

# What we Heard

Determining Priorities for  
Primary Health Care Renewal



Premier's Summit  
on Health Care

January 2015

  
Newfoundland  
Labrador



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# 1.0 Introduction

In preparation for the Premier's Summit on Health Care residents of Newfoundland and Labrador were invited to participate in a province-wide discussion on the future of primary health care. Sessions to facilitate this discussion took place in locations across the province in November and December 2014 and January 2015. Primary health care was defined as "the day-to-day care needed to protect, maintain or restore our health" (Discussion Guide, 2014), including everything from speaking with a pharmacist to calling the HealthLine, visiting your family doctor for a routine immunization, participating in a chronic disease self-management workshop, or finding ways to eat healthier food and remain active. To encourage broad engagement, members of the public were also invited to provide feedback through a number of other methods – by telephone, email, and an online dialogue application. Feedback was requested in response to the following four questions:

- 1) What does acceptable access to primary health care mean to you?**
- 2) What kinds of supports or services do you need from primary health care providers to help you stay healthy?**
- 3) What do you think needs to change in primary health care?**
- 4) In what ways does primary health care work for you?**

This document outlines the major themes that were generated from these discussions.

# 2.0 Methods

Data from the regional forums, as well as from telephone and email correspondence were collated to facilitate a thematic content analysis. Each data element (e.g., statement or phrase) was coded by one of two qualitative researchers, who met regularly to discuss emerging themes from each of the discussion questions and to coordinate the coding of data. Data elements analyzed for this document included over 2,400 comments recorded in primary health care sessions, along with several submissions in the form of emails, telephone calls, and letters.

# 3.0 Results

## Overarching common themes included:

- 1) **Coordination and Continuity of Care**
- 2) **Awareness of Services**
- 3) **Wait Times and Hours of Access**
- 4) **Prevention and Promotion**
- 5) **Compensation Models**
- 6) **Access to Allied Health Professionals**
- 7) **Proximity to Services**
- 8) **Community Services and Supports**
- 9) **Expanded Access to Nurse Practitioners**
- 10) **Mental Health and Addictions**

This section summarizes the main findings within each category with reference to the four questions that were addressed in regional discussions. The first two questions: “What does acceptable access to primary health care services look like to you?” and “What kind of supports/services do you think you need to help you stay healthy?” are addressed under the subsection(s) “Access and supports.” The last two questions: “What do you think needs to change in primary health care?” and “In what ways does primary health care work for you?” are addressed under the subsection(s) “What’s working and what’s needed?”

## 3.1 Coordination and Continuity of Care

### 3.1.1 Access and supports

Many participants suggested that coordination of care was important to primary health care access. Participants also indicated that coordination of care could support good health. One participant noted that “doctors and allied health care professionals need to work together – they need to share information and they need to know what each other is doing.”

Many comments also linked continuity or consistency of care to both good access and good health. Comments about continuity of care pointed specifically to the importance of building long-term relationships with healthcare providers: participants felt that solid relationships with health care providers were essential to a supportive model of care that included good communication between citizens and providers.

### 3.1.2 What’s working and what’s needed

A minority of participants felt that their care was already well coordinated. Participants also commented on the importance of current technology to good coordination of care – for example, a number of comments focused on the importance of Electronic Health and Medical Records to facilitating communication among providers. A few participants also felt that they experienced good continuity of care – for example, one participant had been with the same health care provider for 35 years.

Positive comments notwithstanding, most participants felt that coordination and continuity of care was lacking in Newfoundland and Labrador. Comments indicated that the current model of care seemed “fragmented” – leaving both providers and clients isolated. Comments overwhelmingly pointed to the importance of a collaborative, multidisciplinary, team-based approach to care. Some participants suggested the potential value of a “one-stop shop” approach in which many services are offered in one place. While some participants expressed trepidation about the use of new technologies in primary health care, most participants commented on the need for increased use of technology that would include for example, increased use of virtual visits, the Healthline, email and telephone checkups, and online appointment booking. Results indicated that participants were also concerned about developing a retention strategy to increase continuity of care, so that individuals could access to the same primary health care providers over several years. Many suggested recruitment should focus on local providers who might be more likely to stay in communities. Indeed,

not only did many participants comment on a current lack of consistency in care, many indicated they had poor access to family physicians overall, leaving some clients “orphaned” and others waiting in the emergency department for non-emergency services they felt could be provided by a family doctor or nurse practitioner.

