







# Patient Medical Homes

The reality in rural communities



#### **GOALS**

Share and deepen our collective understanding of an *effective* integrated system of care in VCH rural communities.

Share strengths and enablers that can enhance Patient Medical Homes in VCH rural communities.

Share ideas and build connections...





# The reality of PMH in rural communities

- Telehealth and outreach to small communities: Hope
- Population based funding: North Peace Division
- Proof of Concept Journey: Kootenay Boundary Division
- Opiate Replacement Clinic: Sunshine Coast Division
- Aboriginal Engagement: South Okanagan Similkameen
- Physician Leadership: East Kootenay Division
- Maternity Care: Campbell River and District Division
- Team-Based Care in Pemberton: Rural and Remote Division



# The reality of PMH in rural communities

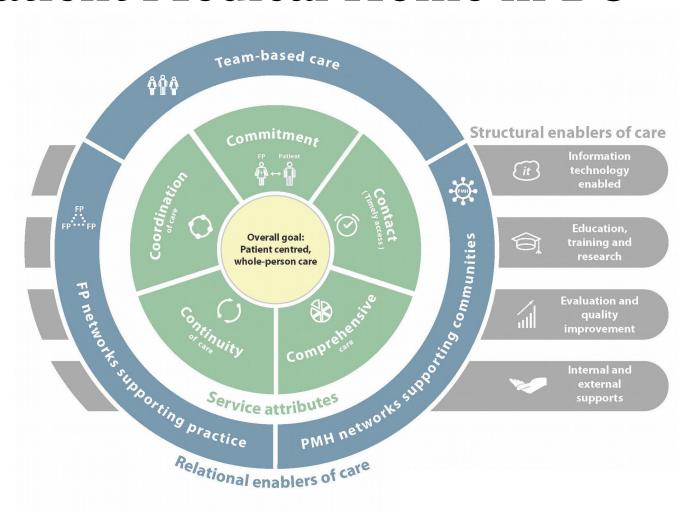
- Telehealth and outreach to small com

- Proof But first:
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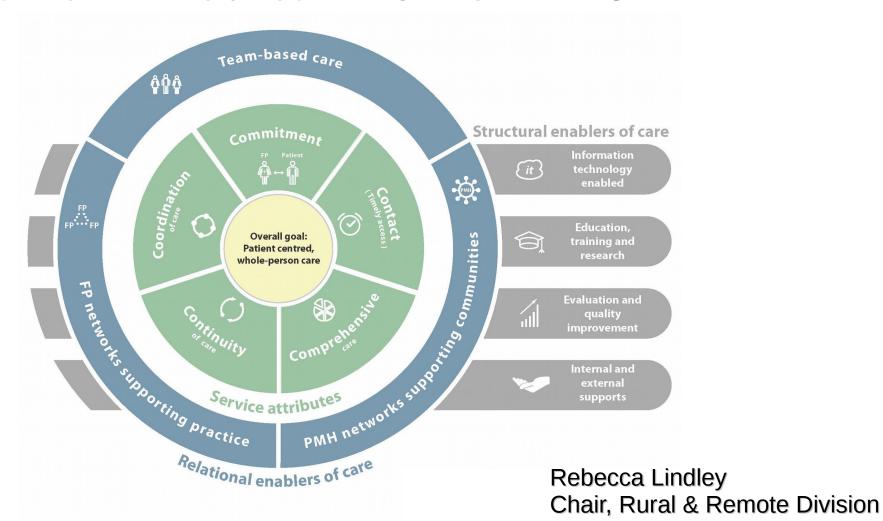
  - Team-Balth 'next steps' about rural integrated remote Division systems of care



## Patient Medical Home in BC



#### Patient Medical Home in BC



#### 'Disclosure'

No commercial bias or relationship with industry

- -Chair of Rural & Remote Division of FP
- -member of RCCbc Core committee
- -The CARE Course

Rural GPs say...

