



Community Health Needs and Resources

Access to Primary Care in the Western Region Focus Group Results

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Community Health Manager
8/7/2017

Access to Primary Care Regional Focus Group

Introduction

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. Western Health completed a needs assessment survey with residents of the western region in January and February 2016, with a total of 712 people responding. Upon review of the data obtained from the surveys, it was determined that there were areas that required further investigation through focus group discussion, such as *access to primary care*. Access to primary care services was identified as a concern due to the high number of respondents indicating dissatisfaction with family physicians as well as the large number of comments regarding issues/concerns with access to a family doctor or nurse practitioner. Concerns noted include: services not being available in the area, the distance required to travel to access services, long wait times, and physician turnover. This report provides a summary of the focus group discussion related to access to primary care.

Methodology

A regional focus group was conducted in Corner Brook, to further explore issues pertaining to Access to Primary Care. A focus group discussion guide (Appendix A) was developed to identify the process and content for the focus group. Potential focus group participants were identified using a targeted approach based on their involvement or knowledge of the focus group topic, as well as to ensure there was regional representation. The Community Health Manager organized the focus group and potential participants (clients with a primary provider and clients without a primary provider) were contacted by staff members of Western Health with a pre-existing relationship to request their participation in the focus group and to ensure that the time and location proposed was convenient. Individuals were contacted by telephone or email to determine interest and provided with the invitation (Appendix B). The focus group was facilitated by the Community Health Manager for the Bonne Bay and Port Saunders Area, with support from the Chronic Disease Prevention and Management – Diabetes Services Manager, as note taker. The focus group guide was utilized to facilitate participant discussion, while the main conversation points were recorded by the assigned note taker. Following the focus group, the Community Health Manager summarized the discussion for each question. A summary report was completed and sent to participants to ensure that the summary accurately reflected the discussion and that no issues were misinterpreted or overlooked. The following sections of this report provide a summary of the discussion from the Access to Primary Care focus group and a discussion of the themes that emerged.

Results

The Access to Primary Care focus group was held on April 25, 2017 at the Community Health Site 347 O'Connell Drive in Corner Brook and there were 9 participants with representation from the following communities: Stephenville and Bay St. George's area, Flat Bay, Pasadena, Daniels Harbour, and Port Saunders. Focus group participants included clients with a primary care provider/family physician and those without a primary care provider/family physician.

Question 1:

What primary care services and supports do you currently use? A) How do you access these services or supports? B) What works well with accessing these services or supports? C) What are the challenges with accessing these services or supports?

Summary of Responses:

There are many primary health care services and supports available throughout the region such as family physician, nurse practitioner, mental health social worker, pharmacists, community health nurses, the health line, etc. While many people avail of multiple primary health care services throughout the course of their life, there are two providers that provide primary care services: the family physician and nurse practitioner. These providers are primary care providers because they assume the role of coordinating an individual's overall care, connecting them to other members of the primary health care team. The most widely used primary care provider seems to be the family physician. Most people access primary care services (physician and nurse practitioner) through in person appointments or walk in visits, however there are other programs such as mental health and addictions and specialists services, who rely on other ways to interact with their clients e.g. telephone visits, email correspondence and telehealth (videoconferencing).

While there are several challenges within the current health care system, there are things that seem to be working well, for example: some providers are offering regular after hours evening appointments/clinics, appointments over the lunch hour, or same day or next day appointments. Another strength relates to the providers approach in client interaction: longer appointments and discussion of multiple issues, looking at all aspects of an individual's life to determine a more comprehensive health care plan that includes health promotion as well as disease management, as is the case with the example of the Flat Bay Wellness Clinic. Lastly, services that provide telephone consultation or utilize other means of communicating and following up with clients e.g. email and telehealth appointments were seen as a strength, thus increasing access and reducing client impact (travel and long wait times in the waiting room).

