

Q1. What does acceptable access to primary health care services look like to you?

- Be able to access reliable healthcare when I need it.
- Various options for health care provider (nurse practitioner).
- Convenient times, outside 9-5 hours.
- All providers working to full scope of practice.
- Being able to see family doctor in a timely matter.
- Getting access to family doctor or other health care provider in a timely manner.
- Having a family doctor for a long period of time (to grow with you).
- To make human rights available for awareness when trying to access services (disabilities, poverty, mental illness).
- Directory to be distributed to everyone of services are available.
- Extra support for those with disabilities when trying to access services.
- Increase awareness to population about the services that are available to them.
- More diverse primary services available. More variety.
- More knowledge of what is available in the area. More awareness of available services.
- 24/7 access to care. Appropriate care providers in the area.
- Continuity of care. Able to navigate through the system without gaps.
- Know how to access the service. The general public aware of what is available.
- Improved connection between Central Health and Self-employed physician. Better connection with private services.
- Team-based approach.
- Ability to see a health provider who then has the ability to refer/recommend to another provider or service (collaborative approach).
- Timely access to a qualified health professional---getting an appointment at an appropriate time and having a the right qualifications.
- Seeing family doctor within week.
- Wait times depend on the services you need. If you require a specialist, may be able to wait longer.
- Anything urgent should happen within 24 hours.
- Multidisciplinary approach.
- Availability of family doctors. Some do not work full-time. Group doctors are sometimes able to cover one another, or sometimes doctors are on call.
- More of a team approach for coverage. Walk-in clinics to cover when doctors are off.
- Specialists are in St. Johns and should be visiting across region.
- Allied health—cannot access occupational therapist or speech language pathologist.
- Insurance is an issue—hospital physio is covered and not community.

- Mental health—access to psychologist is lacking. If you want a child assessed it is nearly impossible to get to see someone because they are overwhelmed.
- School psychologists will only see a child if the issue is “school-related.”
- Family doctors need slots available during day to fit people in when they need care.
- Nurse practitioner in family clinic works very well.
- Would love to be able to self-schedule my appointments. As a working mom it is so difficult trying to see my doctor due to the clinic’s hours.
- Wait times for appointments and waiting rooms.
- Having access to everything in one facility.
- A lot of people don’t know you can self-refer to some services (i.e. dietician, physiotherapist).
- Increase awareness around ability to self-refer.
- Easy, consolidated access. Don’t want to be juggled from place to place to get services.
- Transportation issues. Long drives to access services from rural areas.
- Cost of health care is a major issue. We are spending too much.
- We have a lot of chronic disease that’s why we spend more than other provinces per capita.
- Access to specialists needs to be improved.
- Telehealth – doctors need to encourage use.
- Telehealth needs more promotion.
- Our tax base is shrinking but the cost is increasing.
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Q2. What kind of supports/services do you need to help you stay healthy?

- Providers to work together (and be aware) to provide Multi-service health care. (Medical, nutrition, physical activity, health promotion/prevention, mental wellness).
- Adequate walking trails in community.
- Citizen rep to represent human rights.
- Provide services with dignity.
- Healthier food.
- Services should be available for all the population including those with disabilities and everyone should be made aware of it.
- Personalized service to help navigate (healthcare navigator and motivator) the system and provide encourage to coach people to make health decisions.
- Free recreation & nutrition services for public.
- More time with health care provider.
- Access to lifestyle counselling and regular access to preventative services and education.

- A way to promote and encourage individuals to take responsibility for their health. Focus on motivation and readiness.
- Access to physical activity services/program/facility (i.e. Multiplex. Municipal/provincial initiatives).
- How to make time/take care of yourself.
- Healthy workplace initiatives.
- Workplace wellness program. Busy lifestyles/commitments make it difficult to stay healthy.
- No healthy baby club in Gander and limited breastfeeding support programs.
- Adequate access to recreational facilities.
- Primary health care providers can provide advice on what to do and how to do it, but no facilities in Gander to do it.
- Need a stipend on healthy living for those on a limited income.
- Department of Education need more of this in curriculum from a young age.
- A field house in Gander would be great and could involve all levels of government and community—workplace wellness program.
- No encouragement for kids for active living except competitive programming.
- More dietician services as well.
- No preschool or daycare facilities in small town.
- Need more self-management support from primary care providers so we can goal set and provide more direction to active plan.
- Access to dental care—I think that is so important to fund everybody for routine checkups because dental health affects all other areas of health.
- Motivation to be healthy.
- Need supports to get started.
- Incentives to eat healthy and exercise (tax break).
- Knowledge about available programs and contact info.
- More access to care within communities.
- Aquatics are great.
- Need to better support communities to provide services such as community kitchens, cooking classes.
- Intergenerational programs to bring back traditional ways.
- Community line that has info about community programs.
- Need to make the connection between health care providers and community services available.
- School fitness equipment is under-utilized.
- Every community should have a paid recreation director.

