

Rural Continuing Medical Education (RCME)

Community Program

and Rural Program Liaisons

Mid-Year Report 2022-2023



Joint Standing Committee on Rural Issues (JSC)



**Rural
Coordination
Centre**
OF BRITISH COLUMBIA

Prepared by the RCME Community Program and Rural Program Liaisons Team

November 2022

RCME Community Program Provincial Summary

During the first six months of the 2022/23 fiscal year, the provincial [team](#) has focused on re-validating community CME models, increasing awareness of CME/CPD activities, sourcing education streams, and booking and coordinating course waiting lists. There has been a significant increase in the arranging and participating in in-person CME events during the first half of 2022/23.

Many of the achievements to date can be attributed to the structures and supports that were put in place over the last three years. Twelve additional communities have been implemented into the program, raising the total number to 102 RSA communities (out of 105 that are eligible this year). The team continues to build and maintain longitudinal relationships with rural health care providers, communities, and partners using a customer service approach and a 'can do' attitude.

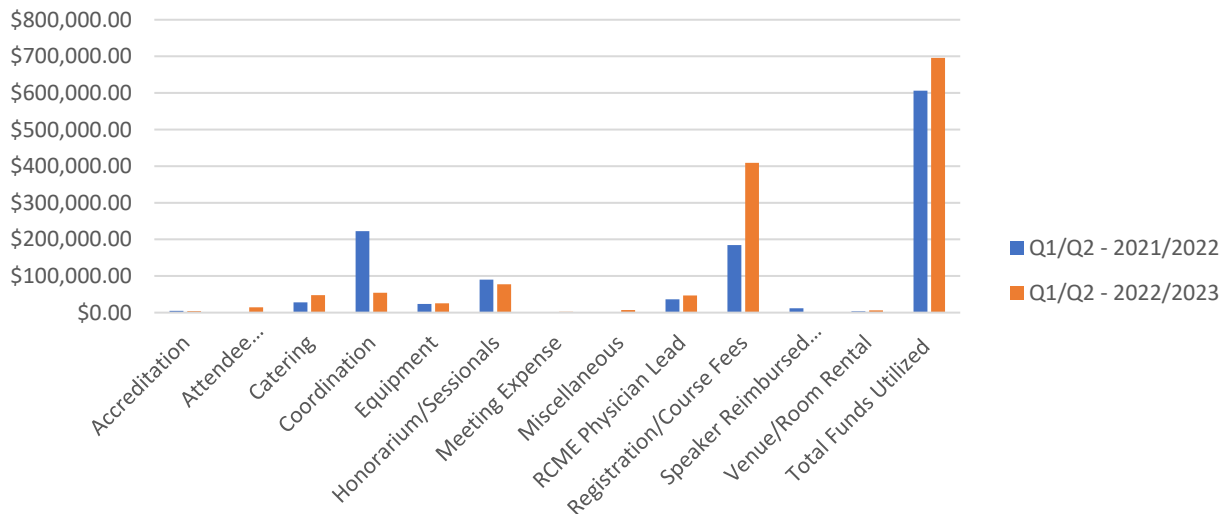
Nine additional Specialist, Sub-specialty, Indigenous and Funding for Innovation ([SPIFI](#)) applications have been approved this fiscal year. As COVID and our public health guidelines evolve, communities are uniting for training and there has been an increase of in-person sessions. The Virtual Echocardiography Project brought physicians across the province together to perform cardiac ultrasounds on patients they would normally refer to larger centres. At the end of October, nurses, physicians, community responders, and a respiratory therapist gathered to attend a CARE course in Takla Nation. Takla Nation, which is a 3-hour drive down a forest service road from Fort St. James, is the smallest and most remote community that the course has been delivered in.

For the 2022/23 fiscal year, the JSC approved RCME community funding in the amount of \$1,752,272.00 to eligible RSA communities across BC. The total community funds spent in the first two quarters of 2022/23 were \$695,884.98.