As previously stated there are many challenges with access to primary care providers and services. These challenges vary throughout the region and between service providers and program areas. Some of the most common challenges identified among focus group participants included:

- Physicians not taking new clients

- No family physician/primary provider; having to go to the outpatients department and see a different provider each time; constantly repeating issues and providing history every time you see someone new
- Not enough providers in the area for the population
- Inability to get an appointment with primary provider (physician or nurse practitioner) in a timely manner (waiting up to 3 months for an appointment)
- Appointments are not long enough and you can only present one issue during the appointment. There is a need to look at the whole client and everything that is happening in their life to develop a good treatment plan.
- Limited access to afterhours/evening appointments
- Long wait times in the waiting rooms to see physician; appointments are never on time
- Long wait times in the outpatients department; Lab and x-ray are not staffed to meet the client demands/client flow; many people waiting for routine bloodwork.
- Unfair registration practices in the outpatients department –The outpatients department opens at 9:00 am but people are coming into the health center and getting a number at 8:00 am, by the time someone travels in from out of town and arrives at 8:30 am there are already 10 people a head of them. The numbers should not be left out all the time; they should put them out at 8:30 am when the registration desk opens.
- High turnover in physicians; inconsistent providers and inconsistent care/follow up; heavy reliance on locums in some areas
- Scheduled appointments constantly being cancelled and rescheduled by some providers, sometimes at the last minute
- Limited access to telephone or videoconferencing appointments with physicians; traveling for medical appointments to be in person for a 5 minute appointment
- Having to travel to Corner Brook from other parts of the region to get x-ray or blood work, even though these services/departments are available at the local health center. Direction given that these specific procedures can only be done in Corner Brook.
- More access to medical day care/ambulatory care departments. Doctors could refer patients to these departments for regular things like B12 shots, Depo-Provera shots etc.

Question 2:

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 primary provider?

Summary of Responses:

Good access means that you are able to get an appointment to see your physician or other primary provider in a time manner (the next day if necessary). It also means that you are followed

by a consistent provider who knows your medical history and considers the individual as a whole. All of the focus group participants agreed that access needed to go beyond Monday to Friday 9 am to 5 pm. Primary care providers/family physicians/outpatients departments should be offering clinics afterhours, evenings and maybe weekends. It should be noted that there are some family physicians that are providing afterhours access/booked appointments – clinics scheduled from 12 noon to 8 pm Monday to Friday, another physician is offering evening clinics a couple days a week. These examples are positive, but they are not the norm. There should be afterhours access and walk in ambulatory clinics for bloodwork and other routine medical needs. While there are medical issues that require an in person visit to the physician, most people felt that many services, especially follow up visits and counseling, could be done over the phone, via videoconferencing (telehealth) or even by email. Mental Health counseling was given as an example where telephone and email communication with clients have been found to be beneficial for the client. It was also noted that some services could be provided more adequately if they were set up as an open walk in clinic, no appointment required e.g. blood work, prescription refills, etc..

Question 3:

Other than primary care services, what do you need to maintain your best possible health? A) In the community? B) From your health care team? C) What are your thoughts on how you, the community and the health care team could work together to maintain your best possible health? What should this look like?

Summary of Responses:

In order to maintain health and wellness it is important to have a broad array of programs and services available within or near ones community. It is understandable that we cannot expect every community to have all the amenities that would be found in a larger more urban center, but there should be reasonable access to programs, services and facilities that promote health and wellness e.g. indoor facilities with a walking track, pool, etc. where you can be active and protected from the weather. There is a need for programs that support people in living healthy; examples were provided of community kitchens funded from the Wellness Coalition, Improving Health My Way chronic disease self-management program, and the wellness program in Flat Bay.

Health care providers should be aware of programs in the community so they can tell their clients about them and encourage them to avail of these programs and services. There should be better promotion of programs and services that are available through Western Health, especially programs in the community. Focus group participants felt that Facebook, church bulletins, through organizations such as lions clubs, seniors groups, community channels, post offices, etc. would be effective ways of getting the word out to people around what is happening in the community.

