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

- Accessibility outside average working hours.
- Everything is done on paper. Need an updated system for connecting.
- Residents should be able to access primary care close to where they live.
- The system is difficult to navigate for people with low literacy.
- ER has become the family doctor.
- If lower income patients had access to health care, it would improve the system.
- Need a fast track in ER departments.
- Many people don't have a family doctor.
- Should have same-day or next-day appointments for health care providers
- Wait times for general appointments are too long and access to tertiary services (blood work, x-rays) is inconvenient.
- Need co-location of services.
- Provider should encourage engagement with their patients.
- Need a clinic system to see a nurse practitioner when a doctor is unavailable and the issue is not life threatening.
- Urgent care facilities outside the main hospitals.
- Online access to things like blood work that directly effect that patient.
- Need a system to see a nurse practitioner if you need something and then they can refer to doctor if needed.
- Shouldn't have to go to the hospital for basic diagnostic services, non-invasive procedures.
- Need more facilities like the one on Major's Path with a doctor’s office and access to blood work services.
- People may have family doctor and can’t get an appointment. Need greater accessibility.
- Tele-health in rural areas is important.
- Expanded scope of practice so that nurse practitioners and pharmacists can provide services, such as prescription refills and B12 shots, that are now provided by doctors.
- Quality of service, client-focused health care.
- Often can’t get into an ER when there is nowhere to go.
- Electronic health records.
- Need after hours care outside the ER.
- Access to healthy food to be able to carry out a healthy lifestyle.
- Barrier free, all-encompassing facility for people who don't have regular doctors.
- Having the right people available at the right times.

- Need to be able to get to your appointment.
- Transportation services to facilitate access.
- Cancer patients from remote areas can experience high travel costs for a five minute consult.
- Provide mobile services to rural and remote communities.
- If you have surgery you should receive prioritized access for after care.
- Mental health services.
- The after-hours clinics for H1N1 worked great.
- Access to primary health care teams.
- Having a health care provider that knows the community and understands the community.
- More flexibility and innovative solutions. Don't be afraid to pilot new projects.
- Doesn't make sense that you need a physician to see a dietician.
- Need to work on retention.
- Major transportation costs.
- Fee for service is a costly model.
- Equal access to all. Poverty, mental health and addictions should not be barriers to accessing services and continuity of care.
- Primary health care equates with mental health services
- We need more public awareness of what's out there.
- 24- hour coverage.
- Professionals know what to access where, but the general public does not always know.
- Seeing the right provider for the right service when needed.
- Care models need to be more flexible.
- Access to more primary health care providers and more focus on allied health professionals.
- Wait time for CAT system and MRI too long.
- Appropriate scheduling.
- Have to leave St. John's to get care.
- Address barriers for vulnerable youth who are least likely to show up for appointments.
- If willing to drive should be able to travel to another area of the province.
- Turnover of referrals for mental health.
- Would like to consult with nurse practitioner.
- Emergency room - being left too long in hallways.
- Continuity of care.
- Many services could be enhanced with low cost assistive listening devices.
- Not enough trust put into allied health care professionals.

- Need to provide services to seniors, i.e. home care.
- Flexibility on the part of the patient to see a family doctor or nurse practitioner needs to be considered.
- Have a mix of services in the one place.
- Many who need mental health won't reach out - services need to reach out more.
- Blended, coordinated practice model.
- Having primary care professionals who focus on coordination/case management for teams involved.
- Reach out to members of the community who don't have access to family doctors.
- Some people have more access than others, and sometimes people with mental illnesses or addictions have a difficult time navigating the system.
- Opportunities for nurses in triage to determine where a patient should go.
- More community based options for vulnerable groups.
- 24-hour access from mental health perspective, electronic access through tele-health.
- Access to patient information.
- Approach youth population differently.
- Wait times for specialists are excessive.
- Communication with physician via email.
- People in prison or getting out of an institution (a marginalized population) are not getting the care/support they need.
- Most people who do not have insurance do not have same access to health care.
- Need to determine best possible care for patients regardless of fees.
- Regulate naturopaths.
- More time per patient.
- Many diabetics across the province are not aware of services that are available.
- Mobile clinics.
- Additional regulated health service providers.
- Satellite medical centres.
- Vitamin D testing.
- Many people access their own information online, but information should still be provided.
- Allowing pharmacists to give injections.
- Access to OT and PT.
- Quality of care during the fee for service visit needs to be improved.
- Non-fragmented services.
- More walk in clinics to take the burden off emergency department.
- Allow those who have training to provide services instead of having to wait in long wait times.

