

RESULTS OF PUBLIC ENGAGEMENT
PLANNING FOR PRIMARY HEALTH CARE
ON GABRIOLA ISLAND

Primary Health Care On Gabriola Island
Framework For Action

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Submitted to: The Community of Gabriola

Submitted by:

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Ministry of Health Services, Government of BC
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EXECUTIVE SUMMARY

A Primary Health Care community planning process was initiated in May 2008 based on a Memorandum of Understanding between the Vancouver Island Health Authority (VIHA), the Gabriola Health Care Society (GHCS), the Ministry of Health (MoH) and the physicians that provide services on Gabriola. The residents of Gabriola recommended the following focuses for action: Coordination of both preventative and primary health care services, Improved communication, Attraction and retention of physicians, Integration of nurses and nurse practitioners into Primary Health care on Gabriola, and Long term planning that focused on integrated services. The parties to the Memorandum have committed to taking the first steps required to follow through on the recommended areas of action. Many of those first steps have already been initiated. A three month follow up report will inform the community of progress achieved within each of the areas of action.

INTRODUCTION

Thought for the day

"We are continually faced by great opportunities brilliantly disguised as insoluble problems."

Lee Iacocca

In late 2007 and early 2008 the delivery of primary health care on Gabriola Island, BC, had reached a crisis point. The community had developed an emergency or urgent care treatment room to facilitate the provision of urgent medical care on the Island (the "UCR"), and only two physicians were offering on-call services. The result was that they were working excessive hours. In addition, a province wide review of the Medical On-Call Availability Program ("MOCAP"), and resulting moratorium of MOCAP by VIHA, meant that Gabriola physicians performing the on-call duties were not being compensated for the services being rendered. The situation became unsustainable.

As a result, in early 2008 representatives of the Gabriola Health Care Society ("GHCS"), the Gabriola Professional Centre, the British Columbia Ministry of Health ("MoH"), and the Vancouver Island Health Authority ("VIHA") met on number of occasions to discuss the delivery of health care on Gabriola Island, and steps that could be taken to improve that delivery. One of the results of the series of meetings was a Memorandum of Understanding (the "MOU") between the parties referred to above. One requirement under the MOU was that GHCS, in conjunction with the MOH and VIHA, initiate a process to plan for the future delivery of health care on Gabriola. The MOU set out the following criteria for the process and the resulting report:

1. There was to be an open invitation to:
 - (a) all residents of Gabriola
 - (b) all Gabriola physicians with patients on Gabriola,
 - (c) other health care providers from ambulance service, home and community care, for example, and
 - (d) VIHA and the MOHto be involved in a planning process that utilized methods such as surveys or town hall meetings.
2. The resulting plan must:
 - (a) provide for working hours for physicians that are sustainable and support and maintain the health and wellbeing of the physicians,

- (b) be based upon population based data, evidence, resident and provider experience,
- (c) benefit Gabriola by building upon the current investments and programs in primary health care and physician remuneration, and
- (d) include indicators important to the residents and providers on Gabriola to measure progress and success.

As a result a facilitated public workshop was held on Gabriola on June 20, 2008. In addition the GHCS set up an internet blog that enabled Islanders who could not attend the workshop to add their comments on the predefined afternoon topics.

This report has been prepared to:

1. draw together the comments provided by those attending the workshop and the comments entered into the internet blog, and
2. set out:
 - (a) a series of community goals extracted from those comments,
 - (b) the steps that can reasonably be taken by the community to work toward achieving those goals,
 - (c) the agreed priorities, and
 - (d) those responsible for each of the steps, as agreed to by those responsible.

PROCESS AND METHODOLOGY

The process to arrive at the findings included:

- Pre-planning meeting with community representatives
- Public input
- Qualitative analysis of input
- Discussions with relevant community groups, MoH and VIHA to determine timeframes and viability of action
- Findings incorporated into Framework for Action

Pre-Planning Meeting

A Creative Planning Dialogue approach was used in the pre-planning session. Representatives from 14 community groups on Gabriola Island were invited to attend the session. Twelve people participated in the May 21st, 2008 pre-planning meeting. Physicians from each of the Gabriola clinics attended the meeting together with representatives from the Ratepayers, Gabriola Emergency Services Society (GESS), Ambulance Society, the Hope Centre, the Gathering Place, the Lions, and the Gabriola Health Care Society.