The health care team should be comprised of different providers who work together and talk to one another about the client's needs; put the client's needs first; look at the client as a whole. Health care providers should take the time to listen to their clients and give them the time that they need to

explain what their issues are. Length of appointments should be based on the individual and what their needs are, not given in 10 minute allotments with a focus on one issue only. There should be a focus on health promotion and chronic disease self-management by all members of the health care team and in the community.

Question 4:

What do you think are the most important services a family doctor provides?

Summary of Responses:

The family physician is the gatekeeper to the rest of the health care system. They provide referrals to other services, referrals to specialists, interpret lab results to determine an appropriate course of treatment, and write prescriptions. Physicians should be aware of what is happening in the community and what programs and supports are available to support their clients, but that is rarely the case.

Question 5:

Would you be open to someone other than a family doctor to support these services? i.e. an example of a service that is provided by a physician would be monitoring and follow up of diabetes; a Diabetes Nurse Educator also offers this service. A) What strengths can you identify to this approach? B) What do you see as the challenges?

Summary of Responses:

While the role of a family physician is seen as very important, all focus group participants voiced that they would be open to seeing someone other than a family physician for certain things, e.g. diabetes nurse educator, nurse practitioner, community health nurse, dietitian. There were many strengths identified with using this approach, mainly one that centered around more timely care and better access, as well as services that are more streamlined with better follow up. This approach would free the physician up to tend to things that only a physician can do. It was also noted that for this approach to be effective there is a need for good regular communication back to the primary provider as it will still be necessary for one person to take control of case management and pull things together. Challenges associated with this approach could include inconsistent advice and poor communication among providers.

Discussion

There were five main themes that emerged from the access to primary care focus group: patient centered care, continuity of care, reasonable access, team-based care, and technology. While each theme will be discussed separately, it is important to recognize that they do not exist in isolation as there are strong linkages and overlaps among them.

Theme 1: Patient Centered Care

Patient centered care focuses on caring for the needs of patients and their families in a way that is meaningful to them. It involves listening to the patients concerns and informing and involving them in decisions about their care. The majority of focus group participants noted that appointments are not long enough and you can only present one or two issues during an appointment. There is a need to have longer appointments and discussion of multiple issues, looking at all aspects of an individual's life to determine a more comprehensive health care plan that includes health promotion as well as chronic disease self-management. Health care providers should take the time to listen to their clients and give them the time that they need to explain what their issues are. One recommendation includes offering clients the option for a longer appointment time if they have multiple issues to discuss.

A patient centered approach also takes into consideration the impact on the client when there are changes to the treatment or follow up plan. It is important to recognize that there is an impact on the clients health and wellbeing when appointment are regularly rescheduled sometimes at the last minute, when they cannot get an appointment when needed, when they have to travel long distances for routine follow up, and when there are long wait times even with an appointment.

Physicians and other health care providers should be aware of programs and services in the community so they can inform their clients about them and encourage them to avail of these programs and services. There should be better promotion of programs and services that are available through Western Health, especially programs in the community. Focus group participants felt that Facebook, church bulletins, communication through organizations such as lions clubs and seniors groups, community channels, post offices, etc. would be effective ways of getting the word out to people around what is happening in the community.

Theme 2: Continuity of Care

Continuity of care focuses on the quality of care one receives over time. It is the process by which the patient and their primary provider or health care team work together to provide effective and efficient health care management. There were many challenges identified during the focus group that impact continuity of care. These issues include: high turnover of physicians; inconsistent providers and inconsistent care and follow up; heavy reliance on locums in some areas; physicians not taking new clients; no family physician or primary provider; heavy reliance on the outpatients

department, constantly repeating issues and providing medical history to different providers; and an inability to get an appointment with your primary provider (physician or nurse practitioner) in a timely manner. When you have a medical issue that needs attention it is important to be able to see your primary provider within a couple of days, not a couple of weeks; one focus group participant noted it took 3 months to get an appointment with their family physician.

