Current Strategies & Directions for Primary Health Care in NS

• Government Commitments
  – CDP & M, standards, less paperwork, additional PHC providers
  – Back to Balance

• DHW Statement of Mandate
  – Additional PHC teams, EMR adoption, EHS performance standards

• Better Care Sooner
  – Emergency Care focus, PHC as critical success factor, Seniors Friendly Care

• Other
Vision for Primary Health Care in Nova Scotia:

“In 15 years the health status of the population of Nova Scotia will be improved because individuals, families, communities, and non-government and government organizations within and outside the health sector have been enabled to positively influence the many factors that influence health.”

Primary Health Care

- Often an individual's first point of contact with the health care system
- Provides the basis to address the main health needs of individuals and communities
- Enhances people's physical, mental, emotional and spiritual well being
- Addresses the factors which influence health/determinants of health
- Encompasses health promotion, acute episodic care, chronic disease prevention and management, rehabilitation and palliative services
- Provided by a range of service providers
- Designed and delivered in conjunction with other community service providers and the public
## Future Model of Primary Health Care

<table>
<thead>
<tr>
<th>Current Model</th>
<th>Future Model</th>
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</thead>
<tbody>
<tr>
<td>Problem-focused care</td>
<td>Culturally Competent Patient-centred care</td>
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<tr>
<td>Heavy burden on individual providers</td>
<td>Collaborative care team (mix of providers) working to full scope-sharing the burden</td>
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<tr>
<td>• Up to 2-6 week wait for appointments</td>
<td>• Same day / Next day appointments</td>
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<tr>
<td>• Availability 9 am to 5pm, 4-5 days/week</td>
<td>• Extended hours, 7 days / week</td>
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<tr>
<td>• Walk-in clinics available (episodic care)</td>
<td>• Comprehensive care</td>
</tr>
<tr>
<td>• ER used as default</td>
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<tr>
<td>Individual paper-based systems</td>
<td>Shared information - Electronic Medical Records</td>
</tr>
<tr>
<td>Reactive – high dependence on rescue technology</td>
<td>Proactive – preventative care and chronic disease management</td>
</tr>
<tr>
<td>Recruitment and retention challenges</td>
<td>• Should lead to increased job satisfaction</td>
</tr>
<tr>
<td></td>
<td>• Better work/life balance (team support)</td>
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</tbody>
</table>
Primary Health Care for Nova Scotians

Quality + Population Health + Access = Better Care Sooner

COMMUNITY BASED PRIMARY CARE
- Chronic Disease Prevention and Mgmt across the continuum (SM for patients and SMS for providers)
- Physician Participation and Engagement
- Health promotion and early intervention – opportunities with the integration HPP/DOH

POLICY, TOOLS and STANDARDS
- Population Based Planning Tool
- Advanced Access Initiative
- Building a Better Tomorrow Together
- Diversity and Social Inclusion-Health Literacy Tool
- Palliative Care & Mental Health integration

INTER-DISCIPLINARY TEAMS
- Teams in Collaborative Emergency Centres
- APP Framework and Deliverables (PS led)
- HealthLink 811
- Pharmacists and PHC
- PHC in Continuing Care (NPs and ECP)
- Community Paramedicine
- Midwifery
- Family Practice Nurses

DHAs/IWK
- DCS and other Gov’t Depts

Professional Associations and Regulatory Bodies

Aboriginal Health Partners

CDM Advisory Committee

DCS and other Gov’t Depts
Challenges to Innovative and Sustainable Change in PHC

- Burden of Chronic Disease - highest of all provinces in 7/11 chronic diseases and close to the top in the other four
- Financial constraints (resource investment or reallocation)
- Health Human Resource Challenges
- Optimizing roles within current system (full scope)
- Underserved populations and integration of health literacy promotion
- Existing demands and expectations

“Change has occurred but not at a sufficient pace and this affects our ability to respond properly to the needs of patients….”

