BC FIRST NATIONS HEALTH DIRECTORS ASSOCIATION
AND
FIRST NATIONS HEALTH COUNCIL

Health Centre Challenges In an eHealth Context

Report on Health Directors / Senior Health Leads Feedback

October 7, 2010

FINAL

EXECUTIVE SUMMARY

BC First Nations Health Directors and Senior Health Leads were asked by the First Nations Health Directors Association to provide feedback on draft identification and description of six Health Centre challenges that would inform a discussion document regarding eHealth opportunities for Health Centres. The document was distributed to one hundred and sixty-three (163) Health Directors / Senior Health Leads. An online survey instrument was used to facilitate feedback.

Fifty-eight (58) feedback responses were submitted. The majority of responses were from Health Directors (70%). There was a good distribution of responses from across each of the Health Authority regions, approximating actual geographic distribution of communities (+/- 10%).

- Feedback confirms the significance and relevance of the six Health Centre challenges presented:

ACCOUNTABILITY-REPORTING:	**+70%** rate as a 'very significant' or 'significant' challenge
ACCESS TO SERVICES:	**+82%** rate as 'very significant' or 'significant' challenge
FRAGMENTED HEALTH RECORD:	**+72%** rate as a' very significant' or 'significant' challenge
SERVICE REFERRALS:	**+68%** rate as a' very significant' or 'significant' challenge
CONNECTIVITY & INFASTRUCTURE:	**66%** rate as a' very significant' or 'significant' challenge
INTEROPERABILITY:	**+76%** rate as a' very significant' or 'significant' challenge

- Respondent feedback also confirmed the accuracy of the description of the six challenge areas, and provided additional examples or aspects that can further help characterize these challenges.

- Respondent feedback provided additional content around other key Health Centre challenges. This feedback was organized into eight themes or challenge areas that emerged: SUFFICIENT RESOURCES, SERVICE GAPS, NIHB, SKILL DEVELOPMENT, GOVERNANCE/JURISDICTIONS/PARTNERSHIPS, CULTURAL COMPETENCY, CAPITAL & HEALTH CENTRE INFRASTRUCTURE, STAFF RECRUITMENT/RETENTION.

Next steps following receipt of FNHDA and Health Director/Senior Health Leads feedback:

I. Integrate the feedback to enhance the description and characterization of the six Health Centre challenges reviewed.
II. Expand and/ or add to the six challenges to reflect the additional challenge areas identified by respondents in their feedback.
III. Create an eHealth Discussion document that matches Health Centre Challenges to eHealth opportunities, and distribute to Health Centres for the purpose of facilitating local exploration, planning and development in relation to eHealth.
IV. Utilize the feedback gathered through this process to help inform other broader efforts to document Health Centre characteristics and needs, e.g. provincial Health Centre profiles and readiness assessment activities.
V. Utilize the feedback process followed in this exercise to help shape future engagement efforts by the FNHDA and the FNHC.

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1.0 BACKGROUND

The Tripartite Strategy Council for First Nations eHealth is a strategic body with senior representation from the First Nations Health Council, the BC Ministry of Health Services, the BC Ministry of Healthy Living and Sport, First Nations and Inuit Health Pacific Region, and First Nations and Inuit Health Branch Office. The purpose of the Strategy Council is to create tripartite alignment amongst the partners for First Nations eHealth, aligning strategic planning and investments. As part of the Strategy Council's planning processes, direction was given at their June 4th, 2010 meeting to seek feedback and input from Health Centres and Health Directors around key challenge areas that eHealth could mobilize around in helping address or mitigate.

On July 12th, 2010 an initial draft of six possible Health Centre challenges within an eHealth context was presented to the Board of Directors for the BC First Nations Health Directors Association. These challenges were drawn from discussions and input over the last three Gathering Wisdom Conferences as well as through numerous other formal and informal engagement processes. The Directors provided input and revisions to the draft list and description, and authorized a feedback request process to be initiated seeking further and broader feedback from BC Health Directors.

This report represents the feedback gathered through the above process. These results will be presented back to the FNHDA Board of Directors, distributed to respondents, and provided to the Tripartite Strategy Council for First Nations eHealth to assist in their planning processes. It is anticipated that these results will further inform a broader discussion document on Health Centre challenges and eHealth opportunities to be distributed to BC First Nations health organizations.

2.0 METHODOLOGY

Available mailing lists of Health Directors and Senior Health Leads for BC First Nations were reviewed, edited and amalgamated to form a distribution list of 165 individuals. A feedback request was distributed to individuals on this list on August 3, 2010 (see Appendix A). To facilitate efficient feedback, an online tool was developed and access to the form distributed on August 6th 2010 (see Appendix B). Respondents had until August 20th, 2010 to submit their responses.

Response to the feedback request was positive. Of the 165 Senior Health Leads invited to respond to the survey 58 individuals responded, yielding over a thirty-five (35%) percent response rate – a relatively positive return for this type of mail out survey.

Responses were compiled and organized, with any identifying information removed. Quantitative responses were charted and qualitative responses included in the report. Qualitative responses around additional Health Centre challenges were organized into eight themes that emerged from the data.

3.0 FINDINGS & ANALYSIS

3.1 SURVEY RESPONDENT CHARACTERISTICS

3.1.1 Respondents by Health Authority Region

Responses to the survey reflect a geographic distribution that approximates the regional distribution of First Nations across the province (+/- 10%). Some community health organizations span more than one Health Authority Region, this is reflected in the responses as well.

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

Please indicate which Health Authority Region(s) your Health Centre or community Health Services are located in?		
Answer Options	**Response Percent**	**Response Count**
Vancouver Coastal Health Authority (VCHA)	3.4%	2
Vancouver Island Health Authority (VIHA)	34.5%	20
Fraser Health Authority (FHA)	13.8%	8
Interior Health Authority (IHA)	24.1%	14
Northern Health Authority (NHA)	27.6%	16
Nisga'a Health Authority	3.4%	2
Don't Know	0.0%	0
	answered question	**58**
	skipped question	**0**

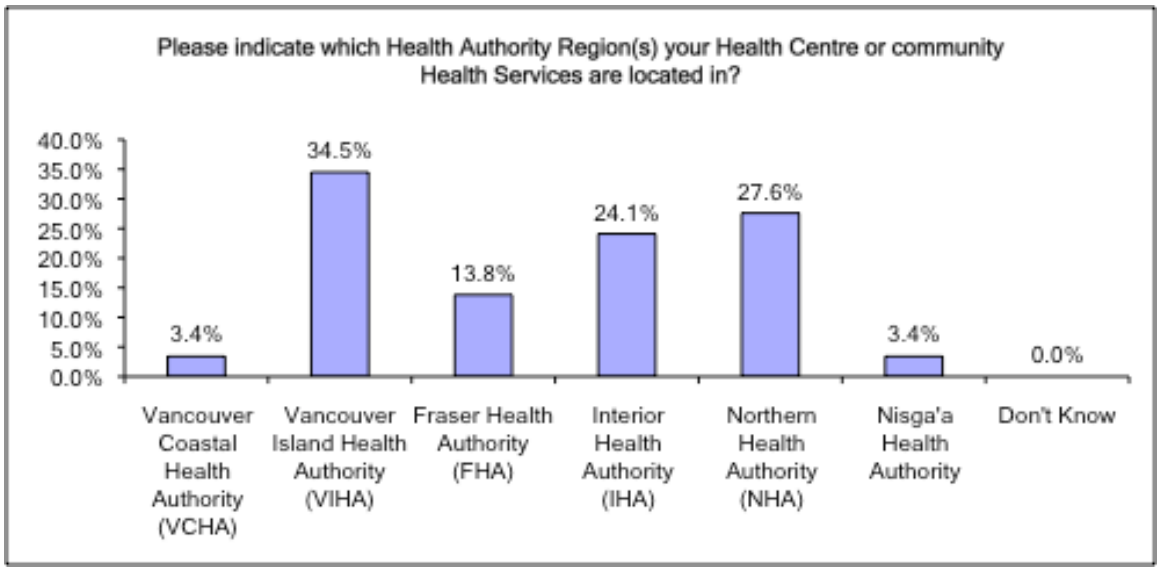

Figure 1 - Respondents by Health Authority region

3.1.2 Respondents by Role

The majority of respondents were either Health Directors or similar positions (e.g. CEO or Executive Director).

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

Please select from the options below that best describes your current role in First Nations health:		
Answer Options	**Response Percent**	**Response Count**
Health Director	70.7%	41
Band Manager	1.7%	1
Health Worker	5.2%	3
Health Portfolio Holder/Lead (political)	8.6%	5
Other (please specify)	13.8%	8
	answered question	**58**
	skipped question	**0**

Other (please specify)
Health Partnership Coordinator
Executive Director
CEO
Director of Operations
CHR
Hub Coordinator
CEO
Nurse Manager

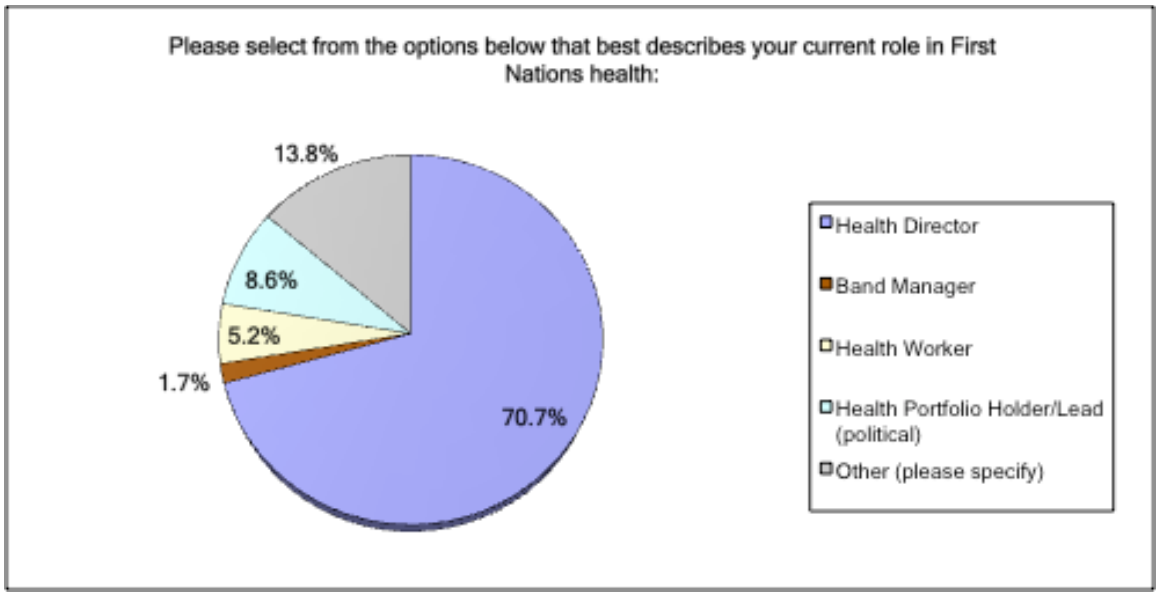

Figure 2 - Respondents by Role in FN Health

3.1.3 Respondents by Organization Type

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

Please select the description below that best describes your community Health Services		
Answer Options	**Response Percent**	**Response Count**
Single community Health Services organization	70.7%	41
Multi-community Health Services organization	29.3%	17
Optional Comment:		9
	answered question	**58**
	skipped question	**0**

