

RURAL HEALTH MATTERS

British Columbia Rural Health Network

December 2019

Dedicated to the development of a health services system that improves and sustains the health and well-being of residents of rural communities across British Columbia as a model of excellence and innovation in rural health care.



Letter from the President

On November 25th, closing arguments began in a landmark case testing a fundamental right found in the Canada Health Act. This case involves Vancouver's Cambie Clinic under the leadership of Dr. Brian Day (the plaintiff) and the BC Ministry of Health (the defendant). The final ruling in this case by Justice John Steeves, expected by the end of the year, will have immense consequences in the delivery of healthcare in BC and across Canada.

In a nutshell, the Cambie Clinic and other private for-profit clinics have sued the provincial Ministry of Health, arguing that it's their right to charge extra fees for services over and above those they collect under the province's Medical Services Plan. This activity, (known as "double dipping"), is illegal, and when the Ministry of Health moved to stop it, Dr. Day filed his lawsuit arguing that it was his right to continue this activity, citing sections of Canada's Charter of Rights and Freedoms.

This illegal activity affords the opportunity for people with the ability to pay extra to "jump the queue" and access the services they need, ahead of others that have been waiting in line. Evidence from other countries that have allowed this to happen shows that ultimately it increases wait times for people in the public health care system.

Although there hasn't been a lot of media coverage over past months, there's been renewed interest in this case since closing arguments began. With the support of right wing think tank the Canadian Constitution Foundation (CCF) and allied columnists, Dr. Day has staged a dramatic PR campaign that has consistently distorted the intention and impact of the case. With the Cambie trial drawing to a close, I am compelled to share this information and set the record straight.

Some media coverage has been so inaccurate that it prompted a rare public rebuke from the Chief Justice of British Columbia who said, in reference to an article written by a Vancouver Sun columnist, that "[it] inaccurately and unfairly misconstrues the

procedural history and nature of the Cambie Surgeries trial, a complex constitutional case of considerable significance to Canadians and Canadian society.”

Please don't be fooled by Dr. Day's claims. This lawsuit could fundamentally change Canada's public health care system and threatens our fundamental right to access healthcare regardless of who we are, where we live, or how much money we have.

Edward Staples, President

Rural Pre-Medicine Program - Selkirk College

The Rural Pre-Medicine Program (RPM) at Selkirk College was launched in 2014 with support from the Joint Standing Committee on Rural Issues, a committee composed of Doctors of BC and the Ministry of Health. It was designed to help address the underrepresentation of rural students in professional health care programs.

The RPM Program aims to function as an open door through which individuals, even from historically underrepresented groups, can enter upon a pathway towards a professional career in health care. To date, over 85% of students who have entered the program have come from a rural or remote community. Although the majority of these students hail from the Kootenay Boundary Region, each year, the program receives an increasing number of applicants from other rural communities.

This past fall, Jonathan Vanderhoek and Takaia Larsen, the coordinators for the RPM Program, hit the road to meet with learners from across the Southern Interior. They spoke with 750 high school students from 18 different communities, ranging as far east as Sparwood, as far north as Sicamous, and as far west as Princeton. Their goal was to encourage students to consider a future in the health sciences, in particular in rural health care, and to let them know that they can start upon this pathway without first moving to a large urban centre. The RPM Program provides an alternative option whereby they can study in a rural setting at a program tailored to learners like themselves.

To date, over 85% of students who have entered the program have come from a rural or remote community. Although the majority of these students hail from the Kootenay Boundary Region, each year, the program receives an increasing number of applicants from other rural communities.

To learn more about this program, please visit <http://selkirk.ca/program/rural-pre-medicine>

Member of the Month

SALT SPRING COMMUNITY HEALTH SOCIETY



As a result of a chronic shortage of family physicians on Salt Spring Island (approximately 1/3 of the population was without a primary health care provider) a group of 11 concerned citizens formed a steering group in the fall of 2017 with the idea of one day opening an inter-disciplinary community health centre.

We researched existing primary and community health centres on other Gulf Islands, in rural and remote communities along the coast and elsewhere across Canada to better understand how they operate. We studied Island Health's Local Health Area Profile for the Gulf Islands. We developed Terms of Reference so people understood what we were about and what we were trying to accomplish. We became a BC Society in January 2018 and began recruiting members and supporters, holding information meetings and town halls. Knowing we would need to begin fundraising at some point, we set about becoming a registered charity – which we achieved in December 2018.

In the fall of 2018, the local chapter of the Division of Rural and Remote Family Physicians announced they had recruited three new doctors to the island. It had happened before, but we were hopeful it would work out this time. But what about us? Would people think the new doctors would address all the residents' health needs?