Same work, new name

We already work in teams!

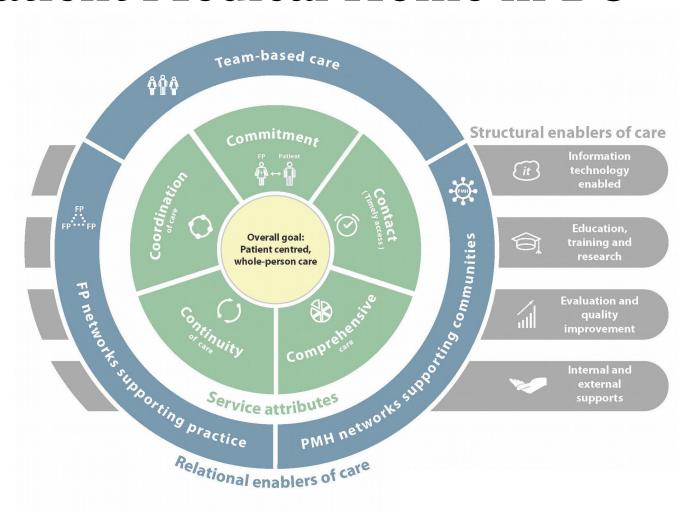
We've been doing it for decades...

We are integrated across the community

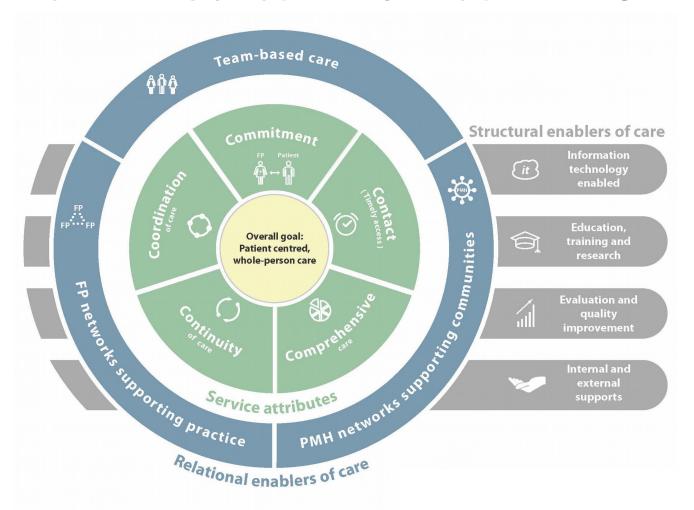
We are good at whole-person care



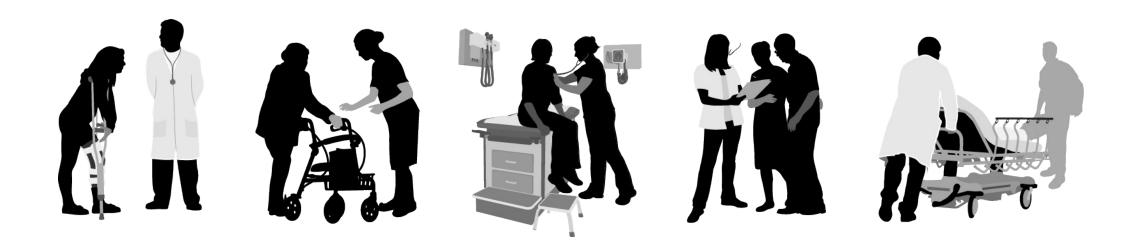
## Patient Medical Home in BC



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# Rural: not just primary care