Optional Comment:
Urban Aboriginal
Small isolated remote community
Three Health clinics; one Health center
Our village is a very small Isolated remote village
Covered by FNIH health unit with CHN
We have our MFCD staff support workers within our Health facility as well
We serve the people in our community on reserve but we do have clients who come here who live off reserve (but near reserve)
One Health Center; two nursing stations; one clinic
Health Agency (nonprofit society) delegated by BCR from 3 Bands to deliver health services

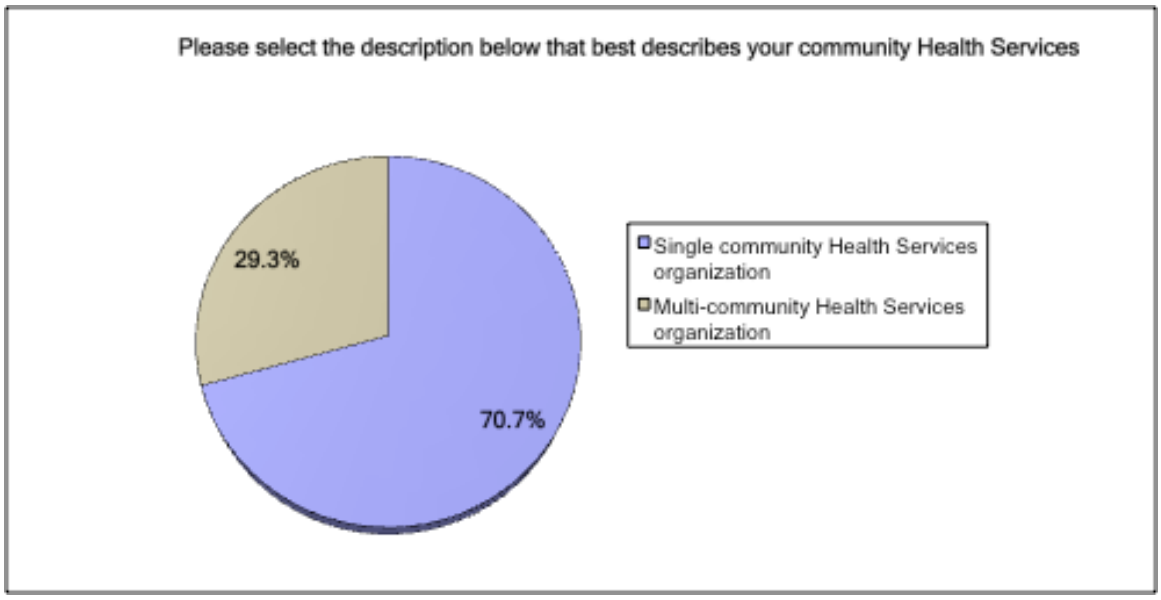

Figure 3 - Respondents by Health Service Organization Type

3.2 CHALLENGE: ACCOUNTABILITY-REPORTING

3.2.1 Perceived Severity – Accountability-Reporting Burden

Respondents confirmed that the current accountability-reporting burden is a significant challenge for Health Centres – over seventy (70%) percent of respondents identifying it as either a very significant or significant challenge.

Respondents also confirmed that the description of the challenge as provided in the distributed document they reviewed (see Appendix A) was accurate and appropriately characterized.

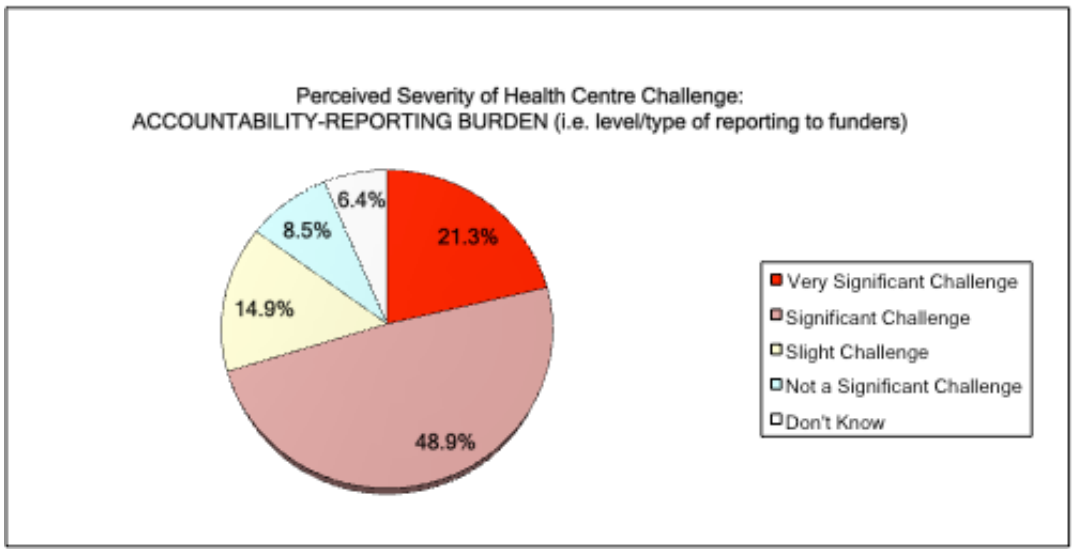

Figure 4 - Perceived Severity of Challenge: Accountability-Reporting Burden

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

The document distributed identified the ACCOUNTABILITY-REPORTING BURDEN (i.e. level/type of reporting to funders) as a Health Centre/services challenge. Please rate how you see this challenge.

Answer Options	Response Percent	Response Count
Very Significant Challenge	21.3%	10
Significant Challenge	48.9%	23
Slight Challenge	14.9%	7
Not a Significant Challenge	8.5%	4
Don't Know	6.4%	3
Optional Comment:		7
	answered question	**47**
	skipped question	**11**

Optional Comment:
Reporting is done and sent but many times they do not receive it or it gets lost in the mainstream. We have to send it as many as 2-3 times.
Especially for very small amounts of funding
CHN role

I am having a hard time getting my staff to keep up their reporting because they don't have the time and that makes it impossible to do my reporting (which I also don't have time for!).
This is a trend in all health related areas at present and not unique to First Nations. Funders have transferred much of the burden and cost of reporting onto health service agencies which in turn has caused significant stress in the non-profit sector. Working with other health providers in the NP sector could be the key to solving challenge.
Complexity increases as we deal with FNIH as well as provincial health authorities
We need electronic health information management systems that will align with reporting requirements, and additional resources to do the reporting (we use our already-busy receptionist to do EsDRT and he doesn't get it done monthly). Additionally, we would like our stats back from our reporting.

3.2.2 Qualitative Feedback – Accountability-Reporting Burden Challenge

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

Please provide comments on the Health Centre Challenge #1 - ACCOUNTABILITY-REPORTING BURDEN page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

Answer Options	Response Count
	19
answered question	19
skipped question	39

	Response Text
1	I think you are accurate on all of the challenges and you have included good examples.
2	Very accurate. It would be beneficial if there was a EMR parallel to Panorama in which we could easily access all the program stats etc. required for the reporting.
3	Time consuming burden with little financial support for personnel when we have frequent and hi need for out of town specialists, med services all requiring documentation and confirmation. However in community patient travel services allows for immediate response when addressing urgent matters inclusive of a + d treatment openings.
4	The reporting could be accessed through the electronic health system. In addition, the Community Based Reporting focuses on information on staff capacity and training. It is not known how this reporting benefits the health of the community?
5	Yes. Not sure you captured the micromanaging in the Medical Transportation program and the ridiculous amount of reporting required for that program. Also, the esdrt data is meaningless to us and seems like micromanaging again. The overlap between targeted program reporting and work plan requirements and overall reporting through annual report.
6	It is better to have one large report but I feel the focus is quantity of programs not quality. It is such a headache to gather everyone's reports and put them into one especially since we use a integrated approach in all of our programs. These reports are too time consuming, we don't get enough for the time it takes to do them. While myself and my staff spend hours reporting the community is doing with out service. Some of our people do not want us to report on the cultural activities we do, they say it is private and none of your business.
7	e-SDRT reporting requirements: there is no or little support for the Home and Community care staff when required. Deficiencies with the reporting tools.

8	These reports are very time consuming and do not accurately capture all the programs and services that we are offering in the community. I don't like working with their template and in addition, end up doing an annual report with pictures and stories for the community to showcase what our health department has done.
9	Descriptions are quite accurate
10	The new funding model doesn't always collect the same data that we are interested in or are collecting, so it means its an extra step to collect that specific information. Also, different funders want different information.
11	It would be helpful to have a staff person to do the reports and data collection for these reports.
12	When a community operates out of a health center; would the reporting shift from the CHN to the health director?
13	There greater need for cultural
14	Yes, it was accurate.
15	I am currently recognized as the CHR although in reality I am also the Home and community care Coordinator/RN/ and although not recognized I am the Health director. I officially work a 28hr week. I am responsible for all the documentation, programs, reporting and duties that fall under these hats. I am consistently behind in all of the reporting
16	The Jurisdictional barrier between Prov. and Feds. for immunizations. Multiple reporting: Provincial reporting and federal reporting Provincial reports include our F.N. stats...but we never have access to those numbers! They get funding by using our numbers, however, we are never allowed access to that information. One sided. Capacity building for all the reporting...no supports/ time and money invested in all the reporting ...
17	What about the accountability part on the funders to First Nations - FNIH has a document which states the role of all government employees in the area of agreements - the gov't does not provide a report card to the FNs - only when there is a internal review document will come out 4-5 yrs later? There are a number of policies and guidelines associated with reporting/agreement clauses that are not provided to First Nations. (Guideline to Admin costs, Ministerial Audit guideline, Monitoring the agreement guideline, NIHB framework, Intervention policy, Recovery and withholding policy, MARR policy, etc) First Nations should be part of agreement development with the policies/guidelines. Reporting is based on formula based funding and not need. Financial and Ministerial audit needs to be reflective of need and not formula. Reporting is still based on government process of reporting through performance plans and priorities.
18	I agree that the description is accurate.
19	The way the challenge was described was completely accurate.

3.3 CHALLENGE: ACCESS TO SERVICE

Respondents confirmed that the Access to Services challenge as described in the circulated document (see Appendix A) is a significant challenge for Health Centres – over eighty-two (82%) percent of respondents identifying it as either a very significant or significant challenge. Respondents also confirmed that the description of the challenge as provided in the distributed document they reviewed was accurate and appropriately characterized.

