Health Service Needs of Patients with Ambulatory Care Sensitive Conditions without a Family Physician in the Corner Brook/ Bay of Islands Area

Focus Group Results

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Introduction

Background

The purpose of the Community Health Needs and Resources Assessment (CHNRA) focus groups is to provide further insight into the issues identified through the CHNRA surveys. Survey outcomes from the Corner Brook/Bay of Islands area indicated that access to medical care was a concern. Respondents reported high levels of dissatisfaction with family physicians as a service, and reports of difficulty finding a family physician. There were 46 specific comments indicating that respondents were not able to obtain a family doctor, and this theme frequently emerged in comments throughout the survey. Survey results also indicated that 17.9% of respondents reported using the hospital emergency department for routine care. Survey respondents also indicated the need for specialist's services stating that services were difficult to access, there were long wait times, or there were no services available in the area. Based on these survey outcomes, access to primary care was identified as a topic for further exploration.
In the fall of 2016 the Government announced the development of a new model of team based primary health care in the Corner Brook Area. Western Health has identified that there are a high number of people in the Corner Brook Area that have at least one chronic condition (such as diabetes, heart failure, COPD) , who also do not have a primary care provider (family physician or nurse practitioner). Western Health is working to plan this new primary health care team in a way that best meets the needs of people who do would use the services. The service will include a doctor who will work together with other health care providers to help people manage their chronic conditions. This focus group will be used to help plan for this service by obtaining input from potential users of this team. This report provides a summary of the focus group related to the health and service needs of people who have a chronic disease and are without a primary care provider.

Methodology

A focus group was conducted in the Corner Brook/Bay of Islands Primary Health Care area, to further explore the topic of the health and service needs of people who have a chronic disease and are without a primary health care provider. A discussion guide (Appendix A) was developed to identify the process and content for the focus group. The Regional Manager Chronic Disease Preventions (Health Promotion Focus and Diabetes Focus) and the Primary Care Project Steering Committee were identified as key stakeholders and were also involved with the development of the discussion guide. Potential focus group participants were identified through consultation with key stakeholders, media release, and local promotion. The Community Health Manager organized the focus group and potential participants were contacted by telephone to request their participation in the focus group and to ensure that the times and locations proposed were convenient. The focus group was facilitated by the Community Health Manager (Corner Brook/ Bay of Islands), with support from an identified note taker (Community Health Manager/ Bay St. George). The discussion guide was utilized. Following the focus group, the Community Health Manager summarized the discussion of each question. A summary of responses was compiled and sent to participants to ensure that the summary accurately reflected the discussion and that no issues were

misinterpreted or missed. The following sections provide a summary of the discussion from these focus groups and a discussion of the themes that emerged.

Results

The Primary Care focus group was held on March 24, 2017 at 347 O'Connell Drive in Corner Brook and there were eight participants. Each participant either had a chronic disease and no primary care provider, or was a relative of someone with a chronic disease who did not have a primary care provider.

Question 1: What services and supports do you currently use?

a. How do you access these services or supports?
b. What works well with accessing these supports?
c. What are the challenges with accessing these supports?

Summary of Responses:

Participants indicated they currently use the following services: Western Health, Western Memorial Family Medicine Clinic, walk in clinic WMRH, Cervical Screening Program (Canadian Tire building), Private Practitioner, Nurse Practitioner, Emergency Department, Physiotherapy Services, Massage Therapy and the NL Health Line. They access these services by various means including walk in clinics, emergency room and hospital visits, scheduled appointments as well as services provided by home support workers. It was identified that the approachability of staff as well as getting fitted in for appointments, particularly when there are cancellations, is appreciated and works well for most of the participants. Several challenges with accessing these supports were also identified; significant wait times for appointments, limited availability of the doctor making it difficult in keeping prescriptions up to date as well as getting referrals, and inability to get a medical completed when you don't have a family doctor. Other challenges included lack of follow up when you have to receive services at a walk in clinic, i.e. when getting blood work ordered, which speaks to challenges with continuity of care. Some participants also identified that they do not have enough information about the services that are available. There is a lack of primary contact and easy access to primary care services. Long wait times, in particular for specialists and physiotherapy, also contribute to these challenges which may mean accessing private services where available, i.e. physiotherapy.

Question 2: What do you need to maintain your best possible health?

a. In the community
b. From your health care team
c. From yourself / family (what skills, knowledge, supports, etc.)