Theme 3: Reasonable Access

It is not possible for every service to be in every community throughout the western region, but consideration should be given to the location of programs and services, as well as how and when they are delivered, to ensure that clients have reasonable access to basic health care and supportive services like that of a health care team which includes a family physician or other primary provider. Reasonable access also means that you are able to get an appointment when the appointment is actually needed, in many cases this may mean same-day or next day access. When clients are not able to get an appointment with their primary provider in a timely manner they often find themselves in the outpatients department, going to walk in clinics, or the emergency department. This creates challenges with maintaining continuity of care as the treating provider does not have a comprehensive knowledge of the individuals medical history causing the client to become frustrated with having to repeat themselves, feeling that they are not getting the best care.

All of the focus group participants agreed that access needed to go beyond Monday to Friday 9 am to 5 pm. Primary care providers/family physicians/outpatients departments should be offering clinics afterhours, in the evenings and maybe on weekends. It should be noted there are some family physicians providing lunch hour and afterhours access with walk-in and booked appointments as part of their regular practice. Focus group participants also noted that there should be afterhours access and walk in ambulatory clinics for bloodwork, and other routine medical needs, to help alleviate some of the pressures on the family physician, thus reducing wait times and increasing opportunities for same day/next day appointments. Another recommendation involved physicians scheduling regular walk in clinics for prescription refills and routine follow up appointments, thus reducing wait times and increasing appointment access on other clinic days for clients with more complex needs.

Theme 4: Team Based Care

Physicians are often seen as the gateway to the rest of the health care system, thus it is important to consider what other supports are available that could alleviate some of the demands placed on the family physician. The family physician should be part of a broader health care team comprised of different health care providers who work together to address their client's needs and develop a comprehensive care plan that looks at the client as a whole. While the role of a family physician is seen as very important, all focus group participants voiced that they would be open to seeing someone other than a family physician to address certain issues e.g. a diabetes nurse

educator, nurse practitioner, community health nurse, or a dietitian. There were many strengths identified with using a team based approach, one of which is access to the right provider at the right time. This approach, mainly one that is centered on more timely care and better access, as well as services that are more streamlined with better follow up, would free up the physician allowing them to focus on their more complex clients and do the work that only a physician can do. It was also noted that for this team based approach to be effective there is a need for regular communication back to the primary provider, as they are the ones who should assume responsibility for overall case management.

Theme 5: Technology

Most people access primary care services through in person appointments or walk in visits, however there are some programs such as mental health and addictions and some specialists services, that rely on other ways to interact with their clients e.g. telephone visits, email correspondence and telehealth (videoconferencing). While there are medical issues that require an in person visit to the physician, most people felt that many services, especially follow up visits and counseling, could be done over the telephone, through videoconferencing, or even by email. Mental Health counseling was given as an example where telephone and email communication with clients have been found to be beneficial for the client.

Services that provide telephone consultation, or utilize other means of communicating and following up with clients e.g. email and telehealth appointments were seen as a strength, thus increasing access and reducing client impact (travel and long wait times in the waiting room). While telehealth was identified as a strength within the health care system, most focus group participants felt that there is great room for improvement as there are a limited number of programs and services that take this approach to managing client follow up.

Conclusion

Access to a primary care, namely access to a family physician, is an issue that seems to impact many people throughout the western region. The issue of access involves multiple different factors that impact one's ability to obtain effective and efficient, high quality health care services. There were five main themes identified in the access to primary care focus group: patient centered care, continuity of care, reasonable access, team-based care, and technology. While there are many positive things happening within the healthcare system such as telehealth appointments and afterhours access, these approaches to service delivery are not yet the norm. If we are to adequately address the health care needs of the community then attention must be given to the barriers within the system that prevents these innovative approaches to health care delivery becoming the norm.

Appendix A – Focus Group Guide



Community Health Needs and Resources

Access to Primary Care in the Western Region Focus Group Results

Erica Parsons , MSc, RD
Community Health Manager

3/28/2017

Focus Group Introduction

DURATION: 1-1.5 hours max

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.