- Too few of primary health care mental health workers.
- As family doctors we should be more flexible to the patient.
- Counsellors in primary health care clinics.
- Appropriate food for individuals with chronic conditions such as diabetes.
- Number of mental health counsellors in schools needs to increase.
- Centres in rural areas need to be built up to include support staff as well as physician.
- Wait time for psychiatrists is long and guidance counsellors are expected to take on extra care and they are sometimes unable to provide that (overworked).
- Doctors come from outside of province sometimes present a communication barrier, which contributes to high turnover in rural communities.
- Timely access for mental health for students especially.
- Proximity for seniors an issue.
- More nurse practitioners.
- Wait times for mental health and addictions are difficult because many people are in crisis.
- Finding a phone number for a service is difficult. If you look in phone book, it is hard to find anything you are looking for.
- One adult day program in St. John's for seniors. Limited options for seniors in the city.
- Literacy and language support.
- Major's Path great offices but no after hours. Why are they not being utilized?
- Guidance counsellors finding out for students/parents what resources are available and how long it takes (sometimes up to 18 months for services). It is difficult for parents to take time off work to get their children to appointments.
- Affordable services for seniors.
- We need heavier promotion of available programs and services to front line staff.
- Children from schools waiting 18 months to be seen by pediatricians.
- Ability to stay at home for seniors.
- Not being allowed to speak to doctor via telephone call, regardless of emergency.
- Needs to be better coordination between health and justice, particularly in terms of mental health and addictions.
- Schools are expected to take on so many issues - mental health, addictions, advocating on behalf of students, homelessness, and academic struggles. Adequate resources is needed in schools (OT, public health nurses).
- Public transportation.
- Continuity of care and relationships with providers.
- Have to get serious about preventative medicine.

- High sick leave for nurses – high level of absenteeism has major impacts on patient care.
- Lack of female GPs accepting new patients - vulnerable populations in the sex trade not comfortable seeing male GPs.
- Help navigating the system.
- Access to the right provider at the right time is key.

Q2. What kind of supports/services do you need to help you stay healthy?

- Set up to be an individual practitioner service, not team-oriented. Not set up to manage chronic disease.
- If you only have one service provider in your community, they can't refer you to any other services and must be all things to all people.
- Time not there for doctors. They are overworked and people are falling through the cracks.
- Issues related to what is inside our food and the impact that poverty has on our quality of health.
- Housing and aging.
- Access to mental health services.
- Access to youth mental health services.
- Access to physical activity locations.
- Some doctors doing more private things and being courted by drug companies. Less time for insured services.
- Linking technology to monitor health care.
- Adding meditation-based practices to support people with addictions and chronic pain could be beneficial. Need more people trained in meditation practice. Resources need to be devoted to it, but it lacks support because it lies outside the biomedical model. How can it be supported/integrated?
- Community health and the health of the population relating to clean water and healthy land.
- Access to clean water and resources.
- Ways to manage stress.
- Access that's affordable. Physio, pain management, massage therapy not covered.
- Being able to afford health care services.
- Periphery health care people who provide preventative health services that are not included in the insured coverage of the health system.
- Health line tells a lot of people to go to emergency when there is nothing else available.

- A provider that is engaged in my care and is compassionate.
- Very little explanation of what therapies are available.
- After-hours access to services.
- Personally tailored health plans.
- Shift in approach, away from being told what to do, to one where a team works together for a common goal.
- Access to services that the provider recommends.
- Need a nurse practitioner to take care of needs instead of doctor or ER.
- Why should someone have to go to a doctor to get a requisition if they have to get repeated blood work.
- Access to occupational therapy and speech pathology.
- Healthy, active schools.
- Need direct access to nutritionist.
- Seniors can’t afford nutritious food.
- More places for kids to play and have physical activities available to them in school, along with healthy eating programs.
- Community access to fitness.
- Drugs cost more outside St. John's because providers can’t buy in bulk. Many seniors can’t afford their drugs.
- New a long-term model. Systems, including for mental health, need to be built for long-term growth/prevention rather than immediate care for a specific problem.
- If you have a need, it should be provided.
- Active schools and active communities.
- Family doctors should not be allowed to own drug stores or should be required to disclose it.
- Reduction in income tax for health activities.
- Low income families need support to buy healthy food.
- Manitoba and new Brunswick are two places that are getting their health care right, we should follow their example of health care and active communities.
- Need to re-think how to engage people with serious problems such as addictions services. Restructure entire system. Drop-in services at all hours, non-judgmental must be made available to people with multiple problems.
- Add an actual meditation/mindfulness workshop to the chronic disease management program, rather than just a reference to it in the workshop as an approach that could help.
- Coordination of care.
- Sidewalks and sidewalk snow removal.
- Coordination of care upon discharge.
- Affordable programs for seniors.

