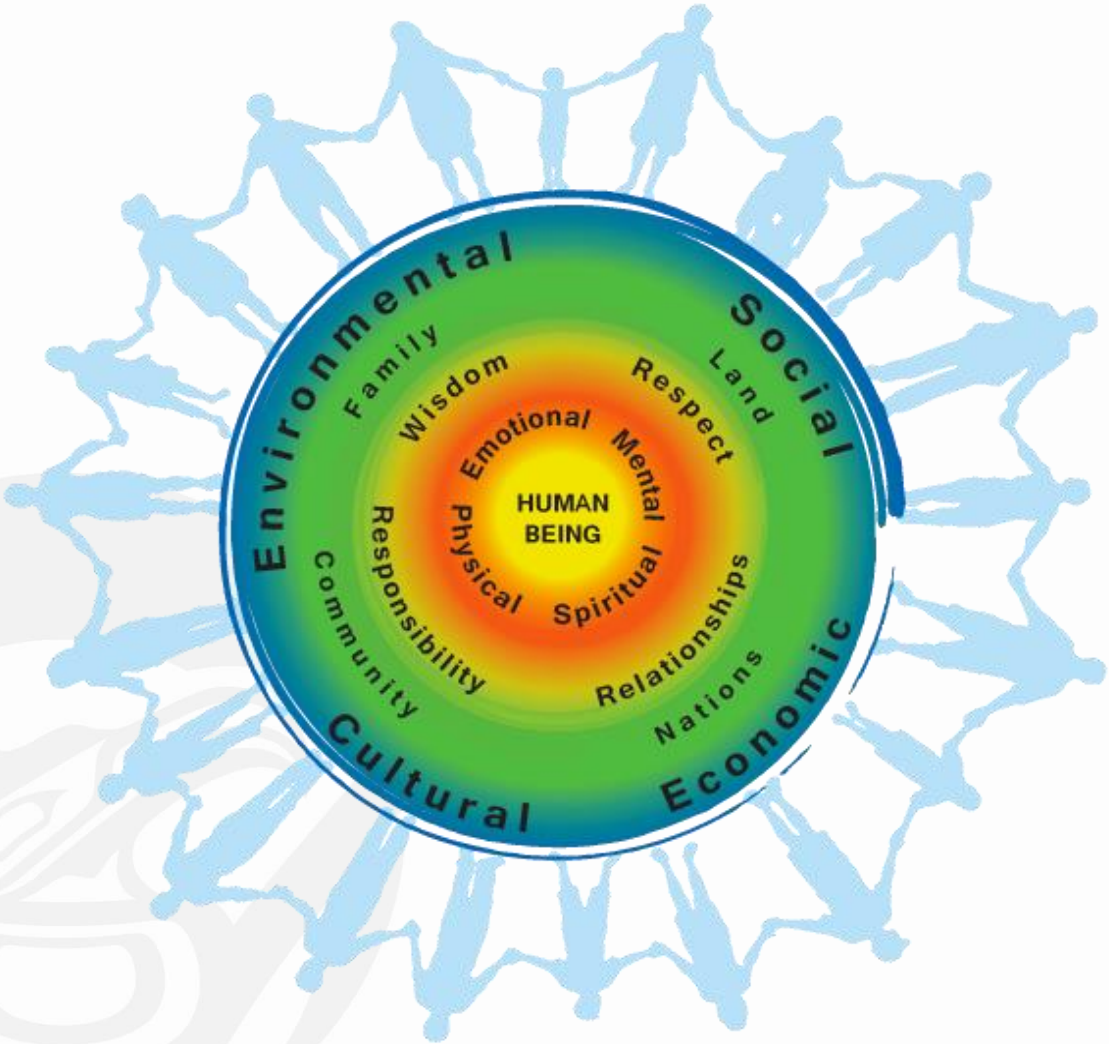
First Nations Primary Care + Mental Health & Wellness Summit

Weaving Wholistic Wellness into the Health Care System

First Nations Health Authority

Health through wellness

Our Health and Wellness



BC First Nations Perspective on Wellness recognizes that health and wellness belongs to human beings and is an outcome of many interrelated factors

Our vision of health and wellness comes from the ancestors and is relational and interconnected

Colonialism intentionally disrupted this worldview and framed its practices and philosophies as inferior to that of white settlers

These attitudes continue interpersonally and systemically, intentionally and unintentionally

Our Experience

"I have witnessed Aboriginal persons present with physical complaints, but being somewhat 'incoherent,' they were dismissed as intoxicated and discharged without their condition fully being assessed. They later returned with even more severe complaints, which had presented as life-threatening. It wasn't until dire consequences arose that they were taken seriously."

Used with permission from the San'yas Indigenous Cultural Safety Training Program Provincial Health Services Authority

"I work in acute care/maternity setting. When I first began my mat training, I was told that you could always tell when a Native is fully dilated as their top lip perspires, so I was looking more at their top lip than I was looking at the whole person."

Used with permission from the San'yas Indigenous Cultural Safety Training Program Provincial Health Services Authority

"I am really tired of Aboriginal people complaining and whining about the past. (Looks to me like they actually benefited from colonization.)"

Used with permission from the San'yas Indigenous Cultural Safety Training Program Provincial Health Services Authority

Our Data

Data matches show continued inequities between Status First Nations and non-First Nations in BC

Higher prevalence rates of 17 chronic conditions, including asthma, osteoarthritis, mood anxiety disorder, diabetes, COPD, osteoporosis, chronic kidney disease, heart failure, angina and rheumatoid arthritis

Higher rate of admission to hospitals for conditions that are responsive to primary health care interventions

More likely to visit an emergency room vs. rate of physician visits

More likely to be diagnosed with severe mental health and substance abuse

Increasing rates of depression among 0-17 population

Lower rate of attachment to general practitioners (family doctors)

Lower rate of access to surgeon and medical specialists

Lower rate of access to laboratory, pathology and diagnostic services

Less likely to access physician services for mental health, but more likely to be hospitalized for mental health issues

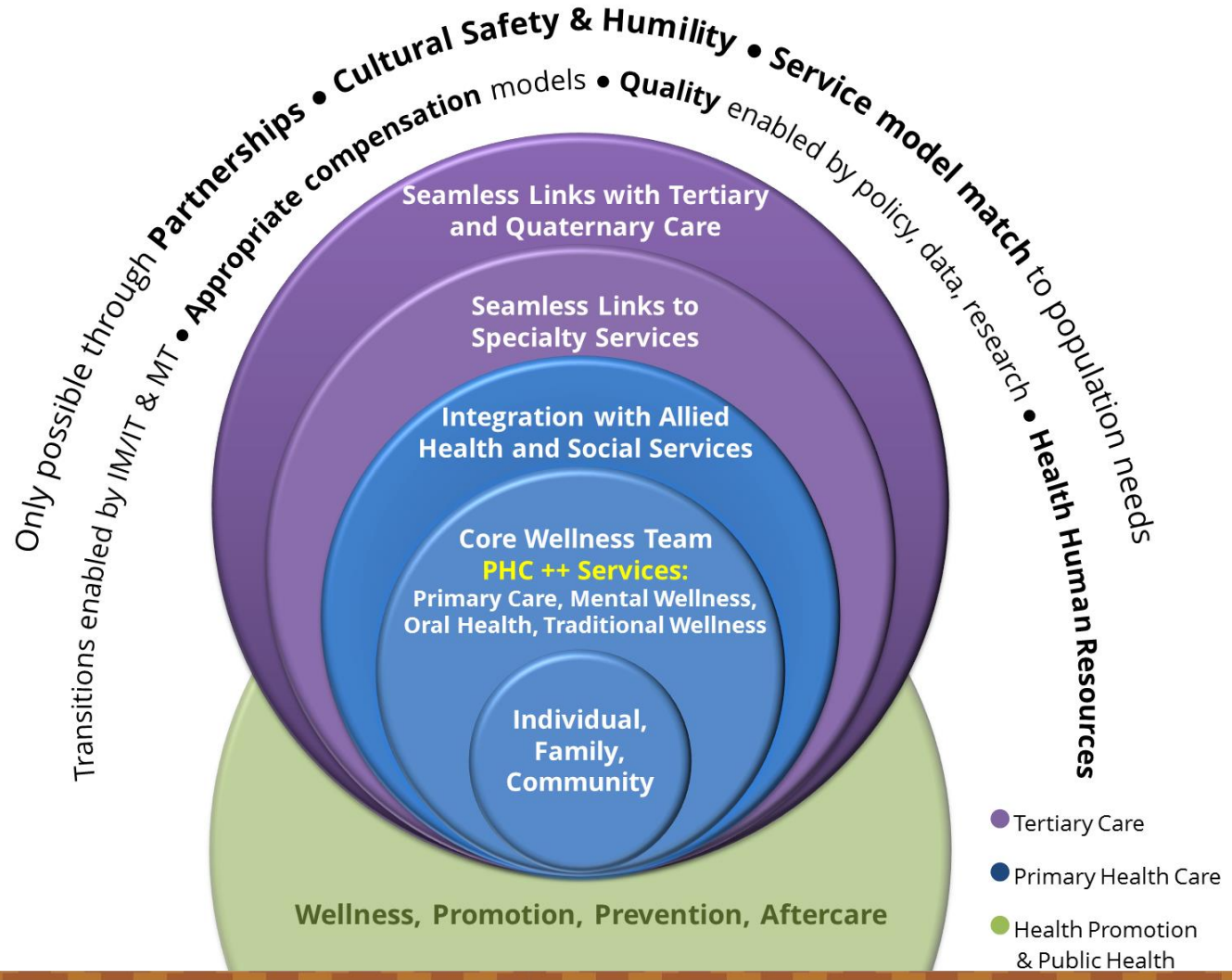
What is Primary Health Care?

"...essential health care based on practical, scientifically sound and socially acceptable ***methods and technology*** made ***universally accessible*** to individuals and families ***in the community*** through their full participation and at a cost that the community and country can ***afford*** to maintain at every stage of their development in the spirit of ***self reliance*** and ***self-determination***. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the ***first level of contact*** of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a ***continuing*** health care ***process***."

Declaration of Alma-Ata
World Health Organization

Our Priorities

Primary Health Care++



First Nations PHC Team Based Model

Multidisciplinary Team based Care

Why provide care in teams?