Before we decided whether or not we should fold our tent, we thought it was important to find out from individuals in the know what they thought. We interviewed some 30 connected community leaders and people with expertise in health care, community health, and community services.

Building on that knowledge – the final and most important step – was to hear from the residents themselves. We hired a consultant to help us create a comprehensive community health needs assessment focusing on the Social Determinants of Health, access to health services and community health needs. Once the final report was written, we developed a marketing and communications strategy that ensured the report was heavily promoted and would get into as many hands as possible because the report contained important information for many service providers and community groups.

As a result, numerous individuals and organizations are using the report for planning purposes, we've been approached by several individuals with significant health and mental health care experience wishing to become advisors to the board and/or board members, and we've learned the information gathered through our needs assessment will be key to developing a proposal to the Ministry of Health to fund a community health centre.

And finally, the report has opened doors to what we anticipate will be meaningful conversations with our local physicians, and other health care and mental health service providers about how we might begin to fill gaps in much-needed services, remove barriers to accessing those services, and ensure all Salt Spring residents receive the right kind of care when they need it.

Martha Taylor,
Board Member, Salt Spring Community Health Society

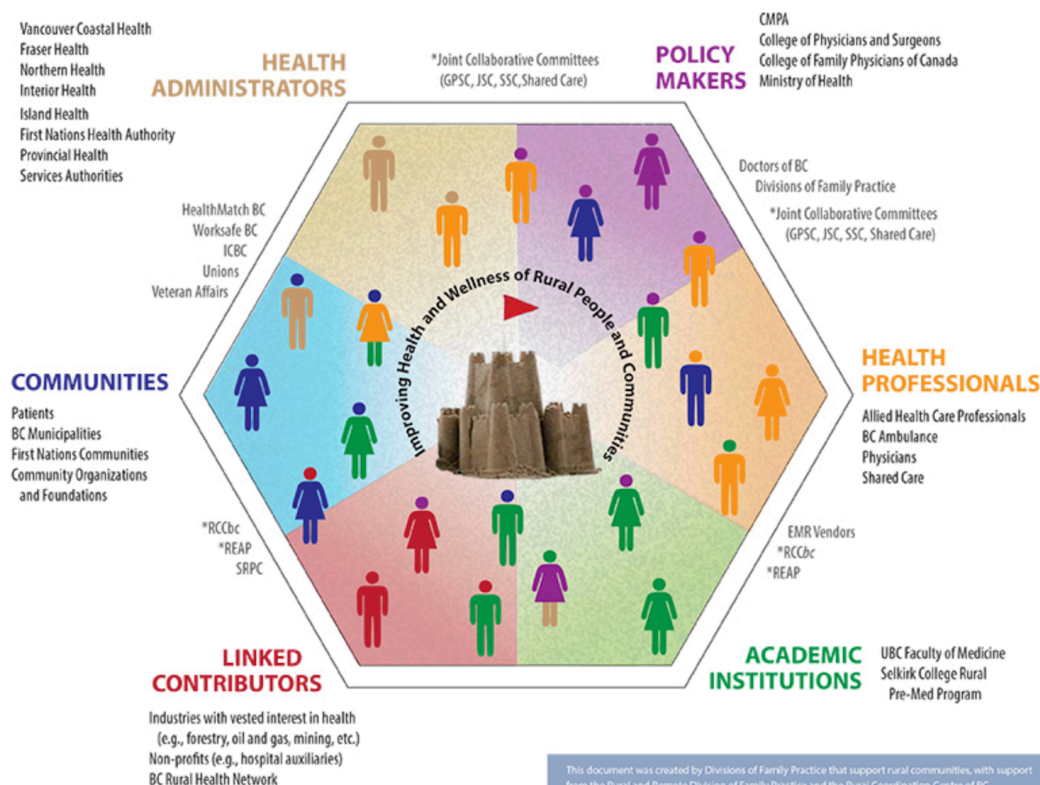
WHAT IS A PENTAGRAM PARTNERSHIP?

The Rural Coordination Centre of BC has been involved with our Network right from the earliest days of our existence. As we continue our partnership with them, it might be useful for our members and supporters to know more about the Pentagram Partnership Plus One model that the RCCbc uses to include organizations and individuals that have a stake in meeting the health care needs of BC's rural communities. This model embraces all partners simultaneously with an appreciative inquiry approach to build upon existing strengths. This is an effective route to positive systems change.

The RCCbc has adapted the Pentagon model employed by the World Health Organization, adding a sixth group of “Linked Contributors”, thus the “Plus One” designation. Examples in this added group are representatives from the forestry, oil and gas, and mining. It allows for the inclusion of any contributors that have a vested interest in a healthcare system that serves their needs.

