

The Power of Range

Family doctors in oncology care

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Disclosure

- ▶ Faculty: Jeff Sisler
- ▶ Relationships with financial sponsors
 - ▶ I am paid employee of the College of Family Physicians of Canada

Objectives

At the completion of this presentation, the participant will be able to:

- ▶ describe how the role of the family physician has evolved in the delivery of oncology care
- ▶ discuss the ways in which focused practice FPs can contribute to the patient's medical home primary care model
- ▶ list the challenges and opportunities that FPOs/GPOs face in their roles in the evolving oncology and primary care systems

What we'll cover

Who are FPOs/GPOs and what do they do?

What makes us special?

What is the bigger context of focused practice in family medicine?

What opportunities does that offer us?

What we'll cover

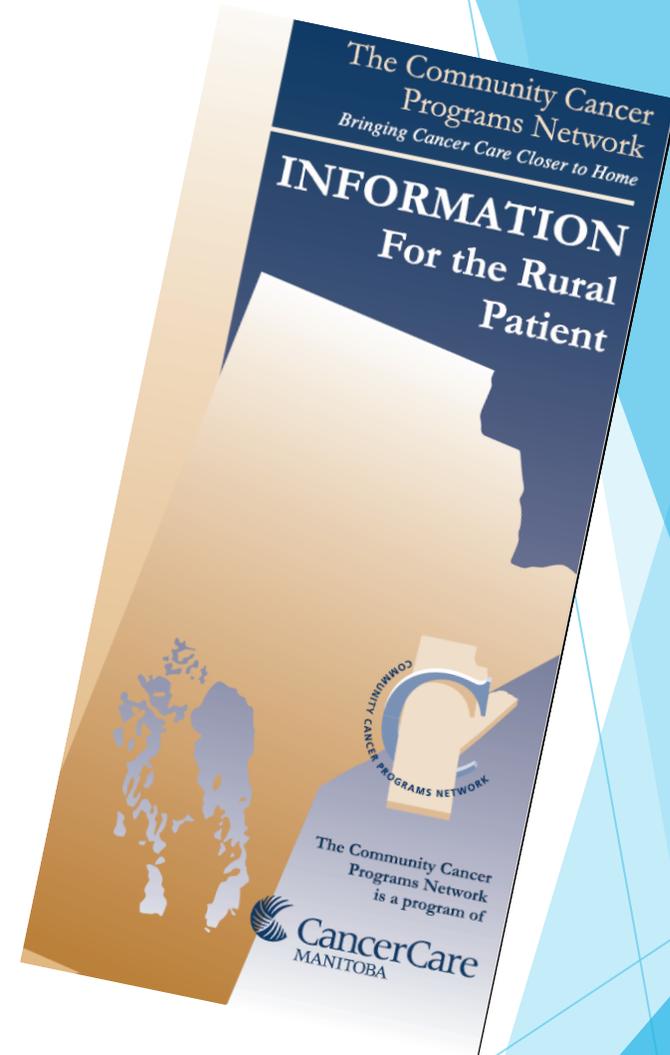
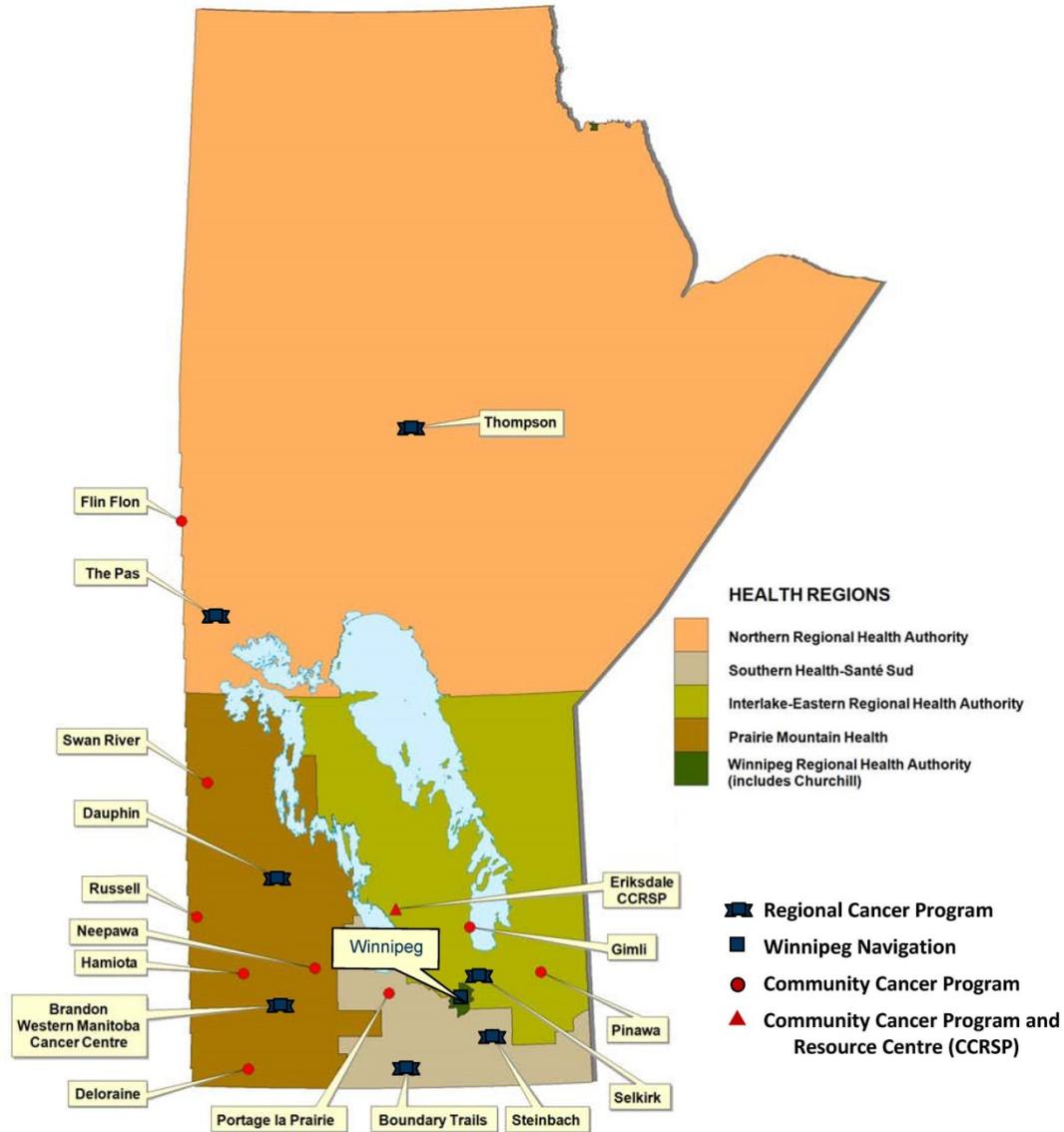
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Community Cancer Programs Network Bringing Cancer Care Closer to Home



