contact with a coach and a counselor that helped pull me out of my depressive cycle and got me back on track and back to working.”*

— EARLY CAREER PHYSICIAN

*“I was seeking advice and support for managing a difficult situation as a physician leader. Working in a small community, it is essential to maintain confidentiality but this can lead to a sense of isolation when it is inappropriate to talk about matters of sensitivity with local colleagues. I was initially hesitant to reach out to PHP because I didn’t know what to expect, but when I did, the level of support I received was excellent. My PHP Clinical Coordinator arranged for physician coaching to help with navigating some professional interpersonal challenges. I have found the assistance to be solutions focused and a good use of my time. I now feel more confident in how I am managing situations of conflict and difficult conversations.”*

— EARLY CAREER PHYSICIAN

*“Right from the beginning, my Program Physician and Clinical Coordinator were extraordinary. Their kindness, combined with a lack of judgement, allowed me to trust the process of getting help, which is not easy for me; I’m always in control, I’m always the one fixing things.”*

— LATE CAREER PHYSICIAN



## Temporary Pause in Family Doctor Connection Service

As a result of overall program demand driven by the COVID-19 pandemic and a shortage of administrative and clinical staff, PHP paused the family doctor connection to maintain the capacity to offer PHP core services. The Family Doctor Connection remained available to physicians with urgent and complex needs.

## Offering Virtual Drop-In Peer Support Groups for Physicians

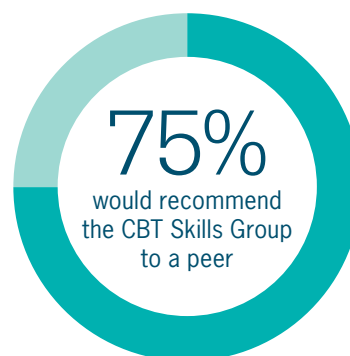
In April 2020, PHP started offering a free, drop-in virtual peer support group for BC physicians via Zoom to connect and share experiences and struggles with coping through the pandemic. They are facilitated by PHP Consulting Psychiatrist Dr. Jen Russel and PHP Manager of Clinical Services and Registered Clinical Counsellor, Roxanne Joyce. Participants may join the sessions anonymously, video is not required, and participants may just listen. The Peer Support Groups were initially offered on a weekly basis and have since reduced offerings to twice a month. In 2020, there were a total of 174 participants\*, with approximately 6-9 participants per session.

Examples of themes discussed include mindfulness, psychological safety in the workplace, burnout, challenging patient encounters, coping strategies, personal mental health, and more.

This group will be a permanent part of PHP's service offerings moving forward.

## Cognitive Behavioural Therapy (CBT) Skills Pilot Group

From September-October 2020, PHP launched a CBT Skills Group Pilot Project in partnership with the CBT Skills Society. The program was an 8-week accredited education program that combines practical skills from CBT with self-awareness, self-compassion, and emotional regulation skills. The course was lead by Psychiatrist Dr. Erin Burrell. The final group consisted of 15 participants with an equal mix of specialists and family physicians. PHP intends to partner with relevant organizations and explore opportunities to offer this service in an on-going basis.



Participant Evaluation Results:

- 75% would recommend the CBT Skills Group to a peer
- 75% agree or strongly agree that they feel increased confidence in ability to manage mental health symptoms after attending the CBT Skills Program
- 100% reported value of peer to peer conversations

Direct quote from CBT Skills Pilot Participant:

*“Our facilitator was wonderful, the workbook provided was clear and easy to use, and the group extremely helpful. It was so beneficial to share and hear the concerns, stresses, habits and cognitive distortions common to all of us. What surprised me the most was how helpful it was to stop and address what had become longstanding issues; instead of avoidance and pushing on with the work schedule, as we have all been taught.”*

## Increasing Awareness and Expanding PHP's Outreach Portfolio

In Fall 2020, a Physician Health and Wellness Liaison role, funded through the CMA Wellness+ Initiative, was created to increase awareness of PHP services and to develop partnerships and collaboration with external organizations that have a shared interest in physician health and wellness, such as Divisions, MSAs, health authorities and others.

During the last several months of 2020, time was spent engaging with these external organizations, developing education and awareness materials, delivering outreach presentations and planning collaborative initiatives for 2021.

\* Please note that this represents total participants over time, and not unique participants. Frequently, there would be participants who participate regularly each week.



# Financial Results

	2020	2019	2018	2017	2016
<b>Revenue</b>	<b>2,735,177</b>	2,291,355	1,843,478	1,668,537	1,436,618
<b>Expenses</b>					
Clinical Services	2,369,014	2,006,946	1,474,619	1,196,222	1,036,500
Administration	492,352	435,779	279,538	394,069	446,615
Outreach	46,337				
Excess (deficiency)	(354,666)	(151,370)	89,321	78,246	(46,497)
Net assets, beginning of period	391,223	542,593	453,272	375,026	421,523
Net assets, end of period	36,557	391,223	542,593	453,272	375,026

*Copies of the auditors' report and full audited financial statements are available upon request.*

As per the Benefits Subsidiary Agreement (part of the Physician Master Agreement, 2019), the Program's funding increased during 2020 from a total of 1.9 million per year, to 2.01 million per year (for the period of April 1, 2020 to March 31, 2021).

In 2020, the PHP recognized revenue of \$449,594 from the BC Dental Association as well as revenue of \$50,000 from the Medical Society of PEI due to on-going collaboration with these organizations. Further, the program has recognized \$46,337 as part of the funding for the Physician Health and Wellness Liaison through the CMA Wellness+ Initiative and received extra funding from the CMA to support the peer support groups which total \$18,325 in 2020.

Due to the substantial uptake in services as a direct result of the COVID-19 pandemic the program's net assets have decreased to \$36,557 as of Dec 31, 2020.

**Physician Health Program**

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