RCME Community Funding Q1/Q2 Comparison of 2021/22 and 2022/23

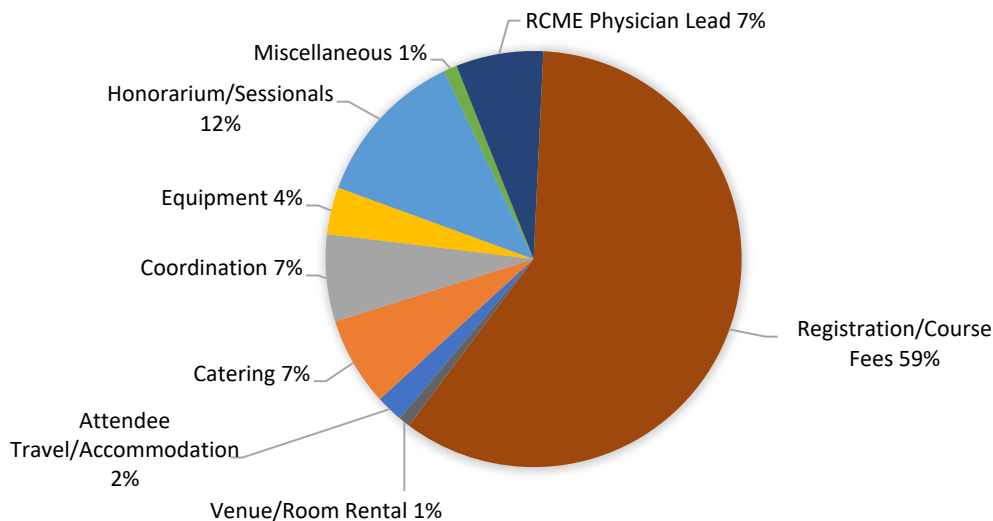
In comparison to the first two quarters of last fiscal year, there has been a 15% increase in spending, however, the total number of communities actively spending has decreased from 78 to 71 communities. Part of the reason for the decrease is due to manpower challenges and a change in the physician lead. The overall coordination category is down as well but is expected to catch up in quarter three. The below lays out how funds are being spent in comparison to last fiscal year:

Q1/Q2 2021/22 Comparison Q1/Q2 2022/23



The most significant increase in 2022/23 has been in course fees and registration, up 29% over last year. A total of 59% of community funding has been used for course fees and registration; 11% for honorariums and sessionals (speakers and facilitators of educational activities); 7% on RCME Physician Lead sessionals /stipends; 7% on Coordination and 7% on Catering. Catering expenses have increased representing the increase in in-person events and inflation.

Detailed reporting on the total community funding spent for Q1 and Q2 2022/23 across BC:



Future

In the remaining half of the year, the team will strive to bring on board the remaining three eligible RSA communities and focus on supporting rural physicians to take a proactive approach to education planning through the RCME/RCPD Community Concierge Enhanced Service.

Attached as **Appendix A** is a detailed report for each region provided by the program staff. The community of New Aiyansh in Nisga'a Valley Health Authority has not spent any RCME community funding in the first two quarters of 2022/23.

Rural Programs' Liaisons Provincial Summary

In May of this year, a detailed report was provided on the Rural Programs' Liaisons Project to the Joint Standing Committee on Rural Issues. This summary focuses on the enhanced supports being offered by the Rural Programs' Liaisons to the Northern and Isolation Travel Assistance Outreach Program (NITAOP).

NITAOP has been identified by the JSC as a program that provides great value to rural communities, however, could use some additional coordination and attention at the planning and administrative level within the health authorities. As a result, during the first two quarters of 2022/23, the Rural Programs' Liaisons have gradually taken on components of NITAOP with the plan to have the Liaisons as the main contact in the Health Authorities for this program. This includes the planning for 2023/24 and the submission of the funding requests that will be reviewed by the JSC in January 2023; they had an opportunity to meet with the Ministry of Health staff responsible for the provincial administration and policy alignment of NITAOP to go over the planning process and the details of the program. As well, during the first quarter, Sandra Walker, retired Senior Manager, Ministry of Health, now contracted by the RCCbc, provided the Liaisons and Health Authority Managers with detailed training on the NITAOP policy and program.

Many of the Liaisons have made contact with the visiting physicians who have indicated that they have not spoken with anyone regarding their visits "in years". Medical Leadership in each Health Authority has been engaged in the process to ensure that the services and supports being offered are based on identified community need and consider whether new NITAOP services need to be considered for the community/region.

Future

NITAOP is an ongoing project for the Liaisons who will continue to develop the plans and gain their knowledge. Additional work will be done with the First Nations Health Authority to determine plans and responsibilities with regards to applying for and monitoring NITAOP services.

The Liaisons will continue to reach out to the visiting physicians and medical leadership with the health authorities to ensure that future NITAOP applications are as accurate and robust as possible.

Attached as **Appendix B** is a detailed report for each region provided by the program staff.

APPENDIX A

Fraser Health Region – Vacant Position, RCME Liaison

Regional Update

Fraser Health has one RSA community eligible for RCME Community Funds which is Hope. So far in 2022/23 Hope has accessed funds for Honorarium and Sessionals in the amount of \$635.88. The community is working to arrange an onsite ultrasound course. Hope is hosting an onsite ACLS course in January 2023.