For information visit
www.cancercare.mb.ca/ccpp
or call 204-784-0224

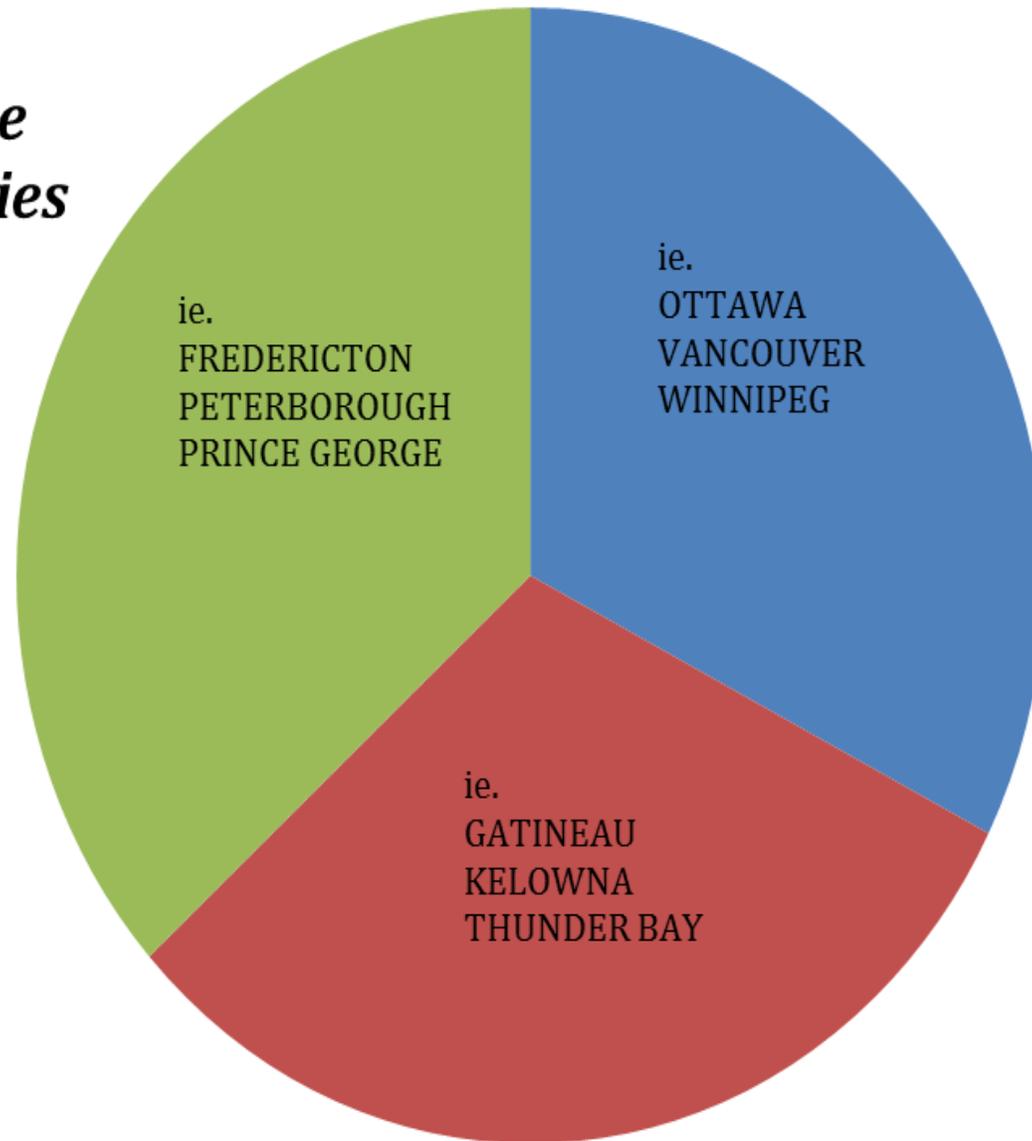
Family physicians who have focused practices in oncology