The purpose of this session was to determine “the question” that needed to be asked of Gabriolans related to primary health care on Gabriola and how community input would be gathered. It was decided that a public session inviting everyone in the community would be held and the underlying question(s) of the public session would be *“Primary Health Care, What is it? What can it look like on Gabriola? How can we build on our partnerships in the future?”* (See Appendix A for full proceedings)

Public Input and Engagement

Public input was gathered through two key routes. One was a day long session June 20th, 2008 open to the public and advertised throughout the community. The second was through a web blog so that those who were unable to attend the public session could provide input.

The public session was comprised of two parts. The morning sessions used the Open Space format to ensure that all participants could determine what topics were discussed and then could choose what topics they wanted to participate in. The afternoon sessions used a Courtyard Café approach in which participants were able to pick two of 11 café topics they wanted to discuss. The café topics were drawn

from the discussion at the pre-planning meeting and the topic areas under Primary Health Care. The comments made in both the morning and afternoon discussions were posted to the website within a week of the public session (See Appendix B for public session results).

The web blog was set up June 3rd and has 11 topic areas that are consistent with the café topics discussed at the Public Session. There is also one category that is open to other comments. Comments from the blog entered up until July 15th were collected and included in the analysis for this report.

Qualitative Analysis of Data

The comments from the public session and blog were then analyzed in terms of common themes. Several concepts or areas were repeated throughout the blog, morning sessions and afternoon sessions. These included Coordination of community services, Communication, Physician Retention, Primary Health Care integration of services, Chronic care management services, Data, and Long Term Planning.

All of the points made in the public session discussions and the blog were then placed under one of the areas identified. These were broken down into Challenges, Opportunities and Solutions. A Framework for Action was then developed based on the identified Solutions.

Discussions with Relevant Organizations

Implementation of the identified solutions requires a variety of organizations to take responsibility for implementation and to provide a timeline and first steps in that implementation.

The next step in the process was to have conversations with those implicated in implementing the proposed solutions to determine their commitment, their timeline and their next steps. These were then incorporated into the Framework for Action that is found on the following pages.

THEMES

A. COOPERATION AND COORDINATION

Challenges:

- Little integration of VIHA funded health care services with each other and with the primary health care system on Gabriola Island
- most services based in Nanaimo – how will we know when there are enough people on Gabriola requiring specific services for them to be delivered on Gabriola
- Current lack of formal coordination amongst various community groups on Gabriola Island in terms of preventative and primary health care

Opportunities:

- Many community organizations on Gabriola contribute to preventative health care on the island
- Expressed interest by many community organizations to increase coordination between themselves and with the health care system
- VIHA service areas attended public session and indicated commitment to increased integration of their services with Gabriola primary health care system as per their mandate
- Solutions require actions and commitment from groups other than GHCS re: affordable housing, assisted housing, transportation, food security – all key to preventative health

Suggested Solutions:

- Database clearing house for what services exist on Gabriola - awareness
- Coalition/Council of community organizations – share info, identify and implement places for coordination and integration
- Funded coordinator for coalition – vision and coordination
- More on-island services – i.e. home support, mental health & addictions etc.
- Regular (twice/month) provision of chronic mgmt education, mental health support and other VIHA community & hospital based initiatives on Gabriola
- Integrated primary health care services – two options –
 - centralized location for all services,
 - centralized location for emergency response plus some services – other services dispersed throughout island with integrated communication.
- All health care providers and practitioners – traditional and non-traditional – coordinated

B. COMMUNICATION

Challenges:

- Addressing apathy that results from lack of immediacy (if you're not sick why care?)
- People need accurate information, clear facts and history
- Need for clear definition of terms and jargon
- People want to understand the impact of health care policies on health care practitioners
- How do we ensure that we get all of the opinions?
- Clarification required regarding how the money raised by GHCS will be used

Opportunities:

- Pharmacy informal access point for communication
- Community activities page
- Positive positioning of process and partnership within political context
- Website and Blog

Suggested Solutions:

- Pharmacy formal access point for communication
- Suggestion box at Village
- Bulletin board
- Regular press releases/updates (include Nanaimo papers)
- Brochure/info sheet providing relevant facts & info
- Survey
- A demonstration project – emergency simulation
- Information table at Village, Market, etc.
- Possibility of RSS feeds from the WEB site

C. PHYSICIAN ATTRACTION AND RETENTION

Challenges:

- MDs underpaid for on-call - MOCAP gap
- Balance between burn-out vs. 24 hour on-call
- Clarification of VIHA's role and responsibility
- Physician retention Physician attraction – how to get physicians who will do on-call to Gabriola
- How do we create a sustainable practice for local physicians including shared on-call?