Interior Health Region – Nicole Hochleitner – Wain, RCME Liaison

Regional Update

Networks/Alliance: The Interior has two robust multi-community CME/CPD programs in the East Kootenay and Kootenay Boundary regions. Both networks are led by the Divisions of Family Practice and supported by CME Coordinators that work closely with the RCME Liaison.

In addition to these high-functioning CME/CPD programs, the Interior also has a very connected alliance, the Shuswap Collaborative Alliance. The membership for this Alliance consists of Doctors of BC Facility Engagement for the Salmon Arm Hospital, Practice Support Program (PSP), Shuswap North Okanagan Division of Family Practice, Shuswap Hospital Foundation, IH Quality Improvement, Physician Quality Improvement (PQI), Shared Care as well as the RCME Community Program.

The East Kootenay and Kootenay Boundary networks have been referring speakers to each other for their respective “Lunch & Learn”, “Dine & Learn”, and “Happy-Hour & Learn” sessions. Sharing speakers across two regions continues to promote the local knowledge translation.

Community of Practice: The Interior group continues to meet monthly to nurture the connection between the local and multi-community RCME Coordinators. This connection is a valuable resource for the liaison, and it provides the local coordinators the opportunity to discuss education happening in their communities, as well provincially. The Interior coordinator group is also attending the provincial Community of Practice, which strengthens the connections amongst all the regional coordinators.

RCME Community Funding: The Interior region has seen an overall increase of 10% compared to the 2021/22 mid-year report. Below is a breakdown of the total community funding spent by category within the Interior region.

The largest expense reported was “Registration/Course Fees”. Education activities contributing to this spending included the successful delivery of:

- medical expert-based courses were run in multiple communities, such as:
 - HOUSE *Hands-on Ultrasound Education*
 - CARE *Comprehensive Approach to Rural Emergencies*
 - RTTDC *Rural Team Trauma Development Course*
 - EDE2 *Emergency Department Echo*
 - ACLS *Advanced Cardiac Life Support*
 - NRP *Neonatal Resuscitation Program*
 - PALS *Pediatric Advanced Life Support*,
- the CASTED Fracture Clinic was hosted in Williams Lake and was attended by 100 Mile House physicians as well as Williams Lake physicians, and
- Trail hosted the President of Doctors of BC, Dr. Dosanjh, for the Equity, Diversity, and Inclusion (EDI) Event. RCME and the Facility Engagement Initiative co-funded this event which was very well attended by regional physicians.

“Honorarium/Sessionals” is the second highest category of expenditures due to the many CME talks, presentations and “lunch & learn sessions” across the region.

Success Story

All 42 eligible RSA communities within the interior region are now implemented into the RCME Community Program. The first community was implemented by the RCME Liaison on October 18th, 2019. The last community, which was also a newly added RSA community, implemented on August 10th, 2022.

All implemented communities have now moved their funds to Interior Health to be managed and reported on by the RCME Liaison. Flowing the funds to Interior Health shows the trust that the Interior communities have placed in the RCME Liaison to assist them with the planning and execution of community RCME events, to manage the community funds, and to assist with additional bursary and other funding applications to support their RCME community events.

The Interior communities have not always been committed to facilitating RCME and only a handful of communities utilized the RCME Community Program funds on a consistent basis. Having all communities implemented demonstrates a change in awareness and a commitment to participating in collective learning opportunities and professional development activities.

The East Kootenay Division of Family Practice hosted their annual *EK CME Day* on October 22, 2022, at the Copper Point Resort in Invermere. The event brought together 73 family physicians, specialists, and nurse practitioners from around the East Kootenay to learn, share, and network in the beautiful Columbia Valley. Many physicians brought their families to enjoy the hotel amenities, recreational opportunities, and scenic landscapes. Hosted by the EK Division, EK CPD, and Facility Engagement, the day was made possible by East Kootenay CPD Steering Committee under the leadership of Dr. Tara Chalmers-Nixon.

The EK CPD Steering Committee is an EK Division of Family Practice regional initiative. Regional CME is funded by pooling a percentage of RCME Community Program funding to host four regional events/initiatives. The four regional events are determined by the EK CPD Steering Committee, supported by the EK Division of Family Practice. The EK CPD Steering Committee consists of local Family Physicians, Specialists and RCME Physician Leads from East Kootenay communities, as well as EK Division staff.