Summary of Responses:

Participants agreed they would need access to the following services to maintain their best possible health; a family doctor, chiropractor, obstetrician/gynecologist, laboratory services, another professional that could prescribe or provide other services, physiotherapy, mental health services, dental, massage, dietician and social worker. Availability of child care services would increase access to these services as well as a prompt reminder of when to get prescription refills. Some participants identified their willingness to access services via a mobile travelling clinic if this option became

available. There is a need for dedicated time for doctors to work in a clinic without the challenge of working in the hospital as well. Easy access to primary care services is a must but not currently available due to the shortage of GPs, Nurse Practitioners and those that can refer to other services. It would be helpful if there were staff available to assist with navigation and coordination of the services that are available.
Participants answered c. above in question 6 below.

Question 3: What health care providers would you need to access in order to maintain your best possible health?

Summary of Responses:
Participants identified the need for access to a variety of health care providers to be able to maintain their best possible health. The health care providers identified included: a family doctor, chiropractor, obstetrician/gynecologist, laboratory technician, another professional that could prescribe or provide other services, physiotherapist, mental health/social worker, dentist, massage therapist, dietician and a psychiatrist. Nurses that could provide some of those services were also identified as this would take some of the workload from the doctors, pharmacists, etc.

Question 4: How would you like these care providers to work together to support you?

Summary of Responses:
A preference for a variety of appointments including both scheduled and walk-ins and better coordination of services would assist in supporting clients. It becomes frustrating when individuals must 'tell their story' repeatedly. A computer system for a particular health care team could assist with this process ensuring that only those involved in your care have access to your file.

Question 5: What does good access to health care mean to you?

a. What times of day, or days of the week do you need access?
b. How would you like to obtain services (in person clinic/home, over the phone, telehealth, email, etc.?)
c. How far in advance would you know you need to see a provider?

Summary of Responses:
Good access to health care means provider availability at different times of the day and streamlining of services so that a GP and NP are readily available. This will lead to coordination of services/continuity of care. An appointment with a doctor is not always necessary and many are happy with seeing other professionals if they meet their needs (most would take a nurse over having no doctor at all). The combination of scheduled appointments and walk-ins, early morning starts as well as availability of weekends and evenings would greatly assist with access. These services could either be in person, in a clinic or in the home. Phone contact would suffice for routine prescriptions that could be sent directly to the pharmacy. Telehealth also works well for specialist appointments and eliminates the need for travel, especially for those with mobility issues. This would also be a great option for accessing a family physician. Services may need to be accessed in as little as 24 hours but most times within a

week (5 – 10 working days). Travel to the emergency department would be necessary for all urgent issues.

Question 6: What do you see as your role when working with this team to manage your own health care?

Summary of Responses:
It is essential to monitor prescriptions so that booking of appointments at last minute is not necessary. Clients need to be more accommodating and less demanding and ensure they show up for booked appointments, follow up on blood work and getting prescriptions filled. It is necessary to be more proactive in regards to an individuals' health care and be knowledgeable regarding preventative measures.

Question 7: Have we missed anything?

Summary of Responses:
It is the perception that family doctors are overworked and have too many patients on their caseload. Maneuvering the health care system can be confusing, especially for those who have moved here from out of province. This leaves a feeling of 'being stuck' with nowhere to turn.

Discussion

The Corner Brook Primary Care Focus group that was completed in Corner Brook on March 24, 2017 at the Community Health office, 347 O'Connell Dr. with eight participants from the local area. The following are the themes that emerged through the discussion.

Theme #1: Accessibility of Primary Care Services - Throughout the discussion, the participants identified many factors in relation to access to Primary Care Services. The issues identified included:

- Inability to access a primary care physician (family doctor) as well as other providers such as Physiotherapist, Nurse Practitioners and specialists.
- Lack of information about the services that are available. It was identified that this was especially difficult for those that have moved to the area from out of province and do not know how to navigate the health care system. Participants indicated that they either do not know what services are available or they do not know where to go to find out information about the services that are available.
- Lack of easy access to a primary care provider. Most all participants agreed that the wait times for services such as a simple visit to get a prescription refill may take weeks before an appointment is available. This would include wait times for other services such as physio and specialist appointments.

Theme #2: Communication/Coordination of Services – Participants discussed their frustration when accessing different health care providers and having to repeat 'their story'. They identified that there is

a lack of coordination of services, follow up and continuity of care. Another frustration was identified for those accessing the walk in clinic at WMRH. Blood work is ordered by one physician and there is no further follow up until you return to request the results from a different physician. All agreed that services need to be streamlined so that services are readily available and there is continuity of care. It was identified that there needs to be a system or 'someone' to assist with navigation/coordination of services.

Theme #3 Openness to Change - All participants agreed that they are willing to 'change' the way they currently access the health care system care system if that provides more access, timelier access while still meeting their health care needs. Strategies identified included:

- Ability to see other health care professionals that could provide the services normally delivered by a family doctor. For example, seeing a nurse for a prescription refill.
- Flexibility in modes of contact with the primary care provider. For example, telehealth, teleconference or mobile travelling clinics.
- Combination of walk in and appointment services available at different times of the day including evenings.
- A team of health care professionals that work together at one site to offer coordinated services would mean continuity of care and streamlining of services.