- Educational supports offered by multi-disciplinary teams.
- Funding from municipal and provincial groups to fund community programs.
- Continuity of care relationship to provider.
- Increased access to mental health services - community mental health services.
- Turnover of doctors in rural areas.
- Johnson Group has done the most for primary health care in Newfoundland and Labrador.
- It's incumbent upon me to be as healthy as possible.
- Covered sidewalks.
- Access to community info sessions on chronic disease self-management.
- Education, particularly in the school system.
- PHCP - more scientific approach needed - more testing, less opinions.
- Community needs to provide greater services and supports to people who cannot afford gyms or fruits and other health foods.
- Hard to develop level of trust if doctors don't stay long in rural communities.
- Need incentives to retain docs in rural communities.
- More people in the community to eat healthy.
- General population needs to know where these supports are.
- Encourage and promotion of exercise by providers and to encourage a harm reduction approach for smoking.
- More awareness of the impact of compassion fatigue in health care.
- Financial support for people to access healthy leaving mechanisms, food, gyms.
- Built environment, working with municipal affairs and communities to improve physical health.
- Harm reduction philosophy - those using intravenous drugs.
- Connect health to municipalities.
- Non-judgmental attitude by providers.
- Test results should be given over the phone, lab could post results online so you can see your own results, prescriptions should be phoned in - no need to clog up doctors' offices.
- When on a fixed income, cost is prohibitive to access healthy living (proper footwear).
- Individuals need to take control of their own health
- Students in schools need appropriate guidance counselling resources to educate students.
- Wellness coaches, stress management, blood pressure clinics, a peer system - prevention tools.

- Community living with intellectual disabilities - everyone needs friends, love and a sense of community. Community people who live in with others and formed a community with that person and valued these people regardless of disabilities.
- Indoor walking trails.
- Why don't we encourage gym owners to offer specialized programs for those with diabetes (for example, a year's free membership).
- Exercise and eating properly. Encouragement by health care providers to adopt a healthy lifestyle for prevention.
- Promotion of wellness planning as it relates to both mental and physical health.
- A lot of people are afraid to ask for services - afraid to be labeled - find a way so that people can do it without asking - a lot of times they don't ask- educate people to let them know there is nothing wrong with asking for available supports.
- Community freezer in rural Labrador.
- Peer support and a help line.
- We have to look to ourselves to improve our health, not government.
- Coordinated services.
- Co-pay for prescriptions - shouldn't have to pay up front for meds.
- Guidance counsellors often see issues outside of the scope of their expertise. One counsellor, 625 students. Community-based supports and timely services are needed.
- Vulnerable population least likely to be able to afford healthy food choices.
- Lack of appropriate housing.
- Physicians are meant deal with sick people. We have to take responsibility for our health.
- Homelessness and sub-standard housing.
- Modelling good health starts with parents.
- Student counsellors - not enough of them for the issues that are arising given student numbers.
- Nutritionist - why does a person have to go to a hospital to access a nutritionist - should not have to go to a nutritionist in a hospital - parking an issue.
- Affordable medications.
- People need proper supports - shelter, food and not living in poverty.
- Food offered in the hospitals needs to be healthier.
- Primary health care providers need to truly embrace that primary care is about advancing the care of others.
- Bring practitioners to patients.
- Good nutrition, social determinants of health.
- Difficult for students - not getting serviced adequately and not building relationships with psychiatrists, just getting medication.

- I get encouragement from my health care support team to maintain my own health.
- Affordability of fruits and veggies - very expensive to eat healthy.
- What kids are being fed in school lunch programs is not always nutritious.
- Many people waiting in hospitals because they have nowhere else to live.
- Bring services to residents who are homebound.
- More communication between services. Mental health is very team-based. Don't see as much in primary health care.
- Wellness issues are beyond just your family doctor - need a team - nurse practitioners – dieticians.
- Communication and collaboration is needed (example, guidance counsellors are not necessarily being included in the care at the Janeway even though they are often the first point of contact for students).
- Health providers should team up with groups like seniors' clubs to help get the word out.
- Might be worthwhile to do survey at the primary health centre.
- Support for caregivers who work in the home.
- Networks - every 10 doctors your given a nurse practitioner - for every 10 doctors given a nutritionist.
- Transportation system is lacking and can improve healthy living, providing linkages to getting to gyms, etc.
- Money and time is wasted by health care professionals not communicating on a patient.
- Seniors need preventative care and services.
- Student assistants are critical in care, building relationships with students - perhaps nursing students can be going into schools to help out with some issues.
- Case management (closer to home document in 2012 and case mgmt. still not implemented in this province).
- Need more access to counsellors – especially non-urgent – some people waiting a long time for non-emergent mental health care (e.g. stress).
- Shameful that case managers don't exist here.
- More time for practitioners to spend more time investigating causes of illness.
- Need to work together more and better.
- There is a perceived notion that eating healthy means more money, education can change this.
- Dieticians need to be educating people more.
- There needs to be more choice and more coordination between services that are available.
- Practitioners spending more time with patients.
- Availability of appropriate care.