## **Main Finding**

**Long-term relationships with health care providers and a collaborative, team-based model of care are essential to good health care access. Coordination and continuity of care are perceived to be lacking in Newfoundland and Labrador and more needs to be done to recruit providers who will stay in the communities where they are needed.**

## 3.2 Awareness of Services and Supports

### 3.2.1 Access and supports

A high level of awareness of programs and services available was considered important to acceptable access to primary health care. Awareness of services was also perceived as crucial to good health. As one participant commented, “all [the] resources might be there but people don’t know where to go.”

### 3.2.2 What’s working and what’s needed

While a small number of participants felt able to navigate the health care system and its services, overall, the majority of comments indicated that better awareness of program, services and supports is required. One participant pointed specifically to a lack of awareness among many diabetics of available services. Another pointed out that sometimes, even health care providers within the system aren’t aware of all the services available due to the complexity and variability of options. Suggestions to improve awareness of services included: the recruitment of patient navigators (individuals devoted to assisting patients in ‘navigating’ their way through the health care system); the development of a community directory that lists all programs and services available in a particular geographic area; the development of a website or online portal with user-friendly information on programs and services; and collaboration with existing community groups (such as seniors’ clubs) to “get the word out” about available services.

## Main Finding

**Awareness of programs and services is important to health care access and overall good health. Awareness of services is lacking in Newfoundland and Labrador and could be improved through various approaches such as the development of community directories and the adoption of a broad patient navigator program.**

## 3.3 Wait Times and Hours of Access

### 3.3.1 Access and supports

The ability to see a health care provider within a reasonable time frame was perceived as important to acceptable access to primary health care. The importance of “reasonable wait times” and “timely access to good care” was the most common theme with regard to access. Related to “timely access” was the need for “access at the right times.” In this regard, many participants felt that current hours of access to family physicians or other health care providers – which tend to be “9 to 5” – make access difficult for individuals who work during those hours and places a significant financial burden on many individuals. After-hours access was noted as important to appropriate access.

### 3.3.2 What’s working well and what’s needed

Some individuals indicated that their experience with wait times had been positive; that they had received quick referrals; or that they had a short wait at the emergency department. One individual commented that their experience with hours of access was positive, with access to a walk-in clinic that was open until 8pm. Overwhelmingly however, individuals noted that a reduction in wait times and expanded hours of access were needed. Participants indicated that wait times are currently too long in three areas: family physicians (many participants reported waiting a week or more for appointments with GPs), emergency departments (two participants reported waiting 10 hours in an ED), and some specialized services (one participant had been waiting 2 years to see a rheumatologist). In addition to a reduction in wait times, many individuals suggested that expanded hours of access to clinics and family doctors would improve overall access to care and support good health. A number of comments focused not only on improving access to family doctors, but also on the need for more same day and urgent access.

## Main Finding

**Timely access and access at the right times are both important to maintaining good health. Wait times are currently too long and hours of clinic access are too short. Shorter emergency department and family doctor wait times, as well as expanded family doctor hours of access are necessary.**

## 3.4 Prevention and Promotion

### 3.4.1 Access and supports

Adequate prevention of disease and promotion of good health was noted as important to appropriate access to care and was frequently noted as an essential support to overall good health. Participants commented on the importance of education, testing, and early intervention. As one citizen commented in an online letter, “if we invest more in prevention now, it will reduce our health care costs years later.” In this vein, a number of participants suggested that it was important to undertake prevention and promotion with youth and within a school setting, so that good health habits could be developed early.

