

# CONCEPTS FOR A PRIMARY HEALTH CARE CENTRE IN WHITEHORSE

Prepared by the Yukon Registered Nurses Association  
March 2006

## Introduction

The Yukon Registered Nurses Association (YRNA) has, for many years, advocated for a multidisciplinary primary health care centre or clinic in the Whitehorse area. Ten years ago, YRNA representatives were already discussing this approach with politicians and government officials. At YRNA's 2001 AGM, the following resolution from the floor was passed unanimously:

THAT WHEREAS registered nurses and other health professionals are an appropriate entry point to health and illness care;

AND THAT WHEREAS many people of the Yukon are accustomed to seeing registered nurses as the entry point to health and illness care;

THEREFORE BE IT RESOLVED THAT YRNA encourage the development of a multidisciplinary health centre and lobby for a pilot project in Whitehorse.

A number of recent events and initiatives, locally and nationally, support the primary health care concept. YRNA has stepped up efforts to put forward the case for a community-driven Whitehorse health centre which would employ a variety of health professionals to provide access to appropriate care in a timely manner. In order to better explore YRNA's preferred approach to such a health centre, this short discussion paper has been developed.

## Background

Registered nurses in Canada have long advocated for a change in the way that health and illness care is delivered in the country. The goal of *access to the appropriate health care provider in the appropriate place at the appropriate time* has become a familiar phrase. One way of accomplishing this goal would be through the establishment of health centres where multidisciplinary teams of health professionals would work collaboratively to deliver primary health care that fits the needs of the population. There are examples of such centres in different parts of the country.

In the last few years, interprofessional collaboration has been highlighted by Roy Romanow, Senator Kirby and the First Ministers at their Health Summit in January 2005. Collaborative practice and access to care are current and relevant issues. A substantial amount of money has been spent in a variety of national Primary Health Care Transition Fund projects on interdisciplinary collaborative care. A number of universities have initiated creative programs which bring students from different health disciplines together to be educated. The thinking is that if health professionals are educated alongside each other, they will be better able to work collaboratively and will have a good understanding of each others' roles and responsibilities.

In the Yukon, the concept of direct access to the appropriate health professional has been put forward by the public at events such as the Yukon Health Summits and the Primary Health Care Transition Fund forum. It has been

noted frequently that in rural Yukon, people access health care through a registered nurse. In the Home Care Program in the territory, individuals and families have direct access to physiotherapists, occupational therapists, social workers and registered nurses. The public knows that collaborative practice clinics exist in other parts of the country and wonders why they do not exist here. As well as the public, other health professionals are supportive of this approach.

Recent media coverage has highlighted the potential establishment of a Whitehorse health clinic; in part because of the number of people without a family doctor and in part because of YRNA's media release in February 2005 on the issue. Health officials have expressed an interest in exploring the idea and appear interested in the wholistic model that YRNA is suggesting with an increased emphasis on health promotion.

YRNA is not advancing this idea as an answer to the number of patients without doctors, although the suggested approach would make accessing a primary care practitioner easier, but because it is a more efficient, sensitive and sensible way to deliver care. It is also highly probable that the recruitment and retention of health practitioners would improve. Health professionals report a high level of job satisfaction when working in a collaborative practice setting. As a consequence of directing patients to appropriate providers directly and of sharing patient care, it would also better distribute the increased workload that many different health professionals are experiencing.

### **YRNA Concept**

Very little of the approach that YRNA is proposing is the original thinking of YRNA. Rather, it is founded in the principles of the World Health Organization's definition of Primary Health Care; it builds on experiences of European countries and some Canadian initiatives; it includes content from many projects

and documents spearheaded by the Canadian Nurses Association and it borrows from recent work on collaborative care such as the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative.

YRNA has found the following definition of primary health care, used by the EICP Initiative, simple and concise:

“Primary healthcare involves responding to illness within the broader determinants of health. It also includes coordinating, integrating and expanding systems and services to provide more population health, sickness prevention and health promotion by all disciplines. It encourages the best use of all health providers to maximize the potential of all health resources.”<sup>1</sup>

The Board of YRNA has used the six principles of interdisciplinary collaboration in primary health care from the EICP project<sup>2</sup> to identify and describe the concepts that it feels are important as a foundation for the proposed initiative. YRNA has not answered all the questions or tied down all aspects of a suitable approach as there are some gaps in information. Also, while YRNA has a good understanding of the kind of approach that registered nurses would like to see, we are aware that if there is to be true collaboration among professionals, discussions with these groups is necessary. That work is in process. Also, the most important group must be brought into the discussion: the public.

### **I. Patient/Client Engagement**

The patient and family are the focus of primary health care services and the goal is to optimize health and wellness. Individual and family centered care is delivered by a team of professionals working collaboratively, with the individual and family as part of the team and being actively engaged in health promotion, illness prevention and management of health problems.

## 2. Population Health Approach

The needs and priorities of the community would guide the development of care and services to be provided. It is important that the providers of care are also actively involved. To ensure that the clinic is community driven, YRNA favours the option of governance by a community-based, non-profit, advisory Board, with financing from government. The community's needs would be addressed across the continuum of care, including health promotion, illness prevention, treatment of illness, therapy, support and palliative care. Programs and services would address the determinants of health and be tailored to fit the identified needs of the community. For example, a community may wish to consider programs such as mental health; drug and alcohol counseling; diabetic clinic; chronic illness management; nutrition counseling; perinatal care or healthy lifestyles.

## 3. Best Possible Care and Service

Good patient outcomes are dependant on a quality professional practice environment. Research shows that health professionals are highly satisfied when working in collaborative team settings. Very importantly, research also shows that patients have a high level of satisfaction with the care they receive in this type of setting. Autonomous health care providers working collaboratively and using appropriate skills and technology make it possible to spend adequate time with patients or groups.

A means of evaluation must be built in from the start so that the services can be assessed and adapted, thus allowing the centre to evolve in a way that suits the community.

## 4. Access

The individual has direct access to the right provider for the right care at the right time in the right place. YRNA has envisioned two streams of admission:

- appointment made in advance with the appropriate professional
- provision of services to walk-in patients who would be triaged for the appropriate caregiver

The correct balance between these two streams of admission would be decided by the community being served.

A case management approach would be established to coordinate all aspects of care for regular patients, especially those with chronic conditions.

Hours should extend into the evenings and weekends but, at this time, YRNA does not have evidence that there is a demand for a 24/7 clinic.

## 5. Trust and Respect

To work well collaboratively, professionals must be aware of and respectful of each others knowledge, skills and abilities. They work together as colleagues. Patients benefit from the distinct contribution of the individual professionals and the shared decision-making that comes from collaboration. It would be required that all professionals working in a collaborative clinic be engaged and working on the same basis and YRNA recommends salaried positions.

## 6. Effective Communication

Good communication is necessary on two fronts. Firstly, there must be sound inter-sectoral collaboration in the development period and once programs are up and running. The community is obviously a big part of this and agencies such as social services, education/child development, family services, addictions services, hospital, public health and home care need to be well engaged.

Secondly, effective communication within the professional team is extremely important for the provision of quality and effi-

cient care. Professionals working in a collaborative setting should be skilled in communication. An electronic health record is a necessity. Each patient would have one chart which would be accessible to all team members providing care to that individual.

### Current Status and Next Steps

YRNA has had several meetings with the Department of Health and Social Services in which the topic of a primary health care clinic in Whitehorse has been discussed and we believe that we share a number of common objectives. YRNA is planning to meet with all territorial political parties and *City of Whitehorse representatives* to talk about this concept.

YRNA has taken the initiative to bring together a group of health professionals to discuss formalizing collaborative practice and explore options for a primary health care clinic. This group has met several times and includes representatives from the following professions: occupational therapists; physiotherapists; pharmacists; physicians; social workers; dietitians and registered nurses. The group is very enthusiastic about working together on this issue and would like to learn more about collaborative practice: what it looks like and how it works.

To this end, we are arranging a workshop in early May to which all members of the professions involved will be invited. A nurse/physician team who have worked together in practice and have built a considerable reputation for offering this type of education will come to the Yukon to provide us with information and ideas.

### References

- <sup>1</sup> Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP). (2005). *Primary health care: a framework that fits*. Retrieved July 9, 2005 from <http://www.eicp.ca/en/>
- <sup>2</sup> Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP). (2005, September). *The principles and framework for interdisciplinary collaboration in primary health care*. Ottawa: EICP Initiative.

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**DISCUSSION QUESTIONS RELATED TO:  
CONCEPTS FOR A PRIMARY HEALTH CARE CENTRE IN WHITEHORSE**

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*Please use the back of this page or attach a separate sheet if more space is needed.*

1. a) Would you support the introduction of one or more primary health centres as described in this paper?  
  
b) If you do support the idea, why? What do you think it could add to the health system?  
  
c) If you do not support the idea, why not?
  
2. a) What barriers or challenges might exist to the development of a collaborative practice health model?  
  
b) How do you think those can be overcome?
  
3. a) Have you had personal experience with a collaborative primary health care centre?  
  
b) If yes, what did you like about the experience?  
  
c) Are there things about the experience you would like to have been different?

Submitted by: \_\_\_\_\_