

PHABC Conference

12:50- 13:45 Plenary 2 - Themes 2 and 3 Cristal Ballroom

“ Governing a Primary Health Care Led system”

Cathy Ulrich

- Northern Health 30,000 population in small – med towns
- 13-17% aboriginals
- Vast geography “ remote and rural”

Northern Health Authority – needed to refresh and refocus

- Established 10 year strategic place
- Engagement was key
- Goals aligned with ministry
- Was in partnership with communities
- Asked, “what is our role in PHC and how do we build a system around that?”
- Focus was on the person and family situated in the center of a PHC setting
- Build from bottom up
- Originally focused on projects, rather than building the system and they learned a lot from taking this approach
- Other key ideas: multidisciplinary, collaborate, engagement
- Looked closely at what was working, and what wasn't.

Charles Jago

- Mission Statement very purposeful in articulating *Partnership*
- Transforming shareholders into partners
- Purpose of Community Engagement
 - Build relationships: through working closely, openness, time, effort
 - Fosters common understanding of issues
 - Fosters collaborative approach to problem solving
 - Fosters collaborative commitment to healthy communities
- Accountability – Northern Health goes out of it's way to collaborate with communities but ultimately see itself at accountable to the ministry and to the government
 - Has caused some tension in relationships
 - Has had to make it clear to community leaders that the northern health is accountable to ministry and CHOOSES to work with communities
- Community Consultation Process
 - Creates context in which to address issues
 - Can be challenging, instructional, consequential, suggestive
- Dialogue with Political Leaders

- Meet regularly so everyone understands health challenges * strong relationship* built over time and with effort
- Consultation on PHC
 - Communities identified they could contribute to broad sense of health
 - “Prototype communities” met with 6 communities and met with municipalities
 - Started with where community was at, through innovation and creativity nourished it and allowed it to flourish
 - Made told available to community
 - Leadership needed from communities
 - Needed commitment from municipalities
 - Built on what is already happening (strengths)
- First Nations Health Council
 - Partnership accords
 - What process for dialogue do we need in place?
- Role of Governance
 - Focus on long term, strategic plan, purposeful in overall direction
 - Relationship with management, harness collective strengths, meet needs of people we have been mandated to serve

Questions and Answers

- You talked about governance at high level, but how can we bring it to community level? So that there IS accountability to community.
 - We want mutual accountability no hierarchical
 - Need elected political leaders in communities
 - Create respectful relationships to hold each other accountable
 - We are moving that way I just did not articulate that point
 - For e.g. in Fort St John there is accountability between service providers and community
 - On the other hand some small communities don't want that formality
- You emphasize the unique of the North, but what could be applied to other health authorities? For e.g. Fraser Health? Vancouver Coastal?
 - I am hesitant to speak on behalf of what other authorities should do because Don't appreciate when people do that for Northern authority
 - But community engage at system level
 - Others have tendency to think about public health/service delivery/PHC providers separate, but in NA we bring all those silos together
 - Bring physicians to the table, there is opportunity for increase collaboration, new graduates especially are interested in this
 - Building trusting relationships with stakeholders

- I appreciate your hesitancy to speak on behalf of others, but you have good models so how can you become a leader in HC transformation in BC?
 - Innovation at authority that can be replicated
 - Profile work
 - Evaluation research through UNBC re; facilitating/hindering relationship – can publish in literature
- What role does informatics/technical infrastructure play in evaluation?
 - Yes we need this
 - Both hindering and facilitating
 - System based on info that we need
 - Powerful tool: EMR – provides real time info on what’s happened
- When the authority states that we are not accountable to you, we choose to work with you, we are accountable to government, I find that disturbing
 - We do feel we are accountable to communities, that is why we work with them, but in a formal way we are ultimately not

Theme 3 “Building a Platform for Intersect oral, Interdisciplinary Practice in BC”

Marjorie McDonald – Research, Strengthening PHC through PH and PC

- PHC overarching context within which PH and PC are situated
- Great amount of potential through integration
 - Both sectors should carry out respective missions while also linking stakeholders to catalyze intersect oral collaboration
- Offered definitions for PH < PC, PHC
- Reflected on term “platform” – are we really building a platform? Need a new metaphor, I think we are rather evolving a system, a complex system
- This idea is not new, but we never seem to get anywhere
- We are facing the same problems
- An ecological framework for building successful collaboration between PC and PH
- Organization at Systemic, interpersonal and intrapersonal levels
- Change will result of interaction of processes at different levels
- As it is one system, interaction at one level impact those at other levels
- We need to build structure and processes to support at all levels, in the past it has been too individualistic not holistic
- Intrapersonal: attitudes, values, beliefs,
- Interpersonal: interactions with people, being clear about roles, building trusting inclusive relationships
- Organization: clear mandate, goals, formal leaders, collaborative originations, optimal use of human and material resources

- System: government and regulatory policies, harmonized infrastructure, funding models and financial incentives to support collaboration (for e.g. fee for service is no best), professional education
- PH and PC need to understand each other, they are distinct and separate, did not share same educational background
- Need to think about how all pieces come together in a systemic way
- Without specific structure in place, that support won't happen

Jim Thorsteinson

- Going forward –
- Human resources
 - Attitude
 - Fostering sense of social responsibility
 - Bringing disciplines together
- Financial
 - Remuneration incentive for FP to come to discussion table to so it's not all side of their desk
 - Should not just be a voluntary part of their job
 - Develop trust
- Educational
 - Focus more on population health, social responsibility
 - Pt centered in context of family and community
 - Advocate and communicator also important roles
- Technical
 - EMR – should be utilized
 - Care connect
 - Data collection

Paulo Young – A focus on Resources

- “How do you pull all the pieces together, what are the actual resources we need?”
- Human Resources
 - Complex health challenges, therefore we need inter-disciplinary care, internal/external stakeholders
 - Need evaluators, change management, researchers, operational engineers
 - Make sure you have the “right” person
- Engagement
 - Bring staff and programs together, creates better solutions, share expertise
 - Need governance at program and community level
 - Engage early as it can be difficult to coordinate
- Educational requirements
 - Everyone must understand what each other are doing
 - Creates understanding, linkages and dependency

- Roles change, so new training may be required
- Major reason why things don't happen: lack of clear understanding
- Technical
 - Someone must understand technology, they can see potential
- Financial
 - Start up budgets, hard to know costs ahead of time need to come up with estimate so you are not cutting later, or asking people to do more work
- Evaluation
 - Demand more quality data
 - Different types of evaluation require different skill sets
 - Increasing complexity
 - Think about what kind of data will support you?

Questions and Answers:

- Jim: do you see divisions of family physicians as a way for FP to engage more with communities? If not, what should be done?
 - Divisions concern everybody
 - Locally based, own board, take on own issues
 - Local regions have own issues
 - There are opportunities to engage
- Marjorie: Did anything come out of research regarding three identified groups (keen, not keen, cautious)?
 - Don't necessarily have an answer, engaging process that includes other elements such a structural and policy is important
 - Case studies of successful and not successful collaboration across countries demonstrate that the not so keen groups ultimately shifted when the right structures were in place to support change
 - Education is imperative to confront fears