- Clarification of the community's role in recruiting and retention of Locums and full time physicians:
 - welcoming environment
 - accommodation

Opportunities:

- Consider alternative models (Pender, Tofino, Ladysmith, NZ, paid per patient for managing rather than piecemeal)
- Emergency room and response working well for residents
- Committed on-call physicians on Gabriola Island willing to work towards solutions

Suggested Solutions:

- MOCAP
- Research alternative compensation system
- Observation "beds" (Tumbler Ridge) not sure where this point fits – planning?
- Locums, students, etc. – providing more permanent accommodation
- Articulation of incentives needed to attract doctor

D. PHYSICIANS, NURSE PRACTITIONERS AND EMERGENCY RESPONSE

Challenges:

- Funding pathways not streamlined
- Funding pathways not responsive to Gabriola's context
- Current inappropriate use of emergency services– not knowing where to go, who to call
- Primary health care practitioners overworked, community under-equipped
- Clarification of VIHA's role and responsibility
- Nurse practitioner – what are their practice boundaries – what can they do?
- BCMA restrictions around what NPs can do and charge for?
- Communication between NRGH and Gabriola Island physicians
- Helicopter landing not fully approved – heliport needs to be rebuilt
- Interim clinic too far for many residents

Opportunities:

- Consider alternative models (Pender, Tofino, Ladysmith, NZ)
- Sustain emergency room and response working well for residents
- Committed on-call physicians on Gabriola Island willing to work towards solutions

Suggested Solutions:

- Change compensation system to reflect reality of primary health care on Gabriola Island (research and recommendations)
- Communication links developed between local physicians and Nanaimo hospital physicians
- Consider roles and potential for integration of nurse practitioners, registered nurse, home care support into Gabriola PHC system and adapt compensation system for NP and nurses to accommodate options on Gabriola Island.

E. DATA

Challenges:

- Lack of demographic and population data that reflects those who are full time residents, part time residents and visitors, and their respective need for primary health care services
- Privacy an issue in gathering statistics
- Need health specific info – emergency statistics, who has doctors where, how many people have chronic issues
- Current lack of data reduces our ability to match services with needs
- Funds required to collect relevant data
- Need accurate data to determine costs/savings to the entire system of the existing urgent treatment room.

Opportunities

- Coordination of data with other groups
- Collection of data from emergency response on Gabriola Island
- RCMP, Post Office, Malaspina, Pharmacy, Stats Can, MoH, VIHA
- Info from both clinics here plus Port Place walk-in clinic from Gabriola

Suggested Solutions

- Survey of island residents for accurate population/demographic information
- Use information that has been gathered previously
- Coordination of data collection with other groups
- Data used for planning next steps

F. PRIMARY HEALTH CARE

Challenges

- Development of a clear definition of what integrated Primary Health Care would be on Gabriola, and what benefits might accrue to Islanders
- Determination of whether Islanders need for an integrated care facility – or just an urgent care facility.
- Development of an inventory of what services are currently available on and off the island, and communication of that information to Islanders
- Identification of health risks to Gabriolans and conversion of those risks to action points
- Cost of transportation to off-island programs
- Integration of volunteers and avoidance of volunteer burnout.
- Recruit and retain Health Care providers

Opportunities:

- Existence of a number of volunteer groups now on the Island
- Primary Health Care now a focus of the Province and VIHA
- Some BC Communities have model that might provide guidance (North Vancouver?)

Suggested solutions

- Integration of health care groups and health related services of other groups on the Island that might not be initially be perceived to be part of the health care community, such as those developing seniors gardens, walking trails, churches, etc. Volunteer programs lead/coordinated by a Community nurse
- Information developed and posted on the internet
- Awareness, communication of Primary Health Care services

G. CHRONIC CARE

There is significant over-lap between the points raised regarding chronic care and those raised in connection with primary health care and keep well programs. The two sections should therefore be read in conjunction with each other.)

Challenges

- Limited on-island services
- Cost of accessing off-island follow-up services
- Lack of or difficulty in accessing chronic care education.
- No or limited support for mental health issues

- No assisted living for seniors
- Isolation of seniors
- Lack of funding for Meals on Wheels
- Lack of funding for Home Care

Opportunities

- While more may be needed, there are a number of community groups available to assist. For example AA, NA
- People are now better educated and have access to much more information about health issues than the ever had
- Internet

Suggested solutions

- Better coordination of and support for volunteers
- Self management educators as part of a team to visit Gabriola on regular basis
- Health care providers should be encouraged to encourage patients to actively participate in management of their condition – self management support
- Formation of local peer support groups and identification of other potential supports (ie. Life Line program)
- Zoning changes to permit apartments/condominiums for seniors
- Home Care better integrated into Gabriola primary health care system

H. FUTURE PLANNING

Challenges:

- Limited needs assessment/business plan regarding primary health care needs
- Requires data and track-able statistics to plan effectively
- Requires funds
- Is there any community resistance to integrated clinic? Does the community want integrated care, or just an urgent treatment room? How do we determine?
- We shouldn't just respond to a wish list – we need to identify priorities – who is responsible and what is possible /reasonable within what timeline and budget.

