RURAL HEALTH MATTERS

British Columbia Rural Health Network February 2021

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

As a consequence of recent surgery and the usual downtime associated with the holiday season, I've had a lot of time to reflect on the BC Rural Health Network.

Much of my thinking has been influenced by Adam Gopnik's book, *A Thousand Small Sanities,* in which he refers to the "liberalism of the *oikos,* the Greek word for home": the idea that reform first has to pass through the living room before it moves to the level of decision-making and policy.

This concept resonates strongly with me as I reflect on the nature of our network. The organizations and individuals that form the membership of the BCRHN, I believe, are the result of the liberalism of *oikos*; ideas and thoughts of improving healthcare begin with the individual and motivated by reform, move into the community. This is at the root of our existence and what keeps our "eye on the prize".

Our members recognize the value of community participation and involvement in rural healthcare reform. Unfortunately, that doesn't often translate into meaningful community engagement in areas where it is most needed, e.g. Primary Care Network planning committees, Seniors Family Councils, local delivery of healthcare. Where engagement does exist it often feels like "tokenism": a convenient way to "tick that box" on the "to do" list.

The International Association for Public Participation has designed a Spectrum of Public Participation that defines the public's role in any public participation process. From lowest to highest levels of decision making, the five levels are inform, consult, involve, collaborate, and empower. To be meaningful participants in rural healthcare reform, it is imperative that communities participate at the highest levels: collaboration and empowerment.

I believe that it is time for decision makers and policy makers to honour the individual and community perspective and recognize the great potential that exists through meaningful engagement. I call on everyone concerned, from the living room to the legislature, to recognize the great potential in the *oikos*, and honour the perspective of the individual and the community in our province.

Edward Staples, BCRHN President
telephone: 250-295-0822
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Member of the Month
Powell River

[Submitted by Drena McCormack, Powell River Voices] Our small group in Powell River consists of overlapping members of two organizations: Powell River Voices and the local branch of the Council of Canadians. Powell River Voices (PVR) was originally a group dedicated to civic literacy in our community and holding local officials accountable for decisions and projects that affected the community, particularly development decisions.

PRV has always worked cooperatively with other local groups, particularly environmentalists. Being a small community, all our members were also part of the local chapter of the Council of Canadians, a national group that organizes citizens around a wide range of issues, including health care.

A few years ago we got behind some local residents who had family members in long-term care and were fighting to improve the food service there. They got the attention of our local MLA and some publicity in the local media. That led to more attention from the local health administrators and Vancouver Coast Health authorities and some improvements in food service did result, although it is unclear at this time whether things have deteriorated again because Covid has restricted access to facilities.

As a result of a series of well-attended meetings between March through June, 2017 and a table in the mall organized by Voices, we ended up with a mailing list of 1100 residents who had signed a petition calling on the provincial health ministry to award future contracts to more local meal providers, to promote in-house cooking, rather than corporate prepared food, to source from local farmers whenever possible and to favour non-profit over corporate senior housing.

At this point, we could see the limits of what we could accomplish on our own in this small community and were stuck as to how to proceed further. Connecting with the BC Rural Health Network (BCRHN) was a life-saver for us. Here were other communities fighting not only for seniors in long-term care, but for a broad range of improvements in all aspects of health care for their communities. Many had similar problems to us (ferry dependent, not enough physicians, travel to specialists etc.) and some had much worse problems – we realized how lucky we were to have a hospital in our community. We got very *gung ho* about broadening our goals: why not work toward a community health clinic designed to fill in the gaps of health care delivery and integrate a variety of health care and social services?

We joined the BC Association of Community Health Centres (BCACHC) and invited two of their members to come speak about such health centres in a public forum. We sent notices to our 1100 contacts and looked forward to hosting yet another lively meeting and getting lots of good publicity. A snow storm on the date (February 2020) resulted in cancellation and then Covid hit and we have not been able to reschedule or get any momentum going since.

The original family members are still determined to get better food service. Our members are still determined to fight for better health care overall in our community. We have the support of our local MLA and MP in our efforts. We have stayed connected with others, not only through the BCRHN and the BCACHC, but now as members of a health care working group of the Council of Canadians.

Covid has exposed much more lacking in seniors care than lousy food. We have a lot to do in the “recovery” period to advance and renew public health. We are so grateful to have a broad-based movement of activists to campaign with in the coming months and years.

Drena McCormack

NEW ON OUR WEBSITE

A series of articles by the Tyee

Andrew MacLeod 9 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 Part of a series.

