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2016 Pilot Study Results

Family Doctor Practice Characteristics:

Table 1: All doctors surveyed

Table 2: First 10 years in Practice

**MAAP-PHC** Models and Access Atlas for Primary Care at Providence Health Care­

About the MAAP-PHC Pilot Department of Family Medicine Members Survey

In spring 2016, members of PHC-DFM responded to an online survey, which asked about scope and characteristics of their practice. The survey response rate was very high with 254/295 (86%) members completing it. This study was approved by Providence Health Care Research Ethics Board and modelled on a similar study done in Nova Scotia[[1]](#footnote-1). There are approximately 1000 family doctors registered as working in Vancouver, (as per the 2016 BC College of Physicians and Surgeons list) however, few details of their practice styles are available. This study provides a description of how urban family doctors who responded to the survey organize their work.

Urban family doctor definitions creation

Doctors were initially asked to select the single best answer from the following options:

1. If they provide ANY community-based, continuous primary care
2. If they ONLY work in hospital or facility (e.g. nursing home)
3. If they ONLY provide locum services
4. If they do not provide any patient care

For those who selected Choice 1, we then asked them to estimate the number of patients[[2]](#footnote-2) who “call them their family doctor”. These answers were grouped into three categories: <500, 500-1000 and >1000.

Upon analysis of the resulting groupings, we applied the following labels, (which are used in the following tables):

* **Focused Practice**, where <500 patients in the community identify this person as their family doctor
* **Mixed Practice**, where 500-1000 patients call this person their family doctor
* **Classic GP Practice**, where >1000 patients call this person their family doctor
* **Hospital/Facility only**, this family doctor only provides care in facilities, s/he does not provide any community-based, continuous primary care
* **Locum only**, this family doctor only works in temporary locations

The physicians who did not provide any patient care (7) as well as those who did not self-report their panel size (2) are not included in this report.

This survey relies heavily on self-report, where possible, collateral information to validate or to further describe practice features was collected.

**Table 1. The 5 types of urban family doctors as defined by scope of practice and self-reported panel size**

|  |  |
| --- | --- |
| Self-Reported Panel Size Of Community-Based Physicians | Urban Family Doctor Type |
| <500 | **Focused Practice** |
| 500-1000 | **Mixed Practice** |
| >1000 | **Classic GP** |
| N/A | **Hospital and/or Facility Only** |
| N/A | **Locum Only** |

The following tables provide details about each type of practice. ***For further information about the survey or the MAAP-PHC project, please contact the Principal Investigator: Dr. Rita McCracken.***

**Table 1. Urban Family Doctor Types: Career and Practice Details**

| Measure | Focused-PracticeN=69(28%) | Mixed PracticeN=40 (16%) | Classic GPN=76 (31%) | Hospital Or Facility-BasedN=43(18%) | LocumN=17 (7%) | Total% | Differencesare Statistically significant(P < 0.05)\* |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Personal characteristics |  |
| Sex (% female)1 | 58% | 55% | 41% | 58% | 35% | 51% | No |
| Median work, hours (h) | 40h | 42h | 50h | 40h | 32h | 40h | Yes |
| Median year of med school grad2 | 2000 | 1990 | 1984 | 1990 | 2005 | 1991 | Yes |
| <=10 years since med school grad2 | 28% | 15% | 8% | 16% | 29% | 18% | Yes |
| >=40 years since med school grad2 | 7% | 18% | 13% | 5% | 24% | 11% | No |
| Self-reported plan to retire in <5y3 | 14% | 25% | 20% | 14% | 29% | 19% | No |
| Hospital and teaching work |
| Does any PHC hospital-based work | 70% | 70% | 42% | 88% | 76% | 65% | Yes |
| Has other hospital privileges | 65% | 57% | 50% | 49% | 53% | 56% | No |
| Teaches students/residents | 83% | 75% | 63% | *NC* | *NC* | 73% | Yes |
| Has a UBC faculty appointment | 84% | 82% | 72% | 70% | 65% | 76% | No |
|  |  |  |  |  |  |  |  |
| Measure | Focused-PracticeN=69(28%) | Mixed PracticeN=40 (16%) | Classic GPN=76 (31%) | Hospital Or Facility-BasedN=43(18%) | LocumN=17 (7%) | Total% | Differencesare Statistically significant(P < 0.05)\* |
| Location characteristics |
| Practices at two or more locations | 61% | 35% | 14% | *NC* | *NC* | 36% | Yes |
| Any work at a “typical” FP clinic6 | 59% | 78% | 95% | *NC* | *NC* | 78% | Yes |
| Any work at a CHC7 | 28% | 18% | 4% | *NC* | *NC* | 16% | Yes |
| Any work at a specialty clinic8 | 39% | 22% | 5% | *NC* | *NC* | 22% | Yes |
| Any work at a walk-in clinic9 | 9% | 0% | 3% | *NC* | *NC* | 4% | No |
| Provides any outreach services10 | 9% | 5% | 1% | *NC* | *NC* | 5% | No |
| Payment and appointment characteristics |  |
| Provides same-day appointments | 90% | 95% | 96% | *NC* | *NC* | 94% | No |
| Accepting new patients11 | 46% | 48% | 36% | *NC* | *NC* | 42% | No |
| CPSBC lists as accepts new patients | 0% | 0% | 9% | *NC* | *NC* | 4% | No |
| Uses any type of EMR | 91% | 88% | 78% | *NC* | *NC* | 85% | No |
| Does home visits/”house calls” | 32% | 72% | 68% | *NC* | *NC* | 56% | Yes |
| Delivers babies | 1% | 0% | 13% | *NC* | *NC* | 6% | Yes |
| Only paid by fee for service14 | 30% | 45% | 87% | *NC* | *NC* | 57% | Yes |

| Measure | Focused-PracticeN=69(28%) | Mixed PracticeN=40 (16%) | Classic GPN=76 (31%) | Hospital Or Facility-BasedN=43(18%) | LocumN=17 (7%) | Total% | Differencesare Statistically significant(P < 0.05)\* |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Interested in learning more about alternative forms of payment15 | 65% | 57% | 24% | *NC* | *NC* | 46% | Yes |
| Median MSP billings16 | 50,000 | 100,000 | 250,000 | 75,000 | 25,000 | 100,000 | Yes |
| Range of MSP billings | (0 – 450,000) | (0 – 700,000) | (0 – 675,000) | (0 – 450,000) | (0 – 225,000) | (0 – 700,000) | N/A |