Results of a national survey

Jeffrey J. Sisler MD MCISc CCFP FCFP Mary DeCarolis MD Deborah Robinson MD CCFP Gokulan Sivananthan MD

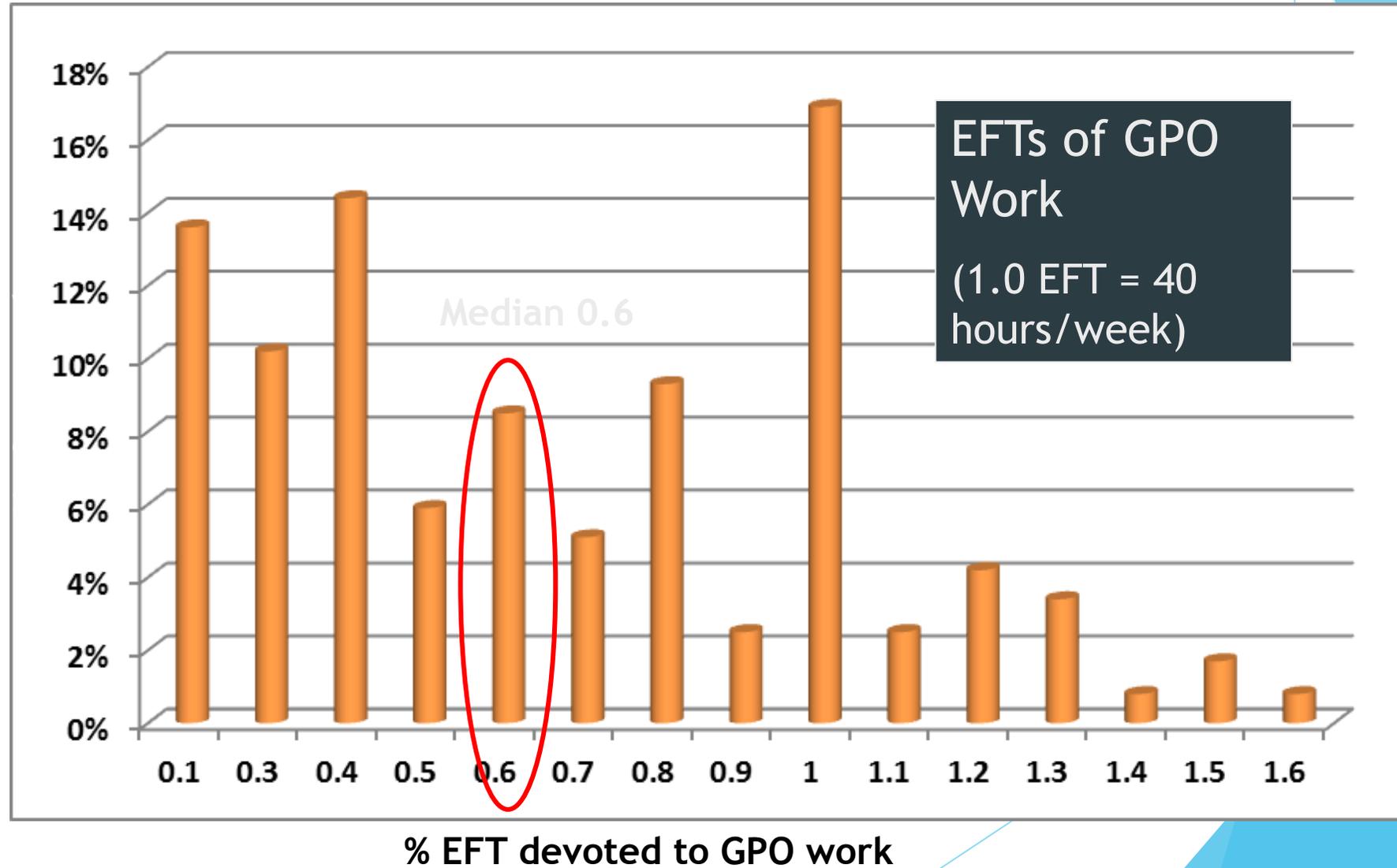
- ▶ *Canadian Family Physician* 2013; 59: e290-7
- ▶ 120 respondents
- ▶ 62% women, median age 50
- ▶ 84% are current or past CAGPO members
- ▶ 75% have their CCFP or are members of the CFPC