What Happens When Health Care Becomes a Stock Market Play?

Well Health is a new kind of health-care company in Canada. But some see big risks.

Family doctor Baldev Sanghera says corporations offer the health care equivalent of fast food, but not all patients will notice. 'If the only thing that's been advertised to you is McDonald's, then that's a great meal.' Photo by Maggie MacPherson.

[Excerpts] Even before the COVID-19 pandemic, Vancouver company Well Health Technologies Corp. was growing rapidly and had ambitious expansion plans.

Some investors saw an opportunity. But other people saw a threat to public health care.

Well had, over a couple of years, acquired 21 primary care clinics in B.C., become the electronic medical record provider to another 1,446 clinics across Canada and dedicated a significant marketing budget to promoting its services.

Well is something new, a Canadian company focused on providing direct health-care services and traded on the stock market.

Investors have been enthusiastic, bidding up Well's stock price. Shares that were worth 25 cents a little more than two years ago had risen to about $2 by early this year. The COVID-19 pandemic brought more interest, and shares topped $6 by Sept. 1.

But what may be good for investors is likely going to be bad for patients, said Marcy Cohen, a community researcher who has worked on issues around primary care and community care for two decades. "They're obviously trying different strategies about how and where the profit possibilities are," Cohen said. "Because they're a corporation, their responsibility is to their shareholders. They are looking at health care as a revenue generating opportunity, so they're looking and experimenting with all the different ways they might be able to make a profit out of health care."

Private entities have been providing health care in Canada for years, but they have tended to be small and run by physicians who put the priority on patients, not shareholders, she said.

With Well's establishment, Canada is entering a new world of marketing, advertising and corporatization in health care.

"I think it's potentially a huge shift and very problematic and is the reason there are so many mainstream physicians' organizations trying to respond," Cohen said.

Nobody from Well was available for an interview.

Well has officially existed since 2010, but it's only since 2018 that it has focused on primary care clinics and related services, discontinuing its previous endeavours Canada Yoga Inc. and Shakti Yoga Apparel LLC.

Continued on page 4….

Continued from page 3…..

Company materials highlight the investment Li Ka-shing of Hong Kong, the **35th richest person** in the world according to Forbes Magazine, has made in the company.

Since 2018, Well has grown by buying clinics and electronic medical records companies. Well now owns and operates 21 clinics and provides EMR software and services to some 1,500 clinics. It also owns a 51-per-cent stake in SleepWorks Medical Inc., a company in the business of diagnosing sleep disorders and selling the equipment to treat them.

Baldev Sanghera provides community care in Burnaby, including at a physician-owned clinic. A family doctor since 1997, he sees how Well's corporate clinics are already changing the landscape.

"I think they're a very big threat in that they have a lot of marketing behind them," he said, adding neither the public nor physicians have recognized what's coming.

Researcher Marcy Cohen says corporate health care brings a focus on shareholders, not patients. Photo by Maggie MacPherson.

Since buying clinics in the Lower Mainland, Well has laid off frontline staff and sought efficiencies, he said. Physicians working in the clinics have had to focus on seeing more patients, and are generally less satisfied with their work, Sanghera said.

To access the full article, click on: **What Happens When Health Care Becomes a Stock Market Play?**

NEW ON OUR WEBSITE …..continued

PFIZER VS. MODERNA COVID-19 VACCINE WHAT'S THE DIFFERENCE?

BOTH ARE MRNA VACCINES

COVID-19 mRNA vaccines provide instructions for our cells to make a harmless piece of what is called the "spike protein." The spike protein is found on the surface of the virus that causes COVID-19.

COVID-19 mRNA vaccines are given in the upper arm muscle. Once the instructions (mRNA) are inside the muscle cells, the cells follow the instructions and make the protein piece. **After the protein piece is made, the cell breaks down the instructions and gets rid of them.**

Next, the cell displays the protein piece on its surface (showing off its work). Our immune system recognizes that the protein doesn't belong there and begins making antibodies.

After **developing antibodies,** our immune system has learned how to protect against future infection.

The benefit of mRNA vaccines, like all vaccines, is those vaccinated gain this protection without ever having to risk the serious consequences of getting sick with COVID-19.

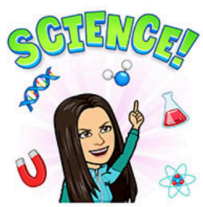
Facts about COVID-19 mRNA Vaccines

They cannot give someone COVID-19.