- ✓ Increased patient safety
- ✓ Reduction in medical errors
- ✓ Improved staff well being – reduction in burnout
- ✓ Increased staff satisfaction
- ✓ Increased staff effectiveness

= better patient care and increased patient satisfaction

- ➢ Working in teams is better for patients
- ➢ Working in teams is better for staff

Barriers to Effective Teamwork

Barriers at the Team Level

- Lack of a clearly stated, shared, and measurable purpose
- **Lack of training in inter-professional collaboration**
- **Role and leadership ambiguity**
- Team too large or too small
- Team not composed of appropriate professionals
- Lack of appropriate mechanism for timely exchange of information
- Need for orientation for new members
- Lack of framework for problem discovery and resolution
- **Difference in levels of authority, power, expertise, income**
- Difficulty in engaging the community
- **Traditions/professional cultures, particularly medicine's history of hierarchy**
- Lack of commitment of team members
- **Different goals of individual team members**
- Apathy of team members
- **Inadequate decision making**
- **Conflict regarding individual relationships to the patient/client**

Barriers Faced by Individual Team Members

- **Split loyalties between team and own discipline**
- Multiple responsibilities and job titles
- **Competition**
- **Naïveté**
- **Gender, race, or class-based prejudice**
- **Persistence of a defensive attitude**
- **Reluctance to accept suggestions from team members representing other professions**
- Lack of trust in the collaborative process

Optimizing Team Function

Roles of the multidisciplinary team members in care planning and delivery must be clearly negotiated and defined. This requires:

- respect and trust among team members
- best use of the skill mix within the team
- agreed-upon clinical governance structures
- agreed-upon systems and protocols for communication and interaction among team members.

Overcoming Barriers to Effective Teamwork

Training and coaching approaches, focusing on:

- Agreeing on a unifying philosophy centered on primary care of the patient/client and the community.
- Developing a commitment to the common goal of collaboration.
- Learning about other [medical] professions.
- Respecting others' skills and knowledge.
- Establishing positive attitudes about own profession.
- Developing trust among members.
- Be willing to share responsibility for patient/client care.
- Establish a mechanism for negotiation and renegotiation of goals and roles over time.
- Establish a method for resolving conflicts among team members.
- Be willing to work continuously on overcoming barriers.

Partnering with Indigenous Elders in primary care improves mental health outcomes of inner-city Indigenous patients Prospective cohort study.

David Tu MD CCFP George Hadjipavlou MA MD FRCPC

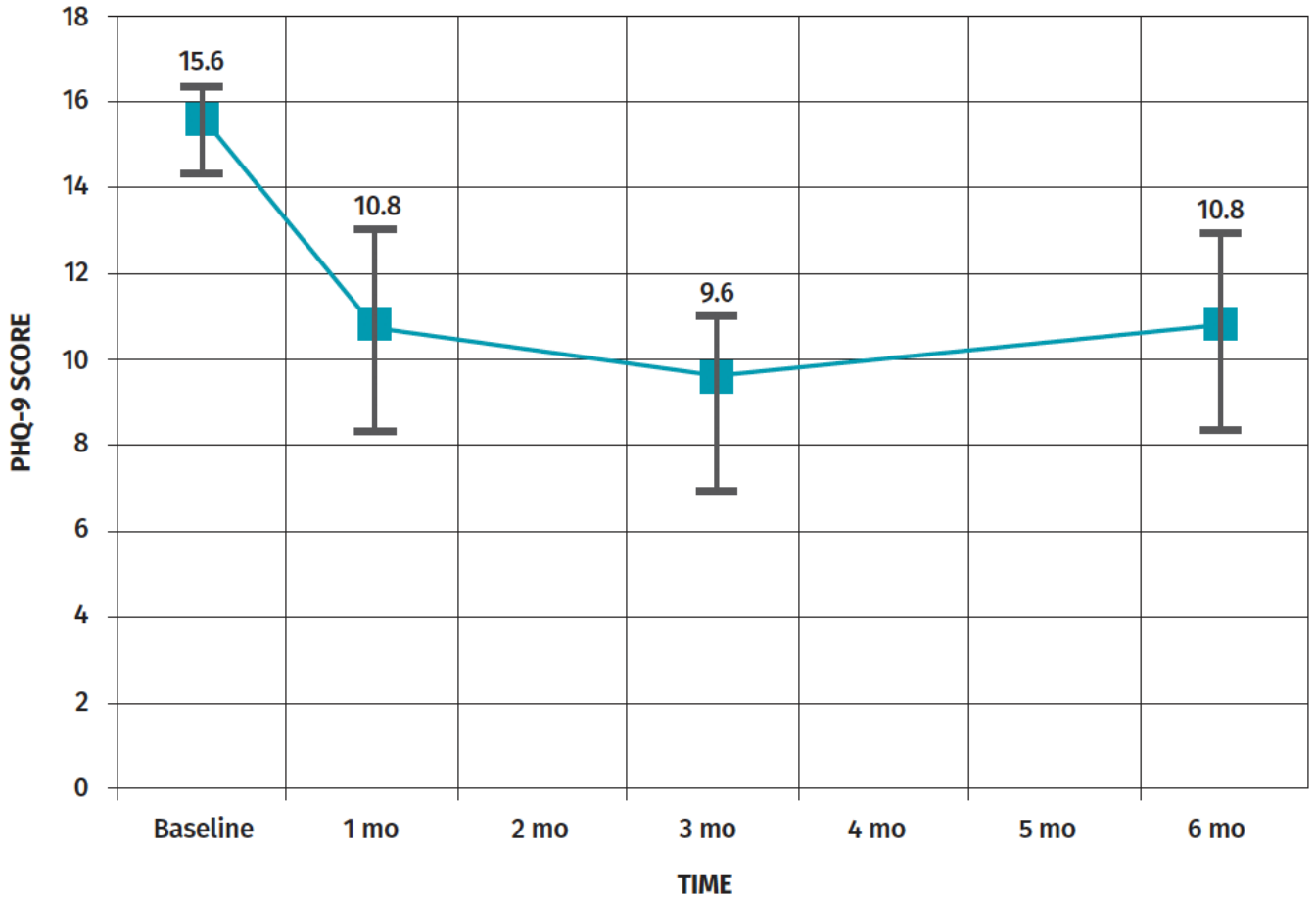
Jennifer Dehoney Elder Roberta Price Caleb Dusdal PMP

Annette J. Browne PhD RN Colleen Varcoe RN MSN PhD

Canadian Family Physician | Le Médecin de famille canadien Vol 65: APRIL | AVRIL 2019

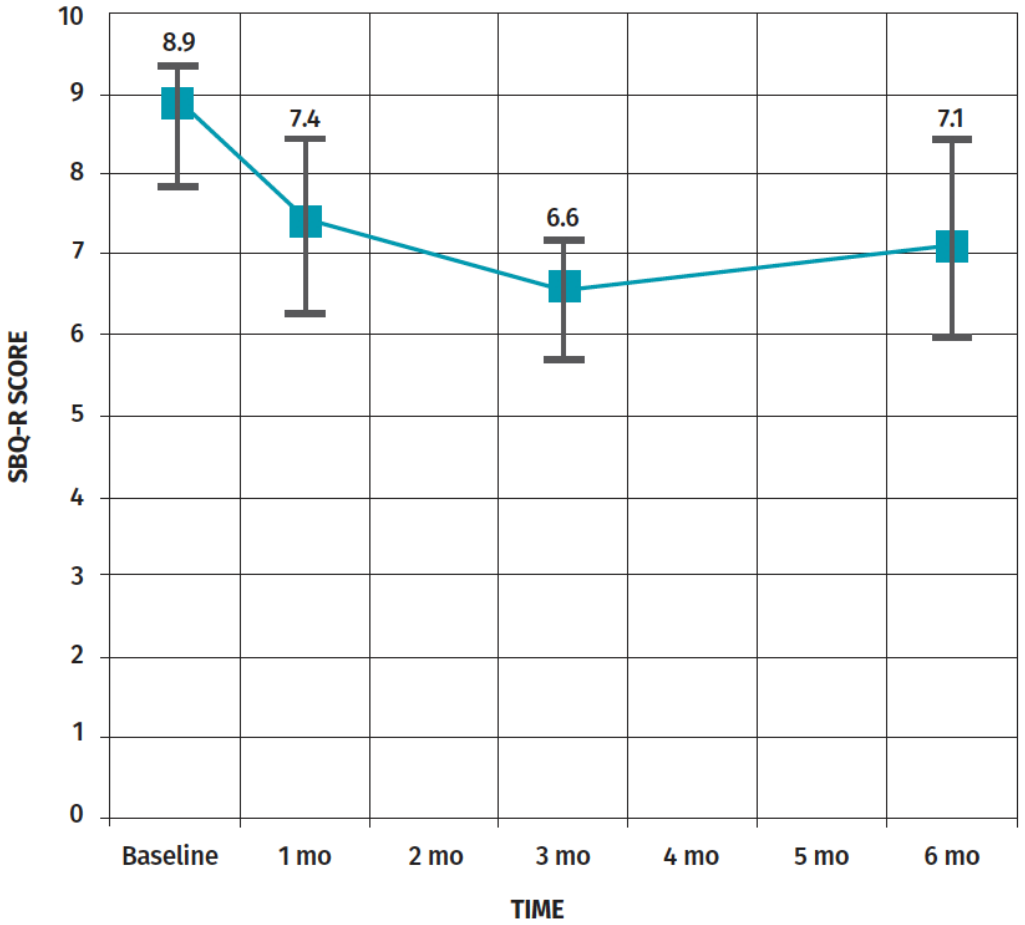
Intervention: Participants met with an Indigenous Elder as part of individual or group cultural sessions over the 6-month study period.

Figure 1. Changes in depression severity score among those with moderate to severe depressive symptoms at baseline (PHQ-9 score ≥ 10): *n = 28.*