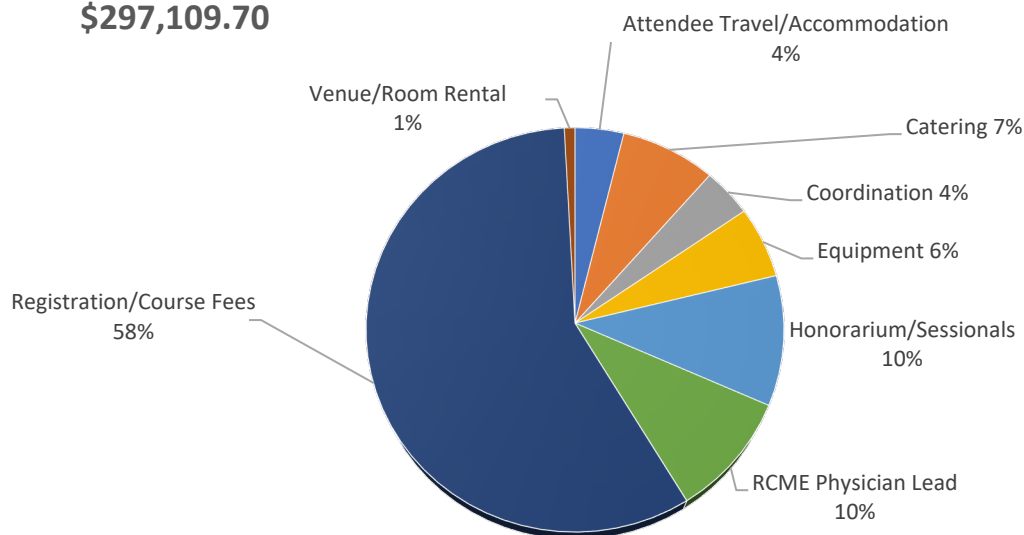
The *EK CME Day* focuses on high-quality accredited CME sessions provided by local specialists and facilitates networking amongst participants. The program content included 30-minute presentations from East Kootenay based speakers on the following topics:

- General Surgery: “Benign Breast Disease”
- Internal Medicine: “Hyponatremia”
- Pediatrics: “Functional Disorders in Children”
- Orthopedics: “Should we be doing spine surgery”
- MAiD Updates
- Rural Trauma: “The Good, the Bad, and the Ugly”
- Radiology: “How to get the most from your radiologist”
- Gastroenterology: “Non alcoholic fatty liver disease in 2022 in the east Kootenay”

Attendees evaluated the CME content highly and recognized the value of in-person networking and “putting a face to the name”. The EK Division was pleased that 100 per cent of the attendees who completed the evaluation form said they would attend again.

Below is a breakdown of the total community funding spent by category within the Interior Health region for the first two quarters of 2022-23.

2022/23 INTERIOR HEALTH
\$297,109.70



Northern Health Region – Shar McCrory, RCME Liaison

Regional Update

The North has a unique multi-community CME program that has two full-time staff who are both funded directly by RCME community contributions for on the ground support. This year, two additional communities are utilizing these multi community staff supports. The multi community staff do an excellent job with supporting communities and managing and implementing events. The liaison works collaboratively within the North with the other communities who have local support staff, to build and execute locally driven CME models.

A Northeast Medical Conference was held in July in Tumbler Ridge. Some of the topics presented were: Forensic Healthcare and Orientation to the RCMP Sexual Assault Medical Forensic Examination Kit, Burnout and Wellness and Cultural Safety. The Northern Rounds are ongoing with topics including Vestibular rehabilitation and Patient Safety Investigations. Northern Doctors Day will take place in Prince George in November. We are also planning virtual Community of Practice sessions for the Physician CME leads as well as local supports, starting in January 2023.

RCME Community Funding

Many communities are utilizing the RCME funding to host large course offerings. Many of the larger courses are in high demand, so many communities are looking into 2023 to access them. Some of the large course offerings from April – September 2022 in the north were:

- HOUSE *Hands-on Ultrasound Education* in Quesnel and Terrace
- CARE *Comprehensive Approach to Rural Emergencies* in Fraser Lake
- CASTED *Hands-on Orthopedic Courses* in Prince Rupert

The total RCME community funding spent in the first half of 2022-2023 is \$224,148.08, this is an overall reduction of 6% - a decrease over the same time last year (\$239,163.75). There are more large course offerings slated throughout the North in the last half of this year, which will increase the spending. The largest increase over last year reporting is Registration and Course Fees utilizing 64% of expenses which is a 44% increase over last year. This increase is due, as mentioned previously, to the increased access of large courses.

