RURAL HEALTH MATTERS

British Columbia Rural Health Network November 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

Dear members and supporters,

It is with great pleasure that I welcome Paul Adams as the new Administrator of the BC Rural Health Network. Paul brings a wealth of experience to the position, having worked with diverse collectives and large sophisticated Boards in British Columbia. His impressive CV includes five years with the BC Wildlife Federation where he served as their Executive Director and multiple terms on the Board of the Canadian Bioenergy Association, a group developing renewable energy policies in Canada.

Paul's earliest experience is in rural healthcare, where he worked with his father, a rural Family Physician, in creating a primary care clinic in the community of Princeton. In that capacity, he was responsible for the operations and general management of his father's medical practice. During this time, he recruited seven physicians and expanded a single-family practitioner business to a multi-practitioner/nurse clinic.

The BCRHN Board of Directors looks forward to working with Paul in securing sustainable funding for our organization, drawing on his extensive experience in fund raising and his knowledge on how to reach those in government decision-making roles.

This Administrator position has been made possible through the generous support of the Rural Coordination Centre of BC and the BC Academic Health Sciences Network. On behalf of the BCRHN, I would like to thank these organizations for their trust in our Network and look forward to our continued collaborative efforts.

To your health,

Edward Staples, BCRHN President
telephone: 250-295-0822
email: bcruralhealthnetwork@gmail.com

Member of the Month
Sorrento and Area Community Health Centre

When Sorrento's long-time family physician retired, the community was left without a primary care provider. Having someone to look after residents' medical needs was a non-negotiable and so a dedicated and determined group got together and started dreaming and scheming to bring a provider to the area. When they learned of a provincial government initiative, NP4BC, the committee applied for an NP and was delighted when they were successful.

Judy Deringer applied and became our first NP. The clinic opened to serve the area on November 18, 2013 in its new home above Munro's IDA Pharmacy. Interior Health employs the Nurse Practitioner, paying her salary and benefits, and the community was tasked with providing the space and any office assistance. Judy retired on June 30, 2018, and Theresa Walters replaced her.

The community was excited and supportive and contributed generously to ensure the clinic was operational. A non-profit society was formed and obtained charitable status on April 22, 2014, so that donations could be tax-deductible. Our MLA, Greg Kyllo, and the provincial government have been very supportive as has been our regional district director, Paul Demenok.

When we first opened our doors to the public, we had volunteers provide reception. It was not until June 2014, that we were in a position to employ a part-time Medical Office Assistant. Initially, we were open for appointments four days a week; we are now open for five. We have two Medical Office Assistants who job-share, providing back-up for one another.

Theresa now has a patient roster of 1000, which is the most she can manage effectively. For the past nine months, we have been delighted to have NP Lyndsay Lazzarotto working at the clinic as she replaces Theresa who is on maternity leave.

The need for primary care in our community is growing and the next goal, well on its way to being realized, is the securing of a 2nd NP position at the clinic.

There has been tremendous support from the community; many individuals have donated money and time to the clinic. When one long term Sorrento resident passed away and left a large donation to the clinic, we established a Memorial Wall in his memory to recognize all of our donors! In 2015, Terry Lake, then Minister of Health visited the Centre and presented us with a cheque to cover expenses for three years. Along with continuing donations and an annual fundraiser, we have stretched that contribution out for six years.

Our area population of 8,000 doubles in the summer when cottagers return and visitors arrive. Since 2019, we have secured locum physicians to come in and provide walk-in care available to respond to the many summer-time urgent care requests.

All in all, a good news story!

Submitted by Celia Dyer

website: **www.sorrentohealthcentre.com**

Sorrento & Area Community Health Centre Society

NEW ON OUR WEBSITE

CBC

Barely a year after finally finding a family doctor, these Victoria patients have lost theirs

B.C.'s primary care centres, which are supposed to alleviate the family doctor shortage, can't keep up

Kathryn Marlow · CBC News · Oct 08, 2021

[Excerpts] Patients at an urgent and primary care centre in Victoria, B.C., are feeling disappointed and abandoned after several doctors at the clinic have announced their departures within 18 months of opening day.

The James Bay Urgent and Primary Care Centre, which opened in April 2020, has had at least three family doctors leave or announce plans to leave since August.

Urgent and primary care centres, or UPCCs, are part of the B.C. government's efforts to get primary health care for more British Columbians. The centres are both funded and run publicly, as opposed to traditional doctor's offices, which are private businesses.

B.C. has the second highest rate of residents without a regular health-care provider. According to Statistics Canada, that rate was 17.7 per cent in 2019, up from 16.2 per cent in 2015. Only Quebec fares worse.

UPCCs are staffed with doctors, but also nurse practitioners, nurses, and sometimes other health workers like mental health specialists.

They are supposed to act as both walk-in clinics that provide urgent care and a possible alternative to an emergency room visit, and a family doctor's office where you can be "attached" to a health-care team — a place that would have your file, and where you could make appointments for checkups to manage ongoing health concerns.

'Fancy walk-in clinic'

Damien Contandriopoulos, a public health researcher, says the troubles at the James Bay UPCC are a sign that the model isn't working to solve B.C.'s family doctor problems.

Contandriopoulos says the centres are not a bad idea on paper, but it's a challenge for one location, and one set of staff, to be what he calls a "fancy walk-in clinic" and a family practice all at once.

Patients have been told they will still be treated by the clinic. A letter from one departing doctor said the clinic "will commit to offer timely access to care, to the best of the team's ability and as reasonably as possible given the clinical circumstances."

According to the clinic's website, with 2,298 patients, it cannot add any more so it "implemented a temporary pause on accepting new applicants" in May.

Health Minister Adrian Dix acknowledged the problems at the James Bay clinic, and said "we're going to work to get that clinic staffed up."

However, he said the UPCC structure is "working extremely well" and care centres in places like Victoria, Nanaimo, Vancouver, and Prince George "have been a godsend in the pandemic."

The James Bay Urgent and Primary Care Centre opened in April 2020. It was the third UPCC to open in the Island Health Region. According to Island Health, it has seen 30,327 patient visits as of October 2021, since its opening. (Ken Mizokoshi/ CBC)

To read more, click on https://bcrhn.files.wordpress.com/2021/10/upcc-in-james-bay.pdf

To read the BC Rural Health Network Position Paper on UPCCs, click on: https://bcrhn.ca/urgent-and-primary-care-centres-upccs/

NEW ON OUR WEBSITE

Continuity in Primary Care is linked to mortality.

Medscape

Dawn O'Shea, August 12, 2020

[Excerpt] A systematic review published in the British Journal of General Practice (BJGP) provides evidence of the links between reduced mortality rates and continuity of primary care.

In the primary-care focused study, authors from the University of Leicester, Imperial College London and McGill University in Montreal, examined 13 quantitative studies that included either cross-sectional or retrospective cohorts with variable periods of follow-up. Twelve of these measured the effect on all-cause mortality.

A statistically significant protective effect of greater care continuity was found in nine, absent in two and in one, effects ranged from increased to decreased mortality depending on the continuity measure. The remaining study found a protective association for coronary heart disease mortality.

Improved clinical responsibility, physician knowledge and patient trust were suggested as causative mechanisms, although these were not investigated.

In a second study published in the same issue of the BJGP, a thematic analysis was carried out based on secondary analysis of interviews with 25 patients with long-term conditions.

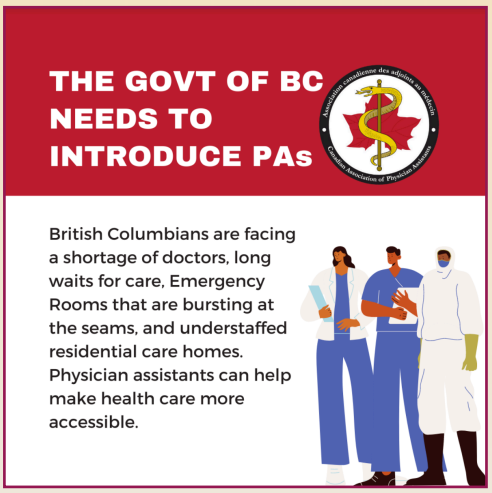
Patients said they believed that relational continuity facilitates a GP knowing their history, giving consistent advice, taking responsibility and action and trusting and respecting them.

Patients acknowledged practical difficulties and safety issues in achieving the first three of these without relational continuity.

However, they felt that GPs should trust and respect them even when continuity was not possible.

The studies provide further evidence of the benefit of continuity of care in the primary care setting.

Link: https://bcrhn.ca/continuity-in-primary-care-is-linked-to-mortality/



The Canadian Association of Physician Assistants (CAPA) has been advocating for the introduction of Physician Assistants (PA) in British Columbia (BC) for decades. So why aren't they working in the province yet?

The answer is Government of British Columbia (Government) roadblocks. The Government knows that PAs improve patient outcomes, save the health system money, and can help with the urgent health care shortage in BC. Despite this, the Government response continues to be that introducing PAs is not a priority. That's where *you* come in.

We need to convince the Government that introducing PAs is a priority.

This CAPA newsletter has information on how to get involved

About CAPA

The Canadian Association of Physician Assistants is the national voice of physician assistants in Canada. We support quality standards and competencies and help establish the profession within the national health care framework.

Learn more: capa-acam.ca.

NEW ON OUR WEBSITE

BMJ Open

How can rural community-engaged health services planning achieve sustainable healthcare system changes?

Campbell Stuart Johnston, Erika Belanger, Krystal Wong, David Snadden
Correspondence to Dr David Snadden david.snadden@ubc.ca
Published: October 14, 2021

[Excerpts from the Abstract] **Objectives** The objectives of the Rural Site Visit Project (SV Project) were to develop a successful model for engaging all 201 communities in rural British Columbia, Canada, build relationships and gather data about community healthcare issues to help modify existing rural healthcare programs and inform government rural healthcare policy.

Setting The 107 communities visited thus far have healthcare services that range from hospitals with surgical programs to remote communities with no medical services at all. The majority have access to local primary care.

Primary and secondary outcome measures A successful process was developed to engage rural communities in identifying their healthcare priorities, while simultaneously building and strengthening relationships. The qualitative data were analysed from 185 meetings in 80 communities and shared with policy makers at governmental and community levels.

Results 36 themes have been identified and three overarching themes that interconnect all the interviews, namely Relationships, Autonomy and Change Over Time, are discussed.

Conclusion The SV Project appears to be unique in that it is physician led, prioritises relationships, engages all of the healthcare partners singly and jointly in each community, is ongoing, provides feedback to both the policy makers and all interviewees on a 6-monthly basis and, by virtue of its large scope, has the ability to produce interim reports that have helped inform system change.

[Excerpts from the Introduction] The purpose of the SV Project was to build relationships between rural physicians, healthcare providers, health administrators, municipal leadership, First Nations leadership, first responders, academia and policy makers through listening and gathering data systematically about local successes, innovations and challenges relating to rural healthcare delivery. These data are guiding the development of JSC programmes and informing government Rural Health Care policy.

In 1978, the declaration of the Alma-Ata International Conference on Primary Health Care stated that: 'The people have the right and duty to participate individually and collectively in the planning and implementation of their health care'. Current trends in rural health services, however, aim to reduce infrastructure and support to achieve greater efficiencies through centralization of services. Small rural communities have had to be proactive in securing local health services to resist this development, requiring improved relationships and communication between the policy makers and communities.

Community participation has been seen as a more complete approach to health development leading to culturally and contextually appropriate decisions being made about rural health services. Relationship building between stakeholders is also seen as more effective than attempting to provide a myriad of healthcare services, especially as each rural community is unique and 'one size fits all' approaches are largely ineffective. While there have been efforts by health service policy makers to align their actions with rural communities' expressed priorities, the processes used for community engagement have received less attention and descriptions seldom include adequate documentation of the processes involved.

To access the full report, click on **How can rural community-engaged health services planning achieve sustainable healthcare system changes?**

Better Connected: How Low-orbit Satellite Internet Can Pave Way for Health Equity

September 21, 2021

Technology has allowed rural healthcare providers to improve patient care in their communities—but there are still gaps because of a lack of infrastructure.

Real-Time Virtual Support (RTVS), which can incorporate Point-of-Care Ultrasound (POCUS) virtually, among other services made possible by fast internet connections, have been important tools for rural providers in the past few years, especially since the start of the COVID-19 pandemic.

But not all communities are created equal when it comes to having the infrastructure needed to make the best use of this technology.

Slow internet speeds, or patchy connectivity, mean many nursing stations can't do video calls, so virtual physicians and specialists are patched in over the phone—and that could mean not having the full picture of what's needed to provide the best care.

Meanwhile, rural healthcare providers and patients who are connected to RTVS virtual physicians and other virtual specialists via Zoom are feeling the benefits.

So what can be done?

Dr. Stefan Du Toit, a general practitioner in Valemount, says low-orbit satellite internet has the potential to make a big impact on rural healthcare.

Dr. Du Toit has been one of the first in his community to order and set up StarLink, the service operated by tech billionaire, Elon Musk. Though the dish is being used in his own home, he says it's something he'd love to see rolled out in rural healthcare.

The advantage of satellite internet, especially in a place like British Columbia, which has very challenging geography, is that it doesn't require a huge investment in infrastructure, such as cabling or cell towers.

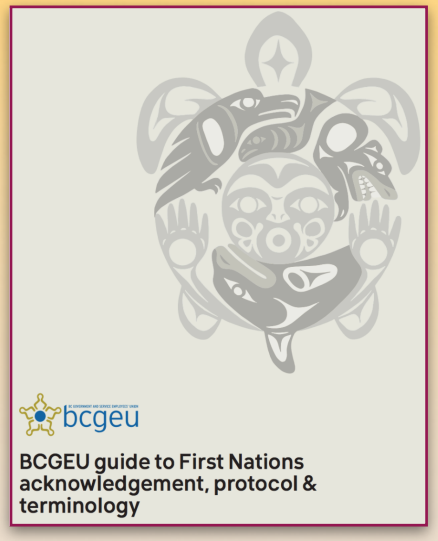
With low-orbit satellite service, only a dish and a monthly fee is required. And unlike traditional satellite internet, low-orbit satellite internet doesn't have speed issues.

With traditional satellite internet, which has been available since the late 1990s, data must travel up to the satellite and back (about 72,000 km). This round trip occurs twice for each query you make and adds about a second delay or more to the total time your device takes to communicate with a website or host server. It means it's not practical to do real-time video calls, like the ones used for RTVS.

In contrast, low-orbit satellites are roughly 1150 km (about 2300 km round trip) from the surface, making latency issues almost non-existent.

Dr. Du Toit says having fast, reliable internet was key to improving patient care in rural areas. Fast internet is making a difference for health equity in places where it's available. The way that rural providers can bring ultrasound and RTVS into clinics and hospitals is a game-changer.

Dave Harris, the technical lead for RTVS, says people living in rural areas with poor internet connectivity essentially become have-nots simply because of where they live. Harris has been involved in RTVS since the beginning and has long been a proponent of using technology to increase health equity. He's excited about the potential of StarLink and other low-orbit satellite providers to give rural patients and providers a better life. To read more, click on: **Better Connected: How Low-orbit Satellite Internet Can Pave Way for Health Equity**



NEW ON OUR WEBSITE

BCGEU guide to First Nations acknowledgement, protocol & terminology

Excerpt from the Introduction:
The history and legacy of Canada's relationship with Indigenous Peoples has largely been one of paternalism and discrimination. This includes legislative attempts to assimilate Indigenous Peoples into mainstream society, efforts to destroy culture and language, and the federal government's role in the harmful legacy of residential schools.

Today, because of the hard-fought wins of Indigenous Peoples and their allies, the rights of First Peoples are increasingly being recognized by legal systems and government policy. Since the release of the Truth and Reconciliation Commission of Canada's report and calls to action in 2015, there has also been a constructive change in the way many Canadians understand the history and ongoing impacts of colonization. Indigenous youth are now the fastest growing population in Canada, and more Indigenous youth are graduating from post-secondary institutions than ever before.

In this guide you will find protocols and helpful tips on simple and more complex reconciliation efforts. This includes how to acknowledge a territory or treaty on which a gathering takes place, First Nations social conventions, as well as useful terminology. We hope you find the BCGEU guide to First Nations acknowledgement, protocol & terminology a valuable tool.

To access, click on: **BCGEU guide to First Nations acknowledgement, protocol & terminology**

Wellesley Institute works in research and policy to improve health and health equity in the GTA through action on the social determinants of health.

Leaving No One Behind in Long-Term Care: Enhancing Socio-Demographic Data Collection in Long-Term Care Settings

Socio-demographic data is an important tool for measuring and reducing health disparities among people across different population groups and from different backgrounds.

Evidence from Canadian literature clearly demonstrates that health outcomes differ based on social and demographic factors such as sexual orientation, gender identity, language, race, immigration status, and ethnicity, as well as access to affordable housing, adequate income, social inclusion and other factors.

Canada continues to lag behind other countries (e.g., United Kingdom, Australia, United States) in collecting population-based socio-demographic data—such as ethnicity, race, gender identity, and sexual orientation.

This report highlights that reliably collecting in-depth socio-demographic data across Canada would enable better policy and planning processes to address known gaps in care options for Canadians of all backgrounds. Access the report by clicking on:
https://www.wellesleyinstitute.com/wp-content/uploads/2021/07/LeavingNoOneBehind-July-20-2021-FINAL.pdf

Wondering about the various acronyms and abbreviations?
Are you confused???
Don't worry, help is on the way.
Number 12 in our series *'acronyms explained'* (AE)

HSO = Health Standards Organization

From HSO's website at **https://longtermcarestandards.ca/engage:**
Find out how you can keep engaged and contribute to HSO's National Long-Term Care Services Standard.

We are on a mission to capture the diverse perspectives of residents, families, health service providers, clinicians and policymakers from across Canada on the needs and gaps in long-term care services — including the voices of First Nations, Inuit and Métis peoples and vulnerable populations. Throughout the development of HSO's National Long-Term Care Services Standard we are committed to hearing the voices of all – our successful inaugural National Survey garnered more than 16,000 responses, our Consultation Workbooks, and Town Halls.
Excerpts from the survey:

Ensuring the Provision of High-Quality Care
An overwhelming majority of survey respondents took this opportunity to reiterate that ensuring the provision of high-quality care was the most important issue to address within LTC. In particular, survey respondents want to see resident-centred care provided by a caring, compassionate, and competent inter-professional care team that values the involvement of family members within an environment that upholds the qualities of a home.

Ensuring a Well-Supported, Strong and Capable LTC Workforce
Stemming out of concerns for ensuring the health, well-being and safety of LTC staff, many survey respondents felt that ensuring the LTC workforce is competent, consistent, and capable is the most important issue to address within LTC. To ensure this, survey respondents advocated for full-time, permanent employment opportunities that are equitably compensated (e.g., salary, benefits, paid time off). Survey respondents also want to ensure the LTC workforce consists of individuals with specialized training in geriatric care who have access to continuing education opportunities.

Ensuring Appropriate LTC Funding Exists to Support the Provision of High-Quality Care
In order to ensure the provision of high-quality and safe care by a competent, consistent, and capable workforce, many survey respondents felt that ensuring adequate funding was the most important issue to address within LTC. Specifically, survey respondents advocated for increases in funding that ensures the provision of high-quality care, which reflects the value and respect that older adults living in long-term care homes deserve (e.g., timely access, appropriate staffing levels).

Ensuring Greater Transparency and Accountability and Reconsidering the Provision of For-Profit LTC Care
In alignment with calls to address the ownership of long-term care homes that have emerged in response to the treatment of LTC home residents during the COVID-19 pandemic, many survey respondents felt that abolishing for-profit long-term care was the most important issue to address within LTC. As well, many survey respondents called for a significant increase in transparency and accountability within the long-term care sector.

To read the full report, click on: **What We Heard Report #1: Findings from HSO's Inaugural National Survey on Long-Term Care**

It is up to you to let the Health Standards Organization and the federal government know what you think. Now is the time to speak up and make your voices heard!!!
To participate, click on: PROVIDE INPUT

Some of Our Latest Twitter Followers

BC Centre on Substance Use

Providing leadership in addiction research, education, and care to help shape a comprehensive provincial addiction treatment system in BC
website: bccsu.ca

Therapeutics Initiative

UBC-based independent, evidence-informed, practical #prescribing information for #Physicians #NursePractitioners #Pharmacists #MedEd #deprescribing
Vancouver, website: ti.ubc.ca

Let's Ride!

We believe British Columbia needs a comprehensive transit system connecting all communities; one that is safe, affordable, sustainable and publicly owned.
website: bcwidebus.com

Eli's Place

Eli's Place will be Canada's first rural, residential treatment centre for young adults with serious mental illness.
Ontario. website: elisplace.org

Are you from a rural community and interested in a rewarding career in rural health?

Selkirk College

Selkirk College's Rural Pre-Medicine Program (RPM) is inviting interested students and their families from rural communities across B.C. to an informational event, "An Evening with RPM."

The event is a chance for people to learn more about rewarding careers in rural health and the Selkirk College undergraduate program that can help get them there.

Attendees will have the chance to ask questions of program coordinators, Takaia Larsen, and Jonathan Vanderhoek, as well as connect with current and former RPM students as part of a fun and informal evening.

An Evening with RPM will take place on **November 17** at **6pm**. People are invited to attend in-person on the Castlegar Campus or virtually via Zoom. Everyone is welcome! Please RSVP and find more information at https://selkirk.ca/evening-rural-pre-medicine.

Funding opportunity

Nav-CARE

With a contribution from Health Canada, **Nav-CARE** is inviting **hospice palliative care organizations** to apply for 2-year funding ($30,000 per year) to implement Nav-CARE in their site and to support implementation in additional hospice palliative care sites.

Request for proposal: October 1, 2021
Deadline for proposal submission: March 1, 2022
Notice of decision: March 31, 2022
Implementation start date: June 1, 2022 Link: https://nav-care.ca/funding-opportunity/

SAVE THE DATE:

NOV 23, 2021 BCRHRx BC RURAL HEALTH RESEARCH EXCHANGE

Tuesday, Nov. 23, 2021, starting at **8:30 a.m.PST** till approximately **1:00**

Researchers, clinicians and trainees (students) from across B.C. will present their ongoing and/or completed **rural health research** in a concise, visually interesting and rapid (7 minute) presentation style, with 3 minutes for Q & A from the virtual audience. One of the main objectives of the BCRHRx is to display and promote rural health research projects in B.C.

This event is supported by the *Rural Coordination Centre of BC* (RCCbc), the *Joint Standing Committee on Rural Issues* (JSC) and the *BC Emergency Medicine Network*.
Registration for this free, virtual event is now open for **participants** at this link. For **presenters** at this link.
Or: Visit the BCRHRx page on the RCCbc website.

About Us

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Vice President - Colin Moss, New Denver
Secretary/Treasurer - Peggy Skelton, East Shore Kootenay Lake
Directors: Bill Day, Hedley/Vancouver
Dave Smith, Chase
Janice Androsoff, Trail
Johanna Trimble, Roberts Creek
John Grogan, Valemount
Leonard Casley, New Denver
Pegasis McGauley, Nelson

Augmenting the Board:
Stuart Johnston - liaison with the Rural Coordination Centre of B.C.
Jude Kornelsen - liaison with the Centre for Rural Health Research at UBC
Teresa Murphy - liaison with the BC Health Coalition

Staff: **Paul Adams, Administrator -** Princeton
Nienke Klaver, Executive Assistant, Editor *Rural Health Matters,* and Social Media Manager - Princeton

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