Conclusion

Living with a chronic disease can leave an individual and/or families struggling to cope with many health care challenges. These challenges may be heightened when issues are identified with access to a primary care provider. This was evident in the discussion with residents of Corner Brook in this focus group. Lack of access to service, lack of information about services and lack of easy access to services were all identified as barriers within the health care system in the area. Also, communication and coordination of services was identified as an issue, especially for those living with chronic diseases that require regular access to a primary health care provider. Participants recognize these challenges but also agree that they are willing to adapt to changes within health care if this means increased accessibility, increased communication between service providers and more coordination of services.

Appendix B

Corner Brook Primary Care Discussion Guide

Focus Group Introduction

DURATION: 1-1.5 hours

WELCOME

- Welcome participants
- Thank participants for agreeing to be part of the focus group; appreciate willingness to participate
- Obtain verbal or written consent to participate
- Collect record of attendance

INTRODUCTIONS

- Introduce moderator and note taker
- Round room introductions

PURPOSE OF FOCUS GROUP

- Explain the purpose of the focus group
- Provide some background information regarding Community Health Needs and Resources Assessment and survey findings.

GROUND RULES (Can be placed on Flip Chart)

- **Helpful tips for the focus group to run smoothly and respectfully for all participants:**
- We would like everyone to participate.
- Only one person talks at a time. It is important that there are no side bar discussions and that everyone is listening as one person speaks.
- Confidentiality is very important so that everyone is comfortable in expressing their true opinions. We will be taking notes, however we will not identify anyone by name. You will remain anonymous.
- There are no right or wrong answers to questions – just ideas, experiences and opinions, which are all valuable.
- It is important to hear all sides of the issue – both the positive and negative.
- Aim to start and end on time.
- Does anyone else have any 'ground rules' they would like to add?

CONCLUSION

- Summarize answers to the questions that are recorded. Ask: Is this an adequate summary? Have we missed anything?
- When the focus group is complete, thank participants for their participation and the note taker for taking notes.

Focus Group

Health Services Needs of Patients with Ambulatory Care Sensitive Conditions without a Family Physician in Corner Brook

Background

Recently Western Health has completed a needs assessment survey with residents of the western region. Over 700 people responded to the survey and expressed their opinions on a variety of questions about satisfaction with health services and community services, identification of strength and issues within the community for example. Western Health uses this information to help plan for service delivery. After Western Health reviewed the information from the surveys, we identified areas that we want to know more about, therefore, we conduct focus groups.

Based on the 2016 Community Health Needs and Resources Assessment survey results, Access to Medical Care was a prevalent theme. This theme was evident in high levels of dissatisfaction with family physicians as a service, and reports of difficulty finding a family physician. There were 46 specific comments indicating that respondents were not able to obtain a family doctor, and this theme frequently emerged in comments throughout the survey. Survey results also indicated that 17.9% of respondents reported using the hospital emergency department for routine care. Survey respondents also indicated the need for specialist's services stating that services were difficult to access, there were long wait times, or there were no services available in the area.

In the fall of 2016 the Government announced the development of a new model of team based primary health care in the Corner Brook Area. Western Health has identified that there are a high number of people in the Corner Brook Area that have at least one chronic condition (such as diabetes, heart failure, COPD) , who also do not have a family physician. We are working to plan this new primary health care team in a way that best meets the needs of people who do would use the services. The service will include a doctor who will work together with other health care providers to help people manage their chronic conditions.

Today we will be asking you to share your thoughts about the health and service needs of people who have a chronic disease.

Questions

2. What services and supports do you currently use?
    a. How do you access these services or supports?
    b. What works well with accessing these supports?
    c. What are the challenges with accessing these supports?

3. What do you need to maintain your best possible health?
    a. In the community
    b. From your health care team
    c. From yourself / family (what skills, knowledge, supports, etc.)

4. What health care providers would you need to access in order to maintain your best possible health?

5. How would you like these care providers to work together to support you?

6. What does good access to health care mean to you?
    a. What times of day, or days of the week do you need access?
    b. How would you like to obtain services (in person clinic/home, over the phone, telehealth, email, etc.?)
    c. How far in advance would you know you need to see a provider?

7. What do you see your role as when working with this team to manage your own health care?

8. Have we missed anything?

Focus Group Target Audience:

Community Members from the Corner Brook Bay of Islands Area with Ambulatory Care –Sensitive Conditions of epilepsy, chronic obstructive pulmonary disease, asthma, heart failure/pulmonary edema, hypertension, angina, diabetes who do not have a family physician.

Additional sources of information to be considered:

PHC Project working group