Success Stories

Dease Lake

Dease Lake brought training to the Stikine Health Centre benefiting the physicians who work there. In September 2022, the Stikine physicians and nurses took part in Advanced Care Life Support (ACLS) and Basic Life Support (BLS) training. Having the course offered in community meant the physicians didn't need to travel to access education and Dr. Breanne Abbott, RCME Lead Physician for Dease Lake, stated what a benefit it is to learn with the Stikine Health Centre team.

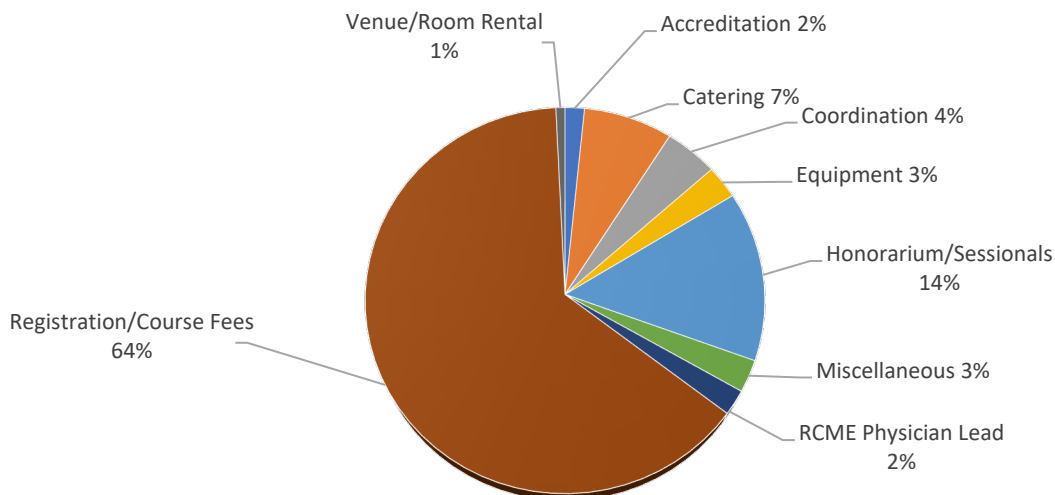
The Dease Lake RCME Physician group also recently hosted the Basic Rural Education Airway Techniques for the Hospital Environment (BREATHE) Course. Airway simulation equipment and supplies borrowed from the Northern Health Simulation department in Prince George, were shipped to Dease Lake for this course. Dr. Abbott shared that this two-day course was invaluable, bringing hands on, real scenarios to the Stikine health care team. The course was excellent at providing a break down of scenarios to the team and they were able to learn by working collaboratively on what do to in a variety of situations. There are many challenges providing airway management to patients in rural, remote locations, so Dr. Abbott and her team gained valuable knowledge and confidence from the BREATHE course. Dr. Abbott and the Dease Lake physician group already plan to have this course again next year! Due to challenging times and staffing shortages, Dease Lake has not had much in-facility training for the last couple of years and Dr. Abbott is impressed at how well this in-facility training contributed to strengthening the team and navigating local challenges.

Terrace

Last summer, the Terrace physician group hosted the Hands-On Ultrasound Education Acute Care (HOUSE EM) with 9 physicians attending. The course took place over a weekend in June at Mills Memorial Hospital. Some of the course content included ultrasounds for: shock, trauma, abdominal pain and ambulatory care. The physicians honed their skills on the use of Point-of-care Ultrasound (POCUS) and skills to use in their practices. The physicians were able to try a variety of ultrasound equipment on a variety of real-life models and simulation equipment. The physicians who attended expressed very positive reviews to the facilitators from UBC.

Below is a breakdown of the total community funding spent by category within the Northern region for the first two quarters of 2022-23.

2022/23 Northern Health \$224,148.08



Vancouver Coastal Health Region - Eva Jackson, RCME Liaison

Regional Update

The Rural Programs' Liaison has successfully implemented 8 out of the 9 eligible RSA communities in the Vancouver Coastal Health Region. The remaining community to implement has a large amount of reverted funds and is beginning to organize ultrasound education with their local physicians. The majority of the coastal communities were engaged in arranging education during the first half of the 2022/23 fiscal year and overall, there was a 60% increase in utilization compared to the first half of the previous fiscal year.

Throughout 2022/23, physicians across the coastal region organized and participated in a variety of educational activities including CME on the Run, online medical subscriptions, simulation rounds, and morbidity and mortality rounds. Whistler and Sechelt both had very successful in person retreats and conferences with their local physicians that strengthened team building and focused on presentations significant to their community healthcare practice.