3.3.1 Perceived Severity – Access to Service Challenge

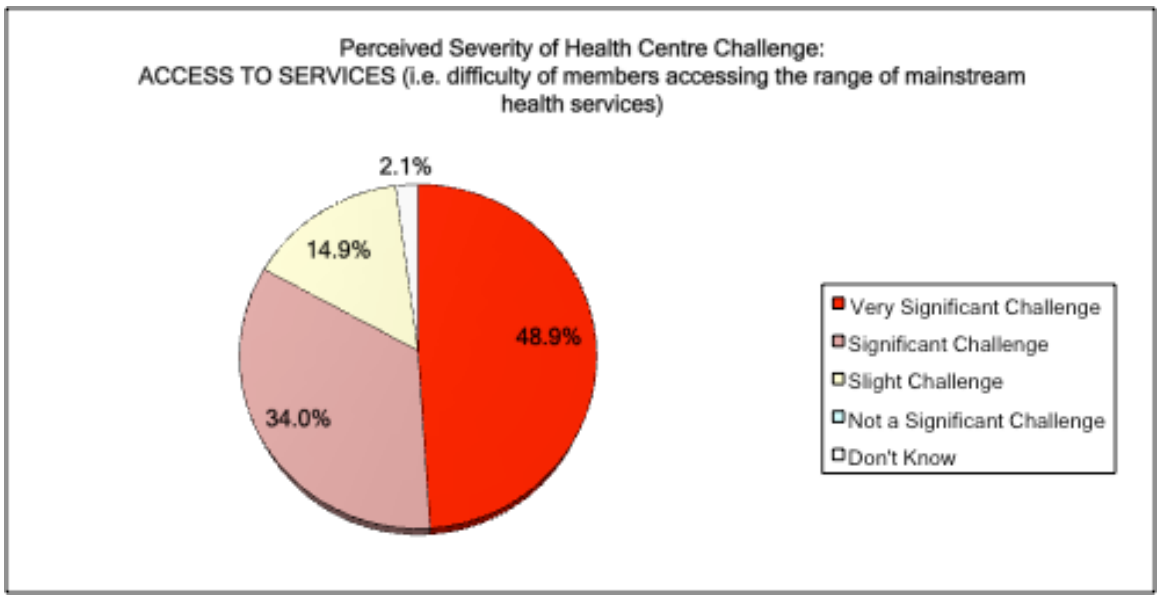

Figure 5 - Perceived Severity of Challenge: Access to Services

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

The document distributed identified ACCESS TO SERVICES (i.e. difficulty of members accessing the range of mainstream health services) as a Health Centre/services challenge. Please rate how you see this challenge.

Answer Options	Response Percent	Response Count
Very Significant Challenge	48.9%	23
Significant Challenge	34.0%	16
Slight Challenge	14.9%	7
Not a Significant Challenge	0.0%	0
Don't Know	2.1%	1
Optional Comment:		12
	answered question	**47**
	skipped question	**11**

Optional Comment:
Prenatal services unstable for high risk; Testing such as scans long wait time; Specialist-Treatment services primarily out of town or limited such as kidney care; Referrals for treatment wait times or lack of directive by area physicians seen in past; Dental services not available locally leading to medical complications
One of the biggest challenges is IH is constantly changing. And not all services are available in the South Okanagan. We are not remote, but we do have a doctor shortage. Many clients have to travel to the next community to access doctors.
Stigma, discrimination from service providers to Band members in many areas of VIHA and private providers
Our services are not at par with the rest of the province
Most have no means of transportation. They, rely on the health center to pick them up and bring them to the health center.
CHN role
We have a hospital very close to us but they do not have specialists (except the ones that come for a visit), they do not deliver babies, they cannot perform surgery, they do not come onto reserve to provide services, they do not have a homecare nurse, they can only do some ultrasounds...the list goes on. We live on a remote island so seeking health care is very expensive and time consuming if you cannot get the required services here.
In this geographic area this is not a significant challenge although some bands do have some transportation issues they are not as significant as those in the far north.
We do have a health van, but it services 4 communities and we are in both Fraser and Interior Regions. Therefore the van goes both north and south.
We are adding onto our health centre, but need to ensure we can get the service's for our members
Local hospital is reluctant to admit people. They send them home and expect home and community care to look after them. The need for escorts is huge.

3.3.2 Qualitative Feedback – Access to Service Challenge

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

Please provide comments on the Health Centre Challenge #2 - ACCESS TO SERVICES page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

Answer Options	Response Count
	20
answered question	20
skipped question	38

	Response Text
1	AS above (i.e. I think you are accurate on all of the challenges and you have included good examples.)
2	Sadly this is very accurate.
3	Access to services is a challenge especially for high-risk prenatals. Our most recent client spent time in 3 different hospitals causing her spouse to miss work and spend a lot of time traveling to different locations. This was not funded as no coverage for medical escort.
4	I agree; a lot of First Nations do not have a server or an IS department. In addition, the health centre requires the support of its leadership i.e. Chief and Council or the Board of Directors.

5	In our area, because IH is constantly changing, this causes us many challenges. We are never sure of their changes or cutbacks until it is done and sometimes services are cut or changed in our area. Specialists are just not here we have to travel to see any. There are dentists that refuse to deal with health canada because of their reporting. We have no eye doctors, mom's have to leave the area to deliver, home care nursing is a constant challenge, because we do not have a full time nurse we have to depend on public services. This is a problem especially when the hospital discharges on Friday and the nurses won't come until Monday, because they need time.
6	I feel that these comments were accurate. Examples were not since we are not a remote community. But as a community with no physicians we have the challenge of members getting to care and this causes our members not to access services when it is needed.
7	Nothing to add
8	It's OK as is
9	The challenges are accurately portrayed. We find that things are often diagnosed sooner rather than later as the physicians do not have the luxury of "waiting to see what will happen" and frequently refer on quickly.
10	One thing to consider for physician participation would be the value of eHealth a visit over the wire just as valuable as the patient in the office financially
11	When a community operates out of a health center; would the reporting shift from the CHN to the health director?
12	The need for a portable dialysis machine would greatly benefit the NHA Service Delivery area.
13	The access to services for our off reserve Band members is a heavy burden on our members, they cannot access our services we provide on the reserve and the services they are to access is difficult to receive.
14	Yes, it was accurate.
15	Although (our office) is close to the Hospital in (town) there is only 2 Doctors, limited lab processes and X ray all access for more complex services is in Kamloops which has waiting periods up to 6 month to 1 year for appropriate services. Kamloops is 100 Ks from (our office). If the HC travel guidelines are followed exactly then many of the rural clients on this reserve are not receiving access to services within a reasonable timeframe I would like to address the 'quality of care' in northern remote communities...one issue for this access to 'quality ' on-going training in our remote communities is often costly and out of our price ranges. the cost of training almost 'triples' in remote communities and our staff require just as much quality in terms of ongoing education.
16	WE often have our members travel to Vancouver for specialist appts and even surgery and then having the surgery cancelled....at a significant cost to the system....that person has to be re-scheduled. The hospitals should keep remote and rural communities as apriority. They do not understand the logistics of travel to get to these appointments. Northern Health Authority is a large organization with little or no input at this community level...it is very frustrating working with the NHA and their absolute 'disrespect' to the Tripartite Agreement....there is little capacity at the NHA Aboriginal Division for staffing levels. Lengthy referral process; the time it takes for a referral to a specialists....it would help if we had more specialist come to the community...or invest in tele-health.
17	Jurisdictional - on/off reserve - funding is based on that. FNs declined services because either federal, prov or their own FN have their funding for their services. Streamline of services/programs are not there, prov gov't does not have the "cultural" aspect on FN and how to provide services/programs.
18	I would add that remote communities require funding for local travel in order to support access to necessary health services.
19	We do have a health van for members of 4 communities, but we have to go to both regions for services and this is difficult
20	The way the challenge was described was completely accurate

3.4 CHALLENGE: FRAGMENTED HEALTH RECORD

Respondents confirmed that the Fragmented Health Record challenge as described in the circulated document (see Appendix A) is a significant challenge for Health Centres – over seventy-two (72%) percent of respondents identifying it as either a very significant or significant challenge. Respondents also confirmed that the description of the challenge as provided in the distributed document they reviewed was accurate and appropriately characterized.

3.4.1 Perceived Severity – Fragmented Health Record Challenge

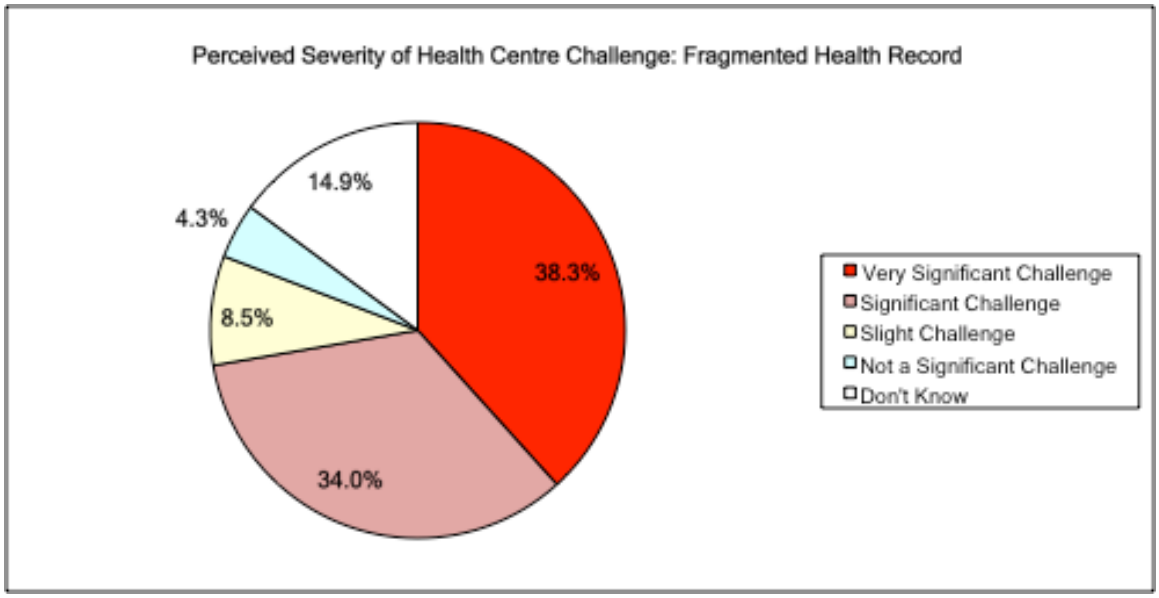

Figure 6 - Perceived Severity of Challenge: Fragmented Health Record

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

The document distributed identified the FRAGMENTED HEALTH RECORD (i.e. separate paper-based provider client records within Health Centre rather than client-centered electronic records) as a Health Centre/services challenge. Please rate how you see this challenge.

Answer Options	Response Percent	Response Count
Very Significant Challenge	38.3%	18
Significant Challenge	34.0%	16
Slight Challenge	8.5%	4
Not a Significant Challenge	4.3%	2
Don't Know	14.9%	7
Optional Comment:		10
	answered question	**47**
	skipped question	**11**

Optional Comment:
Lack of resource personnel to do charting
Funding for our Health Records would be appreciated.
Many reports ore duplicated in different areas of Health Canada's dept for the same service and the community has to be more then once reported
We do not have electronic records for the patients & clients
The visiting doctor brings his own computer, but at times has difficulty downloading information. Our nurse has no access.
CHN role
NHA does not share most of their records with us so it is hard to have complete information.
This has been an ongoing issue in all sectors for quite some time. The barrier is confidentiality which is unfortunate as it is that barrier that places undue hardship on many clients and facilitates abuse of the system. i.e. over prescribing between two or more physicians.
(Our organization) currently uses Mustimuhw electronic health records. This is a comprehensive client based database. There are important issues of sustainability and IT resource support from FNIH that are outstanding. Firewall barriers to obtain CD data from prov health authorities is an ongoing problem.
We are in the process of setting up to use Mustimuhw. Case management needs to improve.

3.4.2 Qualitative Feedback – Fragmented Health Record Challenge

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

Please provide comments on the Health Centre Challenge #3 - FRAGMENTED HEALTH RECORD page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

Answer Options	Response Count
	18
answered question	18
skipped question	40

	Response Text
1	As above
2	Very accurate, it is difficult to even follow one of our clients through the health care system as we are "paper Based" and we have no way of entering or accessing regions EMR. Thus often our charting is fragmented leading to further barriers to equitable and accessible services
3	Few individuals using EMR...creating fragmented case management. Inputting data could be offset if all sites had resource person to transcribe and input charting information. Also standardized charting format needed.
4	Agree
5	We are currently facing a huge, ongoing cost to maintain our Mustimuhw data base program. We have no funding for this cost.
6	We would welcome a database system that would integrate with the provincial data base system. This is a major problem in our community, not only do we have people going from person to person in the office but we also have people moving from community to community. This does not even take into account when they live off reserve any of those records are with IH or another health authority. Because our territory goes into the US we have people traveling there too. Constant challenge because some of our clients do not keep their records and sometime do not remember where they are.

