

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

- Accessibility outside average working hours.
- Same day emergency access.
- Having access to the care you need when you need it.
  - Family physicians available, avoiding visits to emergency. Areas outside Grand Falls-Windsor and Twillingate are under-represented in this respect.
  - More health care professionals – doctors and nurse practitioners.
  - Address high turnover rate.
- Easier to obtain a family doctor.
- Obtain and retain family doctors in rural areas.
- Reduced wait times when waiting to see a doctor.
- Doctors need assistance with logistics to provide after-hours clinics
- More follow-up after referred to a specialist.
- When an appointment is scheduled, phone call follow-ups would be more reliable than mailed letters.
- Making appointments by telephone can be difficult.
- More comprehensive, stable long-term relationships with family practitioners.
- A more polite, friendly customer-service oriented disposition across the board.
  - Interactions often feel rushed.
- Appointments advanced based on urgency.
- Greater accessibility to the Health Sciences Centre for those from outside the metro area.
- Reduced wait times for blood work and other tests, as well as faster results.
  - Current waits before results are delivered could be too long for some.
- Increased accessibility to health care in Grand Falls-Windsor.
- Increased awareness of services that are available.
  - Information can be made more available at public centres.
  - Need to consider approach to low literacy demographic. They face increased challenges when seeking information.
  - Could have community reference guides.
  - Knowledge of helpline should be increased.
  - More education for patients about additional measures they can take to improve their health.
- Preliminary assessment appointments to determine wait times.
  - Availability based more on need.
- Enhanced dementia care.
  - Line nurses are currently unable to provide sound advice to dementia patients and families.

- Health care professionals should be well-trained and proficient.
- Sensitivity training for those working with patients with developmental or intellectual disabilities.
- Address concerns of seniors who must travel for hours to access care.
- Ensure patients are directed to most appropriate source of service.
  - Direct patients to closest, most accessible source for efficiency.
- Free and open access to physiotherapy.
- Use of technology to streamline access to services.
  - Use of video link technology to cut down of patient travel/time costs when an in-person visit is unnecessary.
- Enhanced access to innovative drugs and procedures.
- Increased knowledge among front line workers for directing patients to appropriate service outlet.
- The same doctor should see cases through to the end to maintain consistency for patients.
- Bring in provincial health records, as only one hospital is currently documenting drugs being taken.
- Clean environment.
- Access to personal health information could help patients with personal decisions.
- Staffing vacancies need to be filled.
- Enhanced mental health services for children.
  - More resources are available at school because they are easier to access.
  - Diminish the wait list for youth in need of mental health services.
- Staff should remain in an area.
- More capacity needed for aging population.
- More services need to be available locally. Often facing long travel times to St. John's on very short notice.
- Rural health care professionals such need to serve wider areas. Some areas may not have access to psychiatry or geriatrics, for example.
- Many do feel they have access to everything they need and don't have to wait or travel long distances to get services.
- Increase financial incentives for physicians caring for patients outside the office.
- When travelling to receive services, when multiple services are needed, coordination of services/appointments could help avoid additional unnecessary trips.
- Ensuring appropriate teams in emergency departments for handling sensitive cases where, for example, sexual assault is involved.

## Q2. What do you think needs to change in primary health care?

- Regulations for sick leave. Doctor's note requirement costs the province.
- Long wait times for appointments.
- It can take a long time to find a family doctor, especially when new to an area.
- Access to health care in the Grand Falls-Windsor area is good.
- Nine out of 10 chances patients are showing up for viral infections and shouldn't be in a doctor's clinic.
- Increased coverage of chiropractor service.
- Less turnover of health care professionals.
- Doctors should listen more to the opinions of families instead of rushing to diagnose.
- More mental health preventative measures.
- More opportunities for second opinions in smaller communities.
- Lack of treatment for cardiac patients.
- We know the chronic diseases we are facing, so we should address the issues we know are going to happen before they happen.
- Doctors need to listen to patient requests, for example MRI requests.
- High turnover in medical staff needs to be addressed.
- Integrate physical and mental health and remove stigmas.
- Costs of travelling and drugs if not in hospital.
- Reduce waitlists
- More timely diagnosis.
- Consistency in care is difficult due to high turnover, but team-based care would be more efficient.
  - Teams would retain more knowledge to carry on individual care.
- Increase number of seats in medical school.
- Phone call for test results. Patients are left waiting for a call they receive only if something is wrong. Should be contacted either way, by email, phone call or text.
- Educate population more about healthy living.
- If in hospital drugs are paid for, but when you go home you must pay for them
- Currently a reactive system that needs to be proactive, especially considering our aging population.
- Increase incentives for professionals to work rural areas.
- Healthy practices at worksites.
- Available services need to be well-advertised.
- Preventative practices before medications.
- One point entry system that takes patients in through a single point.
- Compensation schemes a problem and work against patients. How do you move care to a team based environment within current compensation?