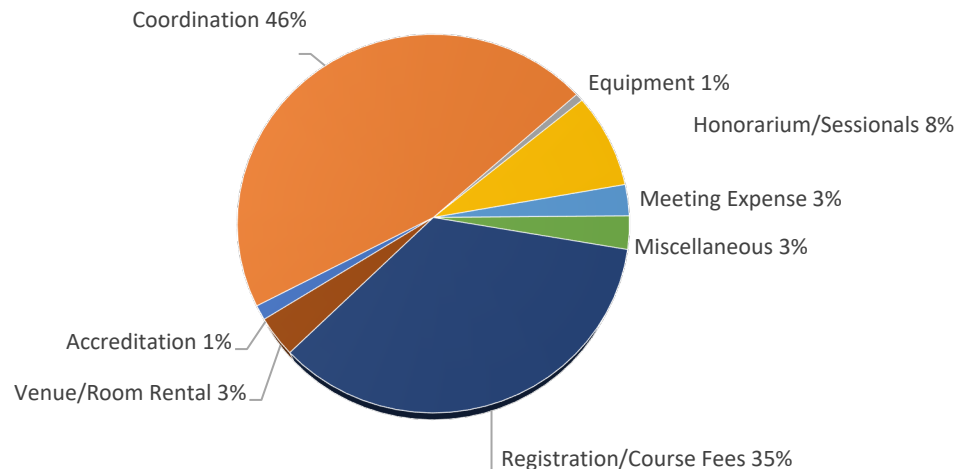
Success Story

Sechelt hosted an excellent two-day medical conference for their local physicians and colleagues within Vancouver Coastal Health. Speakers from across the region came to Sechelt and presented on topics ranging from interventional radiology, cardiac monitoring, obstetric medicine, management of complications of cirrhosis, hypermobility, as well as updates on paediatrics, lung cancer, and pneumonia. The RCME funds supported the organization of this successful event, including speaker honorariums, learning space, accreditation, catering, and supplies. This conference would not have been possible without the support of the RCME Community Program.

Below is a breakdown of the total community funding spent by category within the Vancouver Coastal Health region in the first two quarters of 2022-23.

2022/23 VANCOUVER COASTAL HEALTH

\$37,515.01



Vancouver Island Health Region – Antoinette Picone, RCME Liaison

Regional Update

2022/23 continues to see an increase in CME activity occurring on the Island. Overall, communities have been planning and delivering education with the region demonstrating a 55% increase in RCME fund utilization from Q1 to Q2. Additionally, the number of communities now implemented into the program has increased - 26 of the 27 Island Health communities are now implemented.

As shown in the chart below, the majority of fund utilization was for “Registration/Course Fees”. CME activities that contributed to this spending included the delivery of medical expert-based courses:

- Resilience/Leadership Workshop
- HOUSE *Hands-on Ultrasound Education*
- AIME *Airway Management in Emergencies*
- ATLS *Advanced Trauma Life Support*
- PALS *Pediatric Advanced Life Support*
- CASTED *Hands-on Orthopedic Courses*

Successes

Facilitating Collaborations

The RCME Liaison helped to facilitate a collaboration between the RCME physician lead for the community of Parksville and the Central Island Divisions of Family Practice. The two stakeholders were brought together to engage around CME and program funding as they had been working separately on coordinating and delivering CME.

Following discussions with the RCME physician lead, and meetings with the Divisions of Family Practice to gain a better understanding of the issues, the Liaison clarified the principles of the program and fund utilization to both parties, outlining how collaboration could benefit the community of physicians and allied health care staff. The RCME physician lead consequently met with the Division Executive and reported to the Liaison that they reached a collaborative agreement for CME activity.

Approved SPIFI

“Outreach and Engagement with remote Nuuchahnulth Nations” was approved by the Specialist, Sub-specialty, Indigenous and Funding for Innovation (SPIFI) SPIFI committee and submitted through the Central Island Division of Family Practice application.

This project will involve specialists and primary care physicians from Port Alberni and the West Coast of Vancouver Island engaging with First Nation communities—Ditidaht, Huu-ay-aht, Bamfield, Ahousat and Hesquiaht—to assess the need for care services for patients experiencing challenges accessing primary and speciality care. The Nuuchahnulth Tribal Council nursing team will join the physicians to support outreach to these Indigenous communities. The Indigenous team, including Elders, will provide education to Island Health providers on best practices for delivering care to Indigenous patients.

Advancing Community of Practice

The RCME Liaison continues to be in frequent contact with the local community RCME Coordinators across the Island. These connections ensure local RCME staff feel supported to execute closer to home CME activities and increases communication channels with communities and other partners supporting education. The RCME Liaison regularly advises the local RCME Coordinators on funding utilization in accordance with the guidelines and principles set out by the program.