Access to Primary Care Services

Background

Recently Western Health 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 including satisfaction with health services and community services, as well as identification of strengths and issues within the community. After review of this information, areas were identified that we want to know more about, therefore, focus groups are being conducted. Information from the focus groups as well as the surveys will assist Western Health with planning for service delivery.

Based on the 2016 Community Health Needs and Resources Assessment survey results, access to Primary Care Services was identified as a concern. This was due to the high number of respondents indicating dissatisfaction with family physicians as well as the large number of comments regarding issues with access to a family doctor or nurse practitioner.

Survey Results:

- Survey respondents were asked to indicate if there were any community services that they had/have trouble getting and 39.8% reported yes. The most common community services that respondents reported having trouble getting were: physician related services such as family doctors and specialists, and mental health and addictions services.
- Respondents were also asked what prevented them from getting these services. The majority of respondents (36.5%) reported 'wait time for service'.
- 48.1% (317 respondents) indicated they were not satisfied with family doctor services.
- Respondents were asked why they were not satisfied with the health services listed. Themes identified in the comments were:
 - Limited access to health services including family doctors, , nurse practitioners, Issues identified include services not being available, distance required to travel to access service, wait times, and physician turnover.
- Survey respondents were also asked if there were any health services that they had/have trouble getting and 50.6% reported yes. Included in the listing were family doctors.
- Respondents were asked 'Where do you go for routine healthcare?' 77% reported family physician, 14.9% reported hospital emergency department/health center, and 12.1 % reported nurse practitioner.

Focus Group Questions

Primary care refers to first-contact care, in which the majority of health problems are treated. It is the foundation of any health care system. *Primary Care* often describes a narrow concept of "family doctor-type" services delivered to individual patients but it can also apply to all first-contact care, including emergency room visits.

(http://www.med.uottawa.ca/sim/data/Primary_Care.htm)

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

2. 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 primary provider?

3. Other than primary care services, what do you need to maintain your best possible health?
 - a. In the community?
 - b. From your health care team?
 - c. What are your thoughts on how you, the community and the health care team could work together to maintain your best possible health? What should this look like?

4. What do you think are the most important services a family doctor provides?

5. Would you be open to someone other than a family doctor to support these services? i.e. an example of a service that is provided by a physician would be monitoring and follow up of diabetes. A diabetes Nurse Educator also offers this service.
 - a. What strengths can you identify to this approach?
 - b. What do you see as the challenges?

Summarize answers to the questions that are recorded. Ask: Is this an adequate summary? Have we missed anything?

Focus Group Target Audience:

- Community members from each of the 7 PHC areas. There should be representation of those having a family physician and those that do not.

Additional sources of information to be considered:

- PHC Engagement group discussion for Access to Primary Care Services

Appendix B – Focus Group Invitation



INVITATION

You are invited to participate in a focus group on the topic of **Access to Primary Care Services**. Recently Western Health completed a needs assessment survey with residents of the Western Region with over 700 responses. Opinions were obtained on a variety of questions including satisfaction with health services and community services, as well as identification of strengths and issues within the community.

Based on the Community Health Needs and Resources Assessment survey results, access to Primary Care Services was identified as a concern. This was due to the high number of respondents indicating dissatisfaction with family physicians as well as the large number of comments regarding issues with access to a family doctor or nurse practitioner.

Western Health is holding a focus group to learn more about the needs of the people in regards to access. We are interested in hearing from individuals who **do** and **do not** have a family doctor. We would like to gather information about the services people are currently using and how people view good access, their needs and their Primary Care Team.

The focus group will be held at:

Community Health Site
347 O'Connell Drive
Education Room Upper Level
TUESDAY APR 25 2017
11:00 am to 12:30 pm

PLEASE REGISTER

RSVP by April 21, 2017

Contact: Bonnie Martin at (709) 643-8701 or email bonniemartin@westernhealth.nl.ca to confirm attendance or to request travel reimbursement