- Team of people that would manage a clinic and direct you to the appropriate provider, cutting the time on patients seeing their family physician when they could be seeing another primary health care provider specific to their issue.
- Younger generation has an opportunity to know more and be more proactive with a preventative focus.
- Decrease stigma and bias with a focus of fair and equal treatment for all people.
- More organization is needed.
- Lack of coordination between providers and health care services.
- Need to use other providers other than doctors when they are qualified for service.
- A multi-disciplinary approach, case management and encourage self-determination approach by accessing community supports.
- Holistic approach involving education for prevention. Expensive to initiative but can lead to savings down the road.
- People with health issues need to be directed in the right direction instead of being passed around the system
- Focus on prevention – education and low-priced healthy food choices.
- Patients are having mastectomies so they do not have to pay for services/drugs.
- Medical staff are needed to participate in policy development and meetings, but if doctors are not in the office, they are not getting paid.
- Providing midwives in this province, especially in rural communities.
- Still getting obese and sick because we can't afford the nutritional approach.
- When a doctor leaves, someone needs to take responsibility, especially if a patient needs follow-up.
- Need two-way communication with health care provider.
- As individuals we need to be responsible for own health. We need to be proactive and follow-up. Should get your results of tests, education provided and more supports in place for acquiring test results.
- Early intervention and prevention.
- Patients in corridors.
- Midwives as a team member. It is not necessary to have physicians on hand all the time.
- Include dentist on multidisciplinary team.
- Food banks are nice in communities that are large enough to support them, but in rural outposts people go without.
- Focus on local produce and natural wild game for good nutrition.
- Good partnering with providers and homes.
- More teamwork in PHC units.
- Access to fitness subsidies. Activities involving physical activity should yield instant rebates with no wait until tax return time in April.

- Shift from everything revolving around doctor to being patient-focused.
- Electronic health records need to be a single common system throughout the province. Currently there are several systems.
- More supports to deal with mental health issues before it is too late.
- Walk-in physicians can't deal with some issues.
- Physician culture is great in Grand Falls-Windsor.
- Continuity of records.
- Doctors need to be careful to have empathy and really listen to patients without assuming a minor diagnosis.
- Not enough house calls.
- Other treatment options before prescribing drugs - more natural methods for treatment.
- Child psychiatry needed more and more.
- Private clinics should also be required to have the electronic health record, same as hospitals.
- Nursing homes need improvement.
- Physician burn-out.
- Provide more resources to primary health care teams (CAC's).
- Community advisory committees to identify regional issues and build local action plans.
- People need to be more engaged in their own health information and care
- More collaboration between primary health providers.
- More testing and less prescription writing.
- Diabetes information and support available with other providers.
- Use experience of other jurisdictions that have created an EMR and invest the money so it is all the same.
- Too many demands on one service creates long wait times.
- Doctor remuneration needs to change. Fees for service limit referrals to other services at more appropriate level.
- More education for first responders around handling mental health issues.
- Need a self-management model. The system should not be responsible for my health care.
- Community support linkages to education, community groups and health authorities. must be strengthened.
- Access to services such as first link. Recently diagnosed Alzheimer's patients should be getting the services they need to understand their illness.
- Doctors offering clinics for flu shots when nurses can do it.
- Crisis in terms of long term care.
- Doctors need to be more open to non-traditional methods such as laser treatment.