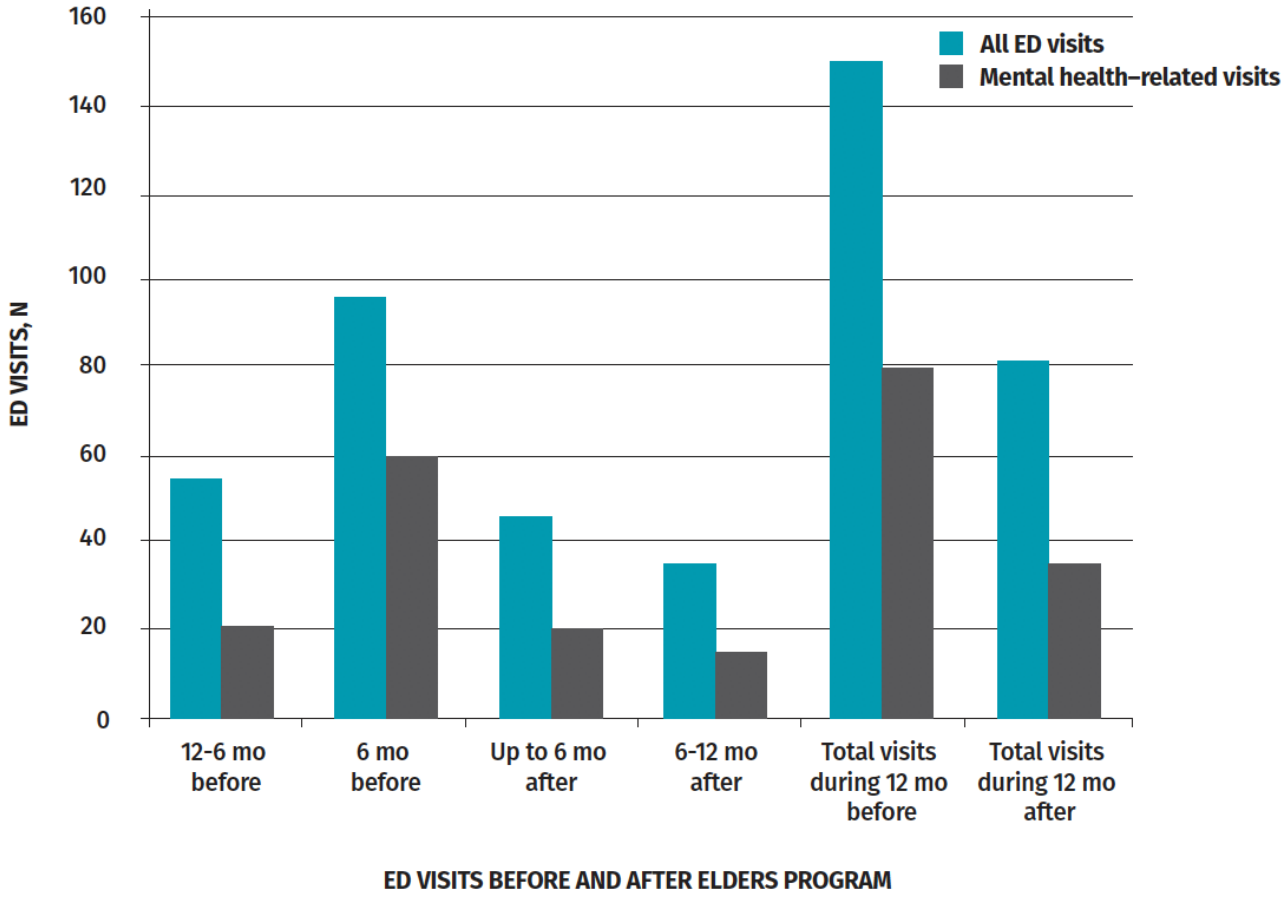
PHQ-9—Patient Health Questionnaire.

Figure 2. Changes in suicide risk among those with elevated risk at baseline (SBQ-R score ≥ 7): *n* = 14.



SBQ-R—Suicidal Behaviors Questionnaire–Revised.

Figure 3. Emergency department visits before and after engaging with the Elders program



ED—emergency department.

Interpretation on the Public Health Primary Care Level

Primary care intervention

By First Nations for First Nations

Resilience of our elders

Resilience of our population

Self determination

Importance of traditional healing methods

Central place for elders and traditional healers in our evolving primary care models

There is still a place for western primary care providers and modern treatments…for now

How might this be achieved in a First Nations PHC++ Primary Health Care team?

First Nations have a unique perspective on wellness

First Nations have their own ways of providing healthcare

- Traditional Healers
- Elders
- Spirituality
- Ceremony

One way would be to put First Nations culture and healing at the head of the team:

✓The integration of elders and traditional healers into PHC teams

✓Elders or traditional healer might lead the teams

✓Over the long term, build indigenous capacity in the professions comprising the team

- ✓Self-determination
- ✓Addresses multiple social determinants of health in First Nations communities

A Rural and Remote Approach to Team Based Care

First Nations Primary Care and Mental Wellness Summit

Dr. Travis Holyk, Executive Director Research, Primary Care and Strategic Services

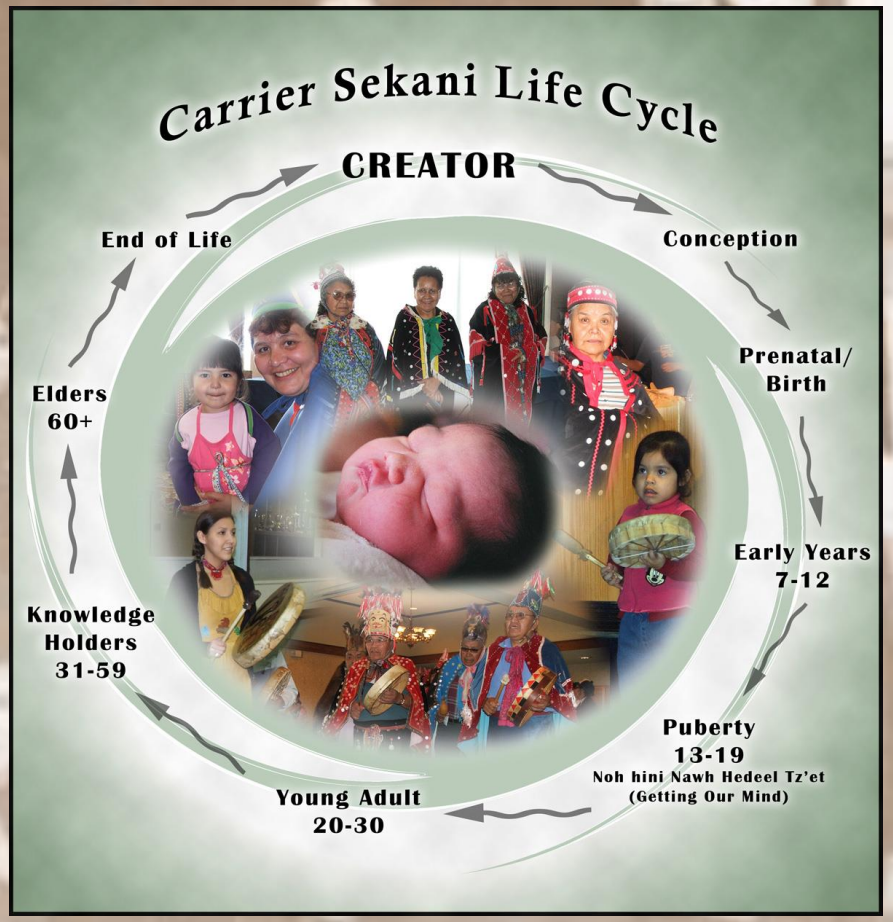
Presentation Overview

- Provide Understanding of:

- Carrier Sekani vision of holistic health services
- Primary Care Model & Integrated Care
- Data to support model.

Importance of Culture Population Health

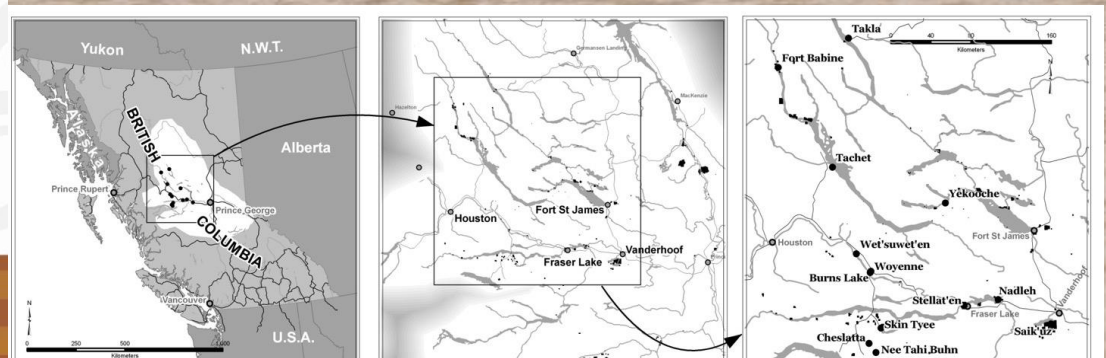
- Culture as the foundation of holistic health
- Cultural disassociation, intergenerational trauma and malignant grief have manifested in a number of related social, mental and physical health problems



Carrier Sekani Family Services

- Health and Child and Family Services Organization
- 11 Nations Represented by CSFS (13 communities rural and remote)
- 76,000 square kms

Aboriginal Patient Liaison
Addictions Recovery Program
Aboriginal Supported Child Development (Vanderhoof and Burns Lake)
Best Beginnings Outreach Program
Bridging to Employment
Canadian Prenatal Nutrition Program
Community Linkages (Soup Bus)
Early Years Centre
Family Empowerment Supported Visit Program
Family Preservation and Maternal Child Health
Family Support (Urban Prince George)
First Nations Health Benefits/Patient Travel
Foster Family Resources Delegated Child Welfare Services
Guardianship and Voluntary Delegated Child Welfare Services
Health and Wellness Counselling Program
Highway of Tears Violence Prevention, Support and Awareness Program
Home Care
Intensive Family Preservation Services
Mediation and Family Justice Services
Mobile Diabetes
Nursing
Primary Care
Youth Services

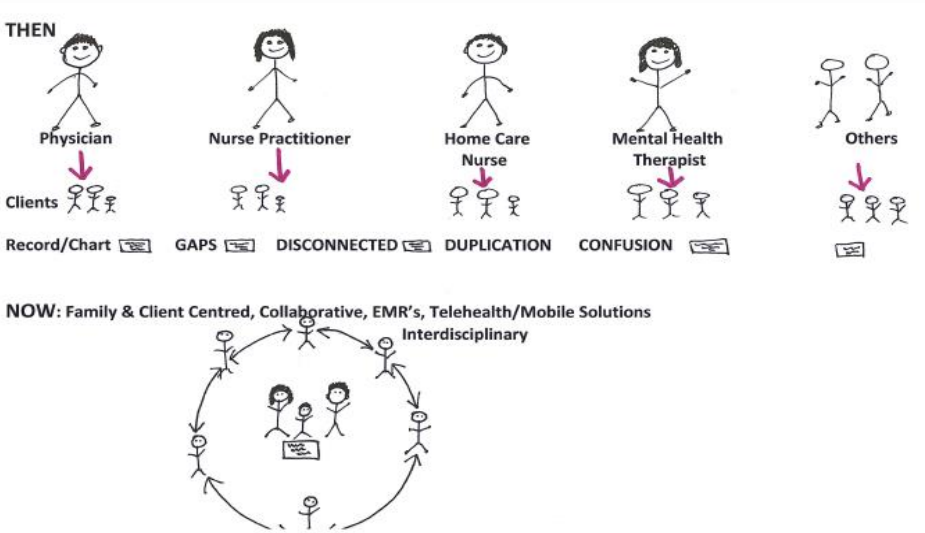


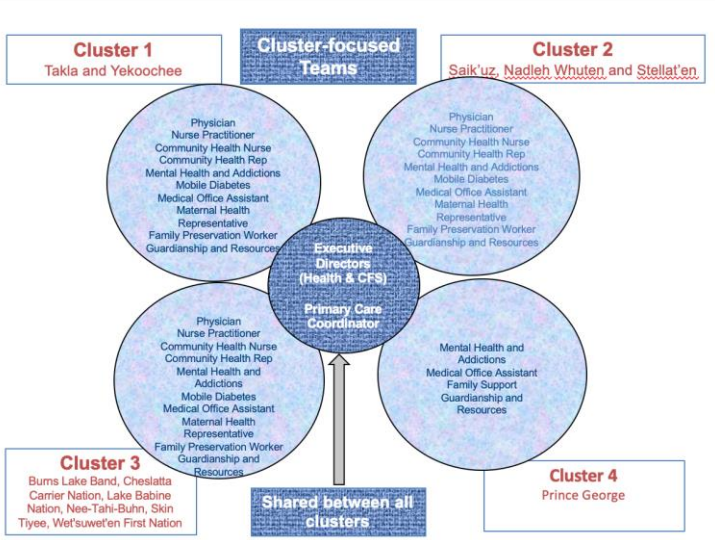
Holistic Wellness

- We began the implementation of our Primary Care Model in 2010/11.
- Focus of our model is on relationships and continuity of care.
- 7 physicians 2 NPs Supported by an electronic medical record (OCAP) and telehealth equipment