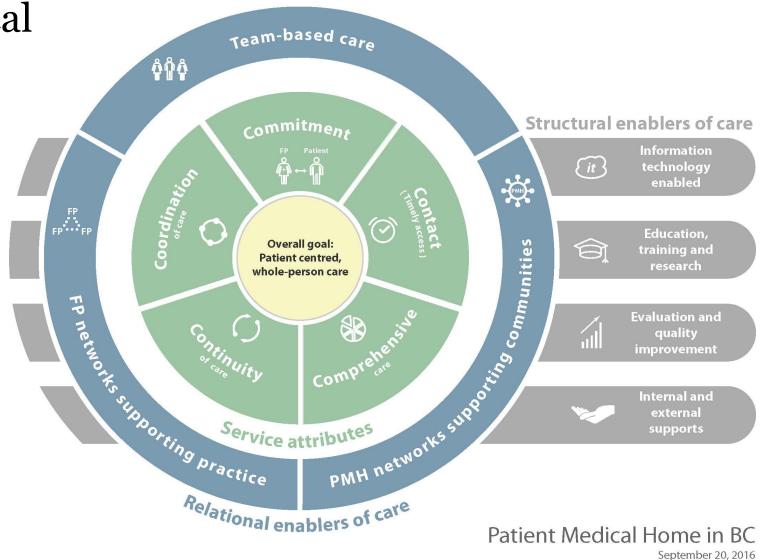


#### What is Primary Health Care?

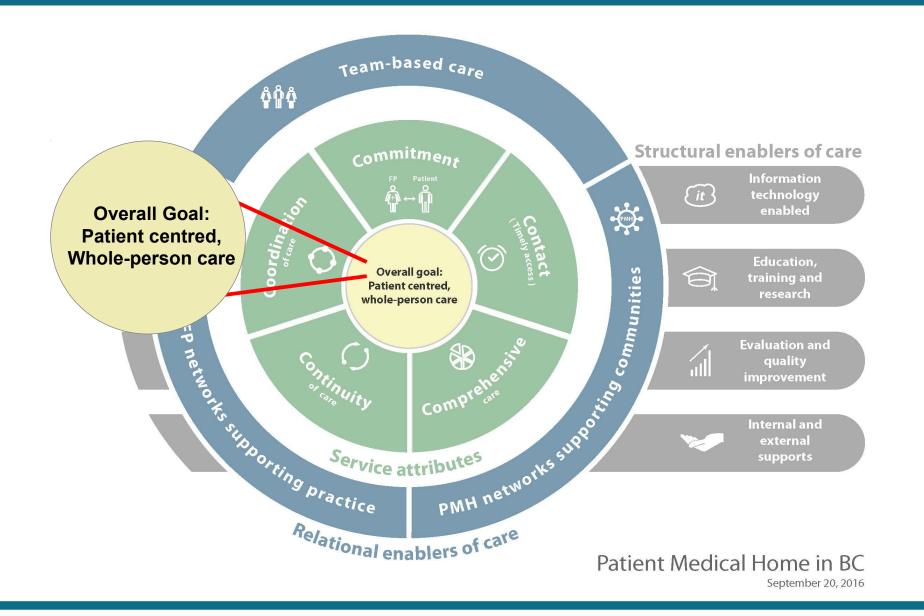
"...essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and selfdetermination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process."

Patient Medical Homes

What do patients already experience in rural communities?







