

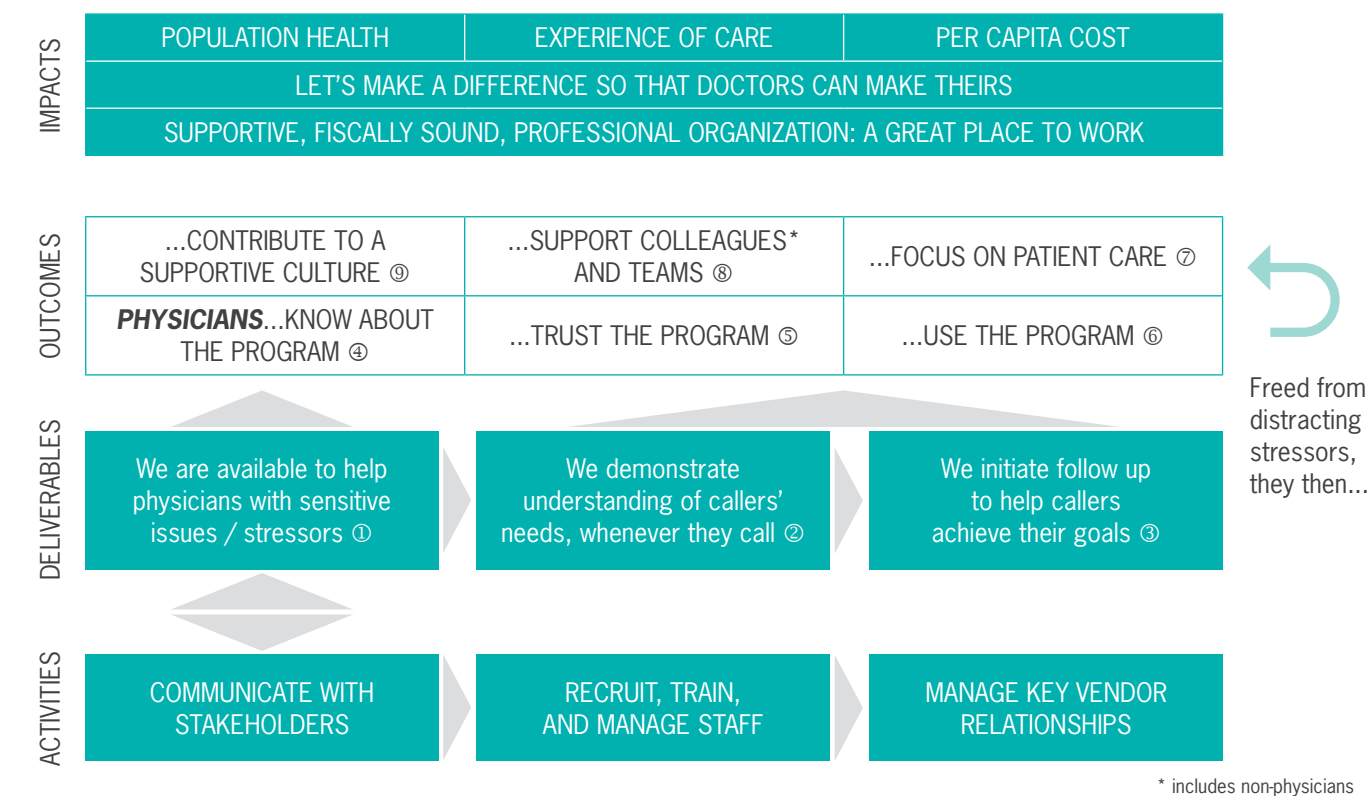


# 2022

## Annual Report

# Logic Model

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



# 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.

A new PMA was reached in 2022 between the Doctors of BC and the Ministry of Health. The Ministry of Health assumes responsibility for the majority of PHP's funding needs, as it does for the Joint Clinical Committees such as the Family Practice Services Committee and the Specialist Services Committee.