In addition to the importance of health education and early intervention, many participants pointed to the importance of the social determinants of health to overall good health. For example, a number of participants commented on the need for access to healthy food and adequate housing and others noted that income was also a significant determinate of health.

### 3.4.2 What’s working well and what’s needed

Participants noted some positive developments in prevention and promotion. For example, one participant commented that women’s health promotion has been successful and another participant noted the success of the cervical cancer program. Other comments indicated there have been positive shifts towards prevention and wellness such as the provincial chronic disease self-management program. Participants also commented frequently, however, on the need for more prevention and promotion. Many participants commented in particular on the need for more prevention and promotion among youth as well as the need for more prevention and promotion activities related to mental health. A number of participants noted that access to adequate housing and affordable healthy food was currently limited for many people.

## Main Finding

**Prevention and promotion, including education, early intervention, and adequate access to housing and healthy food are important supports to good health. More focus on prevention and promotion, based on the social determinants of health, is needed.**

## 3.5 Compensation Models

### 3.5.1 Access and supports

Compensation was captured in discussions about access in the sense that some individuals felt that an important component of access was the ability to spend an adequate amount of time with their family physician. While some respondents reported excellent relationships with caring doctors who spent adequate time with them, other participants indicated they felt “rushed” during GP visits. Some participants also lamented the fact they could only bring up one ailment or issue per doctor visit.

### 3.5.2 What’s working well and what’s needed

While comments related to rushed visits and restrictions around the number of issues dealt with at doctor visits can be linked to the fee-for-service compensation model, some respondents felt that the fee-for-service system had advantages and that salaried physicians did not see enough patients. The majority of regional forum participants suggested that the current fee-for-service compensation scheme for physicians is not conducive to the kind of primary health care system that they want to see. As one participant noted, there is “something fundamentally wrong with being paid by the number of patients you see per day.” Overall, a fee-for-service compensation scheme was viewed as “a costly model” and “not conducive to providing good care.” Indeed, as one individual commented in an online submission, “many patients have family doctors who are unwilling to provide palliative care, home visits, or after hours care because the billing codes are too low [...].” The current compensation scheme was also felt, by participants, to limit the degree of multidisciplinary or team-based work that could be accomplished. Suggestions that were made by participants included exploring new payment options and paying for outcomes or for meeting certain conditions and quality benchmarks.

## Main Finding

**“Rushed” visits reduce access to primary health care. Overall, a fee-for-service compensation scheme was viewed as costly and unconducive to encouraging holistic multidisciplinary care.**

## 3.6 Access to Allied Health Professionals

### 3.6.1 Access and Supports

Adequate access to allied health professionals was viewed as essential to appropriate primary health care access. In particular, participants pointed to the importance of access to Occupational Therapists, Physiotherapists, Speech Language Pathologists, Midwives, Psychologists and other mental health workers, as well as alternative practitioners and services such as naturopathic doctors and meditation.

### 3.6.2 What's working well and what's needed

There were no specific comments that indicated access to allied health was adequate; there was rather a perception that not enough of these professionals are available, resulting in long wait times, and in some cases, having to travel in order to access these services. This also resulted in family physicians having to “be all things to all people,” and to take on issues that might be outside of their training (e.g., acute mental health crises). Public coverage for allied health professionals was also noted to be a concern of many participants – “those who don't have the money or insurance can't access these services.”

Access to allied health professionals was also noted to be impacted by the current system structure – many of these professionals are located within hospitals (e.g., dietitians, speech-language pathologists) or require a physician referral. This was perceived as an unnecessary barrier to access for many respondents and an additional burden on family physicians.

