

World Café – Hierarchy of Health Care and the Impact on Health Promotion – Round 1 12/6/11 9:10 AM

Presentation

- BKD – registered nurse – Thompson Rivers University
 - Worked in gov, public health, currently teaching
 - Concern is that health system hasn't changed since 1940s
 - Treatment focussed, not prevention etc.
 - Putting more money into the system and not getting healthier
 - Particularly in BC, physician dominated
 - These are the professionals that can bill
 - Access to specialists can be challenging – gatekeeping going on
 - Doesn't allow for equity in access
 - Design of the health care system
 - Currently a pyramid base with GP at the top
 - If you could put the patient at the top and they could decide what they need, equip them with the knowledge to make their health better
 - How can we redesign the system?
 - Educated HCPs out there that are under utilized
 - Primary Care Charter
 - Disappointing document
 - On the MoH webpage
 - The document puts the physician at the centre of care
 - Implications for health professionals and patients in BC

Speaker – allied health professional

- Access to care: how do we flip this over?
- What we find is that for lung disease:
 - To access an educator, have to go through family doc
 - People who are socioeconomically challenged may not have GP and as a result get less care
 - Need an educator for:
 - Easy stuff like how to use inhaler
 - Shouldn't have to go through hospital system to get the education
- how do we get the patients to get this care
- health authority doesn't want her to email patients

- response
 - we're trying not to make it us vs them
 - learning how to advocate for yourself
 - how can we as a collective advocate for a change as a collective voice? To help them stay healthy so they don't have to access the hospital
 - how do we do this while keeping in mind inequities

Speaker

- what is the effect of the dearth of GPs, difficult to get a family doctor?
 - There is an impact
 - Primary Care Charter – 87% in BC have a family physician
 - In the rural areas difficult to maintain
 - Nurse practitioners graduating but not working
 - Great push to bring in physicians' assistants without utilizing resources we currently have
 - CBC had a show saying that medical students at UNBC are being subsidized, so that the docs stay rural and remote
 - But they're not penalized if the docs don't stay
 - No one is holding them accountable

Speaker – cancer agency

- Educating the public about being proactive and advocate on their own behalf
- Needs to be a paradigm shift to the patient being the director of their care
- Younger generations are a bit more empowered
- But needs to be education at the population level
- Particularly when there is lack of GPs

Often patients don't understand the whole system and the types of services that are available to them – they know doctor and nurse, but nothing really beyond that

- Need education around more of the system
- A lot of the public don't have that idea

Drive to move to a team or network based model of health so that the patient is the driver

- When you read the document, not really laying that out, which is disappointing
 - It's there to support the physician who is there to support the patient
 - Should be patient, who can then access other health workers
 - Currently, funding allocated to family physicians, practice staff etc.
 - Not going to RT, social workers etc.
 - Means that some of the clients they see
 - Majority are self-medicating because it's easier

Speaker - Perinatal health

- One of the challenges is that there is a broad range of health providers together
 - Physicians' group pushback to a truly team based approach
- Midwives collecting data
 - But data is not as relevant as what we could be capturing if we used a SDH lens

Speaker - Medical student

- Physician doing home-based visits now with older people
- Case workers are specialized in knowing how to navigate the system and the resources that are available
 - Why do doctors with specialized training do this now when there are better people to do it?
 - Money?

In the Charter, physician mentioned in the document so many times

- Those physicians on salary, experience is better
 - Nurse practitioners playing a bigger role

In the Kootneys, they were losing maternity services

- As a response, the community came together with a support team around the woman and could help her through
- Families saying they want to have the babies there
- In the Charter – mentioned that there's a lot less physicians in natal care

BC seems very behind in the rest of the country

- Health accord 2004 has money set aside for pilot projects, where are the ones for restructuring the system?

- Feeling like you've gone back in time in BC if you've worked in other provinces
- Not of a lot of people advocating on their behalf
- People working in different regions not really talking to each other

Lingo in academic world, interdisciplinary teams

- You can have conversations when people know what is happening

How can we do this differently?

- Funding needs to be allocated a bit differently
 - Those that bill will just keep billing
- Keep having conversations – we're all part of the problem and solution

Speaker – is one of the reasons staying similar because we have a high immigrant population

- The immigrants have the know the physicians as point of entry?
- Response: Not really the sense
 - Other resources not doing a good job of advocating for themselves
 - Under health professions act, nurses can't advocate
 - Still losing ground
- Look for templates in other organizations
 - It's like people have been silenced

How can family practice fit into this?

- Want everyone attached to a doctor etc.
- Document says if you don't have a physician you're not healthy, paradigm needs to shift
 - Need different resources for different needs
- But what about 811?
- Minister of health not even ready to advocate public health at all

Do we have pockets of care?

- Can we take best practices from these different areas?
- There's some good things coming out

In Saskatchewan

- Sharing between communities incredible
- White Coat Black Art (CBC) – highlighted Nelson as a great example of sharing