Opportunities:

- Alternative models of other approaches (Pender, Tofino, NZ, tele-health, tele-medicine, co-op)
- Different land options for community clinics
- Electronic consulting with specialists

Suggested Solutions:

- Use risk management approach for planning
- Needs Assessment
- Business plan including cost, regulations, etc.
- Determine best approach for compensation and request approval from VIHA and MOH to implement
- Plan with community re: Integrated primary health care centre
- Access Grants, foundations

FRAMEWORK FOR ACTION

A. COOPERATION & COORDINATION		
PROPOSED ACTION	RESPONSIBILITY	COMMITMENT – FIRST STEP
1. Database clearing house for what services exist on Gabriola	Community Organizations on Gabriola	Initial Meeting of interested organizations to discuss: Sept 2008
2. Coalition/Council of community organizations – share info, identify and implement places for coordination and integration		
3. Funded coordinator for coalition – visions		
4. More on-island services – ie home support, mental health & addictions etc.	VIHA and Gabriola Physicians	Primary Health Care Integrated Health network to provide regular services/sessions on Gabriola starting August 1, 2008
5. Regular (twice/month) provision of chronic mgmt education, mental health support and other Nanaimo hospital based initiatives on Gabriola		
6. Integrated primary health care services – two options: (a) centralized location for all services, (b) centralized location for emergency response plus some services – other services dispersed throughout island with integrated communication.	GHCS, VIHA Health Care Practitioners on Gabriola Island	As part of business plan process – see H
7. All health care providers and practitioners – traditional and non-traditional – coordinated		

B. COMMUNICATION

PROPOSED ACTION	RESPONSIBILITY	COMMITMENT FIRST STEP
1. Pharmacy formal access point for communication	GHCS	October 2008
2. Suggestion box at Village		
3. Bulletin board		
4. Regular press releases/updates (include Nanaimo papers)		July 2008
5. Brochure/info sheet providing relevant facts & info		October 2008
6. Survey	See Data	See Data
7. A demonstration project – emergency simulation	GESS, GHCS	TBD
8. Information table at Village, Market, etc.	GHCS	August 2008
9. Possibility of RSS feeds from the WEB site		Possibly if blog added to web site

C. PHYSICIAN ATTRACTION & RETENTION

PROPOSED ACTION	RESPONSIBILITY	COMMITMENT – FIRST STEP
1. MOCAP	VIHA	MOCAP – Oct. 1
2. Different compensation system (research & implement)	GHCS, MoH & VIHA	Research proposal to be developed in August
3. Investigate observation “beds” (Tumbler Ridge)		
4. Articulation of incentives needed to attract doctor, Locums, students, etc.	GHCS & MDs	July, August 2008
5. Include apartment as part of final clinic	GHCS & community	To be considered during clinic design
6. Develop and place advertisements for MDs and develop Gabriola brochure	GHCS	July, August, 2008
7. Develop list of accommodations for MD’s and Locums	GHCS & community	Commencing July, 2008
8. Organize welcoming committee for Locums and potential MDs	GHCS & community	Commencing August, 2008

D. PHYSICIANS, NURSE/NURSE PRACTITIONERS AND EMERGENCY RESPONSE		
PROPOSED ACTION	RESPONSIBILITY	COMMITMENT – FIRST STEP
1. Communication links developed between local physicians and Nanaimo hospital physicians	Local Practitioners, Nanaimo Hospital, VIHA, GHCS	July – initial communications linked are being developed.
2. Different compensation system (research & implement)	GHCS, MoH & VIHA	Research proposal to be developed in August
3. Integration of nurse practitioners, registered nurse, home care support into Gabriola PHC system	MoH, VIHA, Health practitioners on Gabriola	August – meeting with those responsible to discuss potential primary health care RN pilot

E. DATA		
PROPOSED ACTION	RESPONSIBILITY	COMMITMENT – FIRST STEP
1. Survey of island residents for accurate population/demographic information (requires resources)	GHCS with MoH & VIHA	Long term – in conjunction with other island initiatives
2. Use information that has been gathered previously as base		September
3. Relevant data from MoH		MoH will provide substantial planning data September 2008.