7	This is accurate but as we have a program for health records, we do not have funding for such. It would also be an asset if we could access other community health programs.
8	Accurately described
9	No comments for change - ok as is
10	Absolutely true. The physicians come into the community and create their own records, we are keeping double records, which is inefficient, and they are not always the same (one chart seems to be missing information). Also can't get into iPHIS which holds the immunization records.
11	Sharing of information fundamental to the seamless service we are striving for we need to change or modify regulations and legislation
12	When a community operates out of a health center; would the reporting shift from the CHN to the health director?
13	Our visiting physicians have problems with connectivity.
14	Like any other organization the need for computer access is a need.
15	The only access to health records that I receive are the ones that I do myself. The FNIH CHN do not share any of the records that they receive and nothing is ever received from Interior health authority. The reason stated Confidentiality.
16	Need operational and capital support. There needs to be a variety of educational programs, communication and knowledge building for Health Centre and the staff. Continue support in changes to legislation and regulations in this area as well as technology upgrading. Gov'ts have their separate units totally funded to provide these supports/services - FN health centres do not have this. If FN are to take on their own health services they should have the infrastructure to do this but this is not considered in funding aspects.
17	Accurate.
18	The way the challenge was described was completely accurate

3.5 CHALLENGE: SERVICE REFERRALS

Respondents confirmed that the Service Referrals challenge as described in the circulated document (see Appendix A) is a significant challenge for Health Centres – over sixty-eight (68%) percent of respondents identifying it as either a very significant or significant challenge. Respondents also confirmed that the description of the challenge as provided in the distributed document they reviewed was accurate and appropriately characterized.

3.5.1 Perceived Severity – Service Referrals Challenge

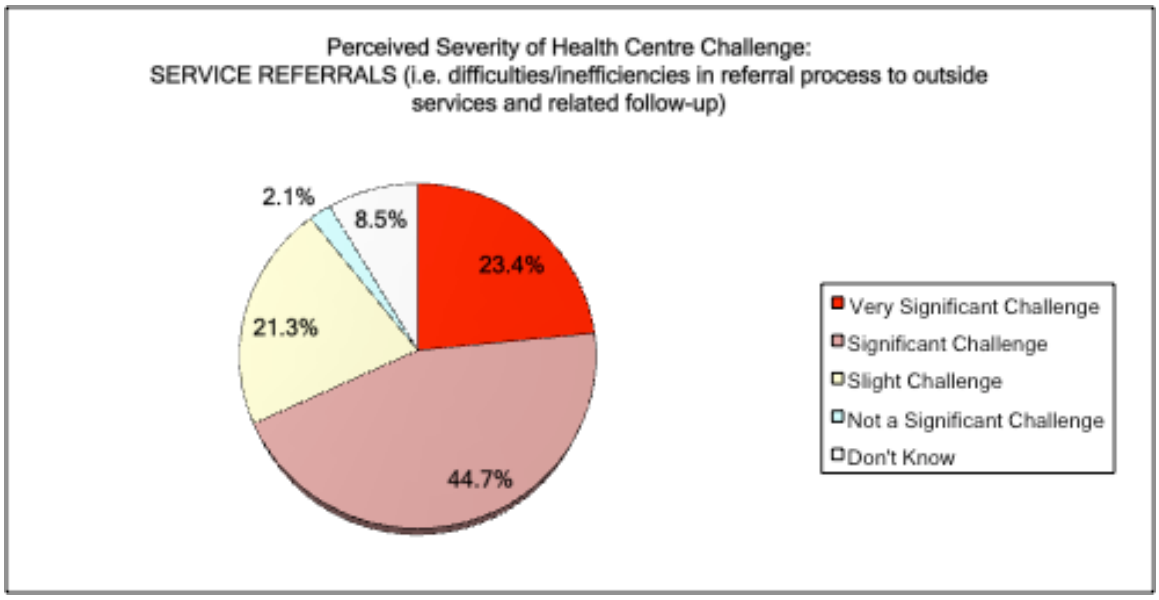

Figure 7 - Perceived Severity of Challenge: Service Referrals

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

The document distributed identified SERVICE REFERRALS (i.e. difficulties/inefficiencies in referral process to outside services and related follow-up) as a Health Centre/services challenge. Please rate how you see this challenge.

Answer Options	Response Percent	Response Count
Very Significant Challenge	23.4%	11
Significant Challenge	44.7%	21
Slight Challenge	21.3%	10
Not a Significant Challenge	2.1%	1
Don't Know	8.5%	4
Optional Comment:		10
	answered question	47
	skipped question	11

Optional Comment:

Prenatal clients bounced from one hospital to next

Fragmented and impersonal. No connectivity.

NO funding for the referrals or follow through of a referral, meaning the person gets referred but no access because of no funds from any pocket

The problem we have with this service is that it is easy to get referrals. It is hard to access travel dollars. We have to give all out confidential information.
No database to refer to. Our nurse has a difficult time sending and receiving any info to outside agencies.
CHN role
Using assertive and integrated case management processes across all health fields could reduce this. No one "owns" a client or their information. Need to shift the mindset to client centered with service providers providing an integrated, connected web of support. Any door needs to be the right door and all the doors need to be open to other services.
Parts of (our) territory is isolated geographically and effected by seasonal weather conditions
As to where we are situated in the province
Discharge planning needs to improve.

3.5.2 Qualitative Feedback – Service Referrals Challenge

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

Please provide comments on the Health Centre Challenge #4 - SERVICE REFERRALS page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

Answer Options	Response Count
	18
answered question	18
skipped question	40

	Response Text
1	As above
2	I feel our health centre has a fairly good rapport with Northern health and referrals go fairly smoothly, yet EMR would definitely streamline the process
3	First Nation liaison worker limited communication in our area. Often not available or doing other jobs.
4	Agree
5	Distance to a major centre, appropriateness of services, lack of understanding of health professionals for the cultural context here are all problems.
6	The exchange of information is and always has been an issue, when looking at the confidentiality laws and liability coverage.
7	No changes or deletions.
8	Sometimes HC does not fully support us in the referral process ie. add more red tape for referrals to treatment facilities, have to justify why we choose specific facilities, etc.
9	OK as is
10	Well described, less of an issue for us.
11	Standardized referral processes would be helpful ie. provincial forms and follow-up right now we have differences depending on Health Authorities
12	When a community operates out of a health center; would the reporting shift from the CHN to the health director?
13	Our community is Northern community and access and referrals are difficult to achieve, if we had our own service providers in our community our community members health would benefit.
14	Yes, it was accurate.
15	I do not receive referrals from RIH
16	Lack of understanding and knowledge of assessment skills/referral process within Health Centre and staff. Jurisdictional issues - ownership of documents, privacy, etc from the prov/federal gov't. Each prov/fed have their own referral process and accountability which does not reflect of client need. There is no input from the FN on referral processes or changes to them.
17	Accurate.
18	The way the challenge was described was completely accurate

3.6 CHALLENGE: CONNECTIVITY & INFRASTRUCTURE

Respondents confirmed that the Connectivity & Infrastructure challenge as described in the circulated document (see Appendix A) is a significant challenge for Health Centres –sixty-six (66%) percent of respondents identifying it as either a very significant or significant challenge. Respondents also confirmed that the description of the challenge as provided in the distributed document they reviewed was accurate and appropriately characterized.

3.6.1 Perceived Severity- Connectivity & Infrastructure Challenge

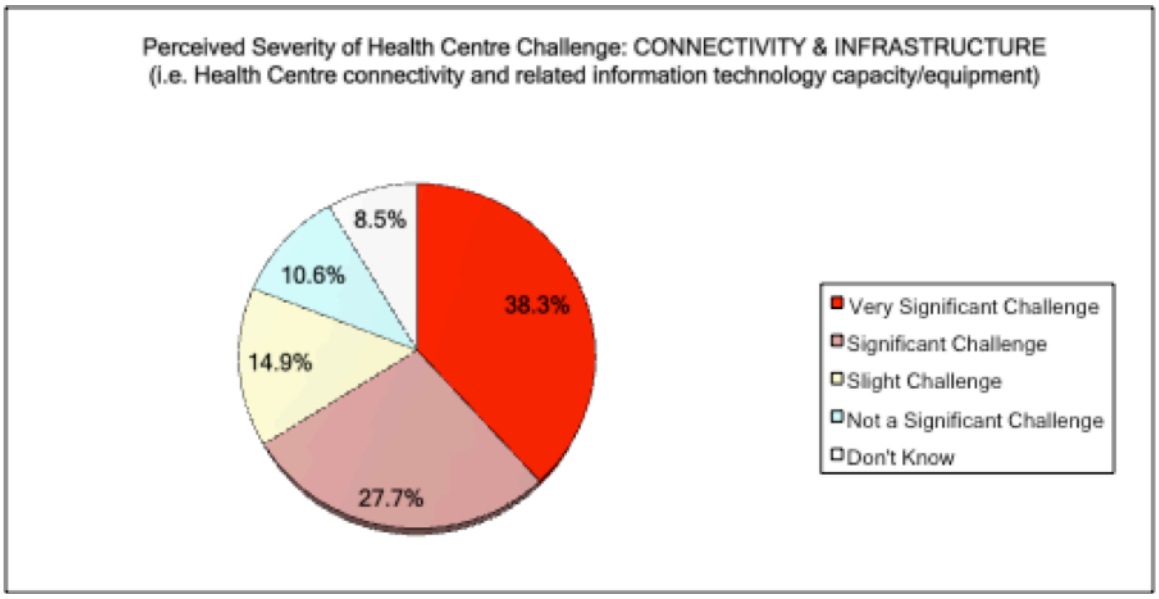

Figure 7 - Perceived Severity of Challenge: Connectivity & Infrastructure

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

The document distributed identified CONNECTIVITY & INFRASTRUCTURE (i.e. Health Centre connectivity and related information technology capacity/equipment) as a Health Centre/services challenge. Please rate how you see this challenge.		
Answer Options	**Response Percent**	**Response Count**
Very Significant Challenge	38.3%	18
Significant Challenge	27.7%	13
Slight Challenge	14.9%	7
Not a Significant Challenge	10.6%	5
Don't Know	8.5%	4
Optional Comment:		10
	answered question	**47**
	skipped question	**11**

Optional Comment:
Funding is a great challenge. And need for connectivity with other community
NO funding to support technical services or management dollars to follow through on.
We have been told that it is too costly to build infrastructure to accommodate our need for eHealth.
CHN role
I don't think we use telehealth. We now have our videoconferencing equipment set up but the sound and

video comes in fragmented and choppy.

Significant overall. Cross platform interconnectivity should be a standard and anything that is not should not be endorsed or funded. This needs to be addressed before the health record and referral challenges can be adequately dealt with. The technology has all speak the same language before we can use it to communicate.

We do have a tower, but when it is cloudy and snowing and we get a lot of snow in our area.

Mustimuhw health records use high-speed internet access to synchronize with server. This is a problem in some areas that do not have high-speed internet services.

We do have a tower for high-speed; how ever when it is cloudy for a few days and snowing it kicks out

Connectivity here in the North is a challenge. We are not so bad off but our neighboring community has a very significant challenge.

