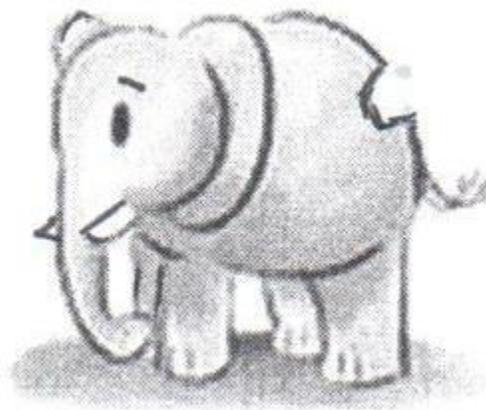


WHAT COMES NEXT?

A consideration of the progression of activities
by:

WELLNESS & HEALTH ACTION COALITION

A Division of the Ashcroft & Area Community Resources Society



Serving the villages of:
Ashcroft, Cache Creek, Clinton, Lillooet, Lytton, Logan Lake,
plus all of the unincorporated and 23 First Nations Communities within the
service area.

The purpose of this report is to seek the development and implementation of a feasibility plan that would direct our region in the transition from the current health care delivery methods to a primary care model and to ensure that our plans are consistent with provincial expectations.

While the Wellness & Health Action Coalition (WHAC) volunteers have been examining the health care system from a grass-roots perspective, provincial and professional health care agencies, as evidenced by provincial workshop materials, have been expending considerable time and resources to the same question, and we have all arrived at the same conclusion. Now is the time to put the “rubber to the road” – we are ready and prepared to serve as a pilot project to implement a rural multi-community primary care network.

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WHAT HAVE WE DONE SO FAR?

There have been a number of advancements in the 3 years that this committee has been operating:

- Several rural communities are joined in action for a renewed approach to the delivery of rural health care;
- A working relationship with the MLA, Regional District Area Director, 3 municipalities and several departments of Interior Health has been established;
- The District Medical Director joined the team;
- When a clinic was suddenly without doctors, a crisis was averted by organizing the use of an inter-community bus to transport patients to an outreach clinic in another community;
- New physicians have been attracted to the area;
- Team members have been able to attend several workshops sponsored by the Ministry of Health, Interior Health, Doctors of BC, Thompson Rivers University and UBC-Okanagan in the pursuit of information and to further our knowledge of health care delivery issues,
- Perhaps the greatest achievement is the realization that the goals and directions we established early in the process are indeed fully in line with what other communities and the health care system itself is wanting to achieve.

WHAT HAVE BEEN OUR GUIDELINES?

Our mission direction has been singular: **to establish a primary care network within the mandates and guidelines of the provincial health care system**. Mandates passed from the Premier to the Minister of Health, then to the regional health authorities and by them incorporated into operating objectives all support a transfer from “illness care” to “primary health care”, and all make mention of the need for improvement in the delivery of health care to rural and remote communities. We at the WHAC are in agreement with the mandates as stated, and are committed to doing what we can to ensure that those mandates are met within our network of communities.

WHO SUPPORTS US?

January 26, 2017, was a banner day for the WHAC. At a workshop sponsored by the Ministry of Health, Interior Health and Doctors of BC, facilitated by BC Healthy Communities, we discovered that the health care system's long-standing research and development activities are totally in line with our needs. The research material presented outlined a delivery model just as we have foreseen:

- A network of clinics and services (referred to as "Patient Care Homes") would operate under a single administrative structure (referred to as a "Primary Care Home");
- Specialized services and major regional hospitals would continue to be administered by a senior body outside of the primary care home circle;
- Emphasis is placed on ensuring that all BC residents, regardless of location, should have equal access to the primary care home system.

The message received at that workshop tells us without doubt that the **health care system in BC** supports the direction that we have been planning for the past 3 years, and recognizes that the delivery of rural health care is very different than urban.

The formation of health care networks can only succeed with the support and encouragement of the professionals involved. In that regard we are pleased to have the continued support of the **Regional Medical Director (also the Lillooet & Area Rural and Remote Division Chapter - Physician Lead)**, who is assisting us in our planning and is collaborating with the professional staff in our area. She is very committed to the concept of a rural, multi-community, multi-service health care delivery network, which is supported by the Health Authority and the Ministry.

WHAT DO WE SEE AS THE NEXT STEP?

We need to formulate a two-pronged plan – to cover both administration and facilities - that meets the unique needs of our network of rural communities and complies with plans/directions of the Ministry and Interior Health.

1. An **administrative structure** that will oversee health care delivery in all of the communities in the network - a detailed plan of how the network will function and how it will be funded;
2. A detailed examination of the existing **facilities** and what modifications are required so that those facilities can collectively accommodate the staff that will be restructured to comply with the needs of primary care services. (As a specific, we have already determined that the Ashcroft facility is not large enough, nor appropriately laid out, to survive the change from "illness care" to "primary care", especially considering that that facility would be one of two in the network that would service outreach areas and accommodate visiting specialists.)

HOW CAN WE GET THERE?

This project is nothing that time, talent and money cannot resolve. The volunteers of the WHAC have the time, and some of the talent, but none of the financial resources. **We need funds to contract a professional(s) who can put the polish to our vision.** We are at the "detail" stage that requires a whole different kind of administrative knowledge.

“Build it and they will come” may be the required approach to the change-over to primary care services. **Our “primary care home” needs a proper home**, especially if it is to attract the qualified personnel needed to make the system work. Physical modifications to existing facilities, particularly the Ashcroft site, needs a professional with knowledge of building processes and especially health care facilities

CHALLENGES?

The major challenge the WHAC members face is that this project has now outgrown the capacities of the current network of volunteers. This is the downside of success. Now is the time to involve professional help to ensure that all aspects of this project are considered, and to ensure compliance with provincial planning and funding channels.

The Premier’s “Taxpayer Accountability” mandate has had the effect of downloading responsibility without either authority or resources. We believe we’ve gone as far as we can go without the involvement of paid professionals who can access “inside information” to ensure that the planning and development of our multi-community primary care network complies with both Provincial and Federal Government thinking.

MOVING FORWARD TOGETHER.

There are two potential ways we can go about this:

1. Obtain funding with which to **contract private sector expertise** in both health care administration and facilities;
2. A direct **partnership with either the Ministry of Health or Interior Health** to utilize their in-house expertise to ensure total administrative and facilities compliance with their overall planning processes.

In either case, the intention of the Wellness & Health Action Coalition is to fully support the existing and developing mandates of the health care system, at both the legislative and delivery levels.

We now need professional help so that we can do our best to help the health care system of BC pilot a workable plan to deliver primary care services to all of its residents.