E. PRIMARY HEALTH CARE		
PROPOSED ACTION	RESPONSIBILITY	COMMITMENT – FIRST STEP
1. Integration of health care groups and health related services of other groups on the Island that might not be initially be perceived to be part of the health care community, such as those developing seniors gardens, walking trails, churches, etc. Volunteer programs lead/coordinated by a Community nurse	See A1, 2, 3	See A1, 2, 3
2. Information developed and posted on the internet	VIHA	Current inventory of VIHA services posted provided to Gabriola 08/09 by September 15th

E. CHRONIC CARE		
PROPOSED ACTION	RESPONSIBILITY	COMMITMENT - TIMELINE
1. Better coordination of and support for volunteers	Community orgs.	See A1-3
2. Educators as part of a team to visit Gabriola on regular basis	VIHA & Health practitioners on island	To be included in proposal re: pilot
3. Health care providers should be encouraged to encourage patients to actively participate in management of their condition		
4. Formation of local peer support groups and identification of other potential supports (ie. Life Line program)	Islands Trust	Long Term – OCP process
5. Zoning changes to permit apartments/condominiums for		

seniors		
6. Integration of Home Care into Gabriola Primary Health Care system	VIHA & Health practitioners on Island	Discussion to occur in August

H. FUTURE PLANNING		
ACTION	RESPONSIBILITY	TIMELINE
1. Use risk management approach for planning	GHCS with community	Business plan, incorporating all points in H will be initiated in September 2008 in conjunction with planning data.
2. Needs assessment		
3. Business plan including cost, regulations, etc.		
4. Plan with community re: Integrated primary health care centre		
5. Access Grants, foundations	GHCF	Start August - ongoing

NEXT STEPS

IMMEDIATE

Coordination/Primary Health Care: Availability of Primary Health Care Integrated Health network to provide regular services/sessions on Gabriola starting August 1, 2008. Focus will be on Chronic Care Management.

VIHA, Gabriola physician's responsibility

Pilot Initiatives: Senior leadership in MoH and VIHA to work with the community to identify appropriate pilots that would respond to the primary health care challenges raised in this report.

VIHA, MoH, GHCS, Gabriola physicians

Attraction and Retention of Physicians: Establishment of Community Attraction and Retention Group responsible for marketing for physicians and accommodation requirements for locums.

VIHA, GHCS and Community responsibility

Public Communication: The range of communication actions will be initiated by end of August. VIHA's information will be posted on GHCS website by mid September.

VIHA and GHCS responsibility

Communication and links between Physicians on Gabriola and Nanaimo: Increased communication and coordination between NRH and Gabriola physicians.

VIHA, Physicians on Gabriola and Nanaimo responsibility

Nurses & Gabriola Health Care System: Determine the most effective way to include nurse practitioners, registered nurses, home support nurses into the current primary health care system on Gabriola.

Medical practitioners on Gabriola (physicians & nurses), GHCS, VIHA responsibility

SEPTEMBER/OCTOBER 2008

Data: Data requirements of Gabriola for the purposes of effective Primary Health Care planning will be provided.

MOH primary responsibility

Long Term Planning: Based on the results of the public input GHCS will initiate a planning process open to interested community members and based on relevant data and input from public session.

GHCS responsibility with **VIHA & MoH**

MOCAP: Medical On-call Availability program will be available for the physicians doing on-call on Gabriola Island

VIHA responsibility

Communication and links between Physicians on Gabriola and Nanaimo: Increased communication and coordination.

Physicians and GHCS responsibility

RESEARCH AND PLANNING

Research: Research into most effective approach to inclusion of a variety of health practitioners, including nurse practitioners and registered nurses.

MoH funded, **Community** involvement in research

Management of Integrated Primary Health Care on Gabriola: Research into a variety of options for the community. Research will include a co-operative model, salaried approach and a review of other jurisdictions.

MOH, VIHA, GHCS Incorporated into Long Term Planning process

Permanent clinic: Plans for a permanent, community owned location for the Emergency Treatment Room and supporting services will continue, with funds being raised through community fundraising, Foundations and Philanthropic organizations.

GHCS & GHCF responsibility

OCTOBER 31, 2008

3 month Report on Progress: Many of the proceeding actions are first steps and involve discussions with relevant parties in order to determine the best course of action in both the short and long term. A 3 month report on progress that will identify those next steps and responsibilities will be produced.

VIHA, GHCS, MoH, Gabriola Physicians