- If you are not well and low income, there is extra challenge to be healthy.
- People can’t afford to provide the necessary food to ensure children aren't obese.
- Social determinants of health and holistic care - need affordable housing.
- Programs tend to focus on the most ill.
- Social determinants of health - one or two generations have lost their way in terms of health, there is a lack of health literacy.
- Exercise prescriptions being handed out to the patient.
- Utilization of other practitioners to provide care to patients to take load of physicians.
- arm reduction is really needed all over the project.
- Educate young people through visiting people with chronic diseases in hospitals.
- Counseling and support are more cost effective than health care.
- Take a coordinated approach to health.
- Financial piece significant because of disparities in wealth.
- Gentle exercises to promote health.
- Work with industry to improve health.
- Access to healthy food in terms of money to purchase food and having the food available as well as means to get out to purchase food.
- Social isolation is a serious challenge. Creating space to bring people together affords a chance to get messages out about preventative health and wellness.
- With public pressure fast food industry will respond to offering healthier options.
- Finding healthy food hard in some communities.
- Access major issues - public buildings close at 3:00 p.m. – could be an opportunity to access school gyms.
- Need electronic health records - this would support a team approach, it's timely, efficient and inclusive.
- Tax the fast food companies if they do not comply with offering healthier options.
- More partnerships between service providers
- More emphasis on health promotion framework (i.e. providing care based on determinants of health model).

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

- Need to recruit and retain health care providers from the province.
- Reorganize how we organize things like nurse care practitioners.
- Better linkages to community based care reports.
- More community support services.
- Access to mental health services. Even when you try, you can't get the services.
- Need more health care providers such as home care providers in communities.

- ER access - downloaded b/c doctors not there for the people. They won't go to rural areas. We need to have areas identified where there is a physician so people don't have to go to ER for routine matters.
- How do you keep family physicians in rural areas?
- No support services for mental health. Need case managers that follow them for a long period of time.
- Need to have a culture of adopting the best practices in the country.
- We need more nurse practitioners. The access is not there.
- Need nurse practitioners, midwives access to maternity care.
- Need to implement the best practices in health care as soon as they are known.
- Need to find ways to provide more continuity in personnel in the system. Need consistent people to help navigate the system.
- Better coordination so that you aren't explaining your situation over and over again.
- Build teams of care, whether it is family doctors and social workers working together.
- Incentives for physicians to provide enhanced services.
- Decentralize services, it should be about the patient or client, we should be going to where the client is.
- Provide better transition between services so that continuity of care is maintained.
- How hard do they try to recruit people from NL? They have a tendency to stay
- Need to unify the health record across the spectrum of care.
- Planned approach in relation to services just not happening.
- Getting feedback from the community is lacking. This is a start tonight.
- Need to centralize health care information, have it accessible.
- Putting midwives into the health care industry.
- More home care, midwives and home bases health care practitioners.
- Make your health information your responsibility, so that you can take it with you to your different service providers.
- Government should be publically outraged that Federal Government is not renewing health accord.
- Focus on a continuum of car, from birth to death.
- We have no money to do this. We may as well talk till the cows come home b/c none of this will happen without a health accord.
- Doctors in rural areas sending people to get the flu shot at the pharmacist where a senior will have to pay.
- Need to have things such a flu shots integrated into a family doctor service.
- Morale in health care is very low.
- Dentists overcharging seniors.
- Flexibility for specialist appointments.
- The public needs to be engaged in what needs to change in health care.