The real value of the Pentagonagram Partnership Plus One model is that it encourages productive and sustainable collaboration among policy makers, health professionals, academic institutions, communities, health administrators, and the corporate/business sector. This approach aims to establish unity, through collaborate efforts from all six actors, to promote sustainable and quality health service delivery.

The BCRHN is honoured to be included in this model as part of the community voice. We look forward to continued collaboration with other stakeholders as we work together to improve access to health services for all rural BC residents.



New articles are constantly added to our website. Below are a few of the latest:

In 2018, a three-month long pilot called **Pups Assisting Wellness for Staff (P.A.W.S.)** was initiated. P.A.W.S. saw a young canine, Dr. Snuggles, visit VGH's Emergency Department (ED) and Intensive Care Unit (ICU) as an innovative approach in supporting staff who work in these areas that aligned with our value of caring for everyone. To read the full article, please visit <http://bcrhn.ca/improvements/>



Review of Family Medicine Within Rural and Remote Canada: Education, Practice, and Policy. Commissioned by the College of Family Physicians of Canada, Advancing Rural Family Medicine (The Canadian Collaborative Taskforce) and the Society of Rural Physicians of Canada

Full report at <https://bcrhn.ca/reports-2/>

What defines rural?

The definition of “rural” or “rural community” has evolved to incorporate a more comprehensive view of what rural has come to constitute. Rural does not simply mean “not urban”⁶ and there is no common definition being used by physicians, decision makers, researchers,²⁰ and government planners. There are several definitions of rural available for national and provincial analysis using databases at Statistics Canada^{21,22} as well as physician databases that are captured through Canadian Post-MD Education Registry (CAPER), National Physician Survey (NPS), Scott Directory, CaRMS, and CMA. Linking education and practice databases that are both national and provincially based is challenging in making evidence-based, informed decisions about workforce planning and systemic changes.²³ Definitions of rural emphasize different criteria and ask different questions; head-count approach, population size, and geographic distances are measured in diverse ways. As a result, definitions generate varied information about rural that makes it difficult to capture accurate data on health status, Canadians living in rural communities, and the physician workforce, including the number of rural physicians practising in rural communities. For the purposes of this paper, the definition from Statistics Canada is used.^{21,24}

RURAL DEFINITION

Statistics Canada

If one definition is to be recommended as a starting point or benchmark for understanding Canada's rural population, it would be the “rural and small town” definition. This is the population living in towns and municipalities outside the commuting zone of larger urban centres (ie, outside the commuting zone of centres with populations of 10,000 or more).

The following study is conducted by a research team from the Centre for Rural Health Research (CRHR) at the University of British Columbia. Principal Investigators: Jude Kornelsen, Asif Khowaja, Craig Mitton, Katrina Plamondon and Research Assistant Eva Sullivan.

Please share this survey widely



Have you had surgery recently?

If you were 19 years of age or older AND living in a rural BC community at the time of your surgery we would like to hear from you!

We invite you to complete a 15-25 minute anonymous online survey for a research study on experiences and costs for rural patients accessing surgical care.

Everyone who completes the survey will be entered into a draw for one of three Amazon gift cards, valued at \$50, \$150, and \$250!

Survey link:
[Bit.ly/CostsRural](https://bit.ly/CostsRural)

The researchers conducting this study are Drs. Jude Kornelsen and Asif Khowaja (University of British Columbia). The "Rural Surgical and Obstetrical Networks (RSOON) Evaluation Study" is funded by the Joint Standing Committee for Rural Issues. Please contact Eva Sullivan at eva.sullivan@ubc.ca or 604-827-2147 for more information.

Why are we doing this study?

The purpose of this survey is to learn about the costs to rural patients (and their families) when they have surgeries in and outside of their community.

We appreciate you taking the time to complete this survey.

We believe the findings will help us provide a more accurate understanding of the costs of care for rural communities.

This study is co-funded by The Joint Standing Committee on Rural Issues and the BC SUPPORT

Survey Link:

https://ubc.ca1.qualtrics.com/jfe/form/SV_3P0qEz8KbAYtdqZ

Please visit our website and social media sites

website: <https://bcrhn.ca>

facebook: <https://www.facebook.com/bcruralhealthnetwork/>

twitter: twitter.com/bcrhnetwork

Board of Directors

Colin Moss - New Denver
Connie Kaweesi - Fort St. John
Ed Staples - (President) Princeton
Elaine Storey - (Secretary) Fraser Lake
Johanna Trimble - Roberts Creek
Jude Kornelsen - Centre for Rural Health Research UBC
Pam Beech - (VP) Sicamous
Pegasis McGauley - Nelson
Stuart Johnson - Rural Coordination Centre of BC
Sue McCrae - (Treasurer) Blind Bay

Staff

Curt Firestone - (Administrator) Salt Spring Island
Nienke Klaver - (Executive Assistant) Princeton