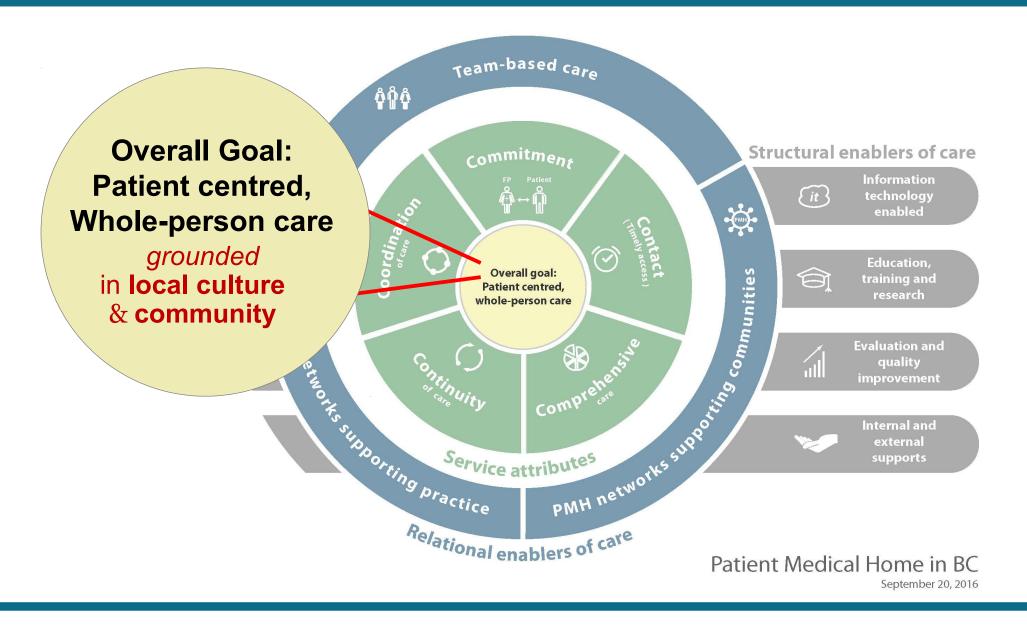
# Strong patient-provider relationships already exist ...often *enhanced* by community connections...

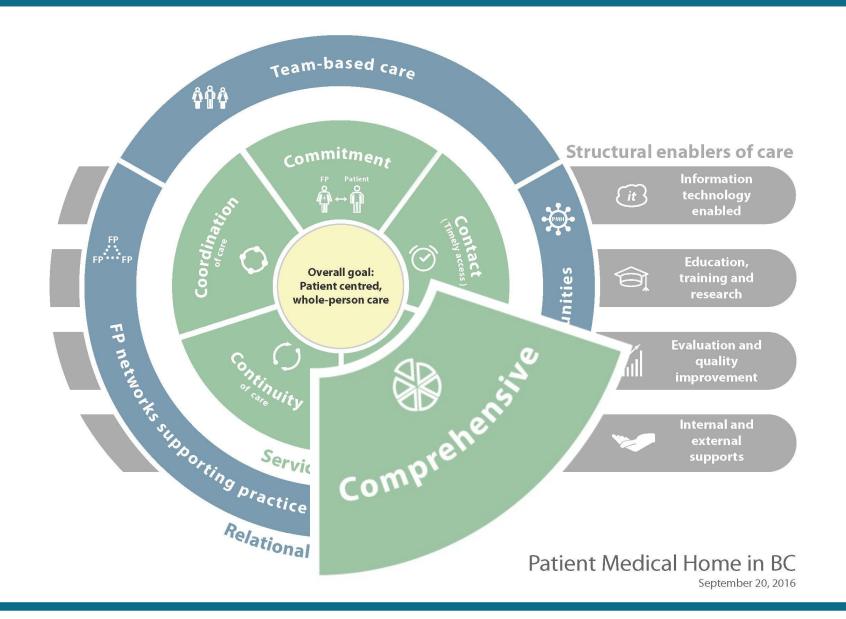


Integrated rural health services delivered by teams wrap around the patient, family and community.



...are deeply rooted in the individual and community geographic, cultural, and socioeconomic determinants of health.





# Full Spectrum of Care in a community

Integrated, interprofessional communities of 'generalist' providers working in teams