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, 2022)*

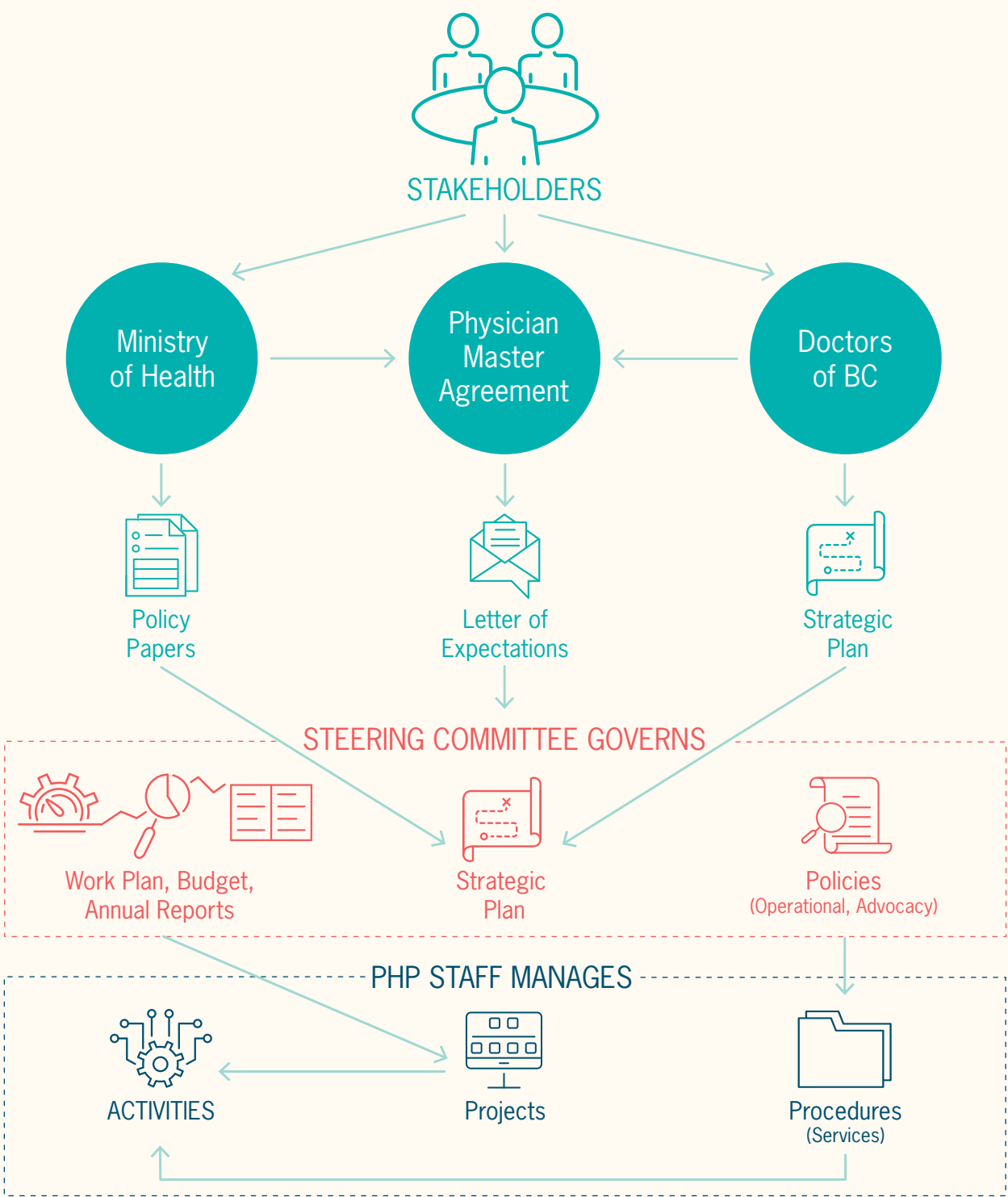
Mandy Manak, Doctors of BC Co-Chair  
Ryan Murray, Ministry of Health Co-Chair  
Melanie Altas, Doctors of BC Representative  
Marie-Claude Grégoire, Doctors of BC Representative  
Selena Lawrie, Ministry of Health Representative  
Dorothy Williams, Ministry of Health Representative

