

RURAL HEALTH MATTERS

British Columbia Rural Health Network

August 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,

July has been another busy month for the BC Rural Health Network, with several important events and activities taking place.

After several months of planning, the inaugural meeting of the Rural Citizens Perspective Group (RCPG) was held on July 28th. The BC Rural Health Network, the BC Patient Safety & Quality Council, and the Rural Coordination Centre of BC worked in partnership to form the RCPG. This group will bring the voice of the community-citizen-patient to the Rural Partners Representative Committee which meets quarterly to discuss ways to address the following four priority topics:

- Co-creating culturally safe and humble primary care;
- Designing, planning for and implementing Team-Based Care;
- Increasing citizen and community involvement in health care transformation processes;
- Improving access and transitions for patients in rural and remote communities.

July saw the release of an important report from the Centre for Rural Health Research (CRHR). Entitled *Out-of-Pocket Costs for Rural Residents When Traveling for Health Care*, the report “presents findings from a rural citizen-patient survey on the out-of-pocket costs incurred while traveling to access health care in BC.” (<https://bcrhn.ca/reports-2/>) The BCRHN, in collaboration with the CRHR, will be working to bring the “right group together” to discuss the information contained in this report “to ensure all BC residents have access to the health care they require, without financial barriers.”

Next month the BCRHN will be holding its second Annual General Meeting on September 3, beginning at 4:00 pm. The meeting will be held virtually. Details will be sent to our members by email and will include an agenda and information access to Zoom. I look forward to “seeing” you at the meeting.

Edward Staples, BCRHN President

telephone: 250-295-0822

email: bcruralhealthnetwork@gmail.com



The BC Rural Health Network welcomes its newest member: Moira McIlwain from Bella Coola. This brings our membership to 39 communities, organizations and individuals.

Member of the Month

Johanna Trimble - Robert's Creek



It has been almost two years since my husband and I bought a cottage in the rural community of Roberts Creek (xwesam in the Sechelt language) on the Sunshine Coast. We are rural but not remote. A forty-minute ferry ride gets us to Vancouver. Nevertheless, “Coasters” have many of the challenges we hear about from other rural communities. Transportation to medical appointments, access to specialists, adequate seniors’ care and lack of long term beds. A recent survey done here on the Coast has indicated isolation as a major problem for seniors. Perhaps many of you that are both rural AND remote will not find a twelve-hour (return) day of travel for a 15 minute specialist appointment a big problem compared to your own experiences.

This recent survey shows the prohibitive out-of-pocket costs for rural citizens seeking care: <https://create.piktochart.com/output/47077753-crhr-oopc-survey-report>

As a board member of the BC Rural Health Network, I have taken a strong interest in how “virtual” care could alleviate some of the travel for specialist care by connecting the family doctor, the patient and the specialist, perhaps by Zoom, to decide whether an in-person visit to a specialist is the only solution or whether consultations between the three can begin to manage care, at least in the initial phases. My own husband, in this time of Covid, was referred to a dermatologist and by uploading photos and a phone conversation we did not have to make that twelve-hour return trip from the Sunshine Coast to Vancouver.

There are already consultation services for family doctors with specialists set up in BC (R.A.C.E. and eCASE) though they are used most widely in Vancouver Coastal and Island Health Authorities. The turn around for consultation by a family doctor with a specialist for urgent cases is two hours (by telephone). R.A.C.E. <http://www.raceconnect.ca/about-race/>

The turnaround for non-urgent cases is one week and conducted by telephone, email or “virtual” calls. We hope to see these services expanded and promoted in the North and Interior. The addition of three-way Zoom calls with patient, family doctor and specialist could greatly improve continuity of care. A similarly designed maternity consultation service has not only benefited pregnant women in rural areas, but family doctors have praised the educational value for them of working closely with a specialist since opportunities for professional education are, as a rule, less available in the rural parts of the province. eCASE: <http://www.raceconnect.ca/ecase/>

I look forward to keeping our members updated!

Johanna Trimble
Board Member, BCRHN

A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia



[Excerpts] At the heart of *A Pathway to Hope* is a powerful determination to make positive, lasting changes, so that B.C.'s system of mental health and addictions care works for everyone— no matter who they are, where they live, or how much money they make.

