A key component in evaluating the success and benefits of patient medical homes involves collecting stories of health care change from doctors, patients, and allied care providers. These stories take readers on a journey toward understanding how patient medical homes are improving care around the province.

Change Snapshot: how collaboration led to better care, improved connections, and increased support within the system.

Listen to an audio version of this story here.

A Collaborative Approach to Trauma-Informed Care Leads to A Stronger Network of Providers

I am no longer practicing as a typical GP – I do consultation with patients, including health coaching and mindfulness workshops for the community. When I saw that the division was looking for people to get involved with the Patient Medical Home (PMH) committee for child and youth mental health, it was the first time I'd been involved in the division in nearly 10 years. I'm passionate about child and youth mental health, and I wanted to bring new information about Adverse Childhood Experiences (ACEs) and people recovering from trauma into the mainstream of primary care and how our community thinks about health. Trauma is the number one public health issue and determinant of health. It is my life's work to help people heal from trauma.

We went through several stages in our committee – we met pretty frequently, about once a month, for the first six months or so – we explored different challenges and possibilities and how best to use our time, then prepared to implement our projects. First we designed a workshop to explain ACEs and the science behind it, including trauma physiology and the polyvagal theory, to support anyone working with youth. In this workshop we emphasized the importance of provider self-care as a critical component. We also started looking at opportunities to build relationships with others working on child and youth mental health to develop collaborative approaches. This included primary care providers, counsellors, social workers from child and youth mental health (CYMH) and the Ministry of Children and Family Development (MCFD). We then organized an educational evening to address an issue that came forward: fragmentation between MCFD, CYMH and primary care providers. The relationships had been suffering from ignorance of each others' resources and limitations, not to mention changing personnel. This undertaking was very positive, culminating in a collaborative presentation by all parties with much engagement and sharing of resources and goodwill.

It was a learning curve to work with funding that was out of the control of our committee. I experienced frustration at the sheer amount of bureaucracy involved with change. Things were happening more slowly that I would have liked, yet I felt a growing recognition of how important it is to work with others who have the ability to shape the administrative aspects.

I feel optimism for our medical community – a lot of physicians are feeling under-resourced, and we have quite a few new physicians in our rural community. Collaborative events like the ones we planned can go a long way in equipping new physicians and other primary care providers with tools they might need to better manage and support the youth they are seeing. I also feel more connected to my colleagues and more aware of their genuine efforts to positively shape the health of our community.

Previously, I was unaware of some of the complex challenges in our community, and this work has been a humbling reminder of the silos we can find ourselves in. It's an enormous opportunity to be of service when we initiate connections and create pathways for people to access the system. I find it refreshing to

work as a team- there is a lot of support and good will for one another, and many people, from GPs, NPs, division staff and people from Child and Youth Mental Health and MCFD have become part of the team. There's an alignment happening between the groups that brings comfort and health over the long-term.