Holistic Care as a Value

- 100% (96% SA) Teamwork is important
- 100% (73% SA) Concept of Integrated care





CARRIER SEKANI FAMILY SERVICES

SAIK'UZ INTEGRATED CARE TEAM

Terms of Reference

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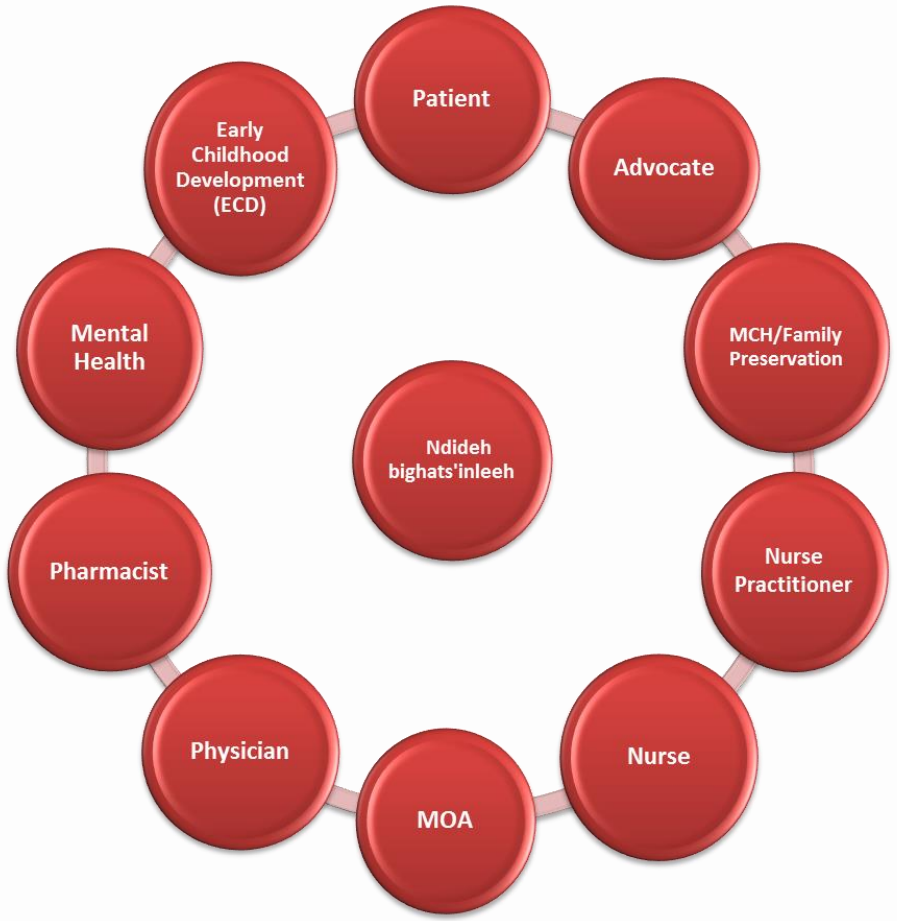
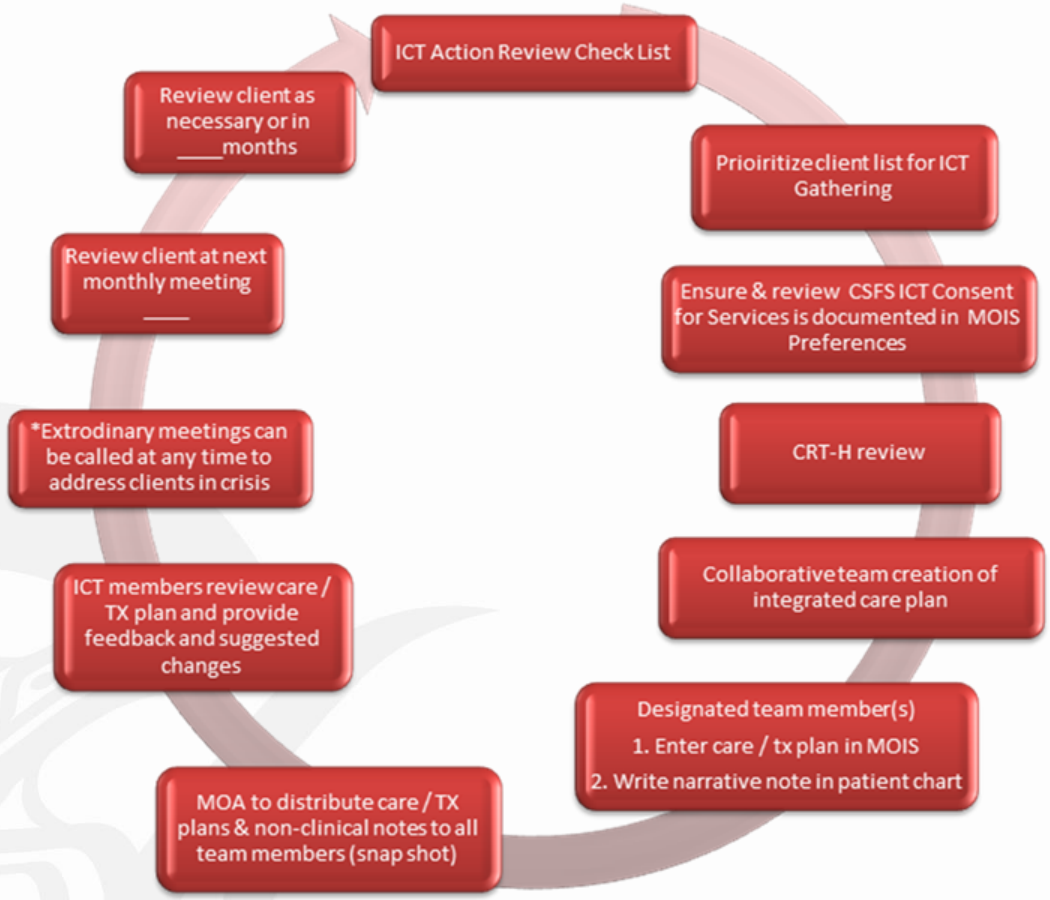
Integrated Care/ Primary Care Home

- Physicians, Mental Health Therapists, child and family, Community Health Nurses and allied health professionals as part of the care team.
- All professionals chart in our EMR for shared care planning
- Fragmented → comprehensive care

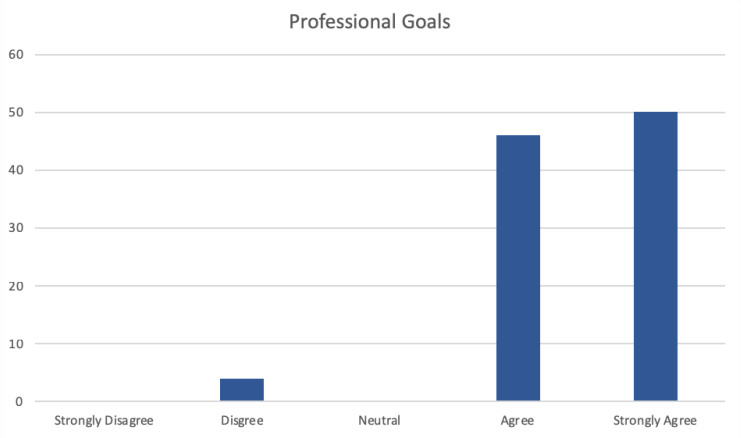


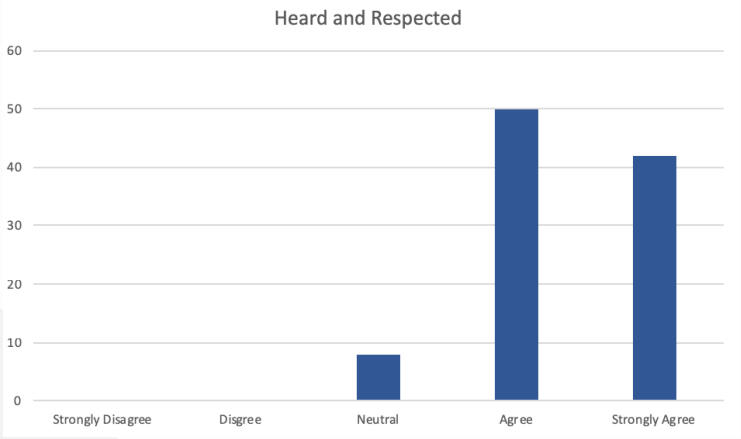
How the ICT Gatherings work

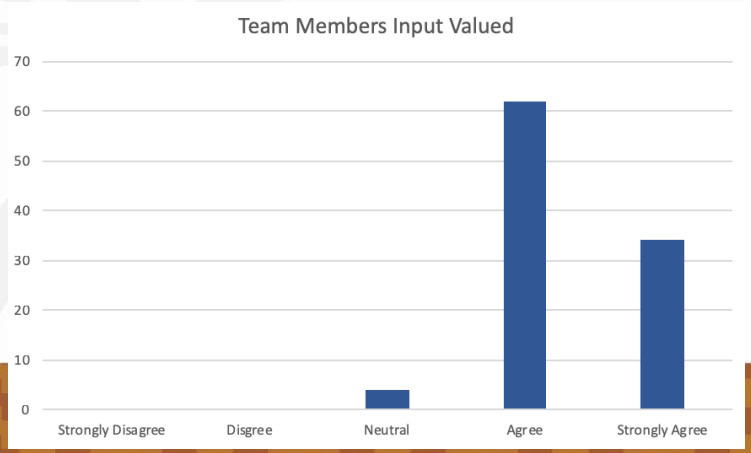


1. One week prior MOA requests names for review
2. Review Action Check List
3. Prioritize Clients for review
4. CSFS consent for services
5. Crt-H review (health maintenance)
6. Care / Tx planning
7. Snap Shot distribution