CHSRF, 2011
Enablers to Innovation and Sustainable Change in PHC

- Existing Interdisciplinary PHCTs
- New Models of Physician Remuneration
- Primary Health Care funding for physician engagement
- DOH/Doctors NS Master Agreement-including incentives for collaborative practice and chronic disease management Minimum deliverables for collaborative Primary Health Care teams
- Regulatory bodies in support of inter-professional teams
- Models of Care in Nova Scotia
- DHW & DHA Leadership to support Chronic Disease Management
- Primary Health Care funding to support FPN post licensure education program, Building a Better Tomorrow Together, Your Way to Wellness & Self-Management Support for Health Care Providers
- EMR
- Community Paramedicine Initiatives
- Health Link 811
Primary Health Care: Leader in Patient Centered Care

“True patient centered care is possible if the disparate services and providers truly embrace the concept and use it as the unifying principle to create and interdependent system. Nova Scotia’s PHC Professionals are working to make this a reality.”

Ross 2010
Table talk

• Look at the image on your table
• Discuss what you see with table group members
The Iceberg Concept of Culture
Like an iceberg, the majority of culture is below the surface.

**Surface Culture**
Above sea level
*Emotional load*: relatively low
- food
- dress
- music
- visual arts
- drama
- crafts
- dance
- literature
- language
- celebrations
- games

**Deep Culture**
Below sea level
*Emotional load*: very high
- courtesy
- contextual conversational patterns
- concept of time
- personal space
- rules of conduct
- facial expressions
- nonverbal communication
- body language
- touching
- eye contact
- patterns of handling emotions
- notions of modesty
- concept of beauty
courtship practices
- relationships to animals
- notions of leadership
- tempo of work
- concepts of food
- ideals of childrearing
time of disease
- social interaction rate
- nature of friendships
tone of voice
- attitudes toward elders
- concept of cleanliness
- notions of adolescence
- patterns of group decision-making
definition of insanity
- preference for competition or cooperation
tolerance of physical pain
- concept of “self”
- concept of past and future
-definition of obscenity
- attitudes toward dependents
- problem-solving
roles in relation to age, sex, class, occupation, kinship, and so forth

Indiana Department of Education • Office of English Language Learning & Migrant Education • [www.doe.in.gov/englishlanguagelearning](http://www.doe.in.gov/englishlanguagelearning)
Culture

- The lens through which we see, understand and relate to the world
Can we have patient-centred care without considering culture, language and literacy/health literacy?
Cultural Competence

Cultural competence requires that:

• *healthcare providers* have effective skills, knowledge and attitudes

• *organizations* have inclusive procedures and guidelines

• *health systems* have adequate funding, interpretation services, a diverse workforce, sound policies and supportive leaders and champions.
Cultural Competence

Cultural Self-awareness
Understanding culture
Understanding our own bias, values and culture
Understanding power, trust, equity

Cultural Knowledge
How cultures vary
Specific knowledge about the cultures with whom you work

Cultural Resources: Tools for bridging the gap

Individually: seek information, develop diverse connections, reflect on experiences
Organizational: policies, diverse workforce, multi-faith care, interpreter services, partnerships

Cultural Competence

To care for someone...

• I must know who I am
• I must know who the other is
• I must be able to bridge the gap between myself and the other

Cultural Competence Guidelines

- Diversity and Social Inclusion Initiative (03-06)
- Participatory, inclusive province-wide process to identify health needs and barriers facing culturally diverse communities
- Resulted in the development of province-wide cultural competence guidelines
- See: www.healthteamnovascotia.ca/cultural_competence/CulturalCompetenceGuidelines_Summer08.pdf
NS Cultural Competence Guidelines

- Culturally competence care delivery
- Collaboration with diverse individuals and communities
- Recruitment, retention and promotion of diversity amongst health staff
- Cultural competence training
- Attention to language, interpretation and translation. Health materials, forms and signage that consider culture, language and health literacy
- Cultural competence embedded throughout organizations (mission, vision, plans, job descriptions etc)
- Data collection, research, data use and culturally appropriate screening
Messages for All Voices

• *Integrating cultural competence and health literacy in health materials, forms and signage*

• Quick reference guide and full version

• Available online: [www.gov.ns.ca/health/primaryhealthcare/healthLiteracy.asp](http://www.gov.ns.ca/health/primaryhealthcare/healthLiteracy.asp)
Messages for All Voices