\* Tested by Chi-Squared Test or Fisher’s Exact Test for categorical variables and one-way ANOVA for numeric variables among groups for which data had been collected.

1 Physician gender is public information, available on CPSBC website.

2 Year of graduation from medical school is publicly available information on CPSBC website.

3 Hedden et al. (2016) “Exit Strategies: The Timing and Pattern of Physician Retirements in British Columbia”, The Canadian Association for Health Services and Policy Research (CASHPR) conference.

6 Where a “typical” primary care clinic is defined as any of “Solo MD clinic”, “2-4 MD clinic”, or “>5 MD clinic”.

7 Where community health clinic (CHC) was selected by the respondent as at least one place of work.

8 Where “speciality clinic” was selected by the respondent as at least one place of work.

9 Where “walk in clinic” was selected by the respondent as at least one place of work.

10 Where “outreach services” was selected by the respondent as at least one place of work.

11 Reports answers to survey question: “In any of the community-based settings where you work at, are you currently: accepting new patients?”

14 Respondent only selected fee for service reimbursement for any/all work done as a family doctor.

15 Reports answer to survey question “Would you be interested in having an opportunity to be paid for community-based primary care work in an “alternative payment model” like capitation?

16 MSP Blue book earnings are publically available. Data for 2015/16 fiscal year was gathered for each MD and then the median per category was reported. To avoid identification of physicians, numbers have been rounded to closest the multiplier of 25,000. Blue Book data retrieved from: <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/publications>

**Table 2. First 10 years of Practice§ Urban Family Doctors: Career and Practice Details**

| Measure | Focused-PracticeN=24(37%) | Mixed PracticeN=13 (20%) | Classic GPN=9 (14%) | Hospital Or Facility-BasedN=10(15%) | LocumN=9(14%) | Total% |
| --- | --- | --- | --- | --- | --- | --- |
| Personal characteristics |
| Sex (% female) | 54% | 77% | 44% | 80% | 22% | 57% |
| Median work, hours (h) | 40h | 40h | 50h | 40h | 30h | 40h |
| Median year of med school grad2 | 2010 | 2006 | 2008 | 2009 | 2009 | 2008 |
| Self-reported plan to retire in <5y | 0% | 8% | 0% | 0% | 0% | 2% |
| Hospital and teaching work |
| Does any PHC hospital-based work | 83% | 85% | 33% | 90% | 100% | 80% |
| Has other hospital privileges | 62% | 69% | 56% | 30% | 78% | 60% |
| Teaches students/residents | 96% | 92% | 78% | *NC* | *NC* | 91% |
| Has a UBC faculty appointment | 92% | 92% | 100% | 70% | 89% | 89% |
| Location characteristics |
| Practices at two or more locations | 71% | 46% | 44% | *NC* | *NC* | 59% |
| Any work at a “typical” FP clinic | 58% | 85% | 89% | *NC* | *NC* | 72% |
| Any work at a CHC | 42% | 8% | 11% | *NC* | *NC* | 26% |
| Any work at a specialty clinic | 50% | 23% | 0% | *NC* | *NC* | 33% |
| Any work at a walk-in clinic | 8% | 0% | 11% | *NC* | *NC* | 7% |
| Provides any outreach services | 12% | 8% | 0% | *NC* | *NC* | 9% |
| Payment and appointment characteristics |
| Provides same-day appointments | 96% | 92% | 100% | *NC* | *NC* | 96% |
| Accepting new patients | 58% | 38% | 33% | *NC* | *NC* | 48% |
| CPSBC lists as accepts new patients | \* | \* | \* | *NC* | *NC* | \* |
| Uses any type of EMR | 100% | 100% | 100% | *NC* | *NC* | 100% |
| Does home visits/”house calls” | 42% | 69% | 56% | *NC* | *NC* | 52% |
| Delivers babies | \* | \* | \* | *NC* | *NC* | \* |
| Only paid by fee for service | 17% | 38% | 67% | *NC* | *NC* | 33% |
| Interested in learning more about alternative forms of payment | 79% | 77% | 44% | *NC* | *NC* | 72% |
| Median MSP billings | 50,000 | 100,000 | 200,000 | 50,000 | 50,000 | 75,000 |
| Range of MSP billings | (0 – 275,000) | (0 – 525,000) | (0 – 475,000) | (0 – 225,000) | (0 – 225,000) | (0 – 525,000) |

§ Defined as 12 or less years away from self-reported date of graduation from medical school.

\* To protect the privacy and anonymity of the responders, measures with five or less responders have been labeled with an asterisk.

1. Models and Access Atlas of Primary Care in Nova Scotia (MAAP-NS), Department of Family Medicine, Dalhousie University [↑](#footnote-ref-1)
2. This was a self-report by each physician. Notably, in a linked MAAP-PHC survey with Vancouver Clinics, very few clinics were able to accurately report the number of unique patients seen by that clinic in a 12-month period, all other clinics responded, “I don’t know”. [↑](#footnote-ref-2)