Provider Wellbeing

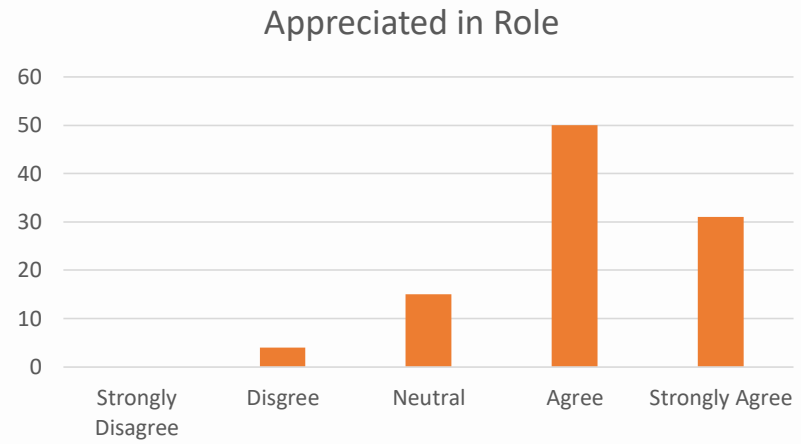




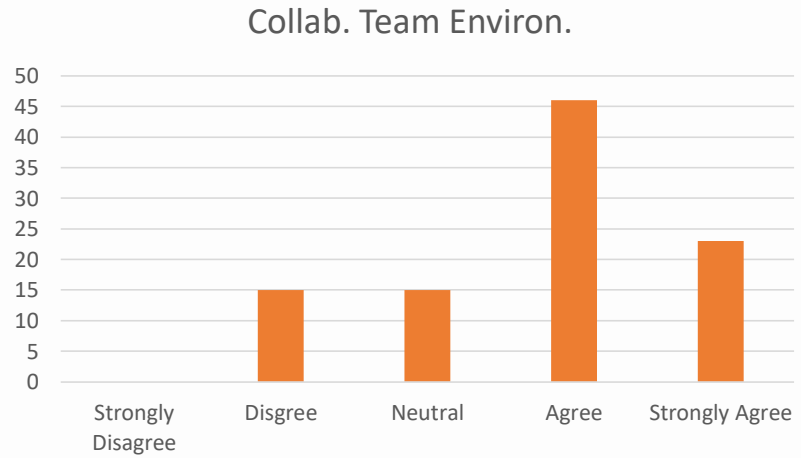


- 96% professional goals well aligned with ICT
- 93% feel heard and respected
- 96% Input of all team members is valued

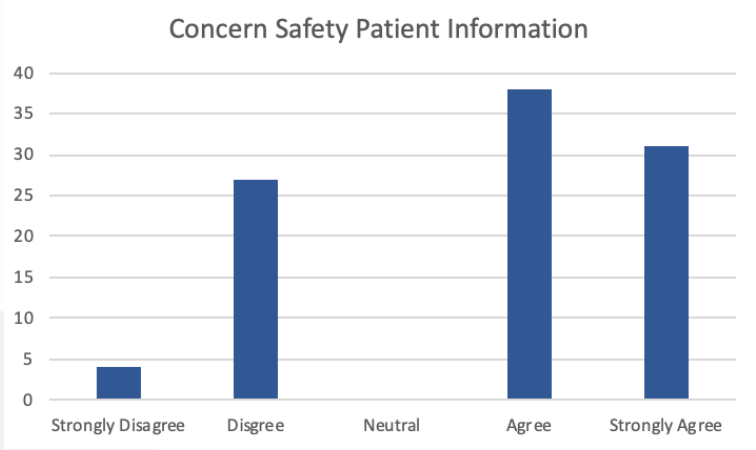
- 81% appreciated in their role



- 69% team members support a collaborative/team based environment

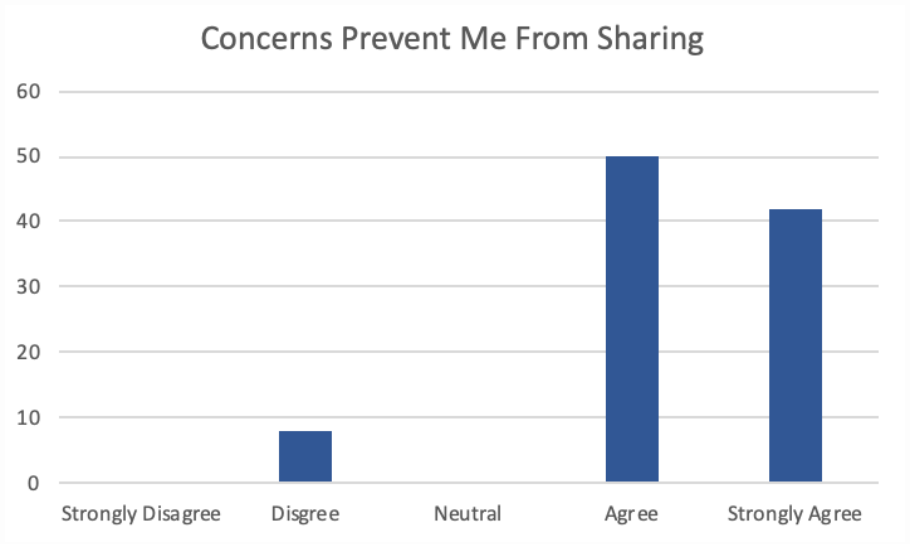


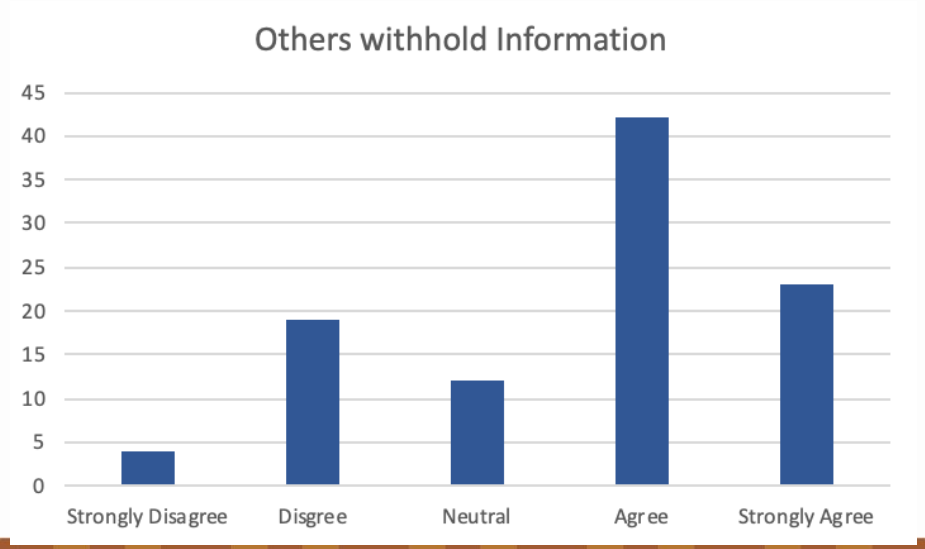
Confidentiality



- 69% Have concerns about safety of patient information in ICT meeting

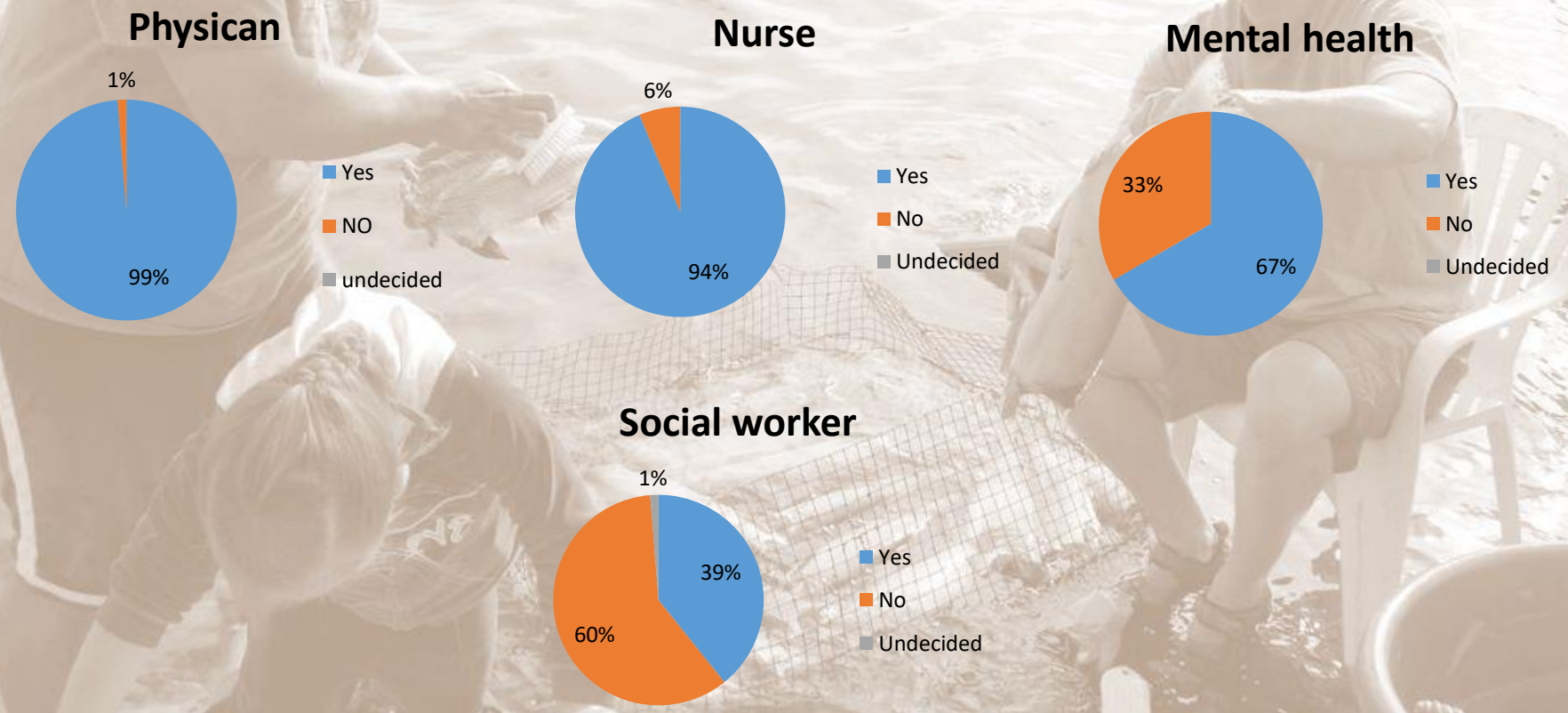
- 92% concerns about confidentiality prevent from sharing with group
- 75% believe others withhold information at team meetings