3.6.2 Qualitative Feedback – Connectivity & Infrastructure Challenge

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

Please provide comments on the Health Centre Challenge #5 - CONNECTIVITY & INFRASTRUCTURE page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

Answer Options	Response Count
	19
answered question	19
skipped question	39

	Response Text
1	As above
2	Not so much an issue and as part of Panorama program this is a priority for FNHC to get all communities connectivity up to a standard necessary for the panorama...thus the EMR & telehealth etc.
3	No comment. Feel that Provincial services are supportive in our community.
4	Agree
5	No issues for us except the cost we incurred in gaining connectivity.
6	We do ok here for this issue.
7	Connectivity to our other community and funding.
8	I agree with comments - and the need to have ways to connect with others; improve communication, information sharing. Sometimes we feel isolated from other communities...not sure what is going on elsewhere.
9	Descriptions capture the challenges
10	Well described. We have reasonable connectivity, but cannot hook into the provincial health authority.
11	It seems we get the technology that is just going out the door it would be nice to receive the latest in technology and not someone's hand me downs
12	When community operates out of a health center; would reporting shift from the CHN to health director?
13	We have an E-10 line coming into the community with is based out of the local Gas Station. The entire community is set up on a wireless ISP. This gives us above average connection, but the reliability and latency of the wireless network is often not good enough to run teleconferencing and proper two-way communication with NHA's server. This issue has become an on-going problem with not only our community but two other western (nearby) Communities.
14	(Our) community does not currently have a Health Centre, the need for one in our infrastructure is hopefully soon in the future. Connectivity to the people and in order to enhance our Health Programs and to be able to have Nurses and Doctor in our community depends on Connectivity and Infrastructure.
15	Yes, it was accurate.
16	Continued operational support and technical upgrading is needed. FN should be the lead on this and there should be educational programs for FN to have their own staff implement this.
17	Accurate.
18	There should be someone that assists and visits communities on development of proper connectivity, as there are a lot of small communities that do not have the proper staff for this
19	The way the challenge was described was completely accurate

3.7 CHALLENGE: INTEROPERABILITY

Respondents confirmed that the Interoperability challenge as described in the circulated document (see Appendix A) is a significant challenge for Health Centres – over seventy-six (76%) percent of respondents identifying it as either a very significant or significant challenge. Respondents also confirmed that the description of the challenge as provided in the distributed document they reviewed was accurate and appropriately characterized.

3.7.1 Perceived Severity – Interoperability Challenge

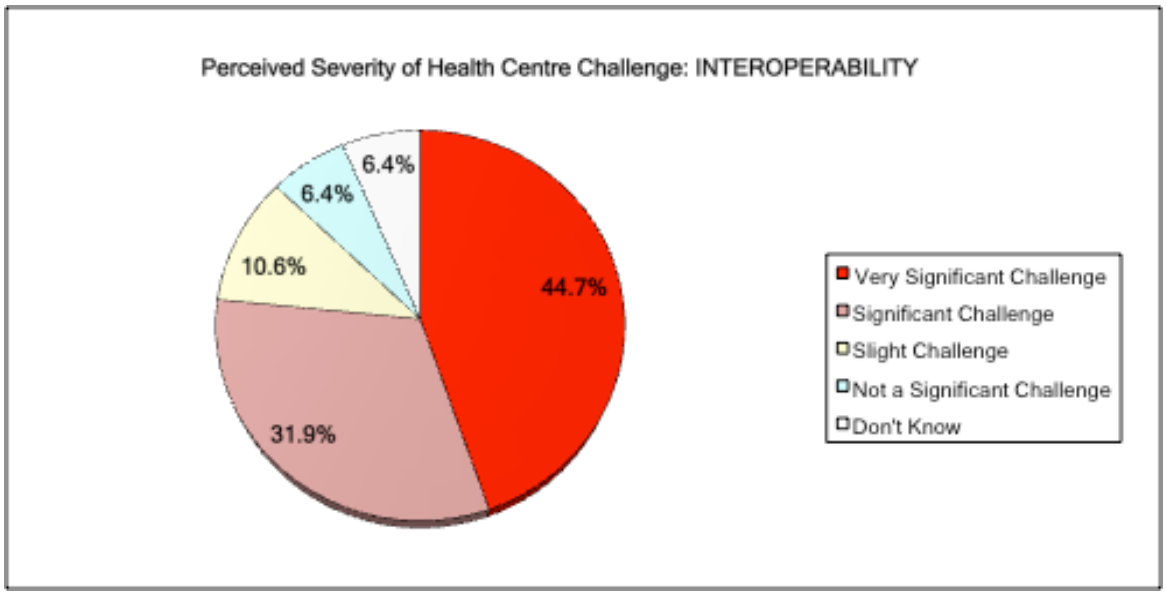

Figure 8 - Perceived Severity of Challenge: Interoperability

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

The document distributed identified INTEROPERABILITY (i.e. difficulty inter-operating with external health organizations, at technical or policy level, e.g. data-sharing with Health Authorities) as a Health Centre/services challenge. Please rate how you see this challenge.		
Answer Options	**Response Percent**	**Response Count**
Very Significant Challenge	44.7%	21
Significant Challenge	31.9%	15
Slight Challenge	10.6%	5
Not a Significant Challenge	6.4%	3
Don't Know	6.4%	3
Optional Comment:		7
	answered question	**47**
	skipped question	**11**

Optional Comment:
It should be a priority for all First Nation's Service providers to have a EMR that is easily linked with the regional health service providers program. This would connect FN service providers with physicians, public health and home care. It should be mandatory that if not available at the health centre somehow a data entry person is made available to enter client files into a EMR that matches up with Regional.
Multiple issues with (our umbrella health organization) in which Health Canada distributes funds to for our particular community, service quite plainly not provided no MOU's no feedback low networking with Funder.
We do not have access to any electronic data sharing. We have problems with our internet services most of the time, as well as, our telephone services CHN role
Again, this is foundational with the policy level needing to be aligned first.
(Our organization) has joined (two other organizations) to work on a Vancouver island wide CDC integration model. Challenges remain with dealing with VIHA and FNIH and their legal departments.
Health Plans of various organizations need to align i.e. Province, Health Authority, Tripartite, First Nations.

3.7.2 Qualitative Feedback – Interoperability Challenge

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

Please provide comments on the Health Centre Challenge #6 - INTEROPERABILITY page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

Answer Options	Response Count
	14
answered question	**14**
skipped question	**44**

	Response Text
1	As Above
2	Again this issue is documented well and is a huge barrier to our services.
3	Videoconferencing underused. Also underused is webinars or educational sites such as At Your Side Colleague...great distance learning and support venue.
4	Agree
5	Again I say our biggest problem is when our clients move from area to area and health authority to health authority. There needs to be a way to access this info.
6	No changes
7	This is OK as well
8	As above.
9	We are working toward this constantly we need to decide yes this is the way to go and go and not worry about who will own what but put our clients first
10	When a community operates out of a health center; would the reporting shift from the CHN to the health director?
11	Co-operating with external health organizations at a technical or policy level would save a lot of stress, time and work if we shared data. To re-invent the wheel is extra.
12	Yes, it was accurate.
13	Accurate.
14	The way the challenge was described was completely accurate

3.8 OTHER CHALLENGES

Respondents identified a number of other key challenge areas in addition to the six reviewed in the distributed document (Appendix A). Responses are organized below according to the eight key themes that emerged.

3.8.1 Eight Additional Challenge Areas

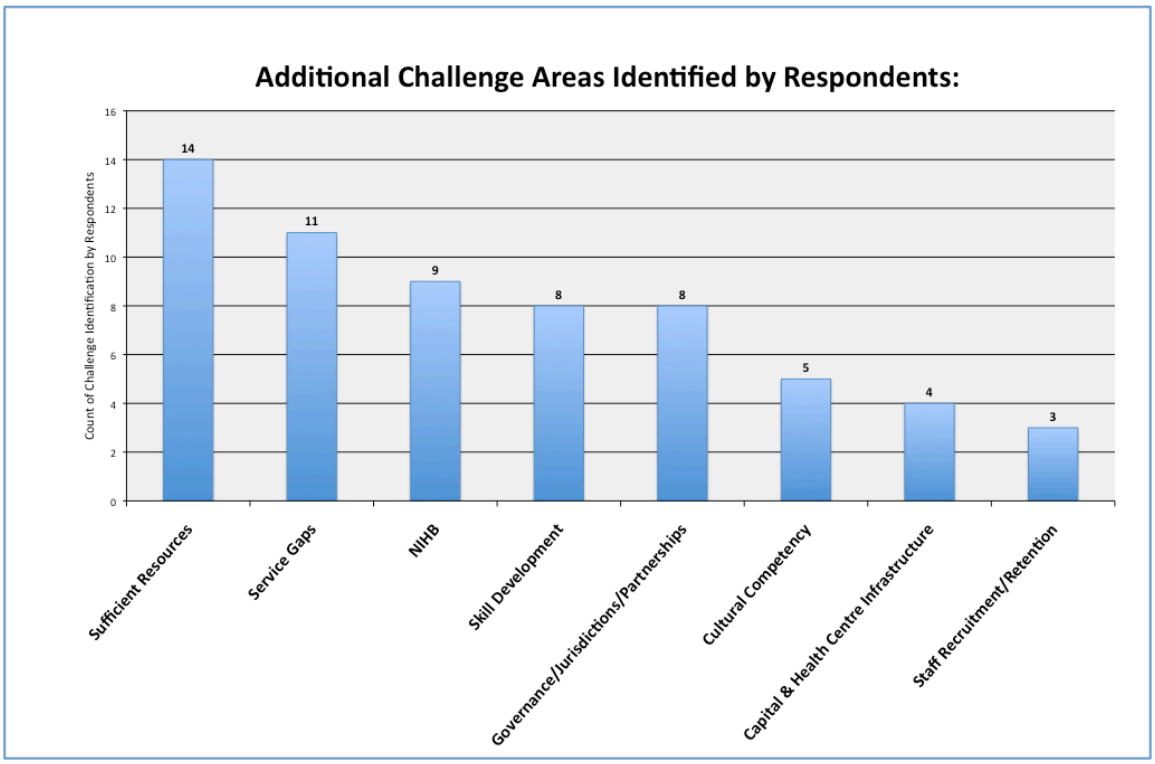

Figure 9 - Additional Challenge Areas Identified by Respondents

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

The document provided six draft Health Centre challenges that eHealth may help address (those listed in the questions above). Are there other key challenges that should be identified? Please list in the text-boxes below any you think are missing:

Answer Options	Response Percent	Indicated Count
Sufficient Resources	22.6	14
Service Gaps	17.7	11
NIHB	14.5	9
Skill Development	12.9	8
Governance/Jurisdictions/Partnerships	12.9	8
Cultural Competency	8.1	5
Capital & Health Centre Infrastructure	6.5	4
Staff Recruitment/Retention	4.8	3
	answered question	19
	skipped question	39

3.8.2 Qualitative Feedback – Additional Challenges

Additional Challenge Area 1: SUFFICIENT RESOURCES
Equity for FN in receiving the support necessary to deliver an acceptable level of health services. Some communities are well resourced and offering strong services while others are not. Present model of funding rewards those communities that are most able.
Inadequate funding for management & support
Bureaucracy of Health Canada (money and budget constraints vs. need)
Sustainable funding.
Home and Community Care funding: client care is growing but not funding for growing needs
Inadequate funding/access to nursing
Mental Health issues are not appropriately funded and this is the basis of all our health issues
Lack of sufficient funding for O and M for health centres
Realistic Funding Formula
Health Centres need baseline core staff at all Centers regardless of size: Health Director, Receptionists, Nurse(s), bookkeeper/clerk. This is a HUGE barrier or smaller communities. Often one person will do multiple jobs. This causes can cause burnout, less effective production, stress, and turnover.
Wage Parody
Low wages grids due to underfunding and poor understanding of you get what you pay for
IT department to support the network; trained technicians.
I hate proposal calls.

