

# RURAL HEALTH MATTERS

British Columbia Rural Health Network

December 2020

*Dedicated to the development of a health services system that improves and sustains the health and well-being of residents of rural communities across British Columbia as a model of excellence and innovation in rural health care.*



## Letter from the President

Dear BCRHN Members and Supporters,

On behalf of the BC Rural Health Network Board of Directors, I would like to take this opportunity to congratulate Premier John Horgan and the newly appointed Cabinet as they develop their mandate to serve the people of this province for the next four years. In particular, I'd like to congratulate Minister Adrian Dix, appointed to his second term as Minister of Health, and Minister Sheila Malcolmson, newly appointed Minister of Mental Health and Addictions. We offer our support as we work collaboratively to improve access to health care for residents in rural and remote British Columbia.

The Board of Directors of the BCRHN is also developing its mandate in service of our membership. A few days ago, we held the first of two strategic planning sessions where we identified a list of priority topics for the coming year. These include:

- the Community Health Centre (CHC) model;
- access to healthcare services;
- mental health and addictions; and
- Rural Health Councils.

Early in its formation the BCRHN recognized the potential of the CHC model as a way to address the healthcare concerns and issues of rural BC residents. We have been involved in some meetings with the Ministry of Health re the development of policy on CHCs and I'm pleased to announce that Pegasus McGauley, Board Vice President, and I will be the BCRHN representatives on the newly-formed CHC Provincial Partnership Table that meets for the first time on November 30th.

The formation of this Partnership Table is a significant step forward as the citizen-patient-community voice is recognized as an equal partner in the development and implementation of CHC policy.

Access to healthcare services encompasses a wide range of healthcare topics, including transportation, virtual care, and travelling specialists initiatives. In alliance with several of our partner organizations, the BCRHN will continue its work to tackle these important issues.

Recognized as a major issue in rural communities for some time, with the COVID-19 pandemic added to the mix, mental health and addictions has taken centre stage across the country. The Board intends to work in collaboration with key stakeholders as we tackle this multi-faceted crisis together.

In July 2018, the Centre for Rural Health Research released its report on the Rural Evidence Review project, entitled *Citizen-Patient-Community Participation in Healthcare Planning, Decision-making and Delivery through Rural Health Councils*. The BCRHN Board supports the recommendation in the report that "Rural Health Councils be established in alignment with BC's Primary Care Networks to realize the provincial commitment to patient-centre care and to prioritize the value of citizen-patient-community voices in health care planning."

The next step for the BC Rural Health Network will be the development of a strategic plan that will guide us in our work over the coming year. With that in place, we will be calling on our members to volunteer their time and expertise as we turn our plan into action.

I would like to finish by wishing everyone a Happy Holiday Season. Stay Safe!

Edward Staples, BCRHN President

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# Member of the Month

## Peggy Skelton

I have been a Director on the BCRHN since September 2020. I am definitely a “newbie“ with a lot to learn!

My husband and I retired to the beautiful East Shore of the Kootenay Lake 7 years ago from Saskatchewan.

I had been involved in health care for about 37 years, so when I became aware of the East Shore Kootenay Lake Community Health Society, it seemed like a good fit for me. The goal of the Society is to improve health services throughout the communities along the East Shore.

I continue to be amazed at the work of the volunteers in this area! In the last few years we have created many successful programs including Better at Home for seniors, and the Focus on Health monthly workshop.

But as with every rural and remote community, there are still many challenges.

Access to care continues to be a major issue.

We have made some gains in that our Crawford Bay clinic has doctors on site 3 days a week. In the last few months our Home Health Nurse time increased from 1 to 3 days a week and we’ve added an NP 5 days a week.

Appropriate space for new services is also a challenge! Our facility is small and in need of upgrades to support our clinicians and any visiting clinicians we hope to attract.

Getting to the clinic is always difficult but with the COVID restrictions it’s even more of a struggle. For Acute Care or Specialists care that can’t be addressed by Telehealth, residents must travel to either Creston or Nelson. Our Ferry operates in the winter every 100 minutes and ends its day at 21:30 from the Nelson side. Alternatively, there are over 100 switch backs on the road to Creston and winter driving can be a challenge.

Having no regular available transportation is always an issue and we know the cost to rural residents to get care is substantially more.

When our Society joined and I became aware of how the BCRural Health Network is trying to address these issues, it became an easy decision for me to become a board member.