- Priority setting in the health care system, figuring out what is the most important and dealing with those things first.
- Utilize a similar approach for other specialist services that is used for mammograms.
- Need to figure out what is working best in the province, adapting to those practices and advancing them.
- Nurses not being treated well. High rate of sick time because they can't get time off.
- Nurses have a union to go to.
- More prevention services.
- Electronic solutions that could help alert people in the emergency room when they are up so they don't have to wait.
- Getting more services out into the community.
- Physician assistance is missing from the allied health professions.
- PAs (physician assistants) are under-utilized.
- From seniors perspective - navigating the system is a challenge.
- Seniors are not tech savvy - technology not solely the way to go.
- Shorter waiting list for mental health services.
- Opportunity for change in PHC – spend a lot of money but outcomes are not good.
- Be like a firefighter, police officer and nurse – should be available 24 hours.
- Often when people have made the decision to seek mental health services, it's now or never.
- PAs can assist with physician work, freeing up physician's time.
- Cancer patients who attend Cancer Clinic at Health Sciences Centre get to attend additional services about coping with your cancer etc. Those that attend ambulatory clinics cannot avail of those services.
- Eastern Health had diversity committee under pastoral care that existed 20 years ago - closed down 3-4 years ago. Should be created again and greater focus on diversity from Eastern Health.
- More coordination between providers.
- Consistency in services.
- Need to be cautious about using technology – vague about protocols using email.
- We need more family doctors.
- Make sure mental health and chronic disease services in the community.
- Not sure about using text messages.
- Why can't we do more public lunch and learn sessions?
- Wellness centres throughout the province – shouldn't have to go to the hospital for anything outside emergency.
- Research to see whether or not one stop shopping helps.
- Referral process because some patients get seen quickly and others have to wait a long time.

- Should not have to go to a hospital setting to access a nutritionist.
- Sometimes family doctors don't know where to refer people – how do they get this information?
- Rural residents come to St. John's because they do not have a family doctor.
- Better homecare.
- Need equal access to services. Be able to select your services.
- Access for children, i.e. autistic kids collaboration not easy.
- Universal, comprehensive home care program for all ages birth to death.
- Big facility on Major's Path is great for east end, but not accessible to people in the west end. Should build one in the west end.
- Elimination of the financial means test.
- Telling clients to hurry up and wait.
- Increased involvement of health care professionals with the RHAs.
- Too many silos in the medical community, everyone is too busy operating on their own agendas – a team approach is needed and the it should be a patient-centric model.
- Need rapid access – do we need to change who the gatekeepers are?
- Hospitals are fine – take services outside of hospital that should be in the community.
- There needs to be more open discussion about mental health issues.
- Would like to see national standards on financial needs for home and care for both physical and mental health care.
- More family physicians involved in managing the system.
- Need equal access to services (e.g. not just for those who can afford them).
- Better coordination, communication, collaboration for kids in school system.
- Family medicine home, not fee per service.
- Medication adherence and compliance strategy is needed.
- Electronic medical records.
- Efficient and effective healthcare delivery model.
- Some find access too complicated and cumbersome.
- Doing things so long one way that can't step outside of the box and try something new even though may be great idea and work well.
- Need more supportive process for access.
- Change the funding model for primary health care – be able to have a sessional fee where we can phone instead of having to go in to visit.
- Equal pay for equal work, not pay for service.
- Universal home care.
- Rapid access very important.

- Something fundamentally wrong with being paid by the number of patients you see per day.
- Practitioners need access to all of your health information (health history, medications etc.).
- Home support, we need physios and OTs to keep patients out of the hospitals.
- Resistance to change within the system, only so much someone in the system can do before lose trust in people/system.
- Increased emphasis on prevention, one stop shop at point of entry.
- Need to get the engagement going – real time access to needed care giver.
- We need social workers.
- Conversation needs to be framed differently – healthy eating, healthy living strategy is needed. School programs need to be infused with this and community needs to be on board.
- Wait times too long to see appropriate person.
- Not very many team members who work.
- Fee for service system is not conducive to providing good care – young professionals do not want to practice that way, they want to practice in teams.
- Maybe mental health and addictions treatment shouldn't be separate from acute care.
- Smaller health boards instead of bigger so the "small guy" can be heard.
- Need more personal contact with the health care providers.
- Prevention is key to mental health issues.
- Navigation - patient navigators are needed.
- The role of the school counsellor has changed, social workers are no longer in the schools. This is a problem.
- Could be paid a certain fee for a certain number of patients per year and paid bonuses for certain quality benchmarks.
- Fee for service is not good for patients and doctors.
- Review of mental health services needs to happen.
- Delayed access elevates physical and mental health issues.
- All disciplines across health care.
- Organization of teams for more appropriate care - no one should have to work in a silo.
- More public operated clinics.
- Needs to be more teams.
- One stop shop that includes all care.
- Mental health issues need to be recognized earlier in life.
- More resources for mental health services, and communicated to the public.
- Education around mental illness and stigma.

