

Patients as Partners and Interior Health: Regional Engagement Table

October 17, 2017 | Kelowna, B.C.

Executive Summary



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Patients, Family Caregivers, Practitioners and Health-Care Staff: Engaging Together on Access to Primary-Care – October 2017

Background: The B.C. Ministry of Health's Patients as Partners Initiative is hosting a series of Regional Engagement Tables, and a final meeting will be held to discuss what was learned at each table and provide information to both community and provincial health leaders as they are developing new policies and strategies on primary-care improvements. The Ministry's Patients as Partners Initiative and Interior Health partnered to host a Regional Engagement Table on October 17, 2017. The full-day workshop was held in Kelowna with 44 participants, comprised of patients, family caregivers, health-care practitioners and health-care administrative staff. The purpose of the event was to discuss and receive input on a variety of topics related to accessing primary care in Interior Health. This document summarizes the key themes and innovative ideas from the discussions.



Theme 1 – Current Challenges with Accessing Primary Care: Overall, patients want to have access to a primary-care provider at times that work for them and when they are in need of care. Without alternative places to access care when they are unable to see their regular primary care provider, patients use an emergency department or walk-in clinics, which can lead to significant wait times and uncertain follow-up information. A summary of current challenges attendees are experiencing with accessing primary care are:

- difficulty finding another doctor when their doctor leaves or retires from practice
- difficulty accessing primary care beyond traditional office hours
- there are significant wait times to access a specialist or diagnostic tests
- access is more difficult for people in rural and remote communities, particularly in the winter
- lack of understanding of how the health care system works
- there may not be enough time in a primary-care visit for providers and patients to fully communicate

Theme 2 – Health-Care Provider Time: Participants recognized that health-care providers want to have a work/life balance and often do not want to work the same long hours past providers have worked. As a result, it was believed that primary-care providers take on fewer patients than their predecessors. This means that it is more difficult for patients to find a primary-care provider. Additionally, health-care providers may not have time to implement what they have learned through continuing education and may not have enough time to communicate with patients as they would like. Participants believe that providers need work/life balance to remain in practice over the long-term, and self-care for providers was discussed as a priority.

Theme 3 – Rural and Remote Access: Participants came from across the Interior region, and it was recognized that those living outside the major centre of Kelowna face additional challenges in accessing primary care, residential care, and aging in place. Challenges include: transportation availability; time and cost for traveling distances, particularly in the winter; financial burdens; difficulties accessing services when there are few family supports; and delays in accessing services. It was noted that some patients need to travel farther to find another primary-care provider after their provider leaves or retires from practice. Ideas around alternatives to in-person care were discussed, including the 811 HealthLink BC service and other virtual care options.

Theme 4 – Increasing Information of Self-Management and Self-Care Programs: Participants acknowledged that great programs and services for self-care and self-management exist, but patients, family caregivers and providers may not be aware of them. Suggestions were made on ways to increase awareness. The need for coordinated, clear and accessible information was identified as a priority. Including self-management as part of a team-based approach that focuses on wellness and patient empowerment was seen as part of a larger cultural shift.

Describing the Ideal Future State of Health Care

In one engagement activity, all participants were asked to describe the ideal future state of health care. In summary, it was described as one that is: caring, patient and family-centred, accessible (services, information, and records), coordinated and collaborative, timely, the family caregivers as partners in care, informed, proactive, evidence-based, and is well resourced with more providers and time for providers to engage with patients to learn new skills.

Priority Actions and Activities:

All participants provided actions and activities that would help move us closer to the ideal future state of health care. Each person voted on the actions they believed to be the highest priority. The actions that received the most votes, presented in order, are:

1. Education for interdisciplinary teams (collaborative, patient and family-centred, inclusive of cultural safety and diversity)
2. More engagement to include patients' voices on a regular basis
3. Evaluate/analyze the current state before making changes
4. Include family caregivers as a distinct group
5. Bottom up, not top down
6. Rural lens on policy
7. Public education / marketing for culture change (appropriate access, reduce emergency department visits)
8. Virtual care (health blogs, reminders, skype, book an appointment, telehealth)
9. Patient voice guide – listen more (patient journey mapping, better communication, more engagement)
10. Increase preventative care
11. Public communication, social media, broadcast, etc. about responsibilities, opportunities; and choices
12. Create options for 24-hour access to urgent but non-life-threatening care
13. Change the curriculum for providers (transform)

In the evaluation survey, 100% of participants said they were able to contribute their ideas to the discussion.

*"All speakers and activities were valuable – not a minute wasted."
"Good varied discussion.
Everyone was heard."*

Additional Supports the Patients as Partners Initiative Can Provide:

Participants stated that the Ministry of Health's Patients as Partners Initiative is well positioned to increase its leadership role throughout B.C. by building partnerships, sharing resources, and supporting the engagement of patients and families including:

- Educational resources and tools to support engagement at the clinical practice level
- Evaluating patient and family centredness in performance reviews and determining if programs/policies are patient-centred
- Supporting work happening throughout the province with engagement and facilitation expertise
- Developing a one-stop-shop of resources to support engagement and information sharing