Every community is unique, but sharing information makes us more aware of tried and true solutions. There is strength in numbers. The BCRural Health Network is made up of over 40 (and growing) members. This Network organization provides a united voice and consolidated wealth of information, which is so important when discussing common issues. This information can then be delivered to the appropriate systems that can help us create the kind of care that rural residents want and deserve.

I look forward to working with the members of the BCRural Health Network to address these challenges.

Peggy Skelton,  
Member East Shore Kootenay Lake Society  
Board Member BC Rural Health Network



## Corporations Want Your Health Records. Who's Keeping Them Safe?



[Andrew MacLeod](#) 10 Sep 2020 [TheTyee.ca](#)  
Andrew MacLeod is The Tyee's Legislative Bureau Chief in Victoria and the author of *All Together Healthy* (Douglas & McIntyre, 2018). Find him on [Twitter](#) or reach him at [amacleod@thetyee.ca](mailto:amacleod@thetyee.ca)



**Family Doctor Rita McCracken says corporations pushing into primary care likely see big profit potential in holding patient's medical information.**

Photo by Maggie MacPherson

*Big Business has moved into managing patients' health files, but privacy laws haven't kept pace, advocates say.*

[Excerpt] For corporations like Telus and Well Health moving into providing primary health care, the real opportunity may be in using their new relationship with patients to build other parts of their businesses, particularly as providers of digital health records.

That's the assessment of Rita McCracken, a family doctor who practises in East Vancouver, who provides care in a nursing home and teaches at the University of British Columbia. She sees a longer-term strategy playing out.

"Do you think Telus thinks it's going to get rich on the fee-for-service fees, or do you think they're much more interested in the incredibly rich health data that they're able to acquire through acquisition of primary care?" she asked.

The involvement of corporations in holding sensitive medical records is a concern for at least some patients. On the Apple App Store, many of the reviews of Telus's Babylon telehealth service express distrust about how the company manages digital records. As one user wrote in March, "Copy of all your video conversations with doctors — check. Data stored in unfriendly regimes and forever — check."

Marcy Cohen, a community researcher who has worked on issues around primary care and community care for two decades, said there needs to be greater scrutiny and more regulation of Telus's health businesses, starting with how the company collects and uses data.

"I think the strongest and most obvious argument is the extent to which you have to sign consent forms," she said. "Those consent forms are setting it up so that your information can be shared and sold and manipulated and analyzed, and it's really an opportunity for profit seeking."

Continued from page 3.....

The company is acting in an environment where the privacy protections are relatively weak, she said. “In Canada we don’t have anything like the health data protections they have in Europe, so once someone has your data, as they possess it they own it, they can share it, they can sell it and we never know anything about it.

”While there are some strong privacy controls within the public health authorities, she said, “in this part of the health system it’s the wild west and people have no knowledge of that and no awareness of that.”

To read the full article, click on:

[Corporations Want Your Health Records. Who’s Keeping Them Safe?](#)

## A Family Doctor’s Prescription for Fixing Primary Care



Dr. Jeanette Boyd says the rise of corporate health care is a symptom of a sick system — one that governments could cure. Image from YouTube.

The rise of corporate health-care providers in British Columbia is worrying, says Jeanette Boyd, president of the BC College of Family Physicians. But she says it really needs to be recognized as a symptom of a deeper disease.

Boyd, who has a family practice in Nelson, said she personally thinks corporate care is significant and “there should be concern about the real risk it has to further fragment health care in the province.” “Absolutely they are filling a vacuum, but it’s a vacuum I feel is artificial and can be addressed in other ways,” she said. “If we all work together, we can potentially find solutions that don’t bring in the same inherent risk that bringing in a big corporate agency does.”

Boyd has practised in B.C. since 2007 and been president of the college for two and a half years. In a wide-ranging interview, she discussed the challenges to primary care, the threat corporate care poses, what she sees as the solutions and the government’s slow response.

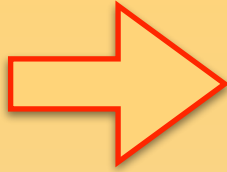
The problem is not a shortage of doctors. The province is producing more family physicians than ever, she said, but the system encourages them to move into other areas of practice.

Doctors get into family medicine because they want to make a difference and value the long-term relationships involved in providing direct patient care, she said. But they find the fee-for-service system, where each visit or treatment is assigned a dollar value, doesn’t allow them to spend as much time with patients as they may need.

Boyd said use of corporate services often leads to extra costs for the system. Patients may consult the online service and then go to their doctor for the same issues. Duplicate tests may be ordered.

The provincial government could do much to improve primary care, Boyd said.