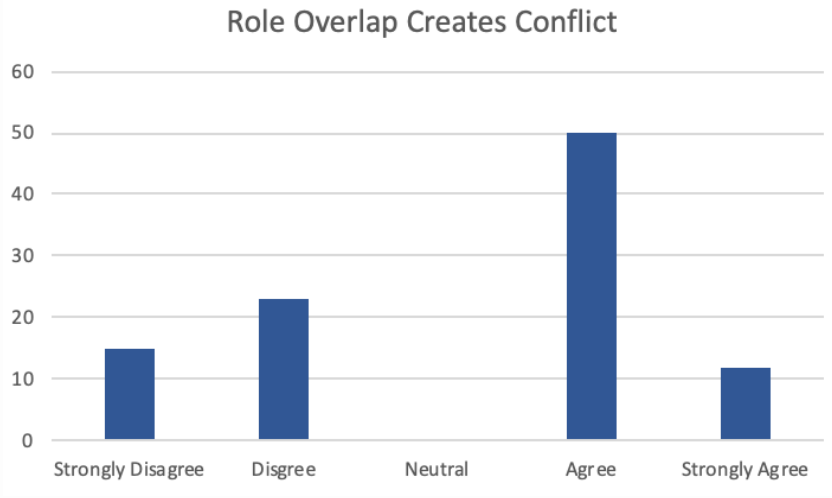


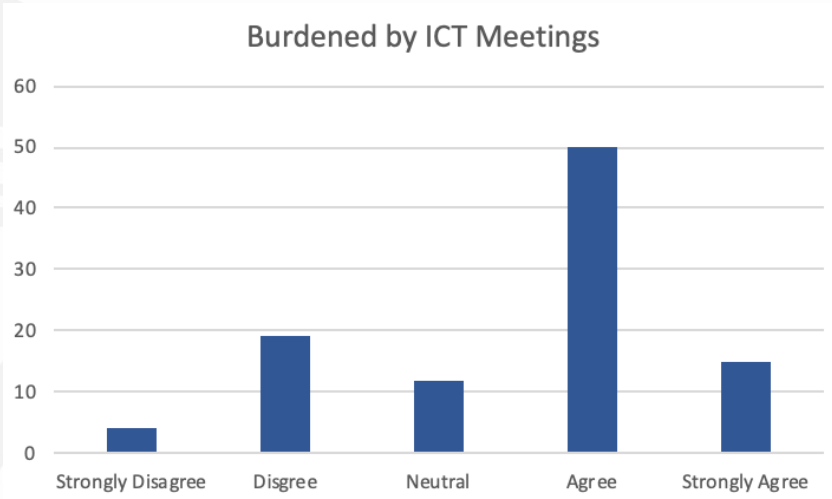
Patient Views on Confidentiality

- Access to Information



Additional Challenges

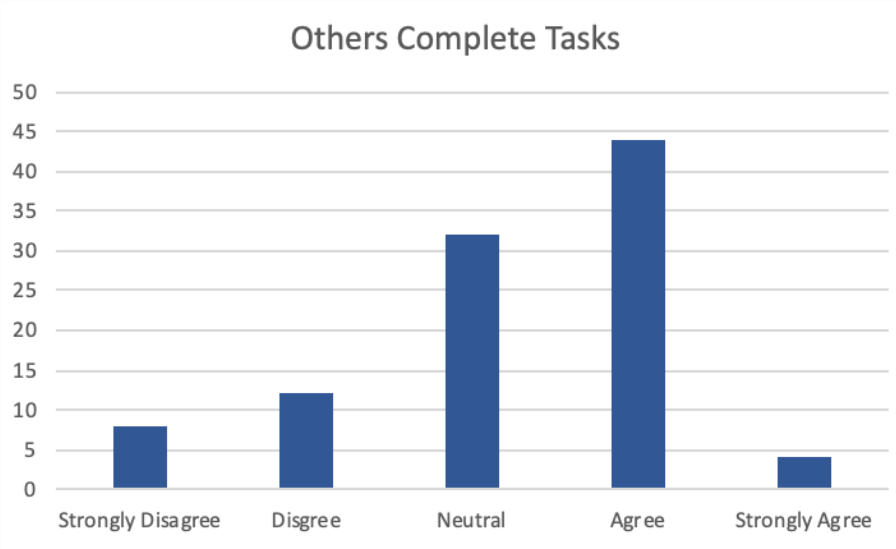


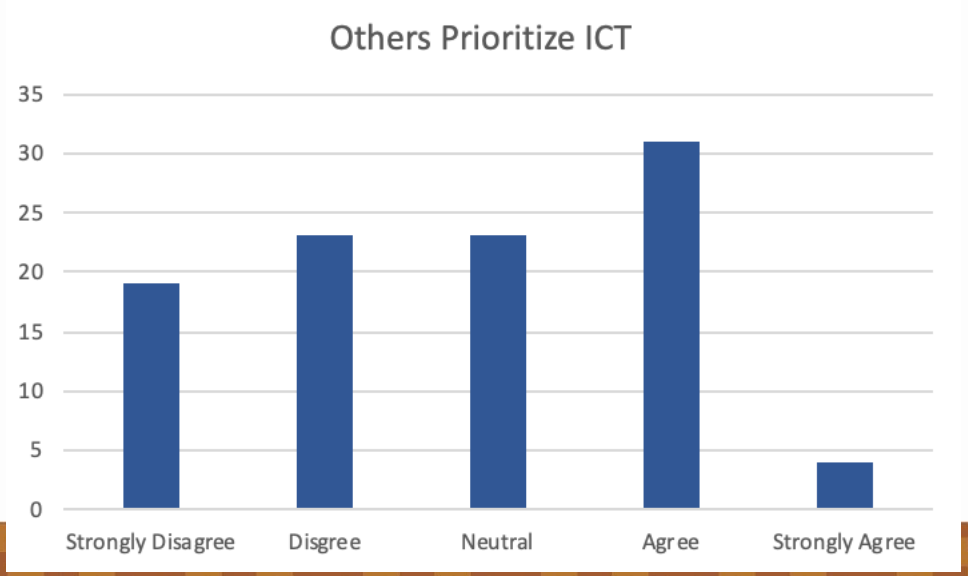


- 62% overlap in roles creates conflict
- 65% feel burdened by integrated care meetings (96% it is patient care)

- 48% others complete assigned tasks in a reasonable timeframe

- 35% others make integrated care a priority

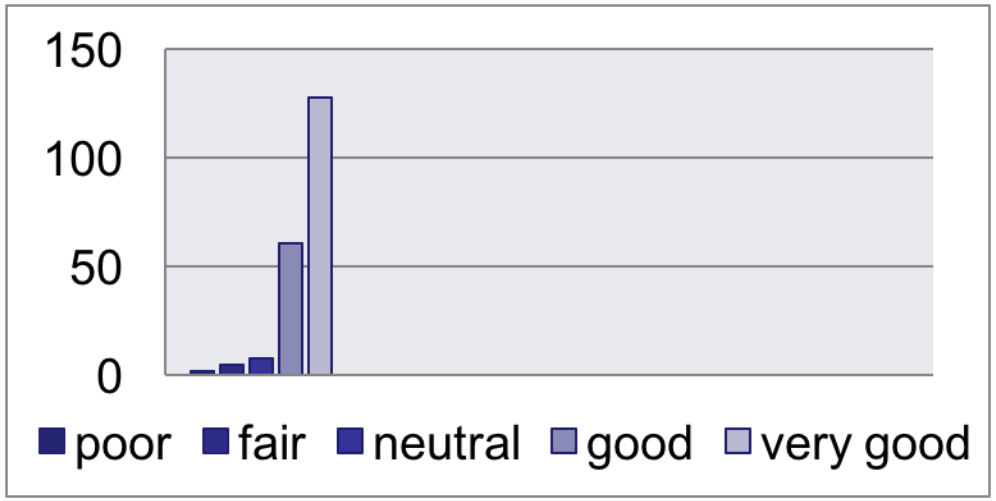




Patient Satisfaction

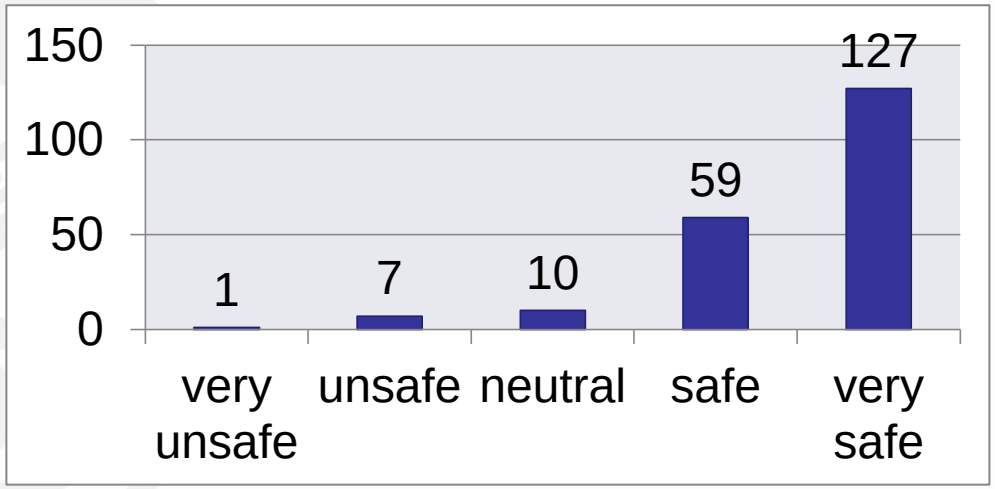
Satisfaction with Services

How would you rate the care you received at the clinic?