***GPO's Serve
Communities
of All Sizes***

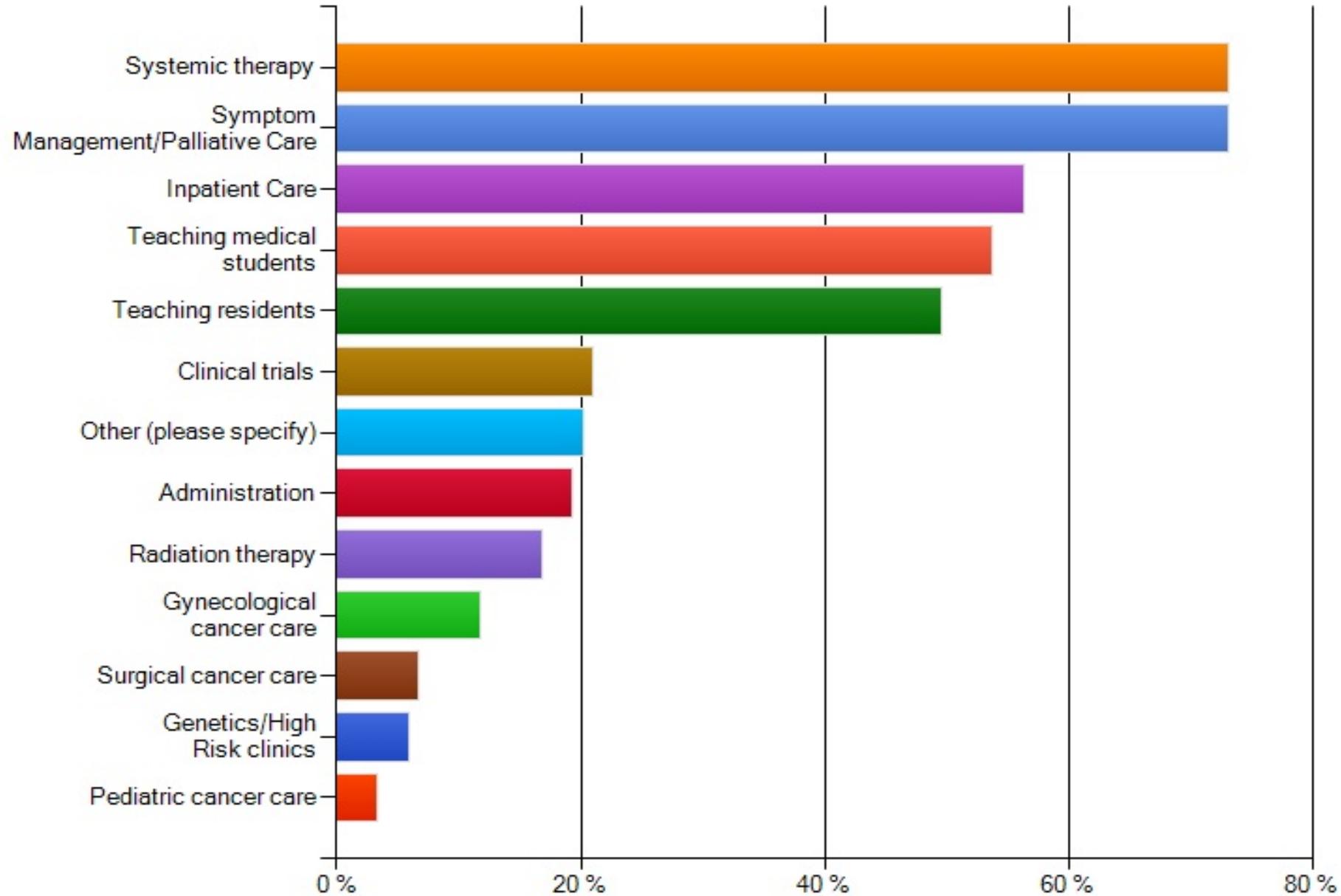


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