To access the full article, click on <https://thetyee.ca/News/2020/09/14/A-Family-Doctor-Prescription-Fixing-Primary-Care/>



Check out the following articles in the **VISIONS Journal**:

- **Spotlight on Mental Health in Rural BC**  
Ed Staples
- **'Rigorous Evidence for Rural Health Care Planning: Understanding Outpatient Substance Use Treatment for British Columbia's Rural and Remote First Nations'**  
Jude Kornelsen, Christine Carthew, and Nicholas Lloyd-Kuzik

**Edward Staples** - [Excerpt] Early in its development, the BCRHN [BC Rural Health Network] identified access to mental health services as a common concern among its members. Today, one of the goals of the network is to improve access to mental health services for all rural British Columbians.

One of the realities of “living rural” is that the further you get from urban centres, the fewer services there are—and less of each service is available. This results in increased suffering, for both rural patients who require mental health care and the community as a whole. Over the past several years, rural communities have seen a gradual reduction in health care services due to regionalization, an organizational change in which health services are “centralized” in urban centres to reduce costs for the health authority of the region.

I've identified several strategies that would improve mental health services in rural, remote and Indigenous communities. These include:

- providing mental health access information through a variety of communication channels, including the Internet, the newspaper and pamphlets that would be available locally in key locations, such as primary care clinics, hospitals, town offices and grocery stores
- working with community stakeholders and Indigenous community members to develop education and self-help programs aimed at prevention
- improving access to transportation through increased private and public bus service, taxi vouchers for people with limited income and, where appropriate, a community-organized volunteer driver program
- developing programs to enhance culturally safe and trauma-informed diagnosis and treatment of mental illness (which takes into account how an individual's experience of trauma might adversely affect their ability to function and their mental, physical, social, emotional and spiritual well-being)
- using videoconferencing and other virtual care options to help overcome the challenges of distance and isolation

For the full article: click on <https://www.heretohelp.bc.ca/visions/rural-remote-and-northern-communities-vol16/spotlight-on-mental-health-in-rural-bc>

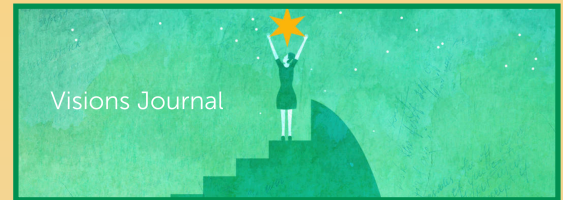
**Kornelsen et al** - [Excerpt] Mental wellness and substance use are top-priority health concerns for British Columbia First Nations, particularly in rural settings, where access to mental health and substance use services may be limited due to a lack of local providers and financial, social and geographical challenges associated with travelling to services outside of the community.<sup>1</sup>

BC's First Nations Health Authority (FNHA) is committed to addressing and supporting mental wellness and problematic substance use among BC First Nations. This is reflected in their policy on mental health and wellness, where the FNHA describes its goal to “ensure that all First Nations people have access to a culturally safe, comprehensive and coordinated continuum of mental health and wellness approaches that affirms, facilitates and restores the mental health and wellness of our people, and which contributes to Reconciliation and Nation rebuilding.”<sup>3</sup>

To move this vision forward, FNHA and the Centre for Rural Health Research are working in partnership to explore best practices for outpatient substance use care among rural and remote First Nations in BC. (Patients receiving outpatient care do not need to stay overnight at a hospital, clinic or doctor's office.) The Centre for Rural Health Research at the University of British Columbia is currently conducting a review of the international literature on this subject.

For the full article: click on [Rigorous Evidence for Rural Health Care Planning: Understanding Outpatient Substance Use Treatment for British Columbia's Rural and Remote First Nations'](https://www.heretohelp.bc.ca/visions/rural-remote-and-northern-communities-vol16/rigorous-evidence-for-rural-health-care-planning-understanding-outpatient-substance-use-treatment-for-british-columbia-s-rural-and-remote-first-nations)

To read all the articles in this issue, click on: <https://www.heretohelp.bc.ca/visions/rural-remote-and-northern-communities-vol16>



## ABOUT 'VISIONS'

**Visions: BC's Mental Health and Substance Use Journal** is an award-winning, policy-to-practice magazine of the BC Partners for Mental Health and Substance Use Information. The BC Partners is a group of provincial mental health and substance use agencies in BC including *Anxiety Canada*, *BC Schizophrenia Society*, *Canadian Mental Health Association's BC Division*, *Canadian Institute for Substance Use Research at UVic*, *Institute of Families for Child and Youth Mental Health*, *Jessie's Legacy eating disorders prevention and awareness* (a Family Services of the North Shore program), and *Mood Disorders Association of BC* (a branch of *Lookout Housing and Health Society*).