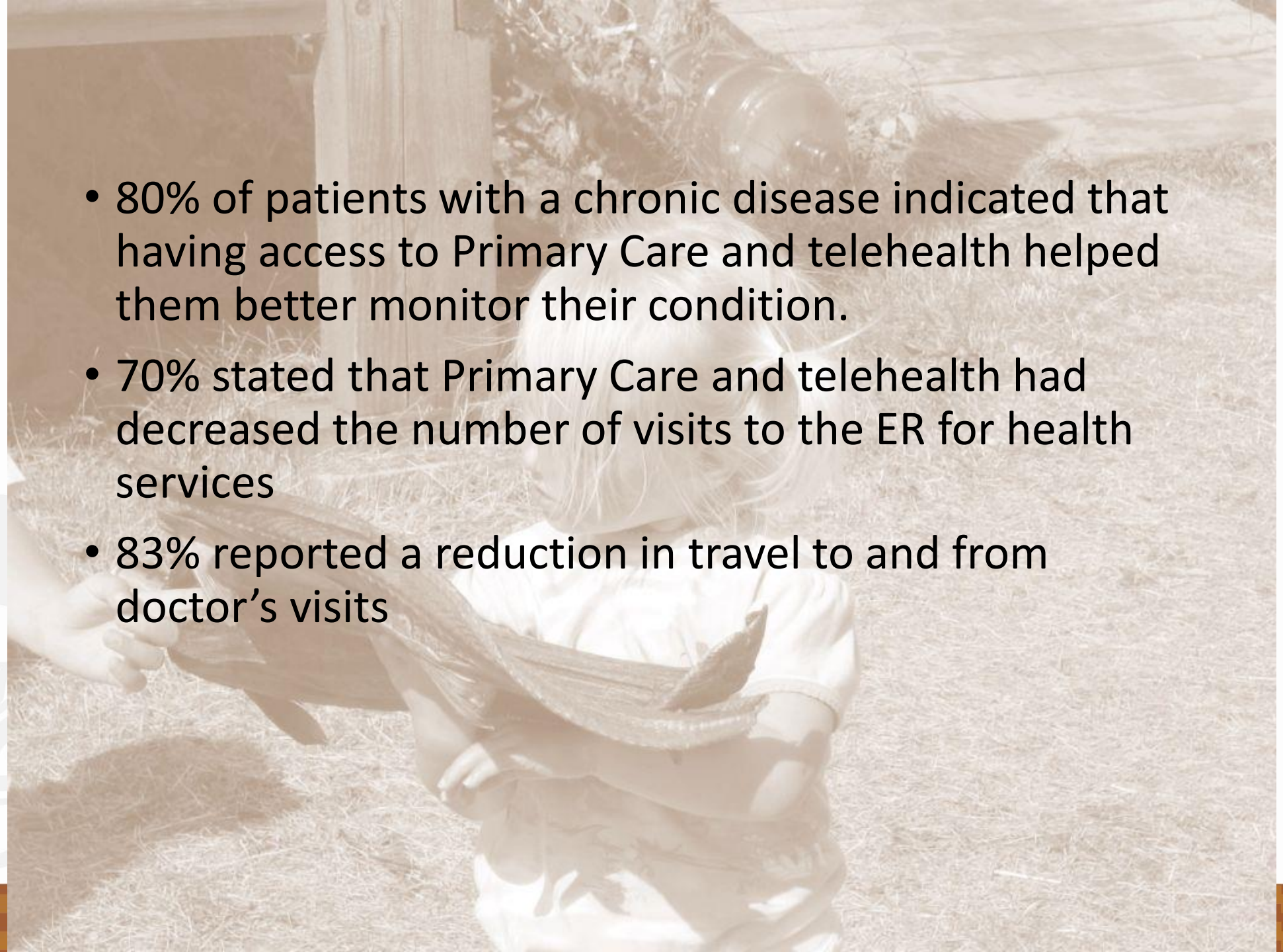


- 92.6% rated the care received at the clinic as good or very good

How emotionally and physically safe do you feel at the clinic?



- 91% indicated that they felt safe or very safe at the clinic.



- 80% of patients with a chronic disease indicated that having access to Primary Care and telehealth helped them better monitor their condition.
- 70% stated that Primary Care and telehealth had decreased the number of visits to the ER for health services
- 83% reported a reduction in travel to and from doctor’s visits

Medical Trust

Rank 2016	Profession	Mean	Std. Dev.	Rank 2009	Profession	Mean	Std. Dev.
1	Doctor	4.46	.628	1	X-ray Tech	4.3	1.0
2	Nurse	4.36	.632	2	Lab Tech	4.1	.9
3	Lab Tech	4.31	.668	3	Carrier Healer	4.0	1.2
4	X-ray Tech	4.25	.739	4	Physiotherapist	4.0	1.1
5	Physiotherapist	4.12	.801	5	Med Researcher	3.7	1.1
6	Med Research	4.09	.786	6	Doctor	3.6	1.3
7	Carrier Healer	3.87	.971	7	Nurse	3.5	1.3
8	CHR	3.85	1.031	8	CHR	3.1	1.3

Sna Chal yeh

- Contact:

travis@csfs.org

First Nations Health Authority

Team based care: Indigenous Primary Health and Wellness Home

on the traditional territories of Semiahmoo, Tsawwassen, Kwikwetlem, Katzie, Qayqayt and Kwantlen First Nations

A Joint Project between: First Nations Health Authority and Fraser Health Authority

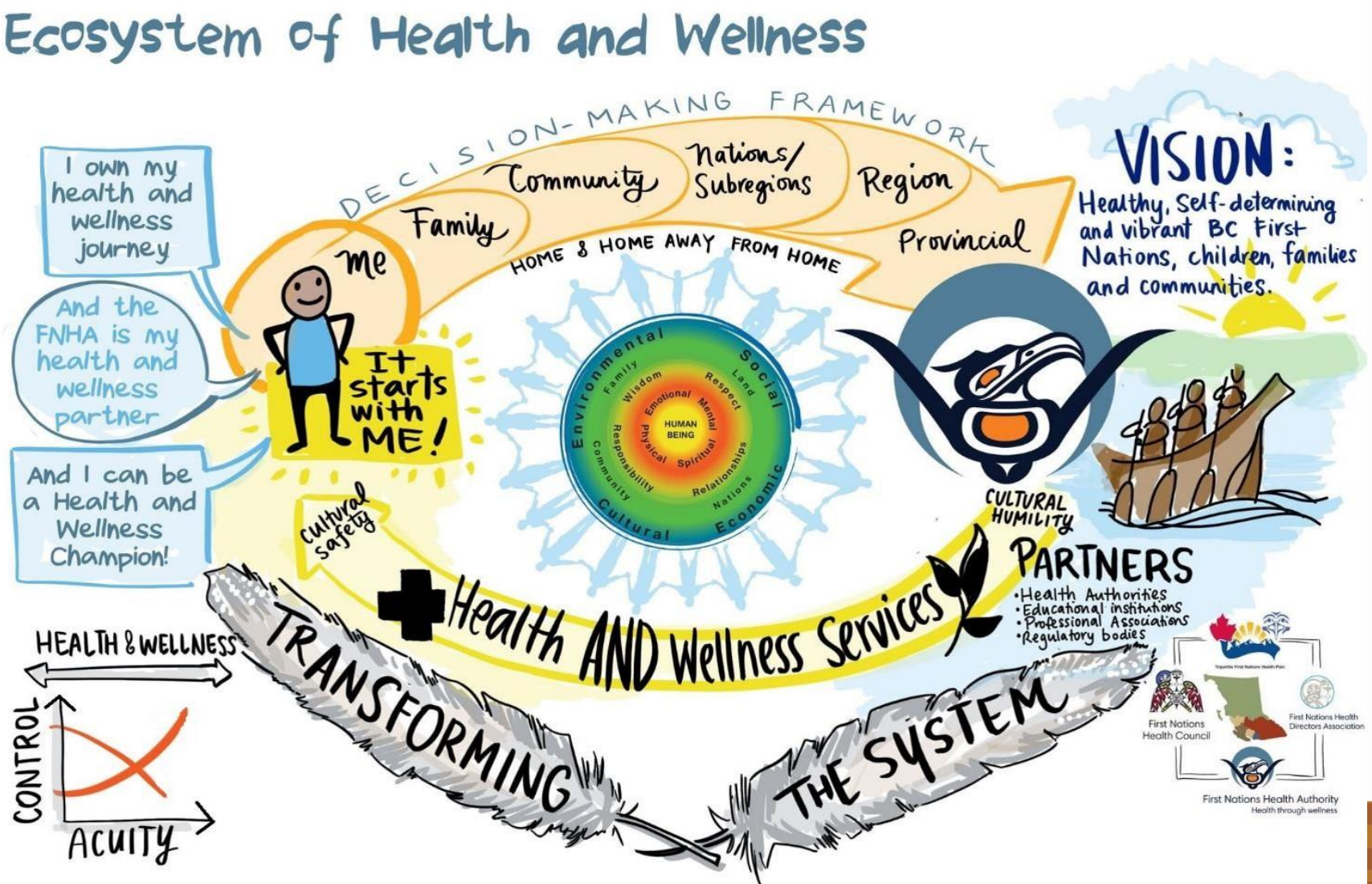
fraserhealth
Better health. Best in health care.

FRASER SALISH REGION
First Nations Health Authority

Indigenous Data in Fraser Salish Region

- A total of 30,225 Indigenous individuals live in the Fraser-Salish Region (2019)
- 2 main urban centres, Surrey, BC and Chilliwack, BC with an Indigenous population of 18,000 and 9,395
- Approximately 64.5% are not attached, versus 17% in the general population. (Surrey = 11610/Chilliwack = 3050)
- ED utilization is 34% among the First Nations population versus 21% in the general public

Indigenous Primary Health and Wellness Home – A Primary Medical Home inclusive of Elder, in residence, Mental Health and substance use services, and incorporation of traditional healing services



Indigenous Primary Health and Wellness Home Goal

Culturally-safe, integrated health and wellness care

- A person-centred experience of care that is holistic, integrated, coordinated, accessible – and where diversity, spirit, and culture are respected

- Access to an innovative, comprehensive primary health care service model for underserved populations in the Fraser South region

- Shifting focus from a “disease” to a “wellness” model by adopting the teachings of the holistic medicine wheel and complementing it with Western medicine practice

Circle of Care “Wrap around services”

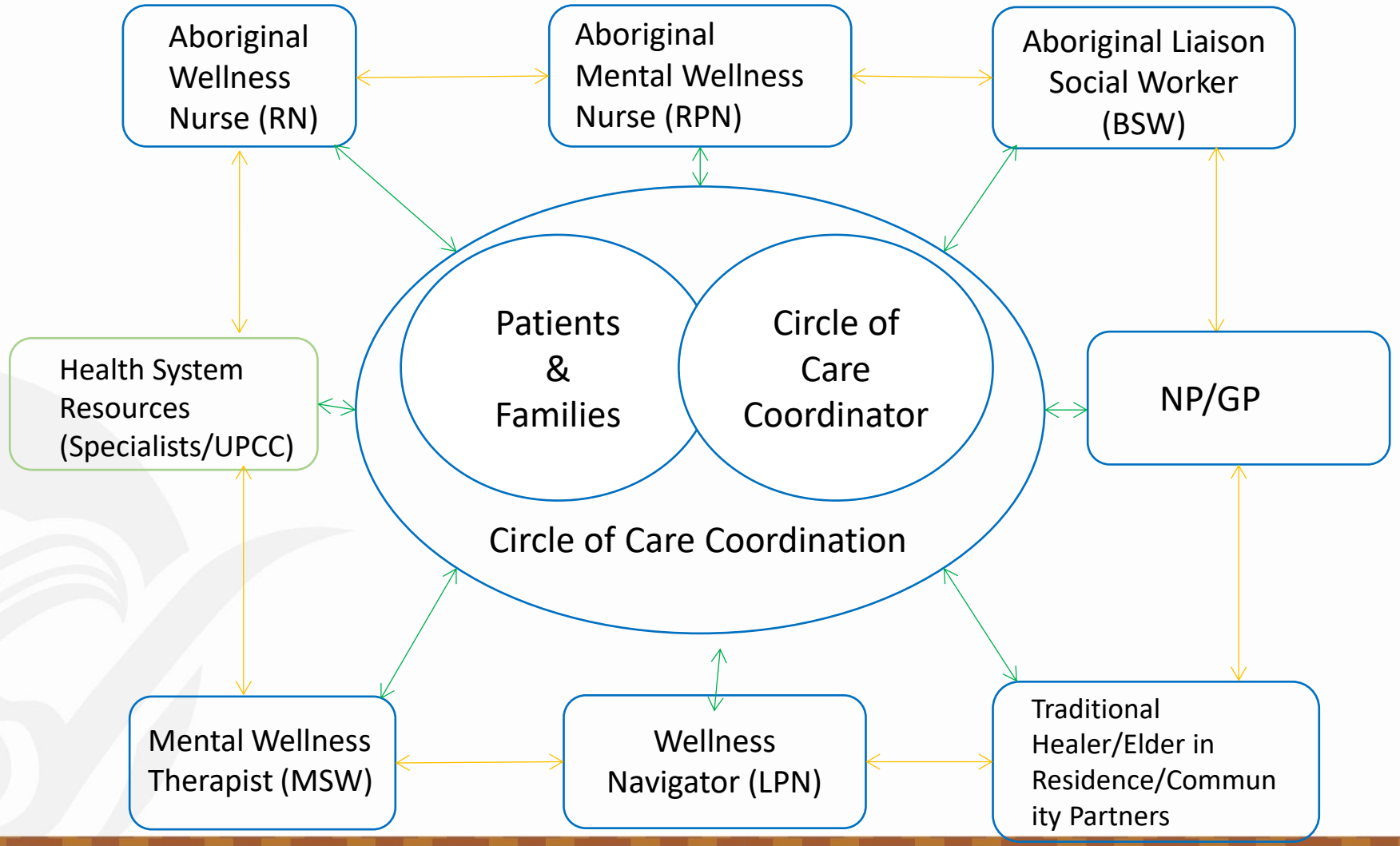
- Not one single person, but a concept of a barrier free, culturally safe“ patient driven, team supported” decision making process