- Government needs more legislation when it comes to foods. Schools no longer have fries, chips, vending machines, pop and there is no reason it can't be done in restaurants.
- More organization and coordination, collaboration.
- Healthy caseloads for PHC primary health care providers.
- Need more Palliative Care and long term facilities.

### **Q3. In what ways does primary health care work well for you?**

- Good communication with providers in the Grand Falls-Windsor area.
- Home support program to maintain people in their homes as long as possible.
- Had positive experience. Went to ER, was tested and contacted the next morning for follow-up. Was quickly seen and had work up.
- Chronic disease management is working really well in the region.
- Need to do up-front interventions to avoid admissions.
- Family doctor is excellent.
- Good access for chest pain.
- Birth of child. Obstetrics made decision to airlift to St. Johns. Team knew what to do and did it well.
- Treatment for depression was readily available.
- Med school is working well.
- High Quality Providers
- Getting high quality trained professionals.
- ER has posted signs for ER levels. More transparent re: wait times.
- Risk assessments needed for patients requiring broader scope of care. Need a community response team.
- Used video conference from St. John's to Port Hope diagnosed enough to get the baby out of there and get required care.
- Live in rural community and I have access, which is good.
- We have a very good, dedicated professional team here in the central area.
- Physician and nurse practitioner recruitment and retention has improved.
- Frontline access is not an issue.
- Allowing people to die at home is good.
- Private health care has been great in terms of wait times.
- Good communication with public. Good clinics.
- Need to do the community support program before they show up in the ER.
- Improvement of wait times gradually improving.

- Walk-in clinics—might not get family doctor, but if I have immediate need I can see someone at the clinic and get resolution.
- Relationship with current core health care providers.
- Care to ride program.
- Better coordination of outpatient appointments and follow-up.
- College of physicians is working well. Working through differences
- Red leaf center in Springdale is great.
- Wait times at hospital here have improved dramatically since walk-in clinics have opened.
- Seeing a shift in the approach towards wellness.
- All teams need a minimum of an occupational therapist and a physiotherapist attached to them.
- Nursing staff are great.
- Fast access to emergency.
- Government initiatives like these forums improving awareness.
- Great professional nurses, physicians, specialists.
- Doctor consulting with patient to determine outcomes.
- Care in nursing home is excellent.
- Have had the same family doctor for 35 years and thankful.
- Seven day a week service, but only enough PT staff to offer five days.
- Cohesiveness. Physicians work together.
- Health promotion and community engagement.
- More preventative positions. Department funding more external agencies.
- Once you receive the appropriate care it is excellent.
- Public health nurses and lactation consultants are extremely helpful and setting you up in your home environment is fantastic.
- Continuity and consistency is valued.
- Women's health promotion really good.
- Ability to use technology more for services
- Cancer care is so quick and very helpful. Janeway is excellent.
- Great professionals once you reach the appropriate health care provider.
- Not many issues with accessing primary health care provider such as dentist, doctor.
- Relationship with health care providers excellent.
- More providers in some areas such as chiropractors.
- Walk in clinics open until 8 pm.
- Fantastic pharmacy.
- Great nursing school.
- Doctor talking to you instead of at you.
- Supervised training.

- Intimate relationship with pharmacists. Hearing ads from pharmacy association encouraging patients to talk to pharmacists.
- Services in the same place, need easy access.
- Incentives to obtain the physicians we have.
- Nurses listening to you more than docs do.
- Supervision via technology (off site) versus face to face.
- Screening process for stool reduces colonoscopies. Early prevention.
- Palliative care in community and dying at home need supports.
- In this region, town is good at promoting family-oriented activities and fostering community partnerships when it comes to health care initiatives. Collaboration with groups and strong partnerships are being developed to positively impact health care.
- Pioneered the bowel screening program and cervical cancer program.
- Support programs are out there like home care, but too much in the private sector.
- Finally have everybody saying "it's time to do something different."
- General public conversations held by CACs.
- People are accepting that change is needed.
- More stability among medical staff as they work as a team.
- Public health nurses in schools.
- Greater recognition that dentists are health care providers.
- A lot more resources.
- More qualified people in the services that we have.
- The growing interest in working together.
- People that you do have access to are knowledgeable and good to work with, having a high level of concern.
- Government paid for sensitivity training for LBGT.
- Initiated the coordination of mental health providers and community. Started on the Avalon to be extended across the province.