The Island Health RCME Liaison leads the Provincial RCME Community of Practice, which brings together all local, multi-community and regional supports for CME/CPD across the province. This forum provides a space for coordinators to share in the education activities occurring in their community or region, which in turn, allows the opportunity to create synergies around the CME activities taking place.

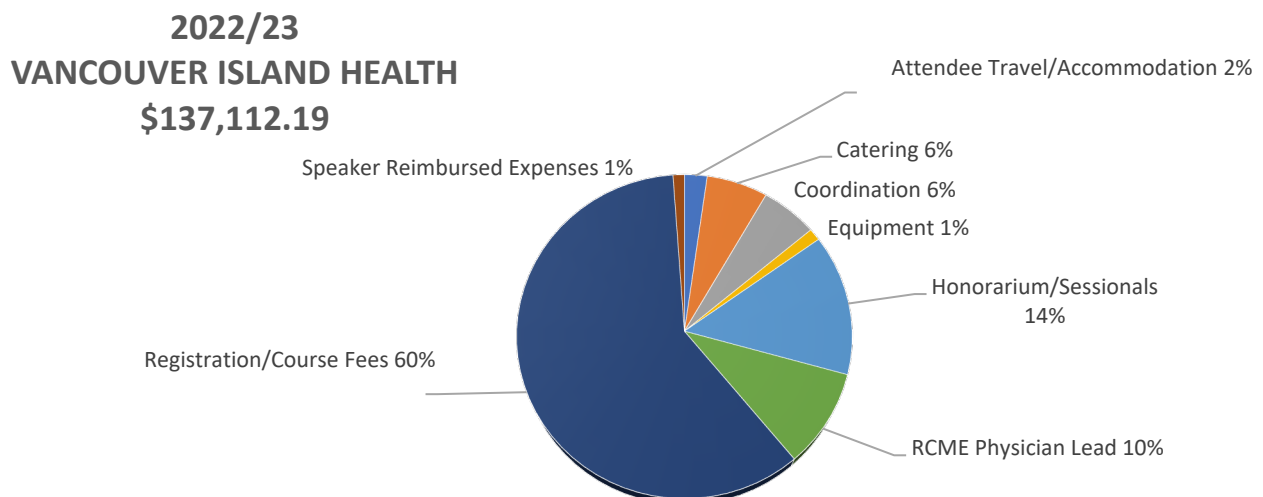
At the May 26th meeting a presentation was given by Dr. Jessica Otte on Therapeutics Initiative CME Resource: "Portrait" which the group found very informative. This CME initiative encourages small group discussions around prescribing data and reviewing patterns.

At the October 27th meeting a presentation was given by Laura Beamish, Senior Manger, UBC RCPD on various RCPD Program and Resources that were not only medical expert-based, but also included programs that could support new to practice community physicians and provide coaching/mentor skill development. One coordinator noted that she was unaware there are so many CPD opportunities available to support rural physicians.

Collaboration with Rural Programs' Liaison Role & Provincial RCME Connections

Collaboration with the Rural Program Liaison has provided an opportunity to strengthen an understanding of the RCME Community Program, RRP Quarterly report and NITAOP processes. Ongoing collaboration will allow for cross-coverage when required, improve communication/engagement with physicians and stakeholders regarding the rural programs.

The Liaisons across regions maintain a strong working relationship and meet on a regular basis to share knowledge of CME resources to support physician education provincially. Meetings also provide an opportunity to discuss funding guidelines and utilization requests to ensure that program principles and guidelines are met.



APPENDIX B

Rural Program Liaison NITAOP Updates

Interior Health Region - Angela Hennig, Rural Programs' Liaison

As referenced in the 2021-22 Rural Programs' Liaison Update to the JSC, the Rural Programs' Liaison has assumed the NITAOP program previously managed by Physician Compensation while working collaboratively with NITAOP Program Leads, Ministry of Health, Physicians, and Physician Compensation Staff. The liaison has fully assumed the regional coordination of the NITAOP planning processes, budgeting supports, program development, and all cyclical requirements to execute the plan across the region. The liaison has developed expertise on program eligibility for the physicians providing NITAOP services in the Interior through in-depth training provided from the Ministry of Health and Sandra Walker. In the Interior Health region, the liaison has become a key contact for the NITAOP program.

The NITAOP annual planning process for 2023-24 is currently in progress. The Rural Programs' Liaison has identified and reached out to all of the NITAOP program leads in the region. Throughout the annual NITAOP planning process, Angela has provided support to the program leads and individual requests based on community needs.