- Acknowledge evidence-based and best practice.
- Expand Health Sciences Centre to allow for full inclusion of mental health services and integrate these services.
- Utilize infrastructure more appropriately to increase access.
- Public clinic that could be open 24 hours a day that could take pressure off emergency department, and spread around regions.
- Most GPs don't have knowledge about mental illness, same for teachers.
- GPs need to see past mental illness.
- Acute care is running the game, which takes away from mental health services.
- Unaffordable housing.
- Better promotion of preventative health measures.
- We need to do the prevention and acute care, not just acute care.
- Adopt successful models used in other jurisdictions.
- Co-ordination of services is needed. Connect program (funding is not there for this program anymore).
- Duplication of some roles, lack of communication, navigation.
- Stigma reduction is important for both mental illness and disability.
- Poverty reduction factors like housing.
- Prevention is difficult to address, early intervention and education is needed.
- Discrimination in seniors LGBT in long-term care homes.
- There should be incentives built in to clinics to alleviate usage of emergency salaries removed for more of your patients that access emergency care after hours this provides incentives to family doctors to increase hours.
- Backlog of services – need someone on back end to pick up on those.
- Student counsellors provide an important service to students but often it is difficult to get to prevention and awareness.
- Long-term care availability causes a backlog in health care, people in hospitals waiting to go to long-term care.
- Co-location of services.
- Chronic disease self-management – more access through things like webinars.
- More cross-departmental conversations about health at the provincial level (i.e. health, education).
- Communication among health providers.
- Less professionally driven and more publicly driven, the community needs to be more involved in decisions, we need to have a conversation about social determinants of health (poverty reduction strategy, affordable housing, education, etc).
- Preventative piece needs to come from community.
- Wait time for certain services (mental health services).

- Symposium to bring community organizations together to raise funding.
- Cut in resources is affecting health of health providers because they are more stressed.
- Sectors and silos need to be broken down
- Many patients cannot advocate for themselves.
- Setting up different success measures.
- Providers need to spend more time with patients.

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

- Some of the best health care professionals in the world in this province, an incredible research community and an enthusiastic medical community.
- Multi-disciplinary teams.
- EMRs.
- Shared access to information.
- Regulate naturopathic doctors.
- Coordination and integration between naturopaths, dieticians, family doctors.
- Individuals taking responsibility for their health.
- Seen best of doctors and specialists.
- Major's Path blood centre is great.
- Pastoral care is excellent at health sciences – particularly the bereavement groups.
- Primary care works well for participants here tonight, but they aren't the target population.
- Numbering system at Major's Path works well.
- Results from this study may not capture the views of the entire province.
- Providers are doing the best they can with the resources they have.
- Exceptional care for family members.
- Government needs to nurture the community sector.
- Family medicine is about relationships, acute care is about disease.
- When you can get to see provider they do provide a good level of service.
- More community/government collaboration, more addiction centres, more committees on youth are interdisciplinary, more work on LGBT issues is happening.
- Inter-disciplinary collaboration when it occurs.
- System is working because several programs work well.
- Kids Eat Smart, Friends for Life (early childhood education).
- Public awareness campaigns are helpful.
- Public health services – moms and babies – everyone woman with a new baby can access services.

- A lot of times service providers feel stifled from the system as well and want to help.
- Integration of department and systems, programs that are recovery-based programs.
- Some of the best community organizations in the country. We need to strengthen them.
- Highest rates of immunization for our babies in the country.
- Holistic programs are working well.
- Depends where you live in the province.
- Works well for average citizen, but not for those with low socioeconomic status and those with more complex needs.
- Willingness among practitioners to do what it takes to provide good care.
- Have to be at the right place at the right time for access to be effective.
- Turnover of doctors are too often – couldn't create a relationship because every time you go to doctor it is a new one.
- Nurse practitioners.
- There has been a huge change in how MDs operate, part-time MDs.
- Building electronic health records.
- Centralized intake for psychiatry patients – one number that everyone can call for a person to get initial assessment to find out where to go.
- People are starting to understand the importance of prevention.
- Government needs to do more than highlight projects they've done and focus more on public awareness.
- Electronic health records are coming but not fast enough.
- Pilot community rapid response hopefully will continue.
- The other 1/3 of the province needs the same service as the 2/3s on the Avalon.
- Take the luck out of access.
- Nice to see people take more responsibility for their own health care.
- Disconnect between family physicians and MDs working for the RHAs in the hospitals.
- Community programs and services work well.
- When in the health care system – treatment is very professional, staff professional, want to do everything for the person – facility terrible.
- Pharmacy network is great idea – if only all were on same programs.
- People are more informed now and not as accepting as they were before.
- Facilities need to be upgraded – dialysis in Waterford.
- Better dialogue with doctors now that people are more informed and ask questions.
- Supports in the community are working.
- Pastoral care is having a positive impact by reducing uptake on medical services.
- Nursing practitioners are not supported by the RHAs.
- Blended model of care.