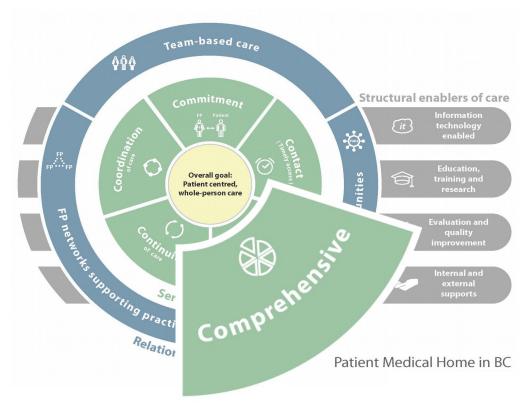












# Full Spectrum of Care in a community

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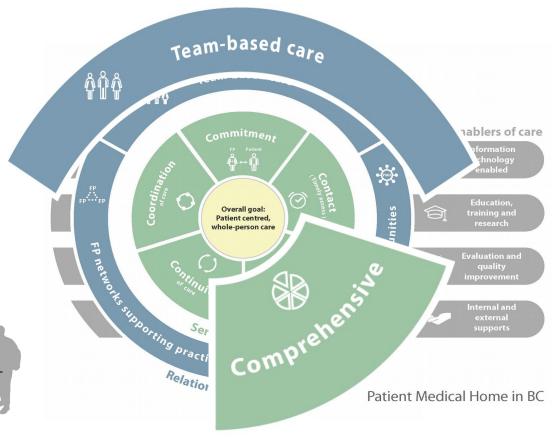


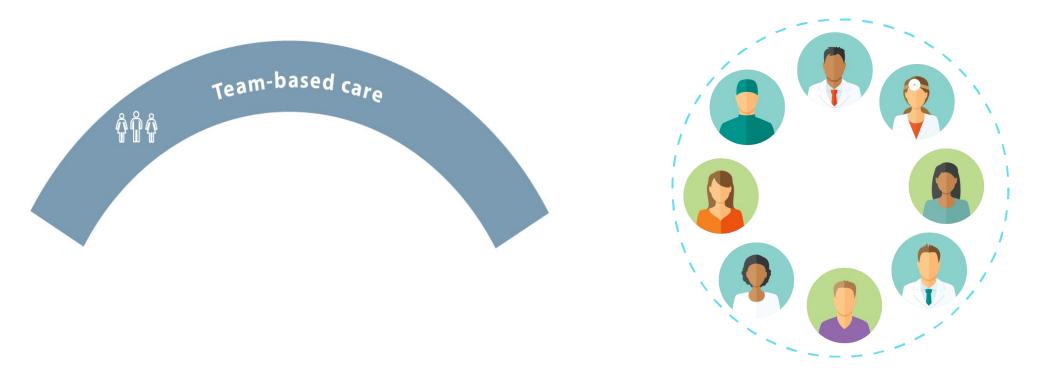












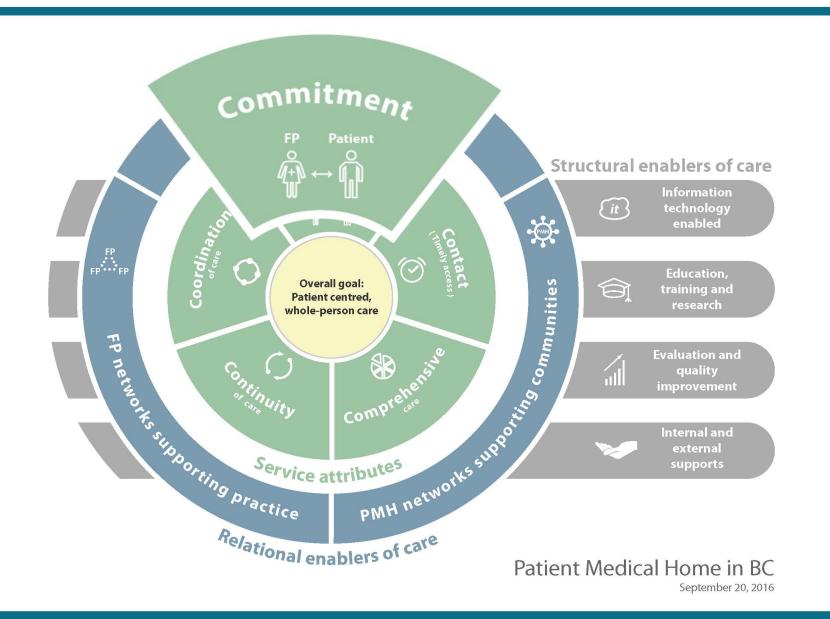
Rural GPs, NPs, RNs, specialists and other health care providers work together within a practice, facility, community and/or across a geographic region.