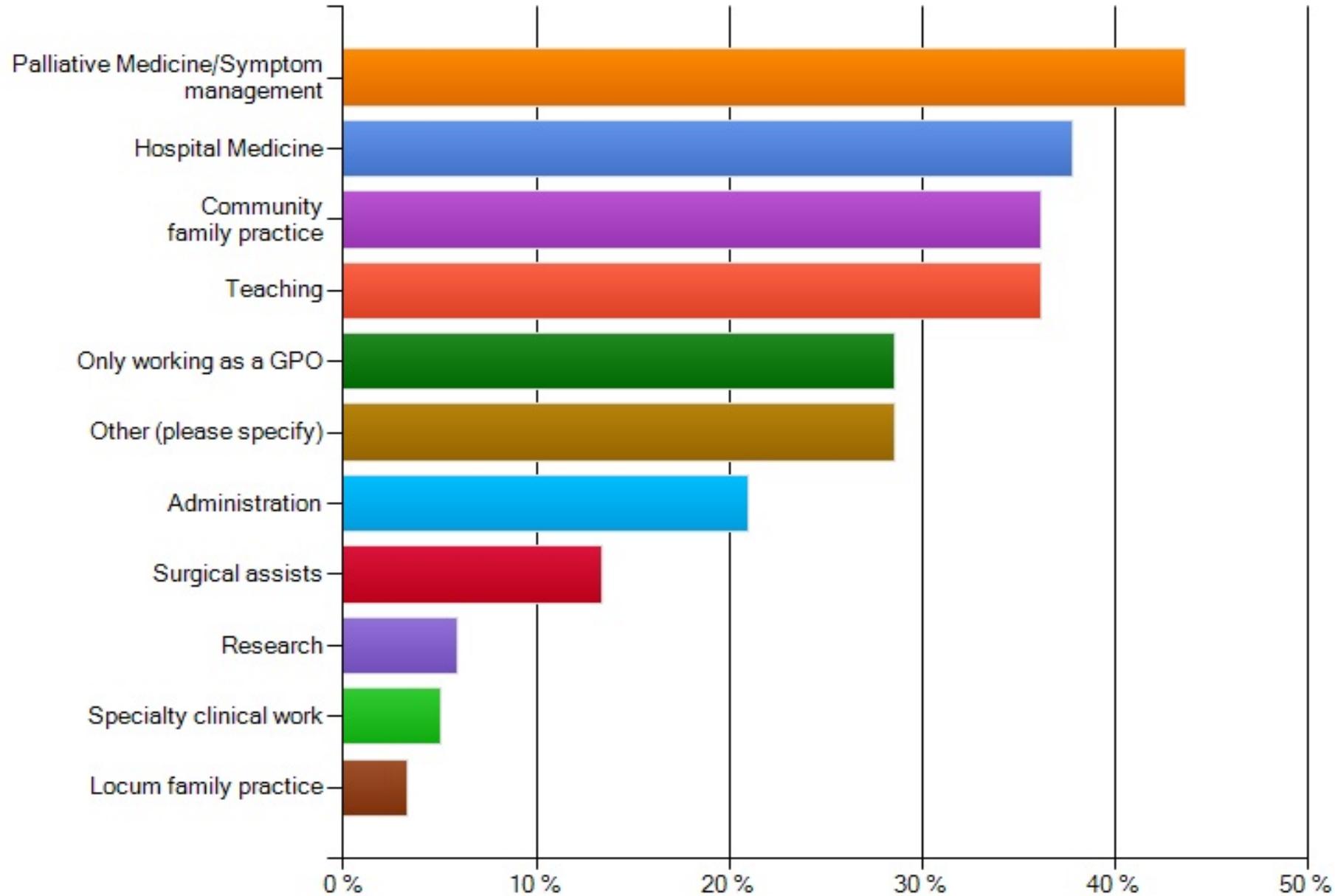
Most work (>) full time as physicians, but part time as GPOs