- mRNA vaccines do not use the live virus that causes COVID-19.

They do not affect or interact with our DNA in any way.

- mRNA never enters the nucleus of the cell, which is where our DNA (genetic material) is kept.
- The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.



@AMANDAHOWELLHEALTH

INGREDIENTS IN THE VACCINE

There has been complete transparency around ingredients. You can find the fact sheet posted online and in the reference section of this post.

mRNA

Lipids (including ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol)

Potassium chloride

Monobasic potassium phosphate

Sodium chloride

Dibasic sodium phosphate dehydrate

Sucrose

Good news for those that may have concerns or are vaccine-hesitant. There is no aluminum, mercury, or food allergens.

@AMANDAHOWELLHEALTH

Note: the above information is from health educator Amanda Howell. **To read more click on:** **PFIZER VS. MODERNA COVID-19 VACCINE WHAT'S THE DIFFERENCE?**

BCRHN Speaker Series

On January 9 Johanna Trimble presented the third in our BCRHN Speaker Series, entitled "Is Your Mom on Drugs? Are you?"

Many older adults are on multiple medications. While some are vital for health, the more drugs you take (and the older you get), the greater the chance of adverse drug events, falls and hospitalizations.

As well, many people have more than one prescriber (GP and specialists), yet no single prescriber has the responsibility of making sure that your drugs play nice together.

This presentation is based on the serious, adverse medication event Johanna Trimble's mother-in-law Fervid experienced, and outlines information on how to advocate for your family member.

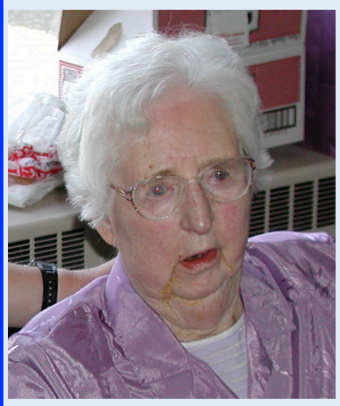
Shared Decision-Making with the family as advocates for their loved one

- Quality of life goals (function, pain relief, mobility) may be more important to patients. Taking multiple medications may offer a slight, statistical decrease in the risk of decline but no guarantee they will do so in that patient.
- A drug treatment from the medical guidelines created for a single condition in a younger person, can become instead a risk to an older adult with other conditions and prescriptions.

Why can the family see problems and advocate for the right care when the medical staff doesn't notice?

- The family is important because often the patient cannot speak for themselves.
- The family knows them best and spends hours at the bedside unlike staff who are task-driven.
- Family has "skin in the game" – they won't give up and accept an answer that makes no sense.
- Staff see what they expect to see and they are working from a "snapshot" of the present moment not knowing the patient's history or usual state.
- In contrast, the family notices when something is unusual or new for their loved one. "They're not usually like this."

What too many drugs looks like



Fervid before (with serotonin syndrome from tramadol and citalopram).

Fervid after a family-requested medication review and stopping harmful drugs.

A few internet resources:

https://choosingwiselycanada.org/ Choosing Wisely Canada: "Too Much Medicine" and treatments of limited or no value.

https://rxisk.org/tools/drug-interaction-checker/ is a site where you can enter your drugs and it will check if they interact.

https://www.deprescribingnetwork.ca/patients-and-public Information on medications and drug safety including articles written specifically for laypeople

These are just a few of the available resources. To access the full list of the presentation, click on the Download button on page 6

BCRHN Speaker Series.....continued

How can you advocate for your family member?

- You can get their medication list from Pharmanet: https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmanet-bc-s-drug-information-network
- A pharmacist can do a medication review for you at no charge if 5 or more drugs were prescribed in the last 6 months.
- Ask questions and describe symptoms you've noticed from the medications (dry mouth, confusion, weakness, dizziness etc.)
- Ask what each drug is for and could problematical drugs be paused and monitored, stopped, reduced, or safer drugs substituted?
- Ask for a report of the medication review to be sent to the family doctor or care home staff with the results and recommendations.

resource-list-jan-9-2021-bcrhn-1-1Download

Johanna Trimble is a board member of the BC Rural Health Network (BCRHN); Guest Lecturer, Care of the Elderly, UBC Faculty of Medicine; Guest Lecturer, PharmD program, Faculty of Pharmaceutical Sciences; Public Member, Geriatrics and Palliative Care Committee of Doctors of BC oversight Committee; and Member of the Seniors Planning Table on the Sunshine Coast.