## Program Staff

*(as of December 31, 2022)*

Executive Director:	Tom Rapanakis
Physician Lead:	Anne Nguyen
Manager of Clinical Services:	Roxanne Joyce
Manager of Administrative Support Services:	Patzi Baranowska
Physician Health and Wellness Liaison:	Felicia Phan
Program Physicians:	Karen Palmer, Doug McGhee, Peter Gibson, Maureen Mayhew, Joyce Coutts
Consulting Psychiatrist:	Kathleen McGarvey
Clinical Coordinators:	Dalal Badawi, Carol Faris, Gillian Inksetter, Jena Mekhlis, Julie Longo, Hilary Nolle, Alice Watson
Administrative Support Team:	Mark Lee, Michaela Arimare, Natasha Dias

# Governance Map





# Report on Activities

## Planned Work

The 2022 Work Plan for the Physician Health Program included:

- Define a new Vision and Mission
- Continued provision of clinical services, meeting increasing demand
- Reinstatement and expansion of family doctor matching program
- RFP for intake/counselling provider
- Recruit prototype sites for local Peer Support Programs, deliver training for associated Peer Supporters
- Launch the Physician Wellness Network
- Facilitate a group to support physicians with ADHD
- Introduce Clinical Intake and Follow Up Forms, available to all service users

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

Demand for PHP services has remained elevated in 2022 with a 7% increase in service utilization from 2021. Clinical services continue to be the focus of the majority of the Program's resources. The following tables show the services provided, stratified by various dimensions.

### Principal Service Provided

	Calendar Year						
<b>Number of new cases</b>	<b>2022</b>	2021	2020	2019	2018 <sup>2</sup>	2017	2016
Counselling	<b>732</b>	968	841	587	464	402	359
Family Doctor Connection	<b>1,031</b>	647	199	206	173	184	186
Refer to Occupational Health Assessment	<b>39</b>	54	47	44	50	63	79
Peer Support	<b>86</b>	65	65	52	49	35	33
Assistance Approaching a Colleague	<b>41</b>	65	44	35	28	25	27
Workplace Relationship Improvement	<b>3</b>	6	12	7	7	11	6
Assistance Returning to Work	<b>9</b>	14	14	8	4	24	12
Total	<b>1,941</b>	1,819	1,222	939	775	744	702

### Principal Issue at Intake<sup>3</sup>

	Calendar Year						
<b>Proportion of cases<sup>4</sup></b>	<b>2022</b>	2021	2020	2019	2018	2017	2016
Individual Mental Health <sup>5</sup>	<b>43%</b>	44%	52%	61%	57%	54%	55%
Family & Non-Occupational Relationships	<b>28%</b>	24%	23%	19%	25%	23%	28%
Occupational Issues	<b>22%</b>	22%	19%	15%	14%	18%	12%
Physical Health Issues	<b>4%</b>	3%	3%	2%	1%	5%	4%
Other Issues	<b>2%</b>	6%	3%	3%	2%	2%	2%

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

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.

Career Stage of Eligible Person	Calendar Year						
	2022	2021	2020	2019	2018	2017	2016
<b>Proportion of cases</b>							
Practicing Physician	64%	65%	75%	68%	68%	62%	56%
Resident/Fellow	21%	20%	11%	17%	19%	19%	23%
Medical Student	13%	14%	12%	12%	13%	17%	19%
Retired	2%	2%	2%	3%	1%	1%	3%

Relationship to Eligible Person	Calendar Year						
	2022	2021	2020	2019	2018	2017	2016
<b>Proportion of cases</b>							
Physician or Trainee	92%	93%	89%	89%	90%	90%	90%
Spouse	5%	5%	9%	8%	7%	7%	7%
Child	1%	1%	2%	2%	2%	2%	2%
Other Relationship	2%	1%	1%	1%	1%	1%	1%

The distribution of cases by principal service provided, principal problem presented, and relationship to eligible person all remained approximately constant over time. Notably, since 2021, there was an increase in PHP utilization among residents/fellows. This increase can be attributed to 81% of residents/fellows seeking a family doctor through PHP as their primary service.

## A New Vision and Mission

The program gathered insights from staff and stakeholders around the values and aspirations of the PHP. These were distilled and used to form new Vision and Mission statements as follows.

*Vision: To support a healthy, empowered physician community and be a trusted service in times of need.*

PHP must meaningfully support the health of physicians, and to achieve this vision we will carefully analyze the support we provide, introduce new measures to do so and strive to improve our outcomes in this regard. Including considering new forms of support not yet offered.