Medical Activities Within the GPO Role



Medical Activities Outside of the GPO Role



Settings of Care

- ▶ 88% provide outpatient care
- ▶ 59% provide inpatient care
- ▶ 33% provide care after hours

Job Satisfaction is High

- ▶ GPOs have come from primary care (84%), hospital work (42%) and palliative care (26%)
- ▶ Compared to their “old job”, 64% say their job satisfaction is better than before
- ▶ Relationships with others are cooperative and respectful:
 - ▶ Community FPs 85%
 - ▶ Oncologists 92%
 - ▶ Administration 64%

The background features a complex, abstract design of overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and quadrilaterals, creating a sense of depth and movement. The design is most prominent on the right side of the slide, where it transitions into a solid dark blue area.

What's changed
since 2011?

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"I loved RANGE." —Malcolm Gladwell

RANGE

WHY GENERALISTS TRIUMPH
IN A SPECIALIZED WORLD



DAVID EPSTEIN

NEW YORK TIMES BESTSELLING AUTHOR
OF *THE SPORTS GENE*



“Kind” Learning
Environments



“Wicked” Learning Environments



Range in career streams



The Range of FPOs

- ▶ All disease sites
- ▶ Inpatient and outpatient care
- ▶ Urgent assessment clinics
- ▶ Follow-up / Survivorship Care
- ▶ Mental Health/ Psychologic aspects of Care
- ▶ Screening and Early Detection
- ▶ Genetic Risk Clinics
- ▶ Palliative and End of Life Care



**YES
WE
CAN**

A square graphic with a yellow and dark blue background. The text "YES WE CAN" is centered in a bold, sans-serif font. "YES" and "CAN" are white with a distressed, speckled texture, while "WE" is solid red. The background is split diagonally from the top-left to the bottom-right, with yellow on the top-left and dark blue on the bottom-right.

Despite the corporate world's insistence on specialization, the workers most likely to come out on top are generalists—but not just because of their innate ability to adapt to new workplaces, job descriptions or cultural shifts.

...Generalists will thrive in a culture where it's becoming increasingly valuable to know “a little bit about a lot.”

Meaning that where you fall on the spectrum of specialist to generalist could be one of the most important aspects of your personality—and your survival in an ever-changing workplace.

▶ Meghan Casserly, Forbes Magazine, July 10, 2012

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The CFPC and Focused Practice Physicians

- ▶ How common is focused practice amongst FPs?
- ▶ How does the CFPC see focused practice FPs fitting into their models?
- ▶ How does the CFPC support these doctors?

Focused Practice

“FPs with a commitment to one or more specific clinical areas as major part-time or full-time components of their practices.”

32.4% of FPs report having a focused practice (2014)

21% of FM trainees pursued “+1” enhanced skills training in 2013, up from 11% in 1995