To view "Is Your Mom on Drugs? Are you?" click on: https://zoom.us/rec/play/XcdU7M1UhYJ5tN7rmTNvyp03tSrfvOfzIvJiw4XTfBJdpcNK3tUYMS3e1VZyx2He0MELeiQ5ytG5eW-M.oyjCH_RmSL2sbn5x

With thanks to the Rural Coordination Centre of BC (RCCbc) for support provided

From **Choosing Wisely Canada**, the national voice for reducing unnecessary tests and treatments in health care.

"There is evidence suggesting that patients play a role in driving unnecessary care. In a recent survey of Canadians conducted by *Ipsos Reid* for Choosing Wisely Canada, 64% of respondents said that "patient demands are responsible for more unnecessary use of health services than are decisions by physicians". Clearly, the perception that "more is better" needs to be addressed." (from: https://choosingwiselycanada.org/campaign/more-is-not-always-better/)

The *More Is Not Always Better* campaign aims to do the following:

- Promote the message that in medicine as it is in life, "more is not always better"
- Educate patients about when they might need a particular test or treatment, and when they don't
- Encourage patients to talk with their doctor about unnecessary care

Links: https://choosingwiselycanada.org/wp-content/uploads/2017/05/More-is-Not-Always-Better-Digital-Toolkit.pdf **and:** https://choosingwiselycanada.org/recommendations/

Private virtual health services are booming in a 'policy vacuum'

TORONTO STAR

By **Theresa Boyle** Staff Reporter - Jan. 17, 2021

[Note: bold text are hot links]

[Excerpts] When over-the-counter medication failed to quell a sudden and intense allergic reaction, the Toronto senior turned to her computer in search of a remedy.

A quick Google search brought her to the website of Maple Corp., one of the country's largest providers of virtual health care.

In no time at all, she was communicating, via secure text messaging, with a family doctor who gave her a prescription for a nasal spray. The doctor also recommended that she try to get out of a dog-sitting arrangement, which appeared to bring on the allergic reaction.

The virtual visit cost the patient $49.

Such transactions are **occurring at record rates** during the **pandemic**, which has seen a surge in the use of virtual health-care services.

While it's widely accepted that **growth in virtual care is long overdue**, defenders of public medicare question the expanding role of private providers in a publicly funded health system.

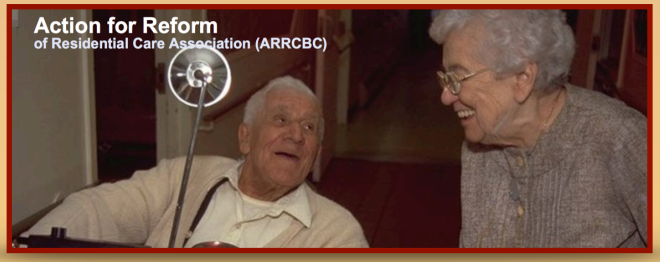
Critics charge that private providers don't always act in the best interests of patients and taxpayers, or operate within the provisions of the Canada Health Act.

The Canada Health Act requires that medically necessary services provided by doctors be covered by provincial health insurance plans."

Charging patients out of pocket for it would mean that the Canada Health Act would be meaningless if that were allowed to continue," Mehra [executive director of the Ontario Health Coalition] argued.

A recent article in the CMAJ —"Private virtual care thriving in a legal grey zone"— said confusion and convenience may explain why Canadians are still paying privately for virtual-care services even though the public system covers variations of the same service. There is much concern among family doctors that virtual care could interrupt the "continuity of care" for patients. For example, it's possible that a patient's family doctor would never be informed of services provided through virtual care.

To read the full article, visit **https://www.thestar.com/news/canada/2021/01/17/as-pandemic-rages-virtual-health-services-are-booming-in-a-policy-vacuum.html**



IMPROVING QUALITY OF LIFE IN LONG TERM CARE - *A WAY FORWARD*

To access this report, click on **http://arrcbc.ca/Improving%20LTC%20full%20report.pdf**

This document explores the following:

- The current situation in LTC including quality of facility care, staffing, and resources
- What contributes to quality of care/quality of life, how staffing/routine impacts this
- How well policy, regulation, and monitoring processes support quality of life (QOL) in LTC.
- Recommendations for a paradigm shift that detail a model of care, staffing requirements, work force stabilization, standards/monitoring processes that address residents' and families' need for QOL.