## Main Finding

**Adequate access to allied health professionals was viewed as an important component of appropriate primary health care access. Factors that currently limit this access include too few professionals in some areas, lack of coverage for many services, and the requirement to obtain referrals for most allied health services.**

## 3.7 Proximity to Services

### 3.7.1 Access and Supports

Participants indicated that proximity to services – or having services nearby – was an important component of appropriate access to primary health care. Proximity to services was also viewed as an important support to good health. Proximity to services was noted as especially important for rural communities and for individuals who have limited mobility or few transportation options. In particular, a number of participants noted that the cost required to travel to access care can be burdensome.

### 3.7.2 What's working well and what's needed

Notably, many participants pointed to telehealth as an excellent initiative and one that allowed important access to services that would otherwise not be available within rural and isolated communities. Many participants, however, also indicated that access to services in rural communities and for homebound individuals could be further improved. Suggestions for improvement included: expanded use of telehealth, better public transportation, programs to bring more services into people's homes, more coordination of care for people who are required to travel, and a mobile clinic system for some forms of care.

## Main Finding

**Proximity to services is an important component of appropriate access to primary health care. For rural communities, homebound populations, and those with limited access to affordable transportation, travel is difficult and access to some forms of care is limited. Some solutions include: expanded use of telehealth, more home visits, mobile clinics, and better public transportation.**

## 3.8 Community Services and Supports

### 3.8.1 Access and supports

Participants suggested that access to a broad range of community services and supports is an important component of acceptable access to primary health care and, in particular, an important support to overall health. Important community supports included supports related to physical activity – such as gyms and recreation centres, and supports related to overall wellness – such as wellness and community centres. Participants also pointed to the importance of community services and supports in public schools, including school-based physical activity support, education related to healthy eating and breakfast programs. Participants also pointed more generally to the need for services and supports for both youth and seniors. Others pointed to the importance of church groups, art programs, and support groups to social wellbeing and overall health.

### 3.8.2 What's working well and what's needed

In general, a number of participants were very positive about the current level of community services and supports in their communities. Some participants, for example, felt they had excellent access to recreation centres; others pointed to the success of the Kids Eat Smart Program and the good work of the Healthy Baby Clubs.

While community services and supports were frequently viewed as working well, participants indicated there is also room for improvement. Participants suggested that more community services and supports for physical recreation were necessary. Some participants stressed the importance of affordability when it came to community programs. In the same vein, some participants pointed to the need for more subsidization of recreation and physical activity in Newfoundland and Labrador. Further, participants pointed to the need for more services for youth (with one participant linking youth crime to lack of youth-oriented community services), as well as more services designed specifically for seniors. The importance of “affordable programs for seniors,” such as, for example, programs designed to help seniors with computer use or to stay active in the winter, was noted by participants.

## Main Finding

**Community Services and Supports are important to good health in Newfoundland and Labrador. There is a need for more community services and supports related to physical activity as well as more services and supports directed at both youth and seniors.**

## 3.9 Expanded Access to Nurse Practitioners

### 3.9.1 Access and Supports

Appropriate and timely access to primary health care involves having access to “the right professionals at the right time.” Participants want to see “all providers working to [their] full scope of practice.” In particular, many comments in online submissions and health care forums pointed to the importance of nurses and particularly more nurse practitioners to improved primary health care access. Participants also felt further expansion of the scope of practice for pharmacists could be important to improved primary health care access.

### 3.9.2 What’s working and what’s needed

Within the current health care system, there was a perception among those that participated in the forums or provided online submissions that some health professional groups – especially nurse practitioners – are under-utilized and are not working to their full potential. A number of participants commented on the need for more nurse practitioners, who would have the potential to take on some of the day-to-day activities that currently fall to family physicians. Pharmacists were another health professional group which were perceived to be under-utilized – participants commented that pharmacists should be able to authorize prescription refills and administer routine injections of B12 and select vaccinations.

## Main Finding

**Many comments indicated the need for more nurse practitioners to provide routine primary health care services and to ease the burden on doctors and emergency departments. Others suggested registered nurses and pharmacists.**

## 3.10 Mental Health

### 3.10.1 Access and Supports

Across the province, participants stressed the importance of having access to mental health supports – from prevention and early intervention to adequate access to trained mental health professionals, once diagnosed. This was a concern that was highlighted for youth populations specifically, as well as for the community at-large. Mental health promotion was seen as an important component of overall health promotion and as something that should be prioritized in primary health care.