Additional Challenge Area 2: SERVICE GAPS
Off reserve/ urban Aboriginal health services.
Gap in Mental health services.
We need to have a dialysis machine in our area.
No funding federally or provincially for Special needs support/respite
Gap in brain injury services and support.
Service gap: ambulance charges for short trips to emergency centre.
NIHB: major service gaps for our members.
Treatment centers need to be able to deal with more then addictions and trauma.
Dental issues (no focus on dental prevention) access to dental care.
Remote communities, health services not accessible, need travel to local service area.
Community engagement regarding health education and prevention.

Additional Challenge Area 3: NIHB
Patient transportation
Non-insured health benefits, clients cannot pay for fees over and above what FNIH covers.
NIHB extra billing costs and bureaucratic barriers to accessing services eg dental.
Patient travel funds under funded, too many restrictions not in support of client needs, exceptions are subjective and inconsistent.
Service gap: ambulance charges for short trips to emergency centre.
NIHB: major service gaps for our members.
Dental issues (no focus on dental prevention) access to dental care.
Remote communities, health services not accessible, need travel to local service area

Additional Challenge Area 4: SKILL DEVELOPMENT

Capacity Development/Skill Development for Staff

98% Health Canada employees are Non-first Nations-there is no capacity building what-so-ever!!!!

Education in the Health field

Lack of internal capacity

Capacity building.

Need ongoing training opportunities for home and community care workers

Accreditation standards in First nation health providers including allied health like mental health/addictions treatment providers, needs to on par with external service providers. Accreditation provides not only a base standard of service, it also provides a common profession language that can break down communication barriers. This doesn't mean reducing cultural appropriateness of services rather in means blending culture into accreditation. There have been several BC grown initiatives around this already i.e. Aboriginal Justice Workers training alongside probation officers.

IT department to support the network; trained technicians.

Additional Challenge Area 5: GOVERNANCE/JURISDICTIONS/PARTNERSHIPS

New Council every 2yrs

Communications with tribal council health services where they exist is important. (Our organization) works in partnership with provincial health authorities and also initiate contact with health authorities. Where tribal council have the capacity to engage provincial health authorities then communications and resources should go to tribal council to engage provincial health authority.

Nepotism and enter family disputes

Partnerships building

Role of hubs working through tribal councils to employ staff serving communities when community infrastructure is not present.

Chief and Councils using access to health as a political platform

Jurisdictional barriers (policy, local level,)

Northern Health does not honor the tripartite agreement

Additional Challenge Area 6: CULTURAL COMPETENCY

Cultural Sensitivity Training

Need to integrate traditional healing practices

Research funding for Traditional Medicine & Cultural Practices

Access to traditional resources ie. Food, Medicines

Provincial Health Care Workers need to take the online cultural sensitivity training

Additional Challenge Area 7: CAPITAL & HEALTH CENTRE INFRASTRUCTURE

Capital Project and physical space -health centres are challenged with the need for space to continue to provide culturally safe public health services.

Capital re: the staff and members is growing considerably

Capital Funds

Health Centers need to be larger - we quickly outgrow them

Additional Challenge Area 8: RECRUITMENT - HEALTH WORKERS

Lack of Nurses

FN Health Centres have difficulty employing nurses, doctors and other professional health staff.

Difficulty in attracting experienced qualified professionals

4.0 CONCLUSIONS

The FNHDA eHealth feedback request survey sought input on the six Health Centre challenges in terms of validation of both their significance to Health Centres as well as the accuracy of how they were described and characterized. Input was also sought on the identification of additional challenge areas faced by Health Centres.

4.1 Validation of Significance of Six Health Centre Challenges

Respondents were provided a description of the six Health Centre Challenges (provided in Appendix A) and asked to rate the degree to which these were real and significant challenges in their Health Centres.

Both in terms of the ranking and the qualitative responses, it is clear that respondents view these as real and significant Health Centre challenges. As illustrated in the summary chart below, the majority of respondents perceived each of the six challenges to be either a *very significant* or *significant* Health Centre challenge.

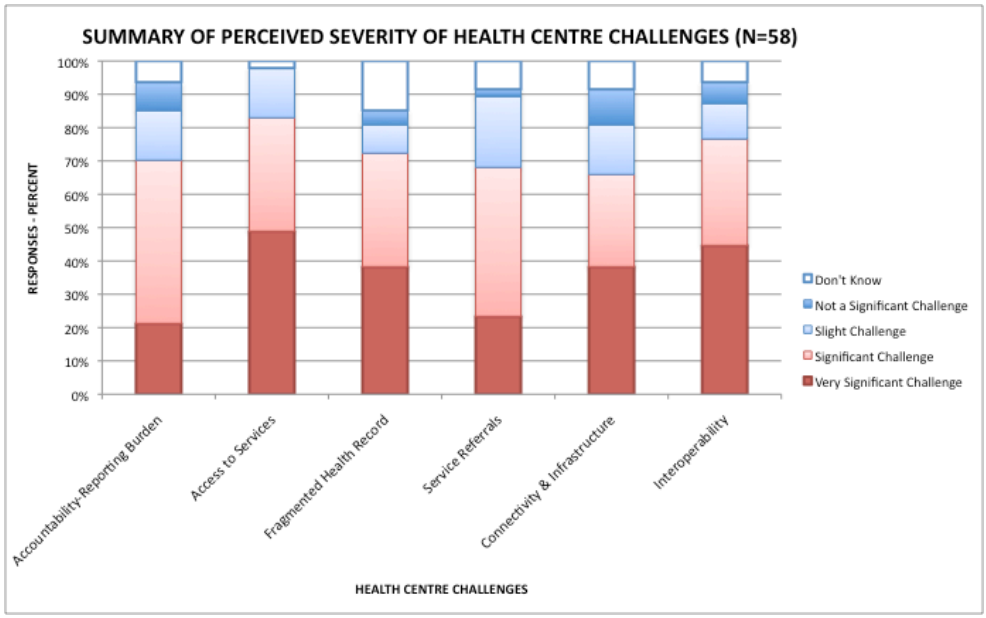

Figure 10 - Summary of Perceived Severity of Six Health Centre Challenges

This perception was similarly echoed in the qualitative feedback provided by respondents. The table below highlights sample comments for each of the six challenge areas.

Sample of Qualitative Feedback re significance of six Health Centre Challenges

Sample of ***Accountability-Reporting Burden*** feedback re: challenge significance	I am having a hard time getting my staff to keep up their reporting because they don't have the time and that makes it impossible to do my reporting (which I also don't have time for!). This is a trend in all health related areas at present and not unique to First Nations. Funders have transferred much of the burden and cost of reporting onto health service agencies which in turned has caused significant stress in the non-profit sector..

Sample of ***Access to Services*** feedback re: challenge significance	Access to services is a challenge especially for high risk prenatal. Our most recent client spent time in 3 different hospitals causing her spouse to miss work and spend a lot of time traveling to different locations. Although (our community) is close to the Hospital in Ashcroft there is only 2 Doctors, limited lab processes and X ray all access for more complex services is in Kamloops which has waiting periods up to 6 month to 1 year for appropriate services. Kamloops is 100 Ks from (our community
Sample of ***Fragmented Health Record*** feedback re: challenge significance	We do not have electronic records for the patients & clients The visiting doctor brings his own computer, but at times has difficulty downloading information. Our nurse has no access. (Our organization) currently uses Mustimuhw electronic health records. This is a comprehensive client based database. There are important issues of sustainability and IT resource support from FNIH that are outstanding. Very accurate, it is difficult to even follow one of our clients through the health care system as we are "paper Based" and we have no way of entering or accessing regions EMR. Thus often our charting is fragmented leading to further barriers' to equitable and accessible services. Few individuals using EMR...creating fragmented case management. Inputting data could be offset if all sites had resource person to transcribe and input charting information. Also standardized charting format needed. The only access to health records that I receive are the ones that I do myself. The FNIH CHN do not share any of the records that they receive and nothing is ever received from Interior health authority. The reason stated Confidentiality.
Sample of ***Service Referrals*** feedback re: challenge significance	No data base to refer to. Our nurse has a difficult time sending and receiving any info to outside agencies. Sometimes HC does not fully support us in the referral process i.e. add more red tape for referrals to treatment facilities, have to justify why we choose specific facilities etc. Standardized referral processes would be helpful ie. provincial forms and follow-up right now we have differences depending on Health Authorities
Sample of ***Connectivity & Infrastructure*** feedback re: challenge significance	I don't think we use telehealth. We now have our videoconferencing equipment set up but the sound and video comes in fragmented and choppy. There should be someone that assists and visits communities on development of proper connectivity, as there are a lot of small communities that do not have the proper staff for this. We have an E-10 line coming into the community with is based out of the local Gas Station. The entire community is set up on a wireless ISP. This gives us above average connection, but the reliability and latency of the wireless network is often not good enough to run teleconferencing and proper two-way communication with NHA's server. This issue has become an on-going problem with not only our community but two other (nearby) Communities.
Sample of ***Interoperability*** feedback re: challenge significance	Co-operating with external health organizations at a technical or policy level would save a lot of stress, time and work if we shared data. To re-invent the wheel is extra. We are working toward this constantly we need to decide yes this is the way to go and go and not worry about who will own what but put our clients first Again I say our biggest problem is when our clients move from area to area and health authority to health authority. There needs to be a way to access this info. Again, this is foundational with the policy level needing to be aligned first.

4.2 Confirmation of Accuracy of Challenge Description and Characterization

Respondents were asked to review the distributed document (Appendix A) and comment on the accuracy and completeness of the description of the six Health Centre challenges presented. **Survey responses confirm the accuracy of the description and characterization of the six Health Centre Challenges as contained in the document distributed** (Appendix A), as illustrated in the sample of qualitative feedback below.

Sample of Qualitative Feedback re accuracy and completeness of description and characterization of the six Health Centre Challenges presented.
I think you are accurate on all of the challenges and you have included good examples.
Descriptions are quite accurate
The way the challenge was described was completely accurate
Sadly this is very accurate.
I feel that these comments were accurate; examples were not since we are not a remote community. but as a community with no physicians we have the challenge of members getting to care and this causes our members not to access services when it is needed.
No comments for change - ok as is
Accurately described
Well described, less of an issue for us.
Yes, it was accurate.
Descriptions capture the challenges
Again this issue is documented well and is a huge barrier to our services.
This is OK as well

4.3 Additional Health Centre Challenges Identified

In addition to assessing and commenting on the six health centre challenges provided in the handout document provided in advance, respondents were also asked to identify any additional important challenges they felt were facing Health Centres. Considerable input was provided, with eight (8) themes surfacing for additional key challenges, and as highlighted in the table below.

Sufficient Resources	Clearly the most significant additional challenge area identified was that of Health Centres having sufficient financial resources to effectively meet their operational requirements and undertake the range of services expected of them.
Service Gaps	Identification of service gaps, as distinct from service access issues.
NIHB	Perceived deficiencies in the Non-Insured Health Benefits program in terms of benefit levels, restrictive policies, and excluded requirements.
Skill Development	The need for internal Health Centre capacity development, including standards development (i.e. accreditation).
Governance/Jurisdictions/Partnerships	Challenges related to inter-organizational and jurisdictional relationship building, as well as local political dynamics.
Cultural Competency	Need for cultural sensitivity training with external providers/partners; as well as the need to build on strengths in the area of cultural practices and traditional medicines.
Capital & Health Centre Infrastructure	Particularly in the area of fixed capital, i.e. facilities and space.
Staff Recruitment/Retention	Shortage of health professionals and difficulty attracting and retaining needed staff.