- There are many models that can be reviewed.
- Business adopting schools to help with healthy eating, education, etc.
- Been a lot of education for physicians and health care providers, other professionals can do same.
- The two-way interaction with health care provider is good.
- Healthy baby clubs and money for milk. Investments in these areas pay off later in life.
- Good bones in place, not enough to fill it out.
- Team approaches work well.
- Self-education.
- Community services have a huge impact.
- When severely ill, treated very well.
- Promotion of wellness through the school system.
- The school lunch program.
- Works for people who are plugged into the system and know how to navigate.
- There are examples of team-based approaches that have been implemented.
- Have a broader conversation with students and faculty on what needs to change.
- If we can put the language in the mouths of children about mental illness, we can open up mental illness awareness (preventative work).
- Adult central intake for mental health and addictions over 18.
- Education is bringing schools together more to do more team-based learning to get people used to working as part of a team.
- School counsellors are only reactive to mental illness right now because there is not enough time.
- Allowing pharmacists to provide the flu shot.
- Did consultations 13 years ago and not much has changed since then.
- Central intake good but long waits not good.
- How will this consultation translate into the delivery of services?
- Inter-professional education.
- If necessary for treatment, should be covered by MCP.
- Hope government implements actions in close to home document.
- Have to be a strong advocate for yourself.
- Government and RHAs need to take bold steps to be more innovative and do things differently.
- Tremendous team – confident with family doctor, dentist, massage therapist and don't want anyone to leave. Access to that group of people works very well.
- People in low income bracket have fears and don't want to access certain services.
- We need more front end workers, not psychiatrists.
- Smooth transitions between services.

- Don't let MCP rules for billing prevent innovation.
- Really hope government acts on this feedback.
- Champion change.
- Would work better with case managers.
- Very accessible family physician. What is it that makes one so accessible and one not so much.
- When physicians are allowed to do their job they can do fabulous work, but they get tied down by the system. We need to find ways to loosen the administration.
- A lot of hard-working, dedicated people in the health care system who should be appreciated.
- We need to push health care to the community.
- Public health nurses are doing very well.
- Seniors are getting very strong politically.
- Relationships with providers.
- There are still health care providers out there that really care for their patients.
- Synergy now when physicians and communities and government want the same things. Everyone is one the same page.
- Utilize nurse practitioners and relationship with physician, pharmacists and patients.
- The mammography program.
- Availability of basic services.
- Have a lot of good dedicated people in our province.
- Have opportunities to advance in health care.
- Starting to shift our resources for the better.
- Health line. Used it for children and family. Has helped many times - ex sick child, etc.
- Self-management program.
- Post-acute care involvement.
- I like that we can see a family doctor in Canada. A lot of countries don't have that.
- In crisis situations, the system does seem to respond well to find solutions to specific situations. For example, physicians taking on prescription management when the prescribing physician is unavailable.
- The specialist system works well – should look at that.
- Ear nose and throat services seem to be quite good.
- The political will to expand what health care offers.
- Public medical care system.
- Living in an urban area, there is access.
- Like that you can see who you need to see, even if it takes time.
- For the most part, basic services for people with a family physician such as yearly check-ups seem to work well.

- Having a family physician that is adopting modern day health care practices.
- Emergency care seems to work well for people with special needs.
- Knowing how the health care system works.
- The fact that we are discussing our health care and citizens have an opportunity to provide input.
- Public health care.
- Senior patients that have access to community care.
- Innovative medical school.
- Innovative practitioners.
- Amazing nursing school.
- We have services and access, despite the waits.
- We have the best nurses.
- There is plenty of opportunity for innovation with potential to create change in our social services.
- Rural communications that encourage people to access good health care
- Friend needed ambulance and was alarmed at how fast they arrived. They were very professional. It was also affordable compared to the United States.
- A place where you can know your nurses and doctors.
- Tele-health system
- Improve opportunities to educate yourself about your care.