- Client being supported in order to achieve Wellness, **as defined by client** through empowerment, autonomy and health knowledge

- Clinicians support circle of care through support and coordination of physical, social, mental and spiritual outcomes

- Led by the Aboriginal Wellness Circle of Care Coordinator and supported by Aboriginal Wellness Nurses, NPs GPs, allied health, mental health practitioners, traditional wellness workers and support staff. The Wellness Team will operate in mutually supportive roles to carry out all decisions made by Circle of Care Coordination.

IPHWH Circle of Care Model



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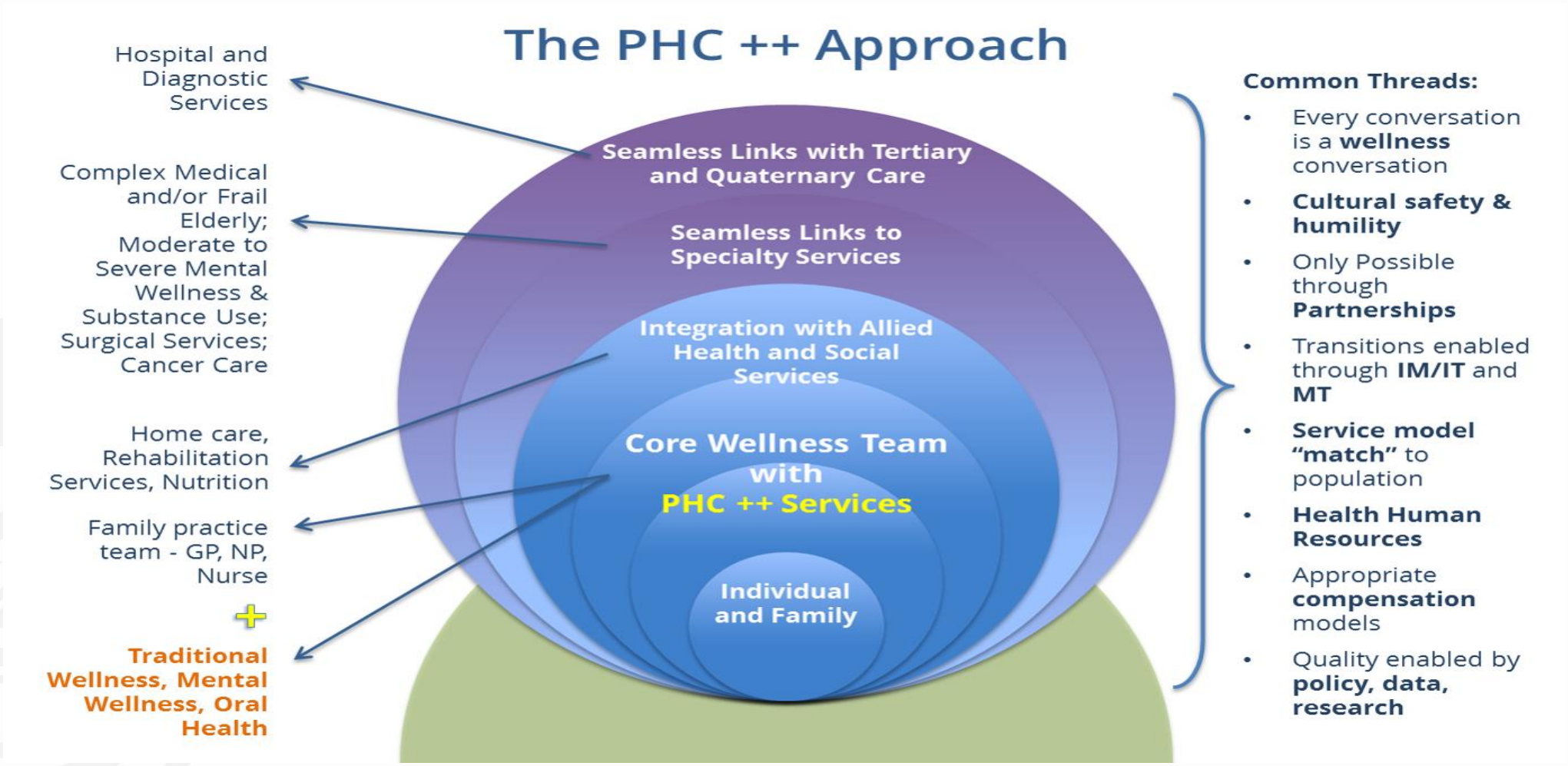

The PHC ++ Approach
Hospital and Diagnostic Services
Complex Medical and/or Frail Elderly; Moderate to Severe Mental Wellness & Substance Use; Surgical Services; Cancer Care
Home care, Rehabilitation Services, Nutrition
Family practice team - GP, NP, Nurse
+
Traditional Wellness, Mental Wellness, Oral Health
Seamless Links with Tertiary and Quaternary Care
Seamless Links to Specialty Services
Integration with Allied Health and Social Services
Core Wellness Team with PHC ++ Services
Individual and Family
Common Threads:
• Every conversation is a wellness conversation
• Cultural safety & humility
• Only Possible through Partnerships
• Transitions enabled through IM/IT and MT
• Service model "match" to population
• Health Human Resources
• Appropriate compensation models
• Quality enabled by policy, data, research

Team-Based Care

- Team-Based Care focuses on TEAMWORK and WELLNESS

- Advantages include client-centred medical home, attaining advanced access, improvement in patient flows/wait times, improving management of chronic diseases, and the promotion of advanced screening and follow-up (Asthma, Mood Disorders, OA, DM, COPD, CKD) Ref: Fraser Salish Health System Matrix Sept 2018

- Team based care allows for the seamless flow of information, capitalizing on each team members strengths.

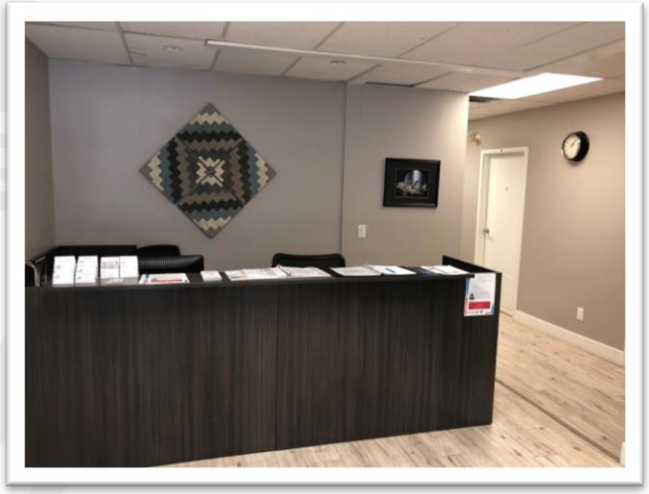
And It Works…

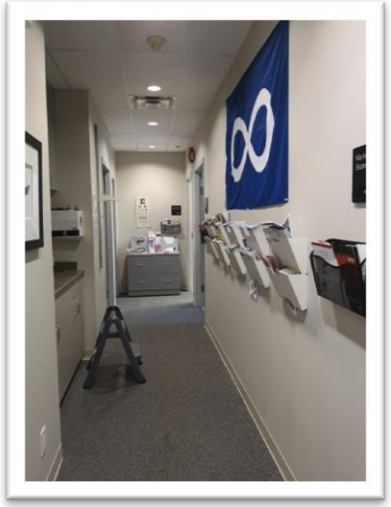
- Presently, the Indigenous Primary Health and Wellness Home (Hub) has been in existence for 6 months. We have seen the following effects…

1) Total Attachment to both Hub and Spoke Sites – 779 clients
2) Walk-in/Drop-in patients – 767 clients (*82 of which already have external providers*)
3) 32% of appointments are with nursing/allied health professionals, furthermore, 100% of consenting clients receive initial services prior to seeing the NP or GP– allowing for relationship building, cultural safety and additional time to identify clients wholistic needs
4) Capacity gained through team based care has allowed: 9.2% of clients to receive same day social/health navigation services, 11.3% of clients receive same day primary care “procedure” services
5) ONLY 2.8% of our patient panel used the Emergency Department for conditions deemed as primary care related (CTAS 4/5)
6) Of the 2.8% of patients who used the ED, 73% returned to the IPHWH within 72 hours for follow-up care with their “Care-Team”

Traditional Primary Care Clinic	Indigenous Primary Health and Wellness Home Model
Limited Team-Based Care approach/Single Provider approach	Circle of Care Coordination, In-house allied health and nursing care all working together in care networks with acute, tertiary, community care resources.
Episodic Care & Limited attachment opportunities, no attachment for 17% of patients in BC	Personal primary care provider with opportunities for provider attachment
Variable patient centred approach	Patient centred approach to support patients to make informed healthcare decisions
Variable access to primary care provider	Multiple points of access, working together to access correct level of care and team members for true wrap around services
Limited comprehensive “in-house” resources	Focus on physical, mental, social, spiritual health
Emerging panel management opportunities in BC	Robust panel management, proactive & preventative care
85% of patients are managed via EMR	“one patient, one record”, flow of information to relevant care providers
Variable competencies in cultural safety	Programming First Nation driven
Limited resources to focus on social determinants of health	Priority given to social determinants of health affecting primary healthcare

Pictures of FRAFCA and Kla-How-Eya





Hands up to the current IPHWH team

- Nurse Practitioners = Michelle Sam, Saje Crossen, Fin Gareau, Alison Moore
- Aboriginal Mental Wellness Nurse= Sharon Kaur
- LPN = Carol Peters
- MOA = Ashley Moran
- Elder in residence = William Thomas
- Circle of Care co-ordinator = Lisa Noel
- And many others!

Email us your questions

teganparsons@fnha.ca

Acknowledging that

First Nations Health Authority and Fraser Health

provide services within the ancestral, traditional, and unceded territory of the Coast Salish Nations.