In her 2019 report, *Taking the Pulse of the Population*, B.C.'s provincial health officer, Dr. Bonnie Henry, reports that British Columbians rate their mental health as nearly the lowest in the country, despite being more physically active, eating more fruits and vegetables, and having generally healthier lifestyles. And the percentage of British Columbians reporting positive mental health is trending downward — an area where B.C. is falling behind at an international level.

Barriers to mental health and well-being

When it comes to delivering mental health and substance use programs on the ground, service demand exceeds service capacity. It's as simple as that.

The results of the systematic barriers to care have huge implications for British Columbians. Too many people end up not getting the care they need until their condition is severe and requires more extensive and expensive treatment. Those treatments often tend to be fragmented, with people having difficulty navigating their way between primary, community and acute or emergency services.

Research suggests that stigma prevents 40% of people with anxiety or depression from seeking help — a trend that is magnified when put under a lens of cultural, gender, ethnicity, age, poverty, and sexual and gender identity factors. For example, women can face significant stigma when they experience depression before, during and after pregnancy, or the adoption of a child.

If care is sought, affordability of services becomes an additional factor, particularly for people accessing counselling or residential substance use facilities, or when additional service fees are required. These barriers are made even worse for people living in rural and remote areas.

This roadmap also calls for a shift in funding priorities. Currently, across an array of ministries, the provincial government spends approximately \$2.5 billion annually on mental health and substance use services with 95% of that spent on specialized, hospital-based or downstream services. This means only a small percentage is spent on early intervention, prevention and long-term recovery initiatives. It's clear that the time has come to devote more available dollars to upstream services that deliver services focused on health promotion, early intervention and keeping people supported and healthy when they achieve recovery.

Key Outcomes:

- A full range of evidence-based services, treatments and supports are available when and where they are needed.
- People with lived experience inform and are leaders in mental health and addictions policy, planning and delivery of services and supports.

Complicating the situation, many individuals struggling with addiction are accessing ineffective, rather than evidence-based services. For instance, in their review of overdose deaths, the B.C. Coroner found that more than half of those who died in the crisis had accessed some form of mental health or primary care service, but had not been able to access effective addiction care.

The Ministry of Social Development and Poverty Reduction's TogetherBC poverty reduction strategy is critical to turning the tide on mental health and addictions in British Columbia. With a goal of cutting child poverty in half by 2024, we can reduce child vulnerability and help prevent people from becoming susceptible to mental health and addiction challenges throughout their lives.

Improved Access, Better Quality

People in every part of the province, in large communities and small, need to have access to the full spectrum of evidence-based mental health and substance use care. Team-based care puts the patient at the centre of care, with all the team members working around them to ensure they receive appropriate care for their specific needs.

The expansion of team-based care will improve access and quality for adults seeking mental health and substance use care. Co-ordinating care will create a network of services so that people can access the type and level of care they need, whether it be from a mental health or substance use worker, family physician or nurse, or through specialized services for more medically complex patients. Ultimately, this system will connect people proactively to culturally safe and effective care in a timely way.

- Expand access to affordable community counselling
- Team-based primary care (with mental health and substance use professionals) and specialized services
- Enhanced provincial crisis lines network
- Implement peer support co-ordinators
- Develop peer support worker training resources
- Expand Bounce Back [an online program available for free throughout B.C., that teaches effective skills to help individuals (ages 15+) overcome symptoms of mild to moderate depression or anxiety, and improve their mental health.]
- Create a web-based portal (focused on children and youth)– Evidence-based and culturally safe programs and supports that focus on prevention and promotion activities will be delivered in K-12 schools province wide.
- School-based staff and integrated team members will proactively identify children early who are experiencing social or emotional challenges and/or early signs of mental health and substance use challenges. These students will continue to receive initial supports in schools through school counsellors, curriculum, and mental wellness promotion and prevention programs. Students with higher mental health and substance use needs will be connected to integrated delivery teams.

Work is underway to develop a virtual mental health counselling and referral service for post-secondary students of all ages throughout British Columbia:

- This service will include telephone and online chat capabilities.
- The launch of this service is planned within the coming year.

[Note: Jan 28, 2020 Click on <https://news.gov.bc.ca/releases/2020AEST0007-000133> for more information]

To access the Roadmap, click on: [A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia](#)

VIRTUAL CARE Guide for Patients [Excerpts]



In collaboration with patients and their families, the Canadian Medical Association, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada have created this guide to help patients prepare for “virtual visits” with their doctor. It focuses on video visits, although it is also possible to receive virtual care through phone calls, text messaging and email. They recommend that you read the entire guide to gain the best possible results.

Many patients are enthusiastic about virtual care’s potential but are also understandably concerned about some key issues, such as:

- **Is virtual care safe and effective?**
- **Can I manage the technology to connect with my doctor?**
- **Will the system be secure enough to ensure my privacy?**
- **How will virtual care affect my relationship with my doctor?**
- **Who pays for virtual care?**
- **What is and isn’t suitable for virtual care?**

To find out the answers to these questions and learn more, click on: **VIRTUAL CARE** Guide for Patients



Virtual care is one of the great medical innovations of our time. If you feel that your health care can benefit by replacing in-person visits with video visits, phone calls or messaging, speak with your doctor about introducing this kind of visit into your patient–doctor relationship.

The Virtual Care Guide for Patients was co-created with members of the *CMA Patient Voice*, a group of patient representatives that advise the CMA on key health issues from a patient’s perspective.

HealthLink BC Emergency iDoctor-in-assistance (HEiDi)

Data Science Institute

June 22, 2020: Drs. Tamara Munzner and Kendall Ho were awarded Data Science Initiative (DSI) funding for their project "Visual Analytics Support for the **HEiDi Virtual Physician COVID-19 Deployment**."



Dr. Kendall Ho’s group in Emergency Medicine has spearheaded the **HealthLink BC Emergency iDoctor-in-assistance (HEiDi)** project to augment the 811 service delivering health care guidance to the public through telephone access to nursing advice by integrating virtual physicians [VPs] into the triage process, to help balance the enormous increase in load due to this crisis.

Read more at <https://bcrhn.ca/visual-analytics-support-for-heidi/>



First Nations Health Authority
Health through wellness



First Nations
Health Council



First Nations Health
Directors Association

Sharing experience for community wellness

Investigation into systemic racism in BC's health system [Excerpts]

Coast Salish Territory – The First Nations Health Authority (FNHA), the First Nations Health Council (FNHC) and the First Nations Health Directors Association (FNHDA) welcome the **launch** of Mary Ellen Turpel-Lafond's investigation into systemic racism in BC's health system.

"We welcome this effort to shine light on the systemic racism that still exists in our province and encourage BC Indigenous patients and health workers within the system to trust this process and come forward to tell their truth about racism," said Charlene Belleau, Chair of the First Nations Health Council. Turpel-Lafond, a former judge and longtime children's advocate in BC will produce a report on racism in the BC health system following allegations that health-care staff in emergency rooms were playing a "game" to guess the blood-alcohol level of Indigenous patients.

"Mary Ellen is doing very important work that will have great impact on the future health and wellbeing of First Nations in B.C. and across Canada. FNHA is extremely pleased to support this work," said M. Colleen Erickson, Chair of the First Nations Health Authority Board of Directors."

The First Nations Health Directors Association (FNHDA) encourages all Health Directors to come forward to share their experiences to encourage First Nation community members to share any incidents that need improvement within the healthcare system. "It is only through a clear identification of incidents that we can strengthen the health care system to ensure only positive experiences and outcomes for First Nations people," said Keith Marshall, President of the First Nations Health Directors Association.

"The FNHA looks forward to the outcomes of the review as a way to accelerate the progress on cultural safety for First Nations of BC," said Richard Jock, FNHA's Interim Chief Executive Officer. "It is important people participate in the **survey** as a way to provide their experiences. FNHA will look to provide appropriate ways to support participants who may be triggered by the final report's disclosures."

Cultural safety and humility are essential dimensions of quality and safety and only a sustained and genuine commitment to action from all leadership paired with concrete actions will lead to the change needed.

Mary Ellen Turpel-Lafond's investigation into systemic racism in BC's health system includes a call for Indigenous people to describe their experiences. This can be done through a **survey**, email (**[Addressing Racism@gov.bc.ca](mailto:Addressing_Racism@gov.bc.ca)**) or phone (1-888-600-3078) until July 30.

More information about the investigation can be found on the **[investigation website](#)**.

<https://bcrhn.ca/first-nations-aboriginal-metis/>



Lieutenant Governor of British Columbia
The Honourable Janet Austin, OBC

From the Lieutenant Governor of British Columbia in Opposing Racism:

Over the past few months, British Columbians have pulled together to vanquish COVID-19, and we have

witnessed many acts of kindness and selfless generosity. Sadly, however, our success has been marred by recent incidents of race-based violence and discrimination. I strongly condemn these racist acts; they have no place in our province or our country. I ask you to join me, alongside leaders in government, business and social services, in pledging to uphold the Canadian values of diversity and inclusion and to oppose racism and hate in all its forms. We are stronger when we are #DifferentTogether.

Join me in sharing the #DifferentTogether pledge on social media and encouraging others to take part.

I also encourage you to share a video of yourself highlighting your commitment to opposing racism, and upload it to social media using the hashtag #DifferentTogether.

Janet Austin, Lieutenant Governor of BC

Three Easy Steps to Participate.

Link: <https://ltgov.bc.ca/blog/equality-and-inclusion/differenttogether-joinracism-me-in-opposing-racism/>



#DifferentTogether Pledge

Our B.C. is inclusive and respects people of all ethnicities, cultures and faiths and their contributions to our collective well-being.

Our B.C. holds diversity as a fundamental value at the heart of the success, strength and resilience of our communities, workplaces, schools, public and private institutions.

I pledge to uphold and promote these values and I commit to speaking up to oppose racism and hate in all its forms.

Seniors Care should not be driven by Profit

New research by the Toronto Star found that seniors living in for-profit care homes are four times more likely to die from the virus than

seniors in public homes. [1] Study after study shows these offer inferior care because they're designed to maximize profits — not seniors' health.[2][3]

The virus has exposed the gaps in our long-term care system — where homes that should be providing seniors the dignity they deserve in their final years, are instead the subject of daily horror stories. Now, as the government looks for long term solutions to recover from the pandemic, we can either make seniors care part of our public healthcare system — where living and working conditions meet the standard of care we expect for our parents, grandparents, even ourselves — or continue to fail seniors with a broken system and devastating results.

If you think seniors care should be a part of universal healthcare instead of a for-profit business , click on <https://act.leadnow.ca/seniors-public/>

Public funds should be for public health, not private profits



Around the world, governments fund critically important medical research and development using public money — including more than \$1 billion already committed by the Canadian government to develop a COVID-19 vaccine, as well as diagnostic tests and medicines.

Publicly funded research has led to dramatic healthcare innovations. In Canada alone, researchers have used government funds to support the discovery of an Ebola vaccine, insulin, the cardiac pacemaker and more.

Unfortunately, most countries — including Canada — rarely demand that the resulting health innovations be safeguarded for public health, or be made affordable and accessible to those who need them most.

In fact, these publicly funded vaccines, medicines and health technologies are often sold to private companies, who then determine who receives access to them — and at what price.

This is unacceptable.

Tell Canada's Minister of Health to take concrete steps to prioritize patient access over private profits: I believe that all medicines, vaccines, diagnostic tests and medical devices discovered with public funds — including those for COVID-19 — must be affordable, accessible and available for everyone who needs them.

To add your name, click on:
Public funds should be for public health, not private profits





Some of Our Latest Twitter Followers



Margaret McGregor

Family physician; Clinical Associate Professor

@1mcg8

@UBCmedicine



Canadian Physician Assistants

Dedicated to Canadian PAs! <http://instagram.com/canadapas>

canadianphysicianassistants@gmail.com

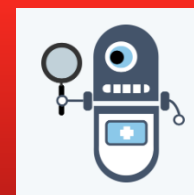
*not affiliated with the Canadian Association of Physician Assistants



<https://www.drugsearch.ca>

Pharmacist curated website. Compare drug prices! Showing Canadian drug prices & government coverage.

Currently in BC and rolling to other provinces soon!



BC Rural Health Network



Date: Thursday September 3

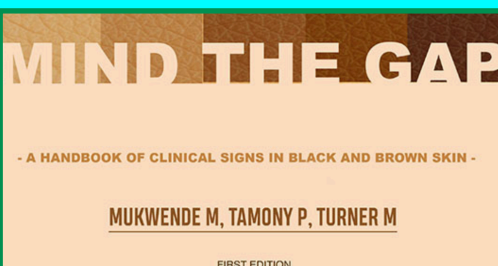
Time: 4:00 pm

How: videoconference

**or
telephone**

Members will be provided with the details closer to the date.

Of Special Interest



Malone Mikwende, the medical student who created a handbook presenting clinical features on darker skin describes the ambition behind it.

“*Mind the Gap* is a handbook of clinical signs in black and brown skin. Its aim is to teach medical students and other health professionals about the importance of recognizing how some conditions can present differently in darker skins.”

BC Government News. Increased access to treatment and recovery services will help more people living with addictions.\$13.5 million in grant funding will increase the number of treatment and recovery beds throughout the province. <https://news.gov.bc.ca/releases/2020MMHA0034-001246>

Better access to addictions treatment and recovery services



The **BC Family Doctors** retweeted with the following comment: “We need improvements to substance use care fee codes & access to alternate payment models so we can do this work during dual public health emergencies.”

Partner Updates



RER
Rural Evidence Review



An Investigation of Rural Citizen-Patient Priorities for Health Planning: **Rural Community Responses to COVID-19**

The Rural Evidence Review together with the **BC Rural Health Network** has created a short, anonymous online survey to ask rural communities across BC about their experiences of COVID-19.

The findings of the survey will be used to understand rural community innovation and resiliency in the face of the pandemic and will be shared with health care decision-makers to support rural health care planning.

Participation is open to all residents of rural and remote BC communities. To learn more about the initiative, please contact the Coordinator of the Rural Evidence Review project, Christine Carthew, at the following email: christine.carthew@ubc.ca

This survey is available at the following link: <http://bit.ly/RERCOVID-19>



Faculty of Medicine
Centre for Rural Health Research | Department of Family Practice



Assessment of practitioner needs for providing virtual maternity care in rural and remote communities in British Columbia https://ubc.ca1.qualtrics.com/jfe/form/SV_dhd2cbwROIWZyxD

Who is eligible to participate?

- You are providing maternity care services in a rural or remote practice
- You are providing maternity care services which may include ONLY prenatal care and/or intrapartum care
- You are a registered midwife, an indigenous midwife, a family doctor, a nurse practitioner, or an obstetrician

The results of the study will be shared with various groups including policy makers, rural communities, and health care providers and through written and oral reports. Study findings will be presented on the Centre for Rural Health Research website (www.crrh.ca)

Research Contact: Christine Carthew, E: christine.carthew@ubc.ca T: (604) 827-2193

About Us

BC Rural Health Network Board of Directors

Colin Moss, Director - New Denver
Curt Firestone, Secretary/Treasurer - Salt Spring Island
Ed Staples, President - Princeton
Johanna Trimble, Director - Roberts Creek/Sunshine Coast
Jude Kornelsen, Director (Centre for Rural Health Research) - Salt Spring Island
Pegasis McGauley, Vice President - Nelson
Stuart Johnston, Rural Coordination Centre of BC liaison - Oliver

STAFF

Connie Howe, Administrator - Princeton
Nienke Klaver, Executive Assistant, *Rural Health Matters* Editor and Social Media Manager - Princeton

SOCIAL MEDIA

website: <https://bcrhn.ca>

facebook: <https://www.facebook.com/bcruralhealthnetwork/>

twitter: twitter.com/bcrhnetwork

CONTACT INFORMATION

telephone: 250-295-0822

email: bcruralhealthnetwork@gmail.com