Being a trusted service gives us a strategic north star. If every physician and medical learner is to trust the PHP, we must maintain our high standards and improve in many aspects of service provision – support quality, communication with stakeholders, awareness, outcomes, operational excellence.

The physician community is empowered by an effective PHP because by helping physicians to be well themselves, we enable them to deliver great care to their patients and to live lives of fulfillment. High quality health-related supports for physicians are part of a progressive model of healthcare.

*Mission: To care for the health of BC physicians, medical learners and their family members by providing confidential, accessible services and by collaborating with physician health stakeholders.*

In any mission statement it's important to define who we serve and support. The PHP has a provincial remit, all initiatives and activities must be considered through that lens.

Confidentiality is key theme of our work; we take this very seriously and employ thorough processes to ensure it is always respected. Accessibility refers to the promptness of our support, its ease of access and also inclusivity - that we aim to be equally open to all, regardless of the identity or demographics of those who reach out for help.

‘Expert, individualized and comprehensive’ were values and characteristics directly identified by PHP staff. Our leading role in collaborating with physician health stakeholders is a fundamental part of PHP advocating for the systemic changes which will better support the health of physicians going forward.

## **Family Doctor Connection Service**

2022 marked the second year of the reopening of the family doctor matching service. The reintegration of the service into the Program’s communication and outreach materials at the end of 2021 yielded direct results with over 1000 requests for a primary care provider from physicians and medical learners in 2022. Throughout the year, the Program’s staff worked tirelessly to connect with physicians in the community in a meaningful way to help use the resources available. Working under the pressures of the pandemic and post pandemic reality, as well as various primary care constraints, the Program’s collaboration with providers and Divisions of Family Practice managed to facilitate a connection for 881 physicians (practicing and retired) and medical learners with a primary care provider of their own. The Program continues to work on strengthening their relationship with Divisions of Family Practice and other primary care partners.

The Program would like to extend a heartfelt thank you to all primary care providers in the province for their hard work and their willingness to care for their physician colleagues.

## **Launched Physician Wellness+ Initiatives**

With the support of the Physician Wellness+ Initiative made possible by Scotiabank, MD Financial Management Inc., and the Canadian Medical Association, which aims to address the urgent and ongoing health and wellness needs of physicians and medical learners, the following programs/initiatives were launched in 2022:

### **Provincial Physician Peer Support Initiative**

In Spring 2022, PHP partnered with the Joint Collaborative Committees (JCC) to develop the Provincial Physician Peer Support Initiative, which aims to train physicians to provide emotional, non-clinical peer support to colleagues experiencing work or life related stressors, and to build capacity among local physician organizations to implement their own peer support program. Five physician organizations were selected as prototype sites and 28 peer supporters were trained by Dr. Jo Shapiro, internationally renowned physician peer support expert, and Dr. Maureen Mayhew, PHP Program Physician.

### **Physician Wellness Network**

In Summer 2022, PHP launched the Physician Wellness Network (PWN) that aims to bring together non-profit organizations who are leaders in physician wellness and providers of support or wellness services for physicians and medical leaders. The PWN acts as a connection point for knowledge sharing, aligning priorities and reducing silos while also providing input on potential innovations, policies and other initiatives related to physician wellness. Currently, the PWN has 70 members.

Deliverables of the PWN include hosting a gathering twice per year and a Slack channel for on-going collaboration. The PWN had their inaugural virtual Gathering in September 2022 with approximately 47 participants where there was facilitated networking and presentations by local physician organizations showcasing their physician wellness initiatives.

### **Engaging Physicians Through Education and Presentations**

In 2022, the PHP delivered 20+ community engagements which included presentations to Divisions of Family Practice and Medical Staff Associations, grand rounds presentations, hosting booths at resource fairs, delivering workshops and more. The presentation topics included providing an overview of PHP services, physician burnout, self-care and resiliency, moral distress, how to treat and support physician colleagues and substance use among physicians.

Notably, PHP invited Dr. Mike Myers to deliver a virtual presentation on treating physician colleagues and physician suicide to psychiatrists and family physicians who treat PHP clients. This event was attended by 50 physicians and will be an event we aim to continue offering to physicians supporting PHP clients.