Visions is available free to any resident of BC such as people with mental health or substance use concerns, their friends and family, mental health and addictions services providers, MLAs and other policy-makers, allied non-profits, libraries, and researchers.

Be sure to check out back issues of Visions at [www.heretohelp.bc.ca/visions](http://www.heretohelp.bc.ca/visions).

For more information, please contact Sarah Hamid-Balma, Director of Mental Health Promotion for the Canadian Mental Health Association's BC Division at 1-800-555-8222 ext. 5078.

## ABOUT 'HERE TO HELP'

Seven agencies came together for this project as the BC Partners, because they recognize that people need to have access to quality information on mental health, mental illness, and substance use problems.

<https://www.heretohelp.bc.ca/covid-19-mental-health-supports>

Click on: [Learn more](#)



Check out the many available resources at:

<https://www.heretohelp.bc.ca/resource-library>

**Kootenay Boundary Division of Family Practice** has been facilitating an engagement process to explore the potential for a **network of community health centre (CHC) clinics** in their area, and to learn from those directly involved in community health centres as practitioners, managers or advocates.

If you'd like to learn more about what the Community Health Centre (CHC) model could look like check out the following: (**click on 'Topic' → 'Go to Page'**)

Webinar #1 (1:11:26)

**Topic >> Transition: the evolution from private practice to community health centre - key issues to explore for Doctors, Communities & Patients**

Webinar #2 (1:09:17)

**Topic >> Community Centred Care: How multiple co-located services & teams can best meet patient needs**

Webinar #3 (1:13:01)

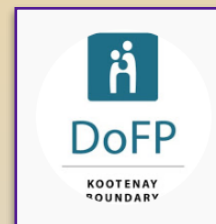
**Topic >> Exploring Business & Governance Models**

Webinar #4 (52:25)

Draft Vision: **The Future of Clinics in the Kootenay Boundary** - Nov. 4, 2020

Link: <https://www.youtube.com/watch?v=4rnkGVKJGBI>

Please contact Leah ([kbscadmin@divisionsbc.ca](mailto:kbscadmin@divisionsbc.ca)) if you have any questions.



## Patient Medical Homes (PMH) and Primary Care Networks (PCN)



Wondering about all the acronyms and abbreviations? Are you confused???

Read and explore. The first of a series '*acronyms explained*'.



A **patient medical home (PMH)** is a community practice where patients get the majority of their care. It builds on what GPs are already doing, and takes the practice to the next level.

A **primary care network (PCN)** is a clinical network of providers in a geographic area where patients receive expanded, comprehensive care and improved access to primary care. PCNs include GPs, NPs, and allied health care providers in patient medical homes (PMHs), First Nations communities, health authority services and community health services. Everyone works together as a team to provide all of the primary care services for the local population.

### DOWNLOAD 1-PAGE INFO SHEETS

by clicking on:

- **PMH & PCN: The Big Picture**
- **Patient Medical Homes**
- **Primary Care Networks**
- **PMH & PCN: The Differences**

Or: [watch a 90 second video](#)

To learn more, click on:

<https://www.divisionsbc.ca/provincial/what-we-do/patient-medical-home> and:

<http://www.gpsc.bc.ca/what-we-do/primary-care-bc>

**G P S C**

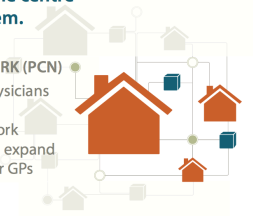
General Practice Services Committee

Together, PMHs and PCNs position primary care at the centre of an integrated, team-based health care system.



**PATIENT MEDICAL HOME (PMH)**  
A team-based family practice operating at an ideal level where patients get the majority of their care and their primary care providers focus on diagnoses, patient relationships and longitudinal care.

**PRIMARY CARE NETWORK (PCN)**  
A clinical network of physicians and other providers in a geographic area who work together in new ways to expand team-based supports for GPs and patients.



## BC Primary Health Care Research Network

Home to the BC arm of the Canadian Primary Care Sentinel Surveillance Network (BC-CPCSSN)



Despite the fact that much of primary care research focuses on studying patient needs and gaps in care, patients are not frequently included in prioritizing research ideas.

To remedy this, the **PREFeR Project** aims to identify patient-generated priorities for primary care research in BC, and compare patient and clinician perspectives.