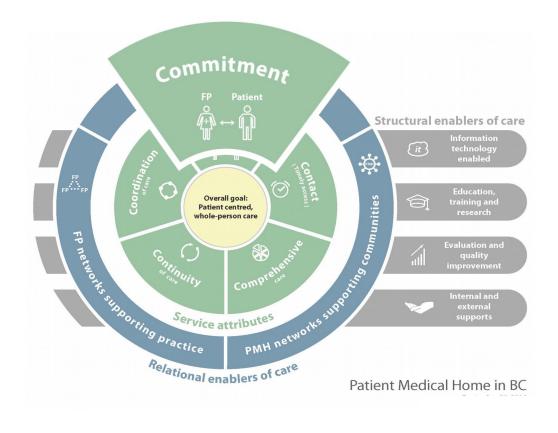
Team members often share / alternate as the Most Responsible Provider (MRP) for different elements of a patient's medical care.





# Commitment (A reliable relationship/attachment to a primary care provider)

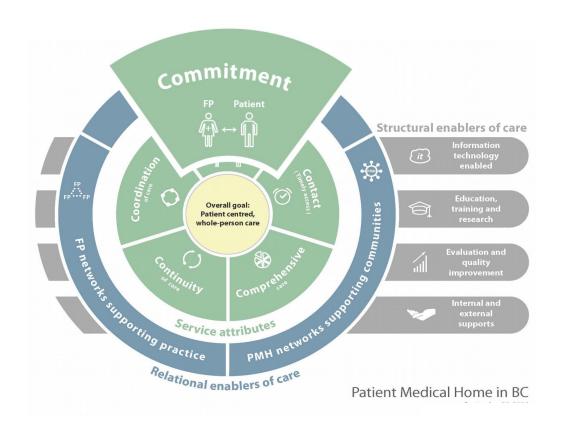




# Commitment (A reliable relationship/attachment to a primary care provider)



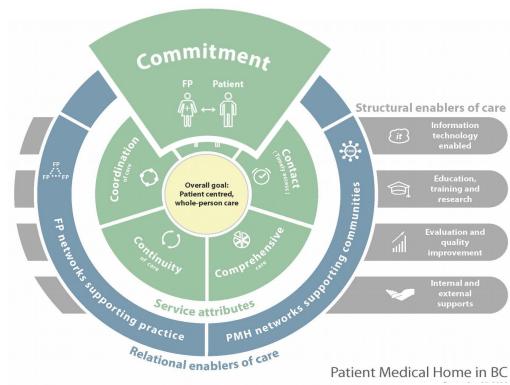
Commitment needs to be to support health and wellness *in the community* 

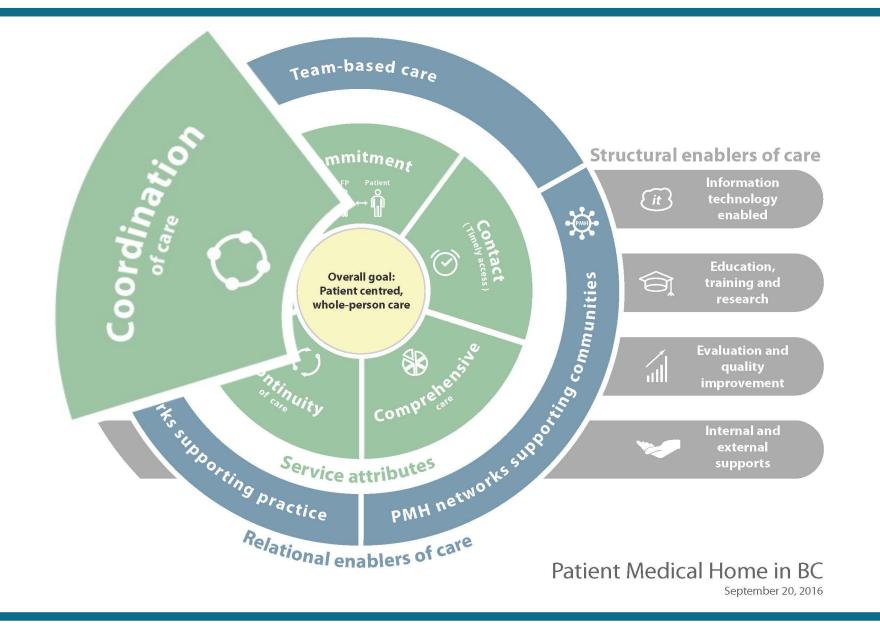


#### Commitment



Commitment needs to be to the *community,*And to the *team* that supports that community



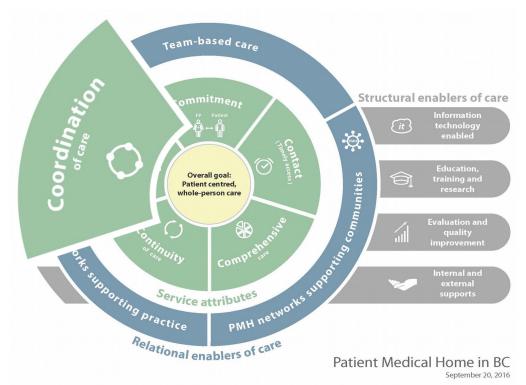


#### Coordination of Care

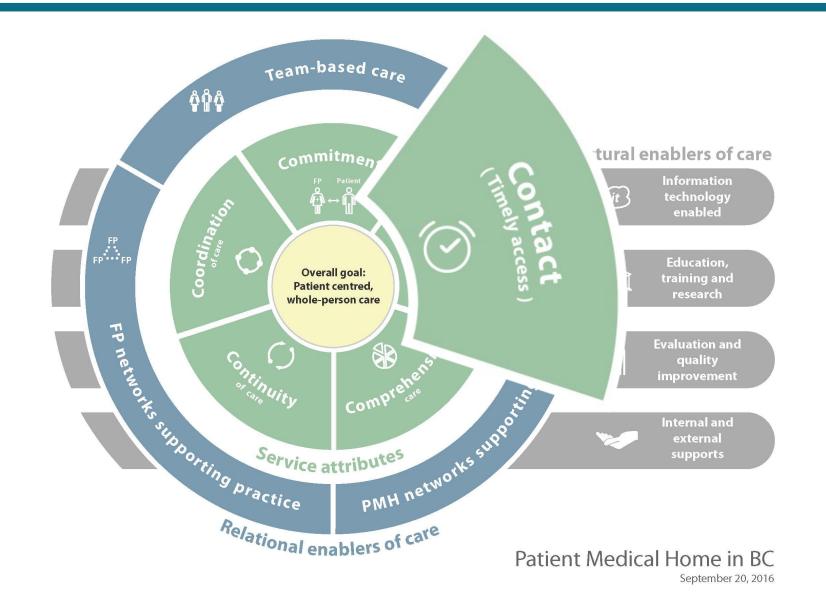
is done well within a community... by the team.



Patients are supported to navigate the complexities of service boundaries and geography.



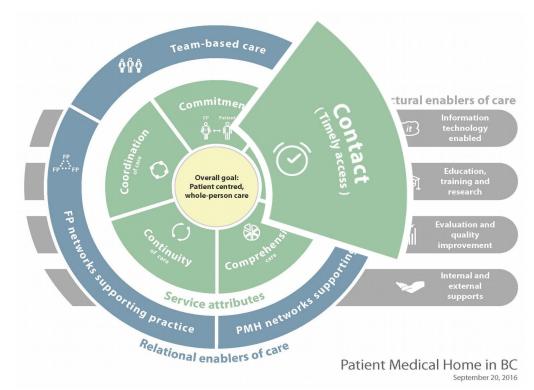
Coordination *outside* of the community is the challenge.



# Contact (timely access)

It looks different in rural communities.

Most patients *know* how to *appropriately* access advice and care on a 24/7 basis in their community.



Out of hours access is *different* in *each* rural community.

# Rural Health Care Ecosystems





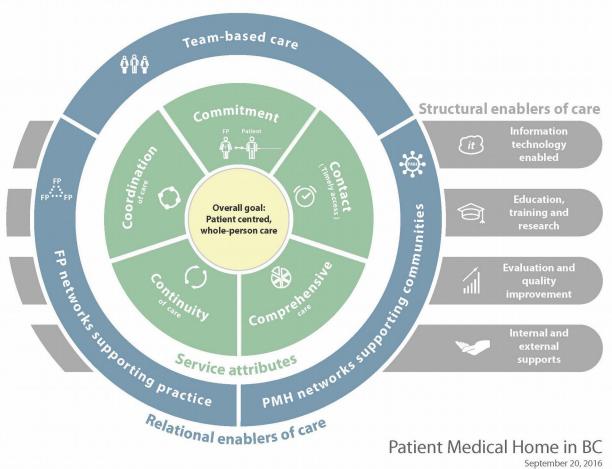
# Rural Health Care Ecosystems



# Supporting the Whole Community Ecosystem...

Builds security and continuity of service and care for patients

Fosters resiliency and sustainability for providers.



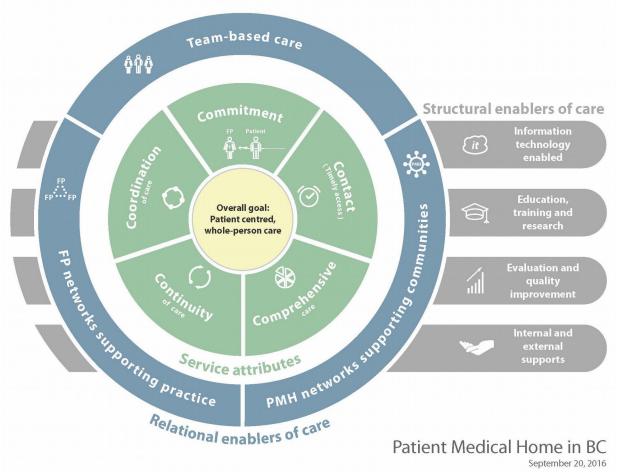


# Supporting the Whole Community Ecosystem...

Reduces system fragility

Builds security and continuity of service and care for patients

Fosters resiliency and sustainability for providers.





#### Structural enablers of care



Information technology enabled



Education, training and research



Evaluation and quality improvement



Internal and external supports

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Acknowledge unique elements, challenges and opportunities of rural patients, providers and communities

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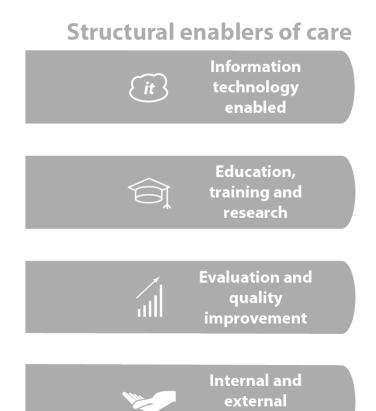
Internal and external supports

#### Structural Enablers of Care

Acknowledge unique elements, challenges and opportunities of rural patients, providers and communities

Leadership and resources must be locally-relevant, flexible and appropriate

Collaboration is needed across all health authorities: including PHSA and FNHA



supports



# What will work in your community?











# Discussion