Having established one key contact through the Rural Programs' Liaison, the collaboration between all stakeholders in the NITAOP process has been enhanced, resulting in clear communication, ongoing support, and a better understanding of the needs of each community. More in depth evaluation and research will be one of many focuses in upcoming years. Subsequently, the opportunity for improvements to the current process, planning, and utilizations will be provided.

Northern Health Region – Charlene Hazelton, Rural Programs' Liaison

In July 2022, the liaison started with the team as the Rural Programs' Liaison, Northern Health. The liaison is located within the Lheidli T'enneh territory, otherwise known as Prince George and has been with Northern Health since 2019 in a variety of roles.

Since starting in the role, NITAOP has been the Rural Programs' Liaison's biggest focus. Although there has been a learning curve, the Rural Programs' Liaison has attended training sessions and had some resources from her predecessor. In September, she attended a meeting with the Ministry personnel and the other Liaisons from the Province. This kicked off the NITAOP planning cycle for the next fiscal year. Luckily, in the Northern Health Authority, a robust planning process was already in place.

The Rural Programs' Liaison connected with and confirmed all the NITAOP program managers to begin the planning process and provided them with all of the documentation that they would need to complete their plans. Plans were received back, gaps were filled in, and the master plan was completed. Currently, the NITAOP plans have been sent out to individual medical directors for their approval. Budgeting for the program is also underway. Next steps include submitting the plan to the Ministry and updating the documentation with the intention of creating a comprehensive policy and procedure manual.

Vancouver Coastal Health Region - Eva Jackson, Rural Programs' Liaison

During the 2022/23 fiscal year, the Rural Programs' Liaison took over the administration of NITAOP. This vital and complex program has numerous areas with potential for improvement in the Coastal region such as the overall access, understanding, utilization, communication, and annual planning.

Within Vancouver Coastal Health (VCH), each rural community has a Local Medical Director (LMD) who can provide the best contribution on what specialty services are required within the community. Through consultations with the local physicians, the LMDs decipher what the community and patient needs are and how those needs can be supported through NITAOP.

In previous years, NITAOP planning was broad and did not go into significant detail of past utilization of programs. The Rural Programs' Liaison has taken a fresh approach with the management and planning of NITAOP by highlighting underutilized programs and frequent reallocation requests for new programs. With the Liaison emphasizing visits and specialties that are under or over utilized, the LMDs are able to proactively make the appropriate adjustments to the NITAOP plan and budget for the upcoming fiscal year. There have been ongoing conversations between the Liaison and the LMDs about the annual plan to ensure the appropriate questions are asked and the correct changes to the plan are conveyed each year. The Liaison works closely with the community, the visiting specialist, and the Ministry to ensure program policies are followed.

Throughout 2022/23, there has been a large increase in the communication about NITAOP between the LMDs, visiting specialists, and Liaison. This has improved the understanding of the program for all parties involved and allowed for more accurate information to be reflected on the upcoming 2023/24 NITAOP Plan. The Liaison has addressed gaps in which physicians are providing outreach and provided an updated list of approved physicians to the Ministry of Health. Strengthening communication around NITAOP plays an important role in the annual planning and improves the accuracy of the budget.

With the increase in community outreach, the Liaison can work closely with the LMDs to help recruit specialists when needed and improve internal processes with access to NITAOP. For example, clinic space expenses can be sent to the Liaison for reimbursement through VCH, whereas many visiting specialists were unaware of this process. There is an improvement in the overall clarity and understanding of the program through the collaborative relationship with the Liaison and the Ministry.

Vancouver Island Health Region – Nicole Baker, Rural Programs' Liaison

Annual Planning for the Island Health region continues, with support from the local leadership, both medical and operational.

In order to identify those accountable for programs and areas, including requests brought forward by the First Nations Health Authority (FNHA), connections were made with medical and operational leadership to discuss the program and provide a baseline understanding of process, and by building a relationship with representatives from the FNHA to understand community need from their perspective.

Future opportunities will include formalized documentation within Island Health to support the process of Annual Planning.

An area of success was the identification of a physician who has been travelling significant distances out of pocket several times per year, providing telehealth when not in community. Through connection with local medical leadership and FNHA, the physician was identified and added to the current year's plan, supporting the sustainability of this work.

Improvements to process for NITAOP planning and utilization are ongoing. Future opportunities include possible expansion of specialist visits to include RCME offerings, recruitment of physicians to mitigate identified gaps in requests, and providing clarity on community contacts to support physicians in scheduling time and patients.