

What are the ideas of BC family doctors to **INCREASE AVAILABILITY** of longitudinal community-based primary care?

Respondents were asked to reflect on: "Currently one in six people who live in BC do not have access to a regular family doctor and [... various stakeholders] want to design effective solutions."

	1 Level 1* 1 37.5 + hours CBPC	2 Level 2*	3 Level 3*
Personally	112 Doctors	141 Doctors	102 Doctors
I would <u>prefer to be an</u> <u>employee of a clinic</u> rather than a business owner.	32 (28.6%)	68 (48.9%)	60 (63.8%)
An <u>alternative physician</u> <u>payment model such as</u> <u>capitation or salary</u> could make it easier for me to provide longitudinal primary care.	38 (33.9%)	73 (52.5%)	63 (67.0%)
Then we asked them to consider what the whole primary care structure needed			
Job Benefits			
A. Loan forgiveness	58 (52.8%)	85 (61.2%)	56 (59.6%)
B. Vacation and parental leave	102 (91.1%)	131 (94.2%)	87 (92.6%)
Work Structure			
C. Option to practice in a team	97 (86.6%)	129 (92.8%)	89 (94.7%)
D. Option to work part time	92 (82.1%)	128 (92.1%)	81 (86.2%)
E. Transparent evaluation of proposed transformation initiatives	91 (81.3%)	118 (84.9%)	83 (88.3%)
F. Committing to patient panel for fixed term (eg 5y vs forever)	53 (47.3%)	73 (52.5%)	48 (51.1%)
Payment Structure			
G. Direct funding for team roles	97 (86.6%)	130 (93.5%)	88 (93.6%)
H. Direct clinic funding	92 (82.1%)	115 (82.7%)	80 (85.1%)
I. Alternative forms of physician payment	64 (57.1%)	101 (72.7%)	75 (79.8%)

^{*}Level 1 = doctor works >37.5 hours per week providing community-based primary care (CBPC) +/- additional hours delivering other family medicine services

Level 2 = doctor works 20 to <37.5 hours per week providing community-based primary care +/- additional hours delivering other family medicine services

Level 3 = doctor works <20 per week providing community-based primary care +/- additional hours delivering other family medicine services