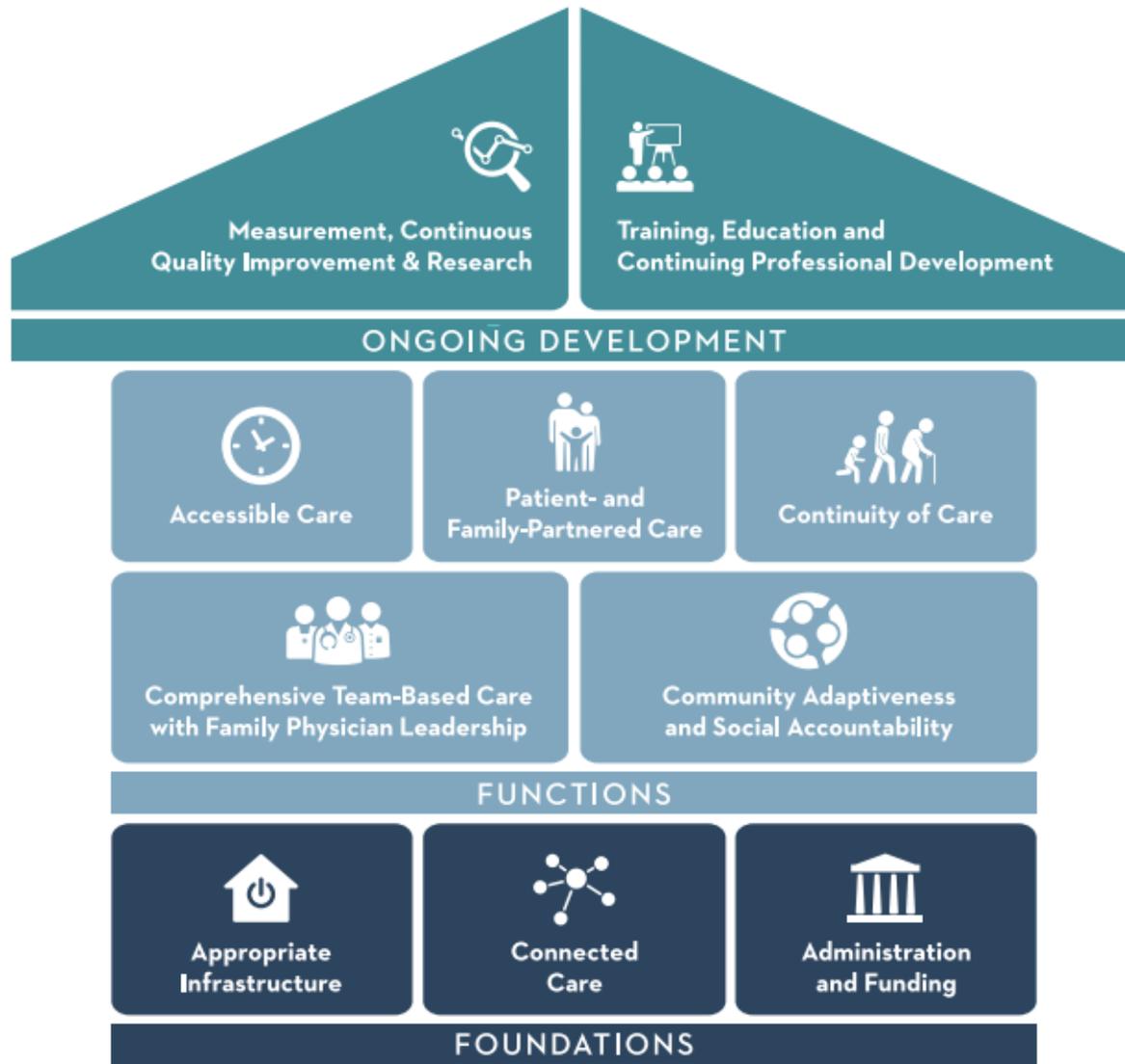
Family Medicine Longitudinal Survey 2018

- Survey of graduating residents (N=924, 64% RR)
 - 70% are highly or somewhat likely to provide comprehensive care across settings
 - 68% provide comprehensive care that includes a special interest (SM, EM,PC)
 - 37%... focus only on specific clinical areas (SM, EM, PC, Hospital Care, Maternity)

Family Medicine Longitudinal Survey: Exit Survey (T2) Results 2018. Aggregate data for 17 participating FM programs. Mississauga, ON: College of Family Physicians of Canada; 2018.



PATIENT'S MEDICAL HOME



Pillar 6: Comprehensive Team-Based Care with Family Physician Leadership

A broad range of services is offered by an interprofessional team. The patient does not always see their family physician but interactions with all team members are communicated efficiently within a PMH.

- ▶ Family physicians with enhanced skills, along with other medical specialists, are part of a PMH team or network, collaborating with the patient's personal family physician to provide timely access to a broad range of primary care and consulting services.

- ▶ Family physicians with enhanced skills supplement their core skills and experience with additional expertise in a particular field, while remaining committed to their core generalist principles.
- ▶ They draw extensively on their generalist training and approach to disease management and patient-centred care, enabling them to work collaboratively at different levels of care, including with other specialists, to meet patient needs.
- ▶ They also serve as a resource for other physicians in their local health system by enhancing care delivery and learning and teaching opportunities.

Promoting the Patient-Centered Neighborhood



THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



BEST ADVICE

Communities of Practice in the Patient's Medical Home

OCTOBER 2016

Family Medicine Professional Profile

States the **collective** contributions and commitments of FPs to health care

- Comprehensive medical care, including primary care, emergency care, home and long-term care, hospital care, and maternal/newborn care
- Leadership
- Advocacy
- Scholarship



Family Medicine Professional Profile

Family physicians adapt to Community Need

This versatility and dedication enables FPs to respond to ever-changing, novel and emerging health challenges. This adaptiveness is a key motivator for FPs to develop enhanced skills.

**THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA**



**LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA**

**MEMBER INTEREST GROUPS SECTION (MIGS)
SECTION DES GROUPES D'INTÉRÊT DES MEMBRES (SGIM)**

**BC
CAN
CER**

FAMILY PRACTICE ONCOLOGY NETWORK

Provincial Health Services Authority



CANADIAN STRATEGY FOR CANCER CONTROL

Doing together what cannot be done alone

2019-2029

The Strategy at a glance

PRIORITY 1

Decrease the risk of people getting cancer

- 1 Help people to stop smoking or not start in the first place and live healthier lives.
- 2 Adopt proven practices known to reduce the risk of cancer.



PRIORITY 3

Deliver high-quality care in a sustainable, world class system

- 1 Set best practices and standards for care delivery and promote their adoption.
- 2 Eliminate low-benefit practices and adopt high-value practices.
- 3 Design and implement new models of care.



PRIORITY 5

Deliver information and supports for people living with cancer, families and caregivers

- 1 Integrate the full spectrum of information and support services to ensure people are fully supported throughout the cancer journey.
- 2 Address the limited and unequal access to palliative and end-of-life care across Canada.
- 3 Support children, adolescents and young adults at key transition points in their unique cancer journeys.



PRIORITY 2

Diagnose cancer faster, accurately and at an earlier stage

- 1 Prioritize rapid access to appropriate diagnosis for those suspected of having cancer.
- 2 Strengthen existing screening efforts and implement lung cancer screening programs across Canada.



PRIORITY 4

Eliminate barriers to people getting the care they need

- 1 Provide better services and care adapted to the specific needs of underserved groups.
- 2 Ensure rural and remote communities have the resources required to better serve their people.
- 3 Ensure care can be delivered between provinces, territories and federal jurisdictions when needed.



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Be proud of the
breadth of your training
and experience

Your strength in the sometimes
“wicked” environment of
oncology is your range, and the
comfort you have in different
lanes



Maintain your range

Actively cultivate the range that you bring to oncology as a family physician

Look for ways to support both primary care homes & the cancer system

Explore ways that your expertise and clinical services can fit into the **primary care** system

Be alert to the changing needs of the **cancer system**, and be ready to “say yes”

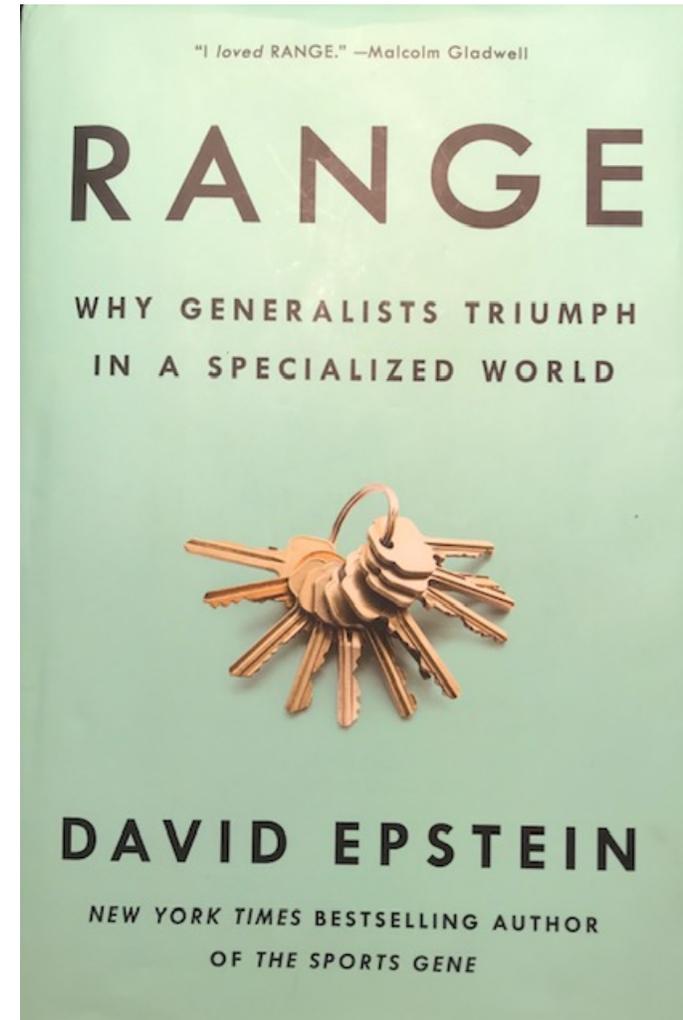
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And he refused to specialize in anything, preferring to keep an eye on the overall estate rather than any of its parts.... And Nickolai's management produced the most brilliant results."

Leo Tolstoy, *War and Peace*, as quoted in *Range*



Thank you!

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