4.4 Final Comments by Respondents

2010 FNHDA eHealth Feedback Request - Health Centre Challenges (N=58)

PLEASE PROVIDE ANY ADDITIONAL FINAL COMMENTS YOU WISH TO MAKE REGARDING EITHER THE HEALTH CENTRE CHALLENGES DOCUMENT DISTRIBUTED, OR THE FEEDBACK PROCESS.

Answer Options	Response Count
	11
answered question	11
skipped question	47

	Response Text
1	Losing a lot of statistical documentation due to lack of resource personnel
2	The treatment center challenge is one that does need to be addressed. Our communities are running into complex situations where there may be duel diagnosis or physical health challenges First Nation treatment centers are not equipped to handle, there needs to be specialized centers for some people or a easier way to refer them to provincial centers. Example we had one client that had bulimia, There are physical complications that could arise, none of our centers had experience in this area. A client with mental health issues, diagnosed on meds, none of our centers were comfortable taking him. A client with head injury, none of our centers had a clue what to do. This is happening more often and our services need to keep up with these issues.
3	Thank you for giving us the opportunity to send our feedback. I would say the most challenging impact is funding to keep up with the rise in band membership.
4	None
5	Thanks for the hard work and the opportunity to provide feedback and be a bit involved in the process.
6	Thanks for putting this together, we need to shout that's enough FN clients are not second class citizens in their own country
7	We are presently connected with the FNIH health unit; being provided services for nursing; CHN, entering into a new health arrangement "transitional agreement' with no additional funds for nursing. We plan to continue to operate with this partnership with FNIH for the nursing services; it is not to our advantage to include this in our funding arrangement; the nursing portion is to minimal to attract for community health nurses.
8	The need to train and employ our own people is essential, as only our people will fully understand our peoples and cultures.
9	I would like to bring up the fact that the OVERALL Health policy/ goes against our 'Intrinsic (Nation's) values' it is opposite and to manage health with such limiting policy is a complete 'contradiction' to who we are as a First Nations people. This needs to be addressed. It is extremely difficult to say 'no' to a palliative elder...and we are taught as children to respect our elders and do whatever they say....awful.
10	It would be nice if there were meetings on this where the team looks at having different groups, small communities - one for medium communities and one for the larger communities.
11	Very good feedback process

4.5 Next Steps

The purpose of the feedback request was to validate and help shape an understanding of Health Centre challenges to assist primarily in future eHealth exploration, discussion and planning. Recommended next steps consist of:

I. Integrate the feedback to enhance the description and characterization of the six Health Centre challenges reviewed.

II. Expand and/ or add to the six challenges to reflect the additional challenge areas identified by respondents in their feedback.

III. Create an eHealth Discussion document that matches Health Centre Challenges to eHealth opportunities, and distribute to Health Centres for the purpose of facilitating local exploration, planning and development in relation to eHealth.

IV. Utilize the feedback gathered through this process to help inform other broader efforts to document and profile Health Centre characteristics, e.g. provincial Health Centre profiles and readiness assessment activities.

V. Utilize the feedback process followed in this exercise to help shape future engagement efforts by the FNHDA and the FNHC.

APPENDIX A – Feedback Request

REQUEST FOR FEEDBACK

First Nations Health Directors

Your assistance in providing brief feedback on the material in the following pages would be very valuable. The ***First Nations Health Directors Association's Board of Directors*** has done an initial review of this material. If Health Directors/Managers could now review and provide feedback it would be greatly appreciated.

What is the material?

The material is a draft description of six Health Centre challenges. For each challenge there is: a brief summary description, a couple of concrete examples, some key impacts or implications, key needs relative to the challenge, and a short statement of consideration of challenge through a cultural lens. Each challenge description is one page in length.

What is it for?

This material will feed into a formal discussion document that will be circulated to all Health Centres around eHealth challenges and opportunities by the ***Tripartite Strategy Council for First Nations eHealth***.

Why is requested feedback worth my effort?
The identification of some core Health Centre challenges in the context of areas in which eHealth development could provide assistance, is an important foundation for planning. Your help in getting this important building block right will help efforts by the tripartite partners to work with Health Centres in making eHealth opportunities and investments relevant to local issues.

How can I provide feedback?

All Health Directors/Manager will be emailed a link to an online survey in the next couple of days that will make it easier and quicker for you to provide feedback. If you do not receive a link please email Eunice Joe at ejoe@fnhc.ca and we will ensure you receive one.

What will become of my feedback?

Your feedback will help shape the development of a discussion document that will be shared with all Health Centres to help guide discussion around eHealth development. Your individual results will not be shared, but collective anonymous results will be summarized for all of BC and by Health Authority region.

HEALTH CENTRE CHALLENGE #1 – ACCOUNTABILITY-REPORTING BURDEN

SUMMARY DESCRIPTION

- FN Health services carry substantial reporting burden to funders (i.e. - FNIH).
- Auditor General of Canada has identified the level of reporting carried by FNs as unreasonably high, and in need of streamlining and reduction.
- Never-the-less, reporting requirements are becoming *more* of a load on community level staff. FNIH is in the midst of transitioning to a new reporting model representing a significant increase in complexity and overall effort.
- Little to no investment in community services to establish or capacity and tools to make of reporting burden manageable.

Questions to consider (check your email for link to online feedback form)

Consider if and how this is a challenge for your health centre?

EXAMPLES

1. The Health Canada, FNIH, Community-based Reporting Template 2008-2009: thirty-six (36) page reporting template (inclusive of "cluster reporting" requirements) for all FNs.
2. Complex patient travel reporting with little admin funding.
3. Health Canada e-SDRT reporting requirements and tool for Home and Community Care, with multiple variables tracked in 15-minute service intervals.
4. The variety of other FNIH mandatory reporting requirements for specific program areas with unique reporting requirements (Targeted programs).

Assuming you view it as a challenge, consider the accuracy of the summary description – anything that should be changed, added or deleted?

IMPLICATIONS & IMPACTS

- Increased Health Centre admin overhead
- Limited service provider time used on reporting
- Higher likelihood of inaccurate and less useable data. No valuable data coming back to community from funder.
- Increased reporting complexity for communities who use multiple service entities for health (e.g. treatment centres, child and family services, Day Care, Headstart unit, etc)

Are the implications & impacts as described accurate – anything that should be changed, added or deleted?

RELATIVE NEED

- Need for streamlined accountability reporting model and Health Centre funding for information management tools and associated human resource overhead.

Are there other considerations from a cultural perspective or lens that should be drawn out?

CULTURAL LENS

- Services are both conceived and delivered in dynamic and fluid manner within context of holistic conception of health. Service/activity fragmentation to level of detail currently required in reporting not compatible or consistent with this.

HEALTH CENTRE CHALLENGE #2 – ACCESS TO SERVICES

DESCRIPTION / ANALYSIS

- It is well documented that limited access to the range of primary health care services negatively impacts health status. This is evident in such measures as increased rates of preventable hospital admissions.
- Many FNs communities are very remote, making accessibility to primary care services difficult and costly.
- Community level services have historically been funded primarily in area of primary prevention and considerably less on primary care, tertiary or secondary prevention.
- The tightening guidelines around use of patient travel benefits have made it increasingly difficult to obtain support for community member's medical travel.

EXAMPLES

1. Need to access a physician or specialist – consider having to first take a ride in a small open boat down a glacial fed river with debris and log hazards, and then into the open inlet to a dock to catch a float plane to the nearest town, and then jump on a taxi or bus to the hotel, as you wont be able to see the doctor today as the travel time has ruled that out.
2. Prenatal mothers having to leave their community and families (even other dependents) for long stays near to services (sometimes two to three months at a time). Patient travel not accommodating escorts accordingly for this.
3. Quicker post-operative discharge, leaves gap for after care and follow-up for remote communities.
4. The social cost to a community member living in a remote First Nation to travel to primary care services also has to be taken into account. The time, effort, not to mention cost, the impact on work and family life, all have to be considered as both costs and barriers to accessing services regularly.

IMPLICATIONS & IMPACTS

- Services are accessed less frequently, and usually late in the disease/condition process, rather than being screened and caught early or prevented – hence higher preventable hospital admissions.

CULTURAL LENS

- Separation of community members from natural support systems in their family and community when accessing outside services. In particular, this presents a challenge in areas such as mental health/addictions and maternal health.

Questions to consider (check your email for link to online feedback form)

Consider if and how this is a challenge for your health centre?

Assuming you view it as a challenge, consider the accuracy of the summary description – anything that should be changed, added or deleted?

Are the implications & impacts as described accurate – anything that should be changed, added or deleted?

Are there other considerations from a cultural perspective or lens that should be drawn out?

HEALTH CENTRE CHALLENGE #3 –FRAGMENTED HEALTH RECORD

DESCRIPTION / ANALYSIS

- Current paper based charting and records, used by most Health Centres, is not supportive of their commitment to holistic health.
- Client information becomes fragmented by service provider: each provider keeping isolated case notes – leading to *provider-centric* rather than a *client-centered* records.
- Limited Health Centre capacity to access information efficiently and effectively when it is needed – both in the provision of care and in administration of Health Centre.
- The ability of the Health Centre to assess services, evaluate, and plan and adjust accordingly is in turn limited.

Questions to consider (check your email for link to online feedback form)

Consider if and how this is a challenge for your health centre?

EXAMPLES

1. A new client visits the nurse for the first time, and although client has accessed CHR services for a long time, CHN knows nothing of the client's health and service history.
2. NNADAP worker needs information for treatment centre admissions process for client but cannot access client files.
3. Nursing clerk sending out reminder notices to client group but has to search and enter the information manually.
4. School asks Health Director for percentage of students that received flu vaccine. Requires work with multiple nurses to do an up to date compilation for those students manually.

Assuming you view it as a challenge, consider the accuracy of the summary description – anything that should be changed, added or deleted?

IMPLICATIONS & IMPACTS

- Reduced continuity of care across providers, both internally and externally, due to lack of continuity of information.
- Health information is less frequently available when and where it is needed. This negatively impacts client care.
- Inefficiencies both administratively and clinically.

Are the implications & impacts as described accurate – anything that should be changed, added or deleted?

RELATIVE NEED

- Health Information management systems/solution(s) suitable for Health Centres, and funding to sustain.
- Internal development needed in privacy, roles (professional vs paraprofessional) in terms of access, and OCAP.
- Need to accommodate information flow for migration of clients between communities.

Are there other considerations from a cultural perspective or lens that should be drawn out?

CULTURAL LENS

- Health Information solutions/systems need to meet and support the unique requirements of First Nations Health Centres, as opposed to indirectly reshaping practice towards mainstream workflows

HEALTH CENTRE CHALLENGE #4 –SERVICE REFERRALS

DESCRIPTION / ANALYSIS

- Health Centres encounter difficulties and inefficiencies when referring clients to external service providers – both in terms of making the referral and in receiving follow-up information.
- Disconnect between provincial and Health Centre service providers in terms of recognition of service assets of each.
- Existing referral processes, when known, often burdensome.
- Continuity of relevant health information across organizations in the referral process is limited and inconsistent.

