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?
  o Innovation at authority that can be replicated
  o Profile work
  o Evaluation research through UNBC re; facilitating/hindering relationship – can publish in literature

• What role does informatics/technical infrastructure play in evaluation?
  o Yes we need this
  o Both hindering and facilitating
  o System based on info that we need
  o 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
  o 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
  o 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
  o Attitude
  o Fostering sense of social responsibility
  o Bringing disciplines together
• Financial
  o Remuneration incentive for FP to come to discussion table to so it’s not all side of their desk
  o Should not just be a voluntary part of their job
  o Develop trust
• Educational
  o Focus more on population health, social responsibility
  o Pt centered in context of family and community
  o Advocate and communicator also important roles
• Technical
  o EMR – should be utilized
  o Care connect
  o 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
  o Complex health challenges, therefore we need inter-disciplinary care, internal/external stakeholders
  o Need evaluators, change management, researchers, operational engineers
  o Make sure you have the “right” person
• Engagement
  o Bring staff and programs together, creates better solutions, share expertise
  o Need governance at program and community level
  o Engage early as it can be difficult to coordinate
• Educational requirements
  o Everyone must understand what each other are ding
  o 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