Action for Reform of Residential Care (ARRC) website - **http://arrcbc.ca/**

Wondering about all the acronyms and abbreviations?
Are you confused???
Don't worry, help is on the way.
The fourth of our series *'acronyms explained'* (AE)

BC AHSN = BC Academic Health Science Network

BC AHSN was initiated by the BC Ministry of Health as a key enabler of a scientific and learning approach to continuous improvement and strategic transformation of BC's health system. Its creation reflected a need to address a gap in the Province's health research environment, particularly the need to better connect provincial health research to clinical practice.

BC AHSN consists of three operational units that form the backbone of the organization: **the BC SUPPORT Unit**, **Clinical Trials BC**, and **Research Ethics BC**. Together, they deliver a range of essential knowledge management services and supports, that collectively enable **Learning Health Systems** in BC.

Learning Health Systems are systems in which "science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral by-product of the delivery experience" (Institute of Medicine, 2015).

https://bcahsn.ca/about-us/

https://bcahsn.ca/wp-content/uploads/2019/09/Looking-Forward.pdf

(Note: *blue text are hot links)*

CBC

Seniors suffering from total isolation in B.C. care homes with months-long COVID-19 outbreaks, families say

Sandy Roberts has been confined to her room at Menno Home in Abbotsford, B.C., since Nov. 18, 2020, when the facility went on lockdown due to a COVID-19 outbreak. (Leila Emery)

Eva Uguen-Csenge · CBC News · Jan 08, 2021

[Excerpt] Family members are worried the COVID-19 outbreaks that have put long-term care facilities on lockdown since November and kept seniors isolated in their rooms are having a worse effect on their loved ones than the virus itself would.

Leila Emery says her 76-year-old mother, Sandy Roberts, has been locked in her room 24 hours a day since an outbreak was declared at Menno Home on Nov. 18 after a resident was exposed in acute care.

Emery said that means she can't stay in touch at all with her mother, who is hard of hearing and can't communicate by phone or video call.

Johanna Trimble, who works on the Doctors of B.C. geriatrics and palliative care subcommittee with Chung, says having families visit is one of the only ways to know what's going on inside care homes.

"If there's difficulties with care and if there are unsafe practices going on, it's not going to be management giving that information to families," she said. "But family members are going to be aware of those kinds of problems because they keep a pretty close eye on the condition of their family member and they know if things have changed for the worse."

Families have **complained about the lack of transparency** in how facilities are responding to outbreaks as the death toll climbs at care homes like Little Mountain Place in Vancouver.

To access article, click on: **https://www.cbc.ca/news/canada/british-columbia/covid-bc-care-homes-seniors-isolation-1.5865061?__vfz=medium%3Dsharebar**

A Few of Our Latest Twitter Followers

Shoestring Initiative

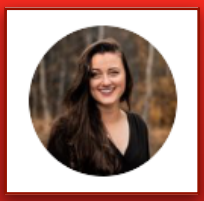
Advancing social class diversity in Canadian universities. Creating a community of support, mentorship, belonging and advocacy for poverty-class folks. Canada shoestringinitiative.com

BC Public Advisory Network

The BC-PAN brings the public voice and perspective to multiple health regulators in British Columbia, whose shared mandate is to serve and protect the public.
https://www.bcpan.ca/bc-public-advisory-network

Kris Murray

Director, Rural and Remote Framework @InteriorHealth
Métis. Lover of strong coffee, dark chocolate, red lipstick & fighting for health equity.



Health Equity Action Lab

Health is the foundation of a more just society.
@LSHTM London, United Kingdom
healthequityactionlab.org

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!!

BC Recovery Benefit

Apply now for the BC Recovery Benefit, a one-time, tax-free payment of up to $1,000 for eligible families and single parents, and up to $500 for eligible individuals.

https://www2.gov.bc.ca/gov/content/economic-recovery/recovery-benefit

You have until June 30, 2021 to apply.

LET'S RIDE! Make Public Transit BC Wide

Welcome to the campaign to make BC public transit province-wide.

Union of BC Indian Chiefs (UBCIC) supports call for BC transit network. **UBCIC_PublicTransitBCWide**

Get on board here: **https://bcwidebus.wordpress.com/take-the-pledge/**

If you wish, you can describe your community's regional transit needs and/or your personal experiences trying to get around the province.

Contact E mail: **publictransitbcwide@gmail.com** - or visit here **on Facebook**.

More at **https://bcwidebus.wordpress.com/background/** or **https://bcrhn.ca/petitions/** - second petition from the top of the page

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