Recommendations for the Engagement of Physicians in Interior Health

The potential threat of an influenza pandemic has been well established provincially and resulted in the creation of the *Pandemic Influenza Preparedness Plan for British Columbia* (2003). Following from recommendations made in the provincial plan, each of the health authorities has been developing specific regional plans to support the provincial initiative. The last three years has seen the Interior Health Authority (IHA) develop their Pandemic Influenza Preparedness Plan (PIPP) under the guidance of the Infectious Hazards Emergency Response Planning Task Force (IHERPFT) and the consultants on record, Global Consulting.

In 2008, a recommendation came from the IHERPTF to explore the role that practicing physicians had in the pandemic response and methods to engage this significant stakeholder group in the pandemic planning process. The Task Force recognized that the participation of physicians within the IHA would be essential to the execution of their plan during a pandemic outbreak. As well, it was felt that physicians may be able to provide insight into previously-unanticipated challenges that could be addressed during the planning process to better predict response success. Previous attempts at engaging physicians in the planning process had been met with limited success and it was felt that a physician-directed exploration of this topic may provide a better insight into better engaging physicians in future pandemic planning.

Exploration of this crucial topic was given to Dr. Graham Dodd, an emergency and community physician in Kamloops, B.C. IHERPTF Chair, Mr. Rick Erland, agreed to act as project sponsor for a non-funded research study of physician engagement in pandemic planning and the project was developed and implemented. The goal of the project was to provide recommendations to the Task Force that could then be utilized to better understand the perspectives of practicing physicians and how to better engage them in the planning process.

The particular pilot study involved approximately 140 physicians from a site within the health authority. Much of the data was presented and discussed at the January 21st, 2009 meeting of the IHERPTF. However, it is believe that with appropriate funding and support, this study could be expanded to include all physicians within the Interior Health Authority. The conclusion of the study resulted in a series of recommendations which are illustrated below.

Study Recommendations:

The following recommendations have arisen from this study.

1) **<u>Recommendation</u>: Hospitals in the IHA must realistically assess the ability to respond to the pandemic surge, and yet still maintain their ability to manage critically ill and injured that will be unrelated to the pandemic.**

   Most physicians felt that pandemic victims would present to either their family physicians' offices or to the local hospital emergency departments. This is concerning given the fact that approximately 25% of the Canadian population does not have a family physician and that emergency departments are already over-crowded with little capacity in either ED or hospital inpatient beds. The pandemic will layer on top of much of the existing patient demands.

2) **<u>Recommendation</u>: The IHA needs to better engage and educate community physicians of the value of planning alternate treatment sites if they expect physicians to staff them.**

   The IHA's pandemic plan emphasizes the use of temporary alternate care flu clinics. However, only 4% of respondents indicated that they would provide medical care in such locations. Most favoured traditional locations, such as practitioner offices, emergency departments, and hospital wards indicating that alternative care site planning has not been well disseminated to physicians and/or they disagree with this use of resources.

3) **<u>Recommendation</u>: The IHA may need to readdress the need for disposable supplies outside of health authority-run institutions when assessing the needs for a pandemic response as there is an expectation that supplies will similarly be provided to private community offices.**

   During a pandemic, physicians are expecting disposable supplies (i.e., gloves, masks, gowns, etc.) in their community offices to be supplied by either the IHA or the Province. Interestingly, the 2008 update of the Canadian Medical Association's Code of Ethics addresses this issue stating, "Arrangements should be made for timely provision of necessary equipment and supplies in an ongoing fashion." The failure to address this may reduce the already limited physician availability.

4) **<u>Recommendation</u>: Pandemic planning needs to be much more visible to the physician population. This could be achieved through education and awareness programs and includes informing physicians of the plans available on the IHA website.**

   Physician awareness of the IHA's ongoing pandemic planning is lacking and therefore, physicians consider the IHA unprepared to face a pandemic threat.

5) **<u>Recommendation</u>: The IHA should identify and support physician champions in communities. It could be through these champions that education and physician awareness of pandemic planning could be increased.**

   Nearly 25% of the physicians surveyed indicated their willingness to become more involved in the IHA's pandemic planning and 27% of community physicians expect to turn to local colleagues for leadership during a pandemic.

6) **<u>Recommendation</u>: The IHA should develop a physician email address database for the purposes of disaster management and response.**

   The rapid dissemination of up to date and accurate information during a pandemic response is crucial. Surveyed physicians overwhelmingly stated that email as their preferred method of receiving that information, and yet, the IHA does not have a physician email database. Traditionally, hospitals have relied upon fan-out phone calls to disseminate disaster information. The use of email and text-messaging are valuable communication tools that should be better utilized during both preparedness planning and response phases to a pandemic.

7) **Recommendation: Through education, possibly in partnership with provincial physician associations (i.e., BCMA) or UBC CME, the IHA should encourage personal pandemic preparedness among its physicians. Furthermore, the IHA could encourage physicians to discuss disaster preparedness with their patients as an adjunct to their preventative medicine discussions. Not only would this encourage physician engagement, it would also raise community awareness of pandemic planning.**

   Over two-thirds of physicians do not have personal disaster plans for their families, and fewer than 10% have discussed disaster planning with their patients. This may significantly impact the physicians' abilities to respond to a disaster when they must first care for their own families.

8) **Recommendation: The IHA should consider supporting a physician engagement survey targeting all physicians within the IHA.**

   This study represents a pilot study. While those surveyed are assumed to be representative of physicians throughout the IHA, a better representation would come from expanding the survey to all IHA physicians. As several physicians specifically commented their response was based upon a physician asking the questions, any survey expansion should also come from the physician community. Such research would require appropriate administrative and funding support. Given the geographic area and number of physicians, the study should be an email-distributed, web-accessed study. The institution of Recommendation 6 could provide the email access needed for future studies.