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

- Wait times for physician referrals to specialist are a problem.
- Need a description monitoring program.
- Need the leadership to facilitate whatever comes out of the summit process, need to have consensus going forward.
- Specialists doing things on the side privately takes away from the public services that are needed.
- The issue with a shared, provincial/federal responsibility.
- The impact of trade agreements and the cost of prescription drugs.
- Primary health care cannot be isolated. You need to look at hospital services too.
- Need to articulate what we see as necessary, as our vision for the province.
- Have to be a willingness to change and give up things that do not work.
- Public health spending too low. Not paying enough attention to early childhood health promotion and prevention.

- Focus more on life-skills right through the educational curriculum. More counsellors are needed to help facilitate prevention and healthy intervention. Not just helping the individual, but focus on the family.
- There have to be outcome measures to show that there have been improvements made to the process.
- Need a health and resources plan.
- Focus of discussion is limited. If you are looking at a summit, it has to be expanded to all of health care, not just primary health care.
- Needs to be a comprehensive movement that involves multiple departments of government such as Education.
- Need to improve the built environment and opportunities for physical activity and healthy eating.
- Personal cost for services that are not available in the province as well as drugs.
- Some questions were not linked.
- Some health care needs in the province are unique because of geography and demographics.
- Primary health care in long-term care settings is not coordinated, with one physiotherapist for 250 patients, for example.
- Is the provincial government lobbying the fed government on the health accord?
- Long-term care – lack of staff in new facility.
- There is no evidence that the health line is effective, research is not well done here.
- Medical office assistants – ways to engage other providers to work in primary care.
- Help children of parents who have mental health problems.
- Availability of supplies for those with diabetes.
- Lack of communication between nursing homes.
- Early intervention is key (i.e. youth).
- Have to manage public expectations and help public to make informed decisions.
- Would be helpful if people who call the health line are referred to their family doctor, not the emergency rooms.
- Help lines do not work.
- Need to hear from community members and not just health care providers and associations. Need to hear from vulnerable people.
- When have to travel out of province for care only one person can go with the patient. If something goes wrong it could be very bad.
- Advertising methods.
- Nurse practitioners should be utilized to full scope of practice – i.e. scheduling or housekeeping.
- Need coordination of services, central system to share information.

- Issue with faith-based homes. Consistency between homes and policies between homes and the way they are treated is different between homes.
- Interdisciplinary health care teams need opportunity to communicate about best practices and what works.
- We are not utilizing the research community capacity as well as we could be (i.e. genomics research, IBM backing it but who is going to do the research?).
- Providers need to start communicating.
- Issues for potential receivers of health care.
- Nurse practitioners and LPNs used to full scope.
- Early childhood education re prevention is key.
- Care may be dependent on religion by administration of faith based homes, for example, if not Salvation Army, not treated well.
- Parenting classes are needed, avail of family resource centres.
- Look more at social context and match with specialties in medicine.
- Addressing the barriers to health care needs to be ironed out.
- Need to also frame questions based on the groups you are here representing.
- Finding the right service by the right provider.
- Put nurses back in schools.
- If people are going to make changes there needs to be process in place to evaluate changes to make sure are working and are effective.
- We need interdisciplinary health care teams.
- Need to ensure you hear from the people who need help the most.
- Concern for aging demographic and what it will mean for health care and long term care.
- Not enough staff in long-term care to be family to residents. A lot are not seeing their families and staff do not have the time to spend with residents.
- Price of milk too high. Why can't we subsidize price of milk?
- What are the incentives for breaking down the silos? How can we encourage people to work together?
- More promotion of self-management.
- Everyone wants universal access to all services close to them – government needs to be realistic.
- Focus on prevention instead of intervention and treatment.
- Only 24 per cent of residents eat appropriate number of fruits and vegetables, need access to affordable foods.
- The format of these sessions works well.
- Need to do business differently.
- Recommend a similar forum on seniors and aging and long-term care.
- Government departments need to collaborate to promote health.

- If there are ways the public system could download some costs to private systems.
- If we truly want a coordinated, team-based approach there needs to be incentives.
- 30 per cent no-show rate for mental health and addictions.
- People need to be more proactive in managing their own care.
- Translate the knowledge into benefits.
- Home share program to help 50-plus stay in own homes.
- Need to spend money to save money.
- Great to see that the session involved many people from different disciplines and different political groups.
- Continue funding home share program.
- More emphasis to keep seniors at home, and more support for families to stay and care for elderly family members so they do not have to go into long-term care facilities.
- Accessing the correct health care provider for individual needs.