EXAMPLES

1. Mental health workers at Health Centres make client referrals to a number of FN Treatment Centres across BC - each with unique and varied referral processes, admissions criteria, and information requirements. These processes, and related follow-up adds considerable administrative overhead.
2. Provincial service providers may have client whom would benefit from a particular Health Centre program, but have no way of knowing this nor how to make referral.
3. No follow-up for clients referred to neighboring Health Centre.

IMPLICATIONS & IMPACTS

- Lack of clarity or information regarding available service points, when referrals are appropriate, and how to refer.
- Varied referral and admissions documentation adding complexity and administrative overhead to service providers.
- Lack of mechanisms for follow-up of referred clients. Easier for clients to fall through the service "cracks" or be shuffled inappropriately through the system.
- Ineffective management of client safety/risk in referral process.

RELATIVE NEED

- Electronic referral tools that can integrate with local solutions.
- Increased service awareness between provincial services and Health Centres. Important for two jurisdictions to start to work together more effectively, and to manage risk/client safety.

CULTURAL LENS

- Respect and recognition between provincial and Health Centre providers in terms of the credibility and appropriateness of services of each, is important requirement for improved of continuity of care coordination.
- Opportunities for enhanced cross-jurisdictional cultural competencies will strengthen relationships and help shape service appropriateness.

Questions to consider (check your email for link to online feedback form)

Consider if and how this is a challenge for your health centre?

Assuming you view it as a challenge, consider the accuracy of the summary description – anything that should be changed, added or deleted?

Are the implications & impacts as described accurate – anything that should be changed, added or deleted?

Are there other considerations from a cultural perspective or lens that should be drawn out?

HEALTH CENTRE CHALLENGE #5 –CONNECTIVITY & INFRASTRUCTURE

DESCRIPTION / ANALYSIS

- Many *e*Health solutions are dependant on adequate connectivity to support applications like video conferencing and some web-accessed *e*Health systems.
- Often communities that would benefit the most by solutions like telehealth are usually the most remote and isolated.
- Implementing sufficient connectivity to support *e*Health in these remote communities can be extremely challenging and costly.
- Despite some advances in community connectivity in some regions, many challenges around interoperability (sharing of information between organizations) still exist due to both policy and infrastructure barriers to integration.

EXAMPLES

1. A remote community in the north has a strong working relationship with a visiting physician. The physician has indicated that she would like to explore the opportunity to provide additional consults for her high-risk diabetes patients via videoconference. Unfortunately, the community is out of reach for all connectivity providers, and the providers are unwilling to extend due to low return on investment opportunity.
2. A small community providing limited health services out of a multi-purpose facility is told by their visiting physician that he cannot continue to provide service as the limited community connectivity does not allow him to get access to his electronic client records.

IMPLICATIONS & IMPACTS

- eHealth often inaccessible to remote communities with highest potential for benefit.
- Inability to realize full benefits of some *e*Health solutions due to interoperability barriers.

RELATIVE NEED

- Need for continued investment in community connectivity, ensuring adequate bandwidth and quality of service.
- Most importantly, need for continued advocacy for these investments, both from community and their partners.

CULTURAL LENS

- Infrastructure developments, and associated implications, need to be developed and managed in a way that supports local control and protections for community.

Questions to consider (check your email for link to online feedback form)

Consider if and how this is a challenge for your health centre?

Assuming you view it as a challenge, consider the accuracy of the summary description – anything that should be changed, added or deleted?

Are the implications & impacts as described accurate – anything that should be changed, added or deleted?

Are there other considerations from a cultural perspective or lens that should be drawn out?

HEALTH CENTRE CHALLENGE #6 –INTEROPERABILITY

DESCRIPTION / ANALYSIS

- Interoperability is a broadly defined as the ability of diverse systems and organizations to work together (inter-operate)
- Interoperability is often a barrier to communities improving their health services because of the inability to inter-operate with their partners in social, political and organizational - and now technical and policy domains.

EXAMPLES

1. A community has approached their regional health authority regarding using their video-conference unit to access existing telehealth services offered by health authority to its rural facilities. But as the community network configuration and privacy/security policies not to the level of health authority standard, the service is denied.

2. A community has recently adopted their own community EMR solution and wishes to begin sharing and exchanging specific encounter, diagnosis and treatment plan information with the physician that visits the community bi-weekly. But the community and physician EMR systems do not utilize the same data communication and integration standards and as such cannot exchange records.

IMPLICATIONS & IMPACTS

- Despite community advances in *e*Health uptake, full benefit realization is not possible without interoperability.
- Gaps or duplication in service delivery due to lack of information communication between community and supporting service providers – particularly in with immunizations and screening.

RELATIVE NEED

- Need for commitment to the advancement of interoperability, not as an after though, but as a priority and end-state vision.
- Need for community and provider participation in facilitated standards development in areas like telehealth, EMR.

CULTURAL LENS

- Interoperability is an alignment process that needs to occur at the service provider, organizational, technical and cultural levels.

Questions to consider (check your email for link to online feedback form)

Consider if and how this is a challenge for your health centre?

Assuming you view it as a challenge, consider the accuracy of the summary description – anything that should be changed, added or deleted?

Are the implications & impacts as described accurate – anything that should be changed, added or deleted?

Are there other considerations from a cultural perspective or lens that should be drawn out?

THANK YOU FOR YOUR FEEDBACK

Please check your email for the link to the online feedback form that will make it easier and quicker for you to provide feedback on the above material you have just reviewed. If you do not receive a link in the next couple of days please email Eunice Joe at ejoe@fnhc.ca and we will ensure you receive one.

Summarized feedback will shape development of discussion document that will be reviewed by the FNHDA Board of Directors before being sent back out to all Health Centres later this summer.

Appendix B – Online Survey Instrument

FNHDA Feedback Request - Health Centre Challenges

1. INTRODUCTION

The following set of brief questions relate to the Document you recently received from the First Nations Health Directors Association (FNHDA) regarding Health Centre Challenges.

(If you have not reviewed that document yet, please do so before completing the feedback questions.)

Your feedback will help shape a discussion document on First Nations eHealth development for Health Centres to be released by the Tripartite Strategy Council for First Nations eHealth.

Your individual results will not be shared, but collective anonymous results will be summarized for all of BC and by Health Authority region.

FNHDA Feedback Request - Health Centre Challenges

2. RESPONDENT INFORMATION

General Respondent Information

* **1. Please indicate which Health Authority Region(s) your Health Centre or community Health Services are located in?**

- [ ] Vancouver Coastal Health Authority (VCHA)
- [ ] Vancouver Island Health Authority (VIHA)
- [ ] Fraser Health Authority (FHA)
- [ ] Interior Health Authority (IHA)
- [ ] Northern Health Authority (NHA)
- [ ] Nisga'a Health Authority
- [ ] Don't Know

2. Please select from the options below that best describes your current role in First Nations health:

- ○ Band Manager
- ○ Health Director
- ○ Health Worker
- ○ Health Portfolio Holder/Lead (political)
- ○ Other (please specify)

3. Please select the description below that best describes your community Health Services

- ○ Single community Health Services organization
- ○ Multi-community Health Services organization

Optional Comment:

FNHDA Feedback Request - Health Centre Challenges

3. OVERVIEW QUESTIONS

General Questions regarding draft Health Centre Challenges.

* **1. The document distributed identified the ACCOUNTABILITY-REPORTING BURDEN (i.e. level/type of reporting to funders) as a Health Centre/services challenge. Please rate how you see this challenge.**

- ○ Very Significant Challenge
- ○ Significant Challenge
- ○ Slight Challenge
- ○ Not a Significant Challenge
- ○ Don't Know

Optional Comment:

* **2. The document distributed identified ACCESS TO SERVICES (i.e. difficulty of members accessing the range of mainstream health services) as a Health Centre/services challenge. Please rate how you see this challenge.**

- ○ Very Significant Challenge
- ○ Significant Challenge
- ○ Slight Challenge
- ○ Not a Significant Challenge
- ○ Don't Know

Optional Comment:

FNHDA Feedback Request - Health Centre Challenges

* **3. The document distributed identified the FRAGMENTED HEALTH RECORD (i.e. seperate paper-based provider client records within Health Centre rather than client-centered electronic records) as a Health Centre/services challenge. Please rate how you see this challenge.**

- ○ Very Significant Challenge
- ○ Significant Challenge
- ○ Slight Challenge
- ○ Not a Significant Challenge
- ○ Don't Know

Optional Comment:

* **4. The document distributed identified SERVICE REFERRALS (i.e. difficulties/inefficiencies in referral process to outside services and related follow-up) as a Health Centre/services challenge. Please rate how you see this challenge.**

- ○ Very Significant Challenge
- ○ Significant Challenge
- ○ Slight Challenge
- ○ Not a Significant Challenge
- ○ Don't Know

Optional Comment:

* **5. The document distributed identified CONNECTIVITY & INFRASTRUCTURE (i.e. Health Centre connectivity and related information technology capacity/equipment) as a Health Centre/services challenge. Please rate how you see this challenge.**

- ○ Very Significant Challenge
- ○ Significant Challenge
- ○ Slight Challenge
- ○ Not a Significant Challenge
- ○ Don't Know

Optional Comment:

FNHDA Feedback Request - Health Centre Challenges

* **6. The document distributed identified INTEROPERABILITY (i.e. difficulty inter-operating with external health organizations, at technical or policy level, e.g. data-sharing with Health Authorities) as a Health Centre/services challenge. Please rate how you see this challenge.**

- ○ Very Significant Challenge
- ○ Significant Challenge
- ○ Slight Challenge
- ○ Not a Significant Challenge
- ○ Don't Know

Optional Comment:

7. The document provided six draft Health Centre challenges that eHealth may help address (those listed in the questions above).

Are there other key challenges that should be identified? Please list in the text-boxes below any you think are missing:

Other Challenge #7:

Other Challenge #8:

Other Challenge #9:

Other Challenge #10:

Other Challenge #11:

Other Challenge #12:

FNHDA Feedback Request - Health Centre Challenges

4. COMMENTS

General comments and Feedback on accuracy of description of Health Centre Challenges.

1. Please provide comments on the Health Centre Challenge #1 - ACCOUNTABILITY-REPORTING BURDEN page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

2. Please provide comments on the Health Centre Challenge #2 - ACCESS TO SERVICES page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

3. Please provide comments on the Health Centre Challenge #3 - FRAGMENTED HEALTH RECORD page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

4. Please provide comments on the Health Centre Challenge #4 - SERVICE REFERRALS page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

FNHDA Feedback Request - Health Centre Challenges

5. Please provide comments on the Health Centre Challenge #5 - CONNECTIVITY & INFRASTRUCTURE page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

6. Please provide comments on the Health Centre Challenge #6 - INTEROPERABILITY page in the distributed document. I.e. do you feel the way the challenge was described (including examples given, implications, need, cultural lens) was accurate? Is there anything you would change or add?

7. PLEASE PROVIDE ANY ADDITIONAL FINAL COMMENTS YOU WISH TO MAKE REGARDING EITHER THE HEALTH CENTRE CHALLENGES DOCUMENT DISTRIBUTED, OR THE FEEDBACK PROCESS.

FNHDA Feedback Request - Health Centre Challenges

5. THANK YOU

Thank you for taking the time to provide this feedback.

Your feedback will help shape the development of a Tripartite Strategy Council for First Nations eHealth discussion document that will be shared with all Health Centres to help guide discussion around eHealth development.

Your individual results will not be shared, but collective anonymous results will be summarized for all of BC and by Health Authority region.

If you have any follow-up questions please email Eunice Joe at ejoe@fnhc.ca