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

PHP recognizes the value of holding a safe, confidential virtual drop-in space for BC physicians and trainees. These groups are facilitated by Physician Lead Dr. Anne Nguyen and Manager of Clinical Services, Roxanne Joyce. Common topics of conversation include occupational stress and burnout, health care system stressors, challenging patient encounters, coping strategies, personal and family mental health, and more.

Peer Support Groups are provided twice a month. In 2022, there were a total of 156 participants\* which represents a 21% increase in participation from 2021. There were approximately 13 physician participants per session.

Participants may join the sessions anonymously, video is not required, and participants may just listen.

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

## **Supporting Physicians with ADHD**

In partnership with Psychiatrist Dr. Elisabeth Baerg Hall, PHP coordinated offering an 8-week virtual group called “Build a Better Core: Executive Functioning Skills for Physicians with ADHD”. The goal of this group is to support physicians with diagnosed ADHD by focusing on learning executive functioning skills and providing opportunities to share experiences and obtain support from physician colleagues.

The groups were held February, June, and October 2022 and 26 physicians attended these groups. In addition, booster groups were offered for physicians who already completed the initial group to provide peer support and to better integrate their executive functioning skills into daily life.

This group has been highly successful, and the intention is to run future groups quarterly in 2023.

## **Psychiatric Consults for Physicians and Trainees**

In addition to Case Management supports, each appropriate physician client is able to access a one-time Psychiatric consult with Dr. Kathleen McGarvey. In 2022, PHP provided 154 consults\* with the final treatment report being sent to the physician's primary care provider.

\* Please note that this represents total consults across BC and PEI physicians and BC dentists.

## **Introduction of Clinical Intake and Follow Up Forms**

To best understand our clients' needs and receive important feedback that will inform improvements to PHP service delivery, the PHP Steering Committee approved the development and implementation of PHP Clinical Intake and Follow Up Forms. The initial Clinical Intake Forms were launched September 2022 and each client will be invited to complete this voluntary survey when they engage with PHP from this date onwards.

The initial Clinical Intake Form includes the PHQ9, GAD7, Workplace Outcome Suite (WOS-2020) and optional demographic questions. Clients are provided the option to have their scores sent to them. The Clinical Follow Up Form will include the same 3 assessment tools above and also a client experience questionnaire. These will be sent out to all clients 6 months after they first engage with PHP. Commencing in March 2023, the PHP will receive information from the Follow Up Forms.



# Financial Results

	2022	2021	2020	2019	2018	2017
<b>Revenue</b>	<b>4,989,739</b>	3,469,796	2,735,177	2,291,355	1,843,478	1,668,537
<b>Expenses:</b>						
Clinical Services	<b>2,341,185</b>	2,333,986	2,369,014	2,006,946	1,474,619	1,196,222
Administration	<b>558,217</b>	632,846	492,352	435,779	279,538	394,069
Outreach	<b>472,219</b>	166,300	46,337			
Governance	<b>5,066</b>	9,764				
Excess (deficiency)	<b>1,613,052</b>	326,899	(354,666)	(151,370)	89,321	78,246
Net assets, beginning of period	<b>148,644</b>	(178,255)	391,223	542,593	453,272	375,026
Net assets, end of period	<b>1,761,696</b>	148,644	36,557	391,223	542,593	453,272

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

In April 2022, the Benefit Subsidiary Agreement (part of the Physician Master Agreement) from 2019 ran out for this previous period. Thus, the PHP received continued funding in the total sum of 2.1 million dollars in 2022 for the period of April 1, 2021 to March 31, 2022 while negotiations for a new Physician Master Agreement were ongoing.

The current Physician Master Agreement (valid for the period of 2022-2025) which includes annual funding for the Program was ratified in December 2022. Due to the total allocated funding for the period of April 1, 2022 to March 31, 2023 being 3.7 million dollars, the Program received a backpay in the total amount of 1.6 million dollars in December of 2022 which increased the Program's net assets just as the fiscal year came to an end.

Additionally, throughout 2022 the PHP recognized revenue of \$50,000 from the Medical Society of PEI and \$461,500 from the BC Dental Association which is a slight utilization-based increase (+ \$6,750) compared to 2021.

As of Dec 31, 2022 the program's net assets were recorded to be at \$1,761,696.

**Physician Health Program**

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**Physician  
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