**Q4. What kind of supports/services do you need to help you stay healthy?**

- Family membership at the YMCA.
- Walking when I can.
- Regular check ups.
- Health maintenance - doing it better as a system of providers.
- Affordable access to recreation and facilities.
- Referrals to other services are difficult without a family doctor.
- Timely access to and follow-up with an available family doctor.
- Being referred to the right professional.

- Community and local service groups.
- Participation in the arts.
- We need people who coordinate activities. We have enough walking trails, ball fields but few people using them.
- Church groups.
- A lot of the services are outside the health care scope, for example walking trails.
- Support groups for mental health.
- Programs are available but not enough people availing.
- Good partnering with Central Health.
- Mental health and addictions good.
- Family doctor is excellent.
- Good support in the area.
- Follow up available if they want it.
- Concern about having fitness centre in small community.
- Focus on prevention. A health consultant would be helpful because people don't know what they really need.
- Build awareness with promotional campaigns.
- Important for providers to have an advocacy role and connect with the services available in their region and collaborate with community groups.
- Services that could educate you on healthy eating, setting and maintaining personal health goals.
- Youth crimes drop as a result of skating rink being built.
- Access to primary health care that doesn't require insurance plan.
- In Springdale they have fitness program in conjunction with health care provider example, walking.
- Go to the gym where trainer gives specific advice.
- Relationship and communication with your health provider is important.
- Physiotherapy and massage.
- More time with professionals to talk about wellness and planning.
- Nutritionist.
- Information on whether you need a flu shot or not are not clear.
- Partner with schools to provide fitness for everyone and seniors are using it in smaller areas.
- Someone to coordinate for me who I need to see.
- Patients have feelings of shame and guilt, for example, they won't admit they can't afford meds or they can only afford to take 1/2 of what is prescribed due to costs.
- Affordable is the key to all of these supports-universal access.
- More mental health services.

- Time to discuss things with provider - be involved in decision making - and any support that would prevent me from getting sick.
- Need a major shift in view of health.
- Small towns tend to drive more than larger cities.
- Need to educate people on what it means to be well.
- Doctor who specializes in youth.
- More recommended ways to deal with any particular illness.
- Emotional health is big and is hard to get help. Doctor too quick to give prescription for mental health instead of providing supports.
- More ambulatory services should be available.
- More flexible after-hours service.
- Need to build awareness between mental and physical health.
- More health educators.
- Get GP's more training for certain areas such as puberty and geriatrics.
- More money supporting sports enrollment.
- Family doctor has never asked how your are doing emotionally.
- More coverage under insurance. Adults can't get teeth removed without paying.
- Contacts for services provided on discharge (contacts that may be required for maintenance of health).
- Lower prices for healthier foods.
- Access for people who need help with living with drug addict.
- Tax breaks for making healthy choices.
- Not overlooking the primary concerns, being bias.
- Even with NLPDP its expensive for the elderly.
- Self-management of health in partnership with your provider.
- Not enough education about simple things like eating healthy.
- Recognize the needs of communities. Some have more needs than others.  
Community needs to work together to support community lifestyles and healthy living.
- Team-based care.
- Government should provide some sort of support for people to afford access to recreation and healthier food-fruits and vegetables.
- Major gap in support services and for children in mental health.
- Urgent cases get shorter wait times, but not so urgent cases have to wait.
- Primary care providers working with schools to identify mental health issues.
- Potential incentives to stay healthy.
- Community engagement - support groups.
- Ability to discuss alternative treatments – openness.