The project is co-led by Louisa Edwards, Melody Monro, and Ruth Lavergne, in collaboration with the BC-PHCRN Patient Advisory – a diverse group of 10 patients from all five health authorities in BC.

Click on: [BC Primary Health Care Research Network](#)  
and: [Learn more about the Patient Advisory.](#)

BC Primary Health Care  
RESEARCH NETWORK



## Rural Canadians face greater disparities from lack of anesthesia care, doctors say



*Calls for national strategy as one B.C. practitioner says lack of anesthesiologists is 'province wide problem'.*

Camille Bains · The Canadian Press · Posted: Jul 30, 2020

[Excerpt] Dr. Beverley Orser, chair of the department of anesthesiology and pain medicine at the University of Toronto's faculty of medicine, said pregnant women in some areas must travel hundreds of kilometres for maternity services.

An ongoing shortage of anesthesiologists seems to be worsening across the country as evidenced by job ads going unanswered, an aging workforce and discussions among those chairing anesthesia departments at Canada's 17 medical schools, said Orser, who is also an anesthesiologist at Toronto's Sunnybrook Health Sciences Centre, which has the largest trauma facility in Canada.

Canada could learn from Australia, where a national curriculum for family practice anesthesiologists has been developed, along with ongoing mentorship of doctors in rural areas, she said. Family practice anesthesiologists often work in smaller communities and are general practitioners with extra training to provide anesthesia for low-risk procedures. They're also a cheaper option.

To read the full article, click on: <https://www.cbc.ca/news/canada/british-columbia/lack-of-anesthesiologists-a-province-wide-problem-says-b-c-medical-practitioner-1.5669005>

## Opioid treatment clinic in Robson Valley would respond to 'community's need,' say local doctors

By Fran Yanor / Legislative Reporter - November 14, 2020

[Excerpts] An opioid agonist treatment clinic could serve the 3,225 people (2016 Census) living in the communities of Dome Creek, Urling, Crescent Spur, Goat River, McBride, Dunster, Tête Jaune Cache, and Valemout within the the 15,220 square km McBride/Valemout Community Health Service Area.

"We have been looking at trying to start up an opioid agonist therapy clinic," said Dr. Ray Markham, chief of staff at the Valemout Health Centre. "I certainly don't think a formal clinic is the panacea, but it may offer a couple layers of depth to the way that we can support members of our community."

"It's not just about prescribing," said Markham. "There is a whole bunch of crossover with complex chronic pain and mental health."

### **One-stop clinic**

"It is super helpful to have a one-stop shop clinic," said Maureen Davis, executive director of the Canadian Mental Health Association operations in Prince George. "Having a doctor, a nurse practitioner, a social worker, an addiction counselor, having access to all those different kinds of support means you've just broadened options for the clients."

### **Barriers to access**

"If one area of the province has access within minutes, and the other has access in hours, that's not equitable," said Ed Staples, president of the BC Rural Health Network, which advocates for improved health care in rural communities.

To read the full article, click on: <https://www.therockymountaingoat.com/2020/11/robson-valley-opioid-clinic-needed-local-doctors/>







## Some of Our Latest Twitter Followers



### UBC Innovation Support Unit

The Innovation Support Unit supports change and innovation in the primary care system in #BCHC. They are a part of

@UBCFamPractice

website: [isu.familymed.ubc.ca](http://isu.familymed.ubc.ca)



### UBC Learning Circle

An ongoing webinar series focused on Indigenous health and well-being.

Join our mailing list: <http://mailchi.mp/f9df0eedd819/>

website: [learningcircle.ubc.ca](http://learningcircle.ubc.ca)



### UBC Health

Building collaborations to enhance health education, research and systems.Vancouver

website: <https://health.ubc.ca>

Twitter: [health.ubc.ca](https://twitter.com/health.ubc.ca)



### BC Healthy Communities

A nonprofit team of planners, public health & engagement specialists who believe it's possible—and necessary—to build communities where it's easier to be well.

website: <http://bchealthycommunities.ca>



The *BC Rural Health Network* is sponsoring a petition:

### Remove Financial Barriers for Rural British Columbians Seeking Healthcare Services

We call on the British Columbia Premier and Cabinet to present this petition to the Legislative Assembly and bring forward legislation that removes financial barriers to health services caused when rural residents require care away from home. Signing this petition signifies your support for legislation that removes barriers to accessing health care for rural residents.

To sign, click on: [Remove Financial Barriers for Rural British Columbians Seeking Healthcare Services](#)

*Please share this petition with your networks!!*