### 3.10.2 What's Working and What's Needed?

There were few instances where participants noted that the current mental health system was functioning adequately to meet the needs of the province's population. Rather, insufficient numbers of practicing mental health professionals were perceived to be a problem for many participants. Wait times to access mental health services can be significant, and as one respondent stated "often, when people have made the decision to seek mental health services, it's now or never." Enhancing access to mental health services and increasing the focus on prevention and early intervention may help to ensure that "mental health issues [are] recognized earlier in life." Many participants noted in both forums and online submissions that mental health supports and services were badly needed within the school system.

## Main Finding

**Access to adequate mental health services was perceived to be essential to overall population health. Mental health was one key area in primary health care where adequate access and supports were perceived to be lacking, particularly among youth. An increased focus on prevention and early intervention is needed, especially in schools.**

# 4.0 Discussion Topics

For the purposes of supporting dialogue and discussion at the Premier's Summit on Health Care, the ten themes outlined above were further categorized under four discussion topic areas including: Access to Services and Supports, Collaboration and Coordination, Prevention and Promotion, and Mental Health. All of the ten themes above fit into at least one of these four overarching topic areas while some themes fit into more than one.

## 4.1 Access to Services and Supports

Access to Services and Supports was a topic underlying many of the comments and overarching themes. Access to Services and Supports encompasses the following themes:

- **Coordination and Continuity:** Many participants felt that coordination of care was lacking, which could leave clients 'isolated' within the healthcare system and unsure of how or where to access the full scope of primary care available. Many participants also linked continuity of care to acceptable access to primary health care and noted that the development of long-term relationships with care providers could be disrupted when physicians relocated.
- **Awareness of Services:** In regional forums it was noted that people who are unaware of services are unable to access them. Awareness of services was seen to be lacking in Newfoundland and Labrador; suggestions for improvements to increase awareness of services included the development of a community directory and/or a website describing how to access available services.
- **Proximity to Services:** Proximity to services arose in forums as critical to access in the sense that travel costs can create access barriers for citizens who do not live close to needed services and supports. While telehealth was seen to address some of the issues associated with proximity, participants indicated that access for individuals in rural communities and homebound populations could be further improved with, for example, expanded use of telehealth and home delivery of services to homebound populations.
- **Wait Times and Hours of Access:** Wait times emerged as an important access issue as many individuals reported they had to wait too long to access primary care services, such as those provided by a family physician, which resulted in further wait times in emergency departments for non-emergency care. At the

same time, hours of access emerged as an important issue with many citizens reporting that the conventional hours that clinics tend to be open (9 to 5) can make it difficult to access primary care services.

- **Compensation Models:** Compensation models are related to access to services and supports because in cases where participants felt compensation models encouraged 'rushed' care, access to appropriate, acceptable care was compromised.
- **Expanded Access to Nurse Practitioners:** Citizens clearly indicated they would like more access to nurse practitioners who are practicing to their full scope of practice as well as access to pharmacist services that cover a wider scope of practice.

There were also a number of comments that did not necessarily fit into one of the ten overarching themes reviewed in section 3 (above), but did fit into the more general topic area of Access to Services and Supports. There were a number of comments, for example, that complimented available services in general, and other comments that indicated that better services were needed in certain areas, including chronic pain management and long term care. Notably, a number of comments also pointed to the need for a better health plan that covers access to allied health professionals as well as medications and dental care.

## 4.2 Collaboration and Coordination

Many of the overarching themes are linked to the need for increased collaboration and coordination. The topic area of Collaboration and Coordination encompasses the following themes:

- **Coordination and Continuity of Care:** In primary health care forum discussions, many participants expressed a need for increased coordination of care - including a team based approach to care which involves good communication and collaboration between different members of a client's care team. The importance of continuity of care emerged as individuals stressed the importance of developing long-term relationships with care providers. Participants noted that in many cases, the development of long-term relationships with care providers could be disrupted when physicians relocated.
- **Awareness of Services:** Suggestions to improve awareness of services included suggestions for increased coordination and collaboration of care – such suggestions included hiring patient navigators and developing a website and community directory to assist individuals in finding and access services. Participants also noted that increased collaboration among health care providers could lead to better awareness of services available among providers themselves and therefore more awareness of services among clients.
- **Compensation Models:** Some compensation models may not be conducive to collaboration and coordination. The current fee-for-service model, which does not include compensation for time devoted to collaboration with other professionals, may not encourage collaboration. As well, in cases where physician visits are 'rushed,' there is little time to discuss the availability of the range of primary health care services available to clients.
- **Proximity to Services:** Proximity to services falls into the category of collaboration and coordination in the sense that increased collaboration and coordination could address issues of proximity – one suggestion, for example, to improve collaboration (and address some issues of proximity) included developing a – 'one stop shop' where all services could be accessed in one place.
- **Access to Allied Health Care Professionals:** Many forum participants felt there were not enough allied health professionals available and were frustrated by the need for a physician referral to access some of these services. Better collaboration and coordination among health professionals could also include better access to allied health professionals.
- **Expanded Access to Nurse Practitioners:** Many individuals indicated that acceptable access means appropriate and timely access to the 'right professionals at the right time.' This included access to nurse practitioners and pharmacists that could ease the burden placed on family doctors. Increased collaboration and coordination of care could improve this access.

## 4.3 Prevention and Promotion

The importance of prevention and promotion was clear throughout the data collected from the forums and was expressed in a number of comments. The overarching topic of prevention and promotion encompasses the following themes:

- **Prevention and Promotion:** In discussing the theme of Prevention and Promotion, individuals felt that acceptable access included access to preventative services. Participants also cited prevention and promotion-oriented services – for example health education – as important supports to good health. While it was noted that there has been good progress in prevention and promotion-oriented services, clients indicated they saw a need for more such services. In addition to services such as health education, many participants in primary health care forums also pointed to the importance of the social determinants of health, such as access to adequate housing and nutrition. Participants noted that such access was inadequate for many people.
- **Awareness of Services:** Awareness of Services falls under the broad topic area of Prevention and Promotion in the sense that awareness of services also includes awareness of health prevention and promotion services. Many participants felt that awareness of services needed to be increased.
- **Community Services and Supports:** Community Services and Supports also falls under the broad topic area of Prevention and Promotion – in particular, while participants lauded the accomplishments of many community services and supports that contribute to prevention and health promotion, such as Healthy Baby Clubs and Kids Eat Smart, many participants also suggested the need for more community services and supports for physical recreation and more subsidization of recreation and physical activity in NL. Participants also pointed to the need for more services for youth and seniors.

## 4.4 Mental Health

In primary health care forums, mental health arose as a key area that concerned many individuals. Overall, participants felt that current access to mental health services is inadequate and mental health was singled out by many participants as an area of primary health where there is room for significant improvement. While mental health was analyzed above as a theme unto itself, comments and concerns about mental health crossed many of the other themes. The main themes intersected by mental health included:

- **Coordination and Continuity:** Some participants pointed to the importance of team management of mental health conditions.
- **Awareness of Services:** Some participants noted a need for more education around mental illness and more open discussion of mental health issues.
- **Wait Times:** Long wait times to access mental health care was an important issue in discussions about acceptable access to primary health care.
- **Prevention and Promotion:** Participants who came to forums and submitted letters and emails noted a need for more prevention and promotion focused on mental health. In particular, there was a noted need for more resources focused on mental illness prevention in the schools.
- **Community Services and Supports:** A number of participants noted the need for more mental health services and supports for example, supports to manage stress. Participants also pointed to the need for more services and supports for mental health among youth and within schools.



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