- Understanding the role of stakeholders such as the pharmacist with the flu shots, for example.
- Get rid of doctor's notes.
- Some sort of direct penalty on the unhealthy items which the Government could use to support the healthy food and recreation.
- Strong value on empowering family.
- Early intervention with mental illnesses.
- Primary care physicians should be initiating the conversations.
- All resources might be there but people don't know where to go.
- Should be able to get testing for conditions a person might not know they have. Some people are predisposed to certain conditions and should be able to access testing/screening, especially those who can't speak for themselves.
- Continue breakfast programs in schools, but that's only one meal for that day. Need to look at the full picture for the day.
- Physio - if recognized early and can get in fast, quicker recovery.
- Doctor should be proactive around your well-being.
- Language barrier with some doctors.
- Referrals for services needed every 12 months if not accessed within one year.
- Inadequate information to research self-management.
- We need facilitators to help people navigate the system.
- Waitlist for mental health and addictions services – six weeks for intake.
- Appropriate timely referrals to needed services such as respiratory therapy.
- Genetic screening to help identify what health risks you may have.
- Fee for service for doctors to go into schools to educate young people.
- Men have a bigger problem with getting advice with staying healthy, whereas women are in the system from an early age due to birth control, pap tests, etc. The system should include a routine wellness program for men. Referring needs to be done for male patients.
- More pediatricians required outside St. John's.
- More primary care providers working with the schools and communities to identify mental health issues.
- Placing a strong value on empowering families to become well-educated.
- Kids are getting better educated on health and nutrition and exercise in schools.

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

- More primary care providers working with the schools and communities to identify mental health issues.
- What we have is good but not all people are aware - need to be educated.
- Doesn't need to be fixed just enhanced.
- MCP should pay for more dental.
- Dental care important to overall care.
- There are a lot of good health programs out there, but need to increase awareness.
- More awareness of self-referral programs.
- Appropriate provider handling cases.
- Electronic health records would help with communication between providers. Each service should not maintain a separate record on same individual.
- Youth mental health such as depression and substance abuse need the most help.
- Tax breaks for healthy lifestyles.
- More money put into hospitals so to make for more long term care and palliative care. Rooms for families to help them as they go through the crisis.
- More support for all youth mental health issues.
- More chronic care areas outside of the hospital.
- Needs to be more communication between providers.
- Government will provide funding for insulin pumps until the age of 25 only. If after 25 patients have no insurance, they have to go back to needles.
- Appropriate incentives needed to cover off what's required. Doctors will cover chronic disease with the appropriate fee structures. Having the same fee structure for the flu shot as a chronic care appointment doesn't work.
- Allowing people to die at home is a good thing.
- Not enough staff for long term health care.
- More money to be put into upgrading the hospitals.
- More awareness around fetal alcohol syndrome.
- Need to talk about community development and the role the community plays in healthy people.
- LPNs have decreased. Need more permanent, full-time staff.
- This discussion was mostly centered around providers not the broader aspect.
- Public education around health is important.
- More homeopathic medicine with coverage.
- Better knowledge given to kids in school about exercise and reading nutrition labels.
- Family doctor is primary contact and there is a big turnover.
- More education and supports on what is available in terms of services and supports.

- Need to have an initial point of contact that refers patients to required services.
- Floating staff/casual staff are factors in turnover and inconsistent care.
- Support for families going through the long term care process is needed.
- Need to look at a public home care system.
- People had to travel once but now nurse practitioners' roles have increased so that outlying communities have access. We need more support in schools on healthy eating and sharing ideas.
- Awareness and education for fetal health at an early age.
- Costing the system more having casual staff.
- Doctors clinics should have facilities to do blood work and urine testing, etc.
- Central board to address lack of communication.
- Early learning and child development - need to focus on this area.
- Gap in care for adults/individuals in FAS and other mental issues.
- Thousands of dollars a day for people travelling to other sites. Technology-video link could save a fortune. Sometimes they are in and out of these appointments in two minutes.
- Print weekly success stories about various health issues - I lost weight, I quit smoking, etc. Would motivate others.
- More patient-centric..
- Put money into prevention and social programs to save down the road.
- Create family resources centers in relation to primary health care.
- Greater representation from the community for these forums/sessions.
- It's key to look at what we are doing in the school system in prevention and intervention in health and wellness.