

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

- A reasonable number of first point of contact providers for the population you are trying to serve. An appropriate number so everyone has a family doctor, nurse practitioner, social workers are available etc.
- Specialists should be in every community. For example, travelling to St. John's to see Endocrinologist is not acceptable.
- Being able to get an appointment within a reasonable time (timeliness).
- Not acceptable for someone to reach six months pregnant and still not have a doctor.
- Something to help people who don't have access to transportation, to assist them in getting to their appointments.
- Doctors should be more accessible, for example in Nova Scotia doctors would personally contact patients.
- There are people living in Port aux Basques who do not have access to a family doctor. Everyone should have access to family doctor.
- While the community has its quota of physicians, if a person is not happy with the current physicians there are no options to change.
- Doctors are covering emergency departments as well as regularly scheduled appointment days.
- There are long waits for appointments at times.
- People are very happy with the care of the Nurse Practitioners, however, given this now people are experiencing long wait times to get in to see the Nurse Practitioner.
- Mid-wife would be a great option.
- Dementia care is a huge concern.
- Acceptable access for me is having a family doctor, dentist and optometrist.
- Concerns around ability to access a family doctor.
- 18-24 month waiting list for mental health service – this is not acceptable access.
- Need expertise for children's mental health.
- Should not need to travel for service that could easily be done locally.
- Cost to accessing certain services is a barrier.
- Seniors access to apartments or long term care facilities.
- Being able to access a family doctor within a reasonable length of time if you are new to town or don't have a family doctor.
- More access to emergency services even when you are in hospital.
- Being able to access an urgently needed appointment within 48 to 72 hours.
- Being able to access a doctor (get an appointment) in a reasonable amount of time.
- Able to utilize the hospital to full capacity and not have to leave the hospital and sent elsewhere, to another hospital.

- People living in outreaching areas being able to access medical services. The cost of travel sometimes prohibit them coming to PAB.
- Residents of PAB and outreaching regions don't know what medical services and supports are available or how to access them. Education and awareness is greatly needed.
- Aging populations and marginalized persons often don't have the skills to use health lines or internet sites to access information and services. Besides skill, cost may be a factor.
- Strong communications amongst PHC providers is needed. Due to different software, formatting, and incompatible systems, most PHC providers cannot share information.
- PHC needs a team approach. It would be great to have a social worker in my office.

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

- A good cross section of providers available to us within the community.
- We have a great recreational facility available to us with a walking track, trails outdoors and swimming pool. However, there is a fee to access this facility and some may not be able to afford this.
- Access to fresh fruits and vegetables.
- When relying on imported fruits and vegetables, weather is an issue
- A lot of health providers are medically oriented. Perhaps a new job should be created where the person knows all the services available within the community and is able to connect patients to the appropriate services (e.g., patient navigator). Physicians' are often very busy and may not have the time to navigate patients through the available services. Port aux Basques has a good selection of services but people may not be aware of all of them.
- We are really good at caring for people when they are sick but we need to focus more on prevention. People don't typically go see the physician if they are not sick.
- We have people in emergency rooms to help when needed, we have physicians to help when sick, but there is no one at the top trying to understand why people are showing up in the emergency rooms and the physician's office.
- There needs to be a more team-based approach where you have a team of family doctors with for example, a dermatologist who visits once a week for appointments, a dietician once a week etc.
- Mental health nurse.
- Support groups for mental health and well-being (education/support).
- Support groups for grief and loss.

- Start with the young – promoting activity in schools (obesity is a big issue for school-aged children).
- Issues of drug use in the community – need to figure out how to address this issue.
- Parent/child cooking classes.
- PAB has a great sports facility; has a skating rink, bowling alleys , walking trails. All help keep us healthy. There are a lot of options but we need support groups to assist in coordinating the events.
- Need peer support groups; someone to pair seniors with younger people; get groceries, have socials.
- Encourage employers to promote/support healthy living; offer/ subsidize gym passes, have a treadmill in the office, encourage physical activity, healthy choices, promote a culture of healthy living.
- Expand the program at the sports complex to include mind and body. Need counselling / mental health supports.
- Offer affordable cooking classes for all ages. Since the extended family has been lost, many don't know how to cook.
- Train the trainer program for living and managing chronic diseases is working well – it helps people self-manage their illness. More people need to know about the program and who to contact to take it.
- Community members need financial, social emotional support; all the determinants of health.
- Hospital promotes these programs for PAB and outlying regions and it's free.
- PAB has a healthy aging clinic in PAB. It flags people over 75 who enter emergency to determine their risk of re-entering emergency. They are assessed and recommendations are made for follow-up intervention.
- Produce should be available, affordable and of good quality.
- Offer group classes in good healthy living practices.

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

- Endocrinology not covered by MCP if the physician goes through Telehealth.
- There needs to be more awareness amongst people about wellness.
- Use Telehealth more, not just for specialists but also family physicians.
- Needs to be more willingness to use electronic means.
- Need to help physicians feel more comfortable with Telehealth and to communicate the availability of Telehealth to patients as an option as opposed to traveling to bigger centers for specialist appointments.

- Need to build awareness around Telehealth, more of an aging population who are typically more comfortable with face to face. A lot of Telehealth usage between Corner Brook and Port aux Basques.
- There needs to be more access to electronic medical records. This will allow patients to have 24 hours access to physicians, perhaps not their regular doctor but someone within the team of physicians working within a clinic.
- Pharmacists should move toward being able to give B12 shots, currently these shots can only be injected by a physician, therefore, patients are showing up in emergency rooms for these injections.
- Doctors doing home visits.
- Nurse practitioner.
- Accessing appointments at the hospital.
- Ability of Nