

RURAL HEALTH MATTERS

British Columbia Rural Health Network

October 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,

The landmark decision on public health care handed down by Justice Steeves on September 10th has had a profound impact on me.

I grew up in Saskatchewan and have vivid memories of the events leading to the establishment of public healthcare in the province. Dr. Giles was our family physician and he was one of the doctors that went out on strike in protest. I later learned from his daughter that he eventually grew to support public health care, especially when he realized that he no longer would be paid in chickens.



My mother and father, raising a family of five children, on a limited income, were strong supporters of public health care. This brought them and many of my friends in conflict with strike supporters and their families. It created an ugly divide in many communities. The rest of this story is now history.

For those of us who have been involved in the BC Supreme Court challenge by Dr. Day and his

Associates, the decision by Justice Steeves is considered a victory. But this is by no means the end of our involvement in this case. As I write this, the plaintiffs are mounting an appeal to this decision, which everyone agrees will ultimately end up in the Supreme Court of Canada.

One of the founding principles of our Network is that we respect the autonomy of each of our member organizations which allows for a variety of views to be brought to the table. However, I am hopeful that when it comes to Canada's public healthcare system, we can all agree that it is worth defending.

As Justice Steeves points out in his ruling, the challenge brought about by Dr. Day and his Associates clearly shows that there is "a genuine risk that both the sustainability of the universal public system and equitable access to health care would be undermined."

I ask for your support as we continue our efforts to defend public healthcare in our province and our country.

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

Member of the Month

Sorrento and Area Community Health Centre



After several years without a local physician, Sorrento and area celebrated on November 18, 2013 when we opened the doors of the Health Centre to provide primary care to the residents of our communities. An ad hoc group of local residents sought solutions to the lack of health care and applied for a Nurse Practitioner through a Ministry of Health programme, NP4BC. They weren't sure the community qualified but made application anyway and were surprised and delighted when awarded an NP. There was a qualification to the acceptance: the community had to provide the space and accept responsibility for operating costs while Interior Health would be responsible for the salary and benefit costs associated with the employment of the NP.

We went into recruiting mode and found the perfect candidate to open our practice, Judy Deringer. Judy was dearly loved by our community and her patients. She built up a practice and the communities of the South Shuswap, within which Sorrento lies, learned quickly the wonder of care provided by a Nurse Practitioner. With a mandate to provide care, educate, and able to diagnose, prescribe, refer for diagnostic tests and to specialists, her patients found nurse practitioner care broad and complete.

Judy retired in June, 2018 and her patients were sad to see her leave. Their disappointment was short lived when they met Theresa Walters, her successor. Theresa currently has 1000 patients and the place is a buzz of activity. That buzz has become a little more virtual during COVID with many residents seeking care by phone rather than in person.



Theresa Walters,
Nurse Practitioner

Community and Hospital Foundations supported the purchase of equipment; until we were in a financial position to pay rent. The owner of our local IDA Pharmacy, Colin Munro, provided space and has supported us throughout our journey. Operational funding comes from donations from businesses, non-profits and residents, a major annual fundraiser, uninsured services, and grants, including a one-time grant from the Ministry of Health. Our operational costs which include the wages of our Medical Office Assistant is about \$60k per year. The one-time Ministry grant came about as a result of the support of our MLA, Greg Kylo. Another great supporter was our Regional District Representative, Paul Demenok.

Our original committee applied for registration as a society in 2014 in order to be eligible for charitable status. Our directors are a group of committed community members who fundraise, provide education to the community and oversee the operation of the facility, including managing the Medical Office Assistants, and establishing values, goals and policies.

A footcare nurse comes to the Clinic two or three times a month to provide footcare for seniors; Interior Health public health nurses attend once a month to provide immunization clinics; occasional workshops provide education in regard to mobility, CPR and other topics, and other practitioners have been welcomed to use the clinic as a place to meet their clients.

Our annual "Name That Tune" fundraiser is a very popular, successful event that contributes toward our operating expenses. Unfortunately, due to COVID, it will be cancelled this year and directors are seeking ideas to conduct a substitute event that can be undertaken safely.

The South Shuswap is a tourist haven with the population doubling as summer visitors and cottagers flock to the communities. In order to provide primary care to these visitors, we have had locum physicians come in to accept "walk-in" clients. This has been highly popular.



Our Health Centre is thriving. Our patients are ecstatic to be able to access care locally, avoiding the commute along the Trans Canada Highway to seek attention. Our Nurse Practitioner, with a broad scope of practice, provides exceptional care. She is however, at capacity in terms of her patient load and there is still need for primary care in our community. We are therefore pursuing the possibility of welcoming a second primary care practitioner at our centre. Now, nearly completing our seventh year of service to our communities, we are so very proud of what we have accomplished and our communities are so grateful.



The BC Rural Health Network held its Annual General Meeting on September 3, at 4:00 pm.

Due to COVID-19, the meeting was held by Zoom. We would like to thank the Rural Coordination Centre of BC for providing us with this option.



The Network elected its second Board of Directors. They represent the broad spectrum of the rural and remote regions of our province. See page 10 for the complete list of Directors and staff.

At a meeting held immediately after the AGM the following positions were unanimously determined:

President	Edward Staples - Princeton
Vice-President	Pegasis McGauley - Nelson
Secretary	Peggy Skelton - East Shore Kootenay Lake
Treasurer	Bill Day - Hedley/Vancouver
Director	Colin Moss - New Denver
Director	Johanna Trimble - Roberts Creek
Director	Janice Androsoff - Trail



Augmenting the Board will be:

Stuart Johnston	liaison with the Rural Coordination Centre of B.C., and
Jude Kornelsen	liaison with the Centre for Rural Health Research at UBC

Staples gave a President’s Report, in which he outlined where we were, where we are, and where we are going. To access the report, please click on: <https://bcrhn.ca/agm-2020/>

Presentation by Dr. Jude Kornelsen

Kornelsen gave a summary of current projects which included:

- *An Investigation of Rural Citizen-Patient Priorities for Health Planning: Rural Community Responses to COVID-19* The survey link (<http://bit.ly/RERCOVID-19>) was distributed widely through rural community Facebook pages, local community media (newspapers and radio stations) and Chambers of Commerce, reaching 211 rural and remote communities across BC.
- **Out-of-Pocket Costs for Rural Residents When Travelling for Health Care: results From a Province Wide Survey in British Columbia**

To access all reports, visit: <https://crhr.med.ubc.ca/resources/reports/>



Presentation by Dr. Stuart Johnston

Johnston (Director, Rural Site Visits Project) gave an overview of the Rural Coordination Centre of BC programs and services, with special emphasis on the Rural Site Visits.

The Rural Site Visits Project engages health partners (health professionals, health administration, policy makers, community, and academic institutions) within each community visited. From these meetings, information is collected, anonymized and analyzed into themes to identify the major themes affecting health care delivery in BC rural communities.

To download the fourth Community Feedback report, click on: **June 2017 – May 2020 (PDF)**

This report is chock-full with great information, with many quotes from community member participants. Don’t forget to check out the following:

- Top Ten Themes
- Virtual Care Successes & Gaps
- Key Takeaways & Proposed Actions
- Sharing Innovations



Judge rules against private care for patients as four-year B.C. trial challenging universal health system ends



Dr. Brian Day, CEO of Cambie Surgeries Corp., argued wait times in the public system are too long.

PHOTO BY DARRYL DYCK/THE CANADIAN PRESS/FILE

Sept. 11, 2020 Vancouver The Canadian Press

[Excerpts] Justice John Steeves of the Supreme Court of British Columbia said in a written ruling after a four-year trial that Day and other plaintiffs failed to show patients' rights are being infringed by the [Medicare Protection] act, adding its focus is on equitable access, not ability to pay.

Dr. Brian Day had argued patients have a constitutional right to pay for private care when wait times in the public system are too long.

"Equal or identical care between patients is not part of the purpose of the (Medicare Protection Act) and nor is it achievable," Steeves said, adding those who are healthier and wealthier would benefit most from a parallel health-care system. Lawyers also failed to provide enough evidence that

patients' constitutional rights are being violated, he said.

Duplicative private health care "would not decrease wait times in the public system and there is expert evidence that wait times would actually increase," he said. "This would cause further inequitable access to timely care."

In April 2018, Dix announced that starting in October of that year, doctors who bill patients extra for services covered by the Medical Services Plan could face initial fines of \$10,000 as part of amendments to the Medicare Protection Act that had not been enforced for 15 years.

The new punishments were necessary because Ottawa had withheld \$16 million in health transfer payments over extra billing by private clinics, Dix said. "The issue here is extra billing and undermining the basis of public health care".

Private clinics are not illegal, but billing for medically necessary services is a violation of the Canada Health Act.

Dix said private clinics have played a small role when they are contracted to do day surgeries and last year performed about 12,000 procedures out of 300,000 done in the public system.

"The issue here is extra billing and undermining the basis of public health care," he said.

Dr. Rupinder Brar, spokeswoman for Doctors for Medicare, an interveners at trial, said Day's position involved having doctors bill for care in both the public and private systems where they could charge more and therefore prioritize those patients.

"This court case was about me being a doctor and charging patients whatever I want, so those people who can afford it will see me and I'll see them first," Brar said.

"It sets up perverse incentives for doctors," she said, noting physicians are free to opt out of the public system if they choose to practise in private clinics, but not do both.

To read the full article, click on: [Judge rules against private care for patients as four-year B.C. trial challenging universal health system ends](#)



Profits Before Patients? The Corporate Push into BC’s Primary Care System

Big business sees opportunity in replacing the family doctor with corporate clinics or virtual care. Advocates see peril. First in a series.

Andrew MacLeod 7 Sep 2020 | TheTyee.ca

[EXCERPTS] Anita Dickson recently saw the kind of primary health care one corporate provider is delivering in British Columbia. And it scared her.



Dickson is past president of the Licensed Practical Nurses Association of BC, an organization that dissolved in April and merged into the Association of Nurses and Nurse Practitioners of BC.* She has worked everywhere from emergency rooms to hospices and knows the kind of attention that goes into providing careful, personalized health care.

Not long ago she was with a family member who was using Babylon, a service that Telus offers through its health division. “See a doctor from your phone,” Telus promises, with the cost covered by the province’s medicare plan.

Dickson could see that the service was convenient. But she was concerned about what she witnessed — and the risks to patients.

“There’s no connection. It’s just being able to call up and get a prescription, and that’s how [the patient] sees it, and that’s the scary part,” Dickson said.

“What I saw was this female doctor gave a prescription for several months of birth control — not knowing [the patient] hadn’t taken her IUD out,” Dickson said. The patient wanted to alter her menstrual cycle and didn’t tell the truth when asked key questions about the IUD. The pill and some types of IUDs both affect hormone levels; using both could create risks for the patient.

A doctor who had been providing care to the patient for some time would likely have identified the risk. But it would be difficult, if not impossible, for a doctor dealing with the patient for the first time, on the phone, to recognize the complication.

“They don’t know your medical history,” said Dickson. “I didn’t see a full assessment. She asked several questions for sure, but it was ‘Sure, OK, that sounds right, that sounds good.’ And that’s the scary part for me as a nurse.

“Telus, a publicly traded Vancouver-based company worth \$29 billion, was making inroads into health care before the COVID-19 pandemic began. It’s moving more heavily into primary care, traditionally provided by generalist family doctors who are patients’ first point of contact with the health-care system. They look after day-to-day concerns and also provide a co-ordinating role when people need ongoing care or to see a specialist.

Problems in primary care aren’t new



Dr. Toye Oyelese says corporate care undermines the relationship between patient and doctor. And that means lower quality care. Photo by Jeff Bassett.

Once, Canadians had family doctors who cared for them and their children. Now corporations are moving in, delivering primary health care by phone or through a chain of branded clinics.

Critics say that’s the direct result of long-term problems in primary care delivery and governments’ failure to support better ways of improving access. They worry about the quality of care corporations will provide, and conflicts between the corporate need to increase profits and patients’ need for care that puts their interests first.

The underlying issues are long-standing, some going back to the founding of Canadian public health care. But they’ve been heightened in the pandemic, as physicians and patients have turned to virtual care provided by phone or over the internet.

Continued on page 6

The BC Family Doctors, which represents doctors providing primary care, recently released a **statement** urging caution in the adoption of telemedicine and calling for closer scrutiny of the involvement of corporate care providers.

“The encroachment of private, for-profit telemedicine needs to be regulated and controlled,” the statement said. “BC Family Doctors calls on the B.C. underlying issues are long-standing, some going back to the founding of Canadian public health care. But they’ve been heightened in the pandemic, as physicians and patients have turned to virtual care provided by phone or over the internet.

The statement argues that telemedicine is best when used as a tool within a long-term patient-doctor relationship. One-off episodic services “should only be provided as an intermittent and infrequent alternative to a patient’s family doctor,” it says.

To access the full article, click on: **Profits Before Patients? The Corporate Push into BC's Primary Care System**

NEW ON OUR WEBSITE continued.....

Where Telemedicine Falls Short

Harvard
Business
Review

[Excerpts] Telehealth use has surged during the coronavirus pandemic, with the technology spreading far and fast. Doctors and patients alike must be wondering if this is the beginning of a whole new kind of doctor–patient relationship, one that might totally transform our health care system.

I am not skeptical because of the technology: I am a strong supporter of health information technology and believe new IT holds huge benefits for patients and their caregivers.

But I am also a primary care physician. I know that trusting relationships between patients and clinicians can be a boon to giving and receiving care. I also know that well-trained clinicians use all their senses — not just hearing and vision. They appraise the whole patient: Is there a new limp, a shift in posture, a new pallor?

There are times and places where virtual care makes perfect sense. During the pandemic, when in-person exposure has to be limited, it has been crucial for keeping doctors and patients. And in parts of America where no alternatives exist, telehealth has been a lifesaver — especially in enabling the delivery of scarce specialty services to support family physicians in **remote areas**.

There are also situations where virtual connections deliver excellent care with greater convenience and lower cost than in-person visits. Examples include routine and repetitive issues like **monitoring blood pressure** or mild respiratory symptoms (Covid-19 notwithstanding).

There is **growing evidence** that virtual care for some mental health conditions works well, too. And virtual care likely works better for the young and healthy than the elderly and sick.

To read the full article, click on: **Where Telemedicine Falls Short** [Note: text in bold will lead to other articles]

LOOK WHO IS IN THE NEWS!!

Windrim (Quadra Island resident), Kornelsen and Staples!



CANADA'S
**NATIONAL
OBSERVER**

To access, click on: <https://www.nationalobserver.com/2020/09/14/news/bc-rural-residents-say-travelling-health-care-can-cost-thousands>

This is the first in a two-part series exploring the travel costs rural residents face when seeking medical care outside their communities.

Petitions/Letters
<https://bcrhn.ca/petitions/>



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!!*



The Council of Canadians joined with the Canadian Health Coalition and other national and regional organizations and sent **a joint letter** to the Prime Minister, the Minister of Health and the Minister of Finance to call for immediate federal government action to implement universal, public pharmacare.

To sign, click on: **Take action for Pharmacare**

 **FIX LONG-TERM CARE**

Long-term care is in crisis – and it has been for years. Decades of underfunding, understaffing, and a focus on profit instead of care have left the system tragically unprepared for the health crisis we’re facing with COVID-19.

Visit fixlongtermcare.ca to send your letter to the Prime Minister.



Seniors Deserve Better 

SIGN OUR PETITION TO
END FOR-PROFIT SENIORS’ CARE IN B.C.
Only through public delivery can we stabilize working conditions and provide the quality of care seniors deserve.

To read more or sign the petition to end for-profit Seniors’ Care in BC, click on **Seniors Deserve Better**

leadnow.ca

If you think seniors care should be a part of universal healthcare instead of a for-profit business, click on **Seniors Care should not be driven by Profit**

Sam Wolfe: Champion of Medicare

The history of public healthcare in Canada contains a long list of names of the people who championed the rights of Canadians for equitable access to healthcare. The names of most of these men and women are largely forgotten. One person who deserves to be recognized for his contribution is Dr. Sam Wolfe, a family physician from Saskatoon who championed public health care in Saskatchewan in the 1950s and 60s.

In a September 18, 1965 article in McLean's magazine, Jeannine Locke tells the story of "One doctor's lonely, costly battle for medicare". Following are excerpts from that article.

"Among Canadian doctors, a forty-two-year-old Saskatoon general practitioner named Sam Wolfe is probably the most intimately and painfully acquainted with medicare . . . and the most devoutly certain of its civilizing effect on his own profession and on society."

". . . by 1950, when Sam Wolfe graduated [from medical school], the CCF government of Saskatchewan had introduced publicly administered, tax-financed hospital insurance and was committed to the insurance of doctors' services as well. Dr. Wolfe went to Saskatchewan from his native Ontario to join in the experiment."

"For his active support of medicare, Dr. Wolfe has been branded a heretic by his own profession, ousted from the faculty of the University of Saskatchewan's College of Medicine and isolated, as if he were contagiously diseased, from ordinary social as well as professional contact with most of his colleagues."

"Sam Wolfe, from his own experience in Saskatchewan, is convinced that Canadian society and the Canadian medical profession will make the necessary accommodation to the spread of medicare and the changes that will come in its wake. His own survival as a practising medical nonconformist is what makes him optimistic."

To read the full article, click on the following link: <https://archive.macleans.ca/article/1965/9/18/one-doctors-lonely-costly-battle-for-medicare>

RCCbc introduces its new *Rural Site Visits & Innovations* web site.

It features an inventory of health care innovations collected by the Rural Site Visits project team during visits to your communities.

To access, click on: <http://www.ruralinnovations.ca>

Below is a small sample of the innovations you can find on the website:

- subsidized bus service
- team based care using technology to increase patient access
- single referral Electronic Medical Records for community services
- Indigenous care aides take on role in community
- Travel Assistance Program (TAP) funds locals with Out-Of- Community Appointments.

**RCCbc
News**



NOV 18, 2020

BCRHR
BC RURAL HEALTH
RESEARCH EXCHANGE

HOLD THE DATE
for this free Zoom webinar
rccbc.ca/bcrrhx

Sign-up at rccbc.ca/bcrrhx



Some of Our Latest Twitter Followers



Women's Health Research Cluster womenshealthresearch.ubc.ca

The Women's Health Research Institute provides leadership, vision and support to a growing network of health researchers in British Columbia. The WHRC is a multidisciplinary collaborative network of stakeholders that promotes, expands and catalyses impactful research on women's health.



UBC Health

Building collaborations to enhance health education, research and systems. Vancouver, British Columbia
health.ubc.ca



UBC digem

Advancing emergency medicine through technology enabled, health professional & patient oriented strategies for excellence in acute & community care. UBC, Vancouver
digem.med.ubc.ca



VIPhysicians

Providing Physician Recruitment and Retention for Island Health on Vancouver Island, B.C.
medicalstaff.islandhealth.ca/careers



Of special Interest to our members

Our letter to Minister of Health Adrian Dix regarding [Long Term Care in B.C.](#) received a reply.



"I would like to begin by thanking you and the rest of the BC Rural Health Network for the dedication shown in advocating for increased access to quality care for those living in remote and rural communities. Providing a safe, dignified, and fulfilling care environment for everyone in BC is a priority for the Ministry of Health (the Ministry)"

To read the letter, click on: <https://bcrhn.ca/letters-3/> (scroll down to 'Reply from MoH'.) 9

Of special interest to our members



British Columbia Academic Health Science Network

- September 17, 2020 -



Putting Patients First 2020

Connecting Face-to-Face in Virtual Space

Virtual Conference | October 8, 2020
Pre-Conference Networking Event | October 7, 2020



British Columbia's only patient-oriented research conference.

Learn more at bcsupportunit.ca/conference

Lillian Hung, Jim Mann, Jennifer Johansson, and Holly Langstaff participate in the panel "Ethical Considerations in Patient-Oriented Research" at Putting Patients First 2020.



British Columbia Academic Health Science Network

A sample of what is offered on October 8:

- BC SUPPORT Unit Method Clusters: What progress? What successes?
- Can a patient/family-oriented discharge process improve the patient and provider experience of discharge from hospital
- Personal Health Records: Contrasting Views of Rural Patients and Providers
- Connecting Experience to Research: A review of different approaches to patient engagement in BC
- Patient Experience and Outcomes Surveys for Kootenay Boundary Primary Care Network Implementation
- Rural Community Responses to COVID-19 in British Columbia
- Appropriate Access to Healthcare for Rural and Remote Communities: A Community-Based Toolkit for Investigating Legal Approaches

About Us

BC Rural Health Network Board of Directors

Bill Day, Treasurer - Hedley/Vancouver

Colin Moss, Director - New Denver

Edward Staples, President - Princeton

Janice Androsoff, Director - Trail

Johanna Trimble, Director - Roberts Creek

Pegasis McGauley, Vice President - Nelson

Peggy Skelton - East Shore Kootenay Lake

Augmenting the Board will be:

Stuart Johnston - liaison with the Rural
Coordination Centre of B.C. and

Jude Kornelsen - liaison with the Centre for Rural
Health Research at UBC

STAFF

Connie Howe, Administrator - Princeton

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

SOCIAL MEDIA

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