Q3. What do you think needs to change in primary health care?

- More innovative ideas from the province for health promotion.
- Illness prevention to be implemented by public health nurses in the community (healthy eating, immunizations, physical activity).
- Telehealth needs to be used by ALL health providers. Should not be an option for specialists, should all have to do it.
- Increased medical services and more services available in the community.
- More supports and preventative health care services.
- We need a family resource centre in Gander.
- Better coordination/organization around appointments.
- Sometimes extensive travel to see a specialist for a one minute appointment.
- Communication between physicians needs to be improved. They are sometimes waiting to hear back from one another other after diagnoses.
- More collaborative model and change the way family physicians are compensated to encourage them to do better work and provide good care (if the funding model changes, we may see improved collaboration).
- Improve access to individuals with a disability. Assistance for those who need help navigating the PHC system.
- Have nurses in family practices (collaborative approach). Get the physicians on board to take a collaborative approach.
- Health care providers able to access patient's health record (electronic charting).
- Utilize nurse practitioner's role/work to scope of practice.
- Evening/weekend access to health care providers.
- Need to make people take ownership of their own health.
- Improved access to continuing care and home supports.
- Improve understanding of what primary health care is – extends beyond traditional health care providers and include community resources.
- Mental health access needs to be improved.
- Need more facilities to encourage physical activity.
- Alcohol needs more of a focus with a campaign similar to the one that targeted smoking.
- Maintain patient care outside of hospital setting. Right now there is just one nurse in some regions looking after huge numbers.
- More access to home care. Right now there is a max of 25 hours a week and nothing on weekends. Seniors are checking into hospitals because of this gap. Research shows that seniors want to stay in their home.
- Awareness materials should be made available in each community highlighting services available in region such as facilities for active living, etc.
- Need more nurse practitioners in region.

- No parenting classes in region—need to learn about wellness and be able to practice it with other families.
- Have allied health professionals on staff at personal care homes.
- Assisted living community where allied health professionals visits groups of seniors rather than having to go from home to home.
- Home support workers need increased funding and training to keep them there.
- Want family physician to take blood work.
- Transportation is an issue.
- There are not enough nurse practitioners in rural areas.
- Are there enough health care providers to meet demand?
- A lot of seniors don't use computers. Require easier access and navigation without technology.
- Need more salaried physicians. Fee for service causes one-issue service.
- Long-term care is lacking. Not enough facilities and not enough staff.
- Better training for home care workers (with respect to dementia issues, etc.)

Q4. In what ways does primary health care work for you?

- Being able to see a nurse practitioner in the emergency department.
- Specialists using Telehealth.
- People with disabilities are being given an opportunity to speak.
- Access to family doctor is working well right now.
- Team approach for diabetes (RN, Doctor and Nutritionist).
- Children's health care is good because of the coordination (departments working together).
- Family physician should remain a part of the team. Having a RN in family practice has reduced wait times.
- Public health care programs work well.
- Dental services.
- Telehealth is wonderful.
- Glad to see pharmacists doing flu shots.
- I'm aware of what's available in the community (but I work in public health).
- EHR is a great help to health care providers.
- Chronic disease self-management program is a great resource. Needs to be better promoted in plain language. People don't relate to the term "chronic disease."
- Physicians need to be trained around the CDSMP (when to refer).
- Too many labels around health care.
- Telehealth is working well but needs to expand.

Q5. Is there anything else you would like to add to today's discussions on primary health care?

- Change needed in the medical health services should be spear headed by the health care professionals.
- Take a look at the long-term care beds. Many are medically discharged.
- Province needs to promote and encourage services for the population through various sources (internet, television, information sessions, info booklet).
- We need to have addiction and mental health centers for women and children.
- A new facility is needed for long-term care in Gander.
- More resources in place for the aging population.
- "Age in one place" facilities are needed.
- Physicians have challenges accessing urgent services (i.e. urgent ultrasound is 6 months).
- Challenges in the system related to management (i.e. multiple directors).
- Need to enable providers to get involved in prevention initiatives.
- We need better walk-in daily wellness services (i.e. mental health and addictions).
- Impossible to improve programs without resources.
- Not enough mental health resources.
- Need a shift to more client centered care
- Access to specialists care—I know this is on primary care but to fix primary care you need to address this.
- Inappropriate referrals are a huge issue in my practice.
- Lack of mental health practitioners, especially for children.
- More training and expertise with family doctors to deal with things like autism and mental health.
- Want to see improvements as a result of these sessions—communication.
- More discussion on home care.
- More discussions about pharmacy (drug interactions). Is there enough communication between pharmacist and physician?
- We need better communication between health care providers and clients (i.e. hearing impaired clients, non-English-speaking providers)?
- Need to discuss vulnerable populations.
- Changing demographics in families. More children are working away and elderly are living alone.
- More single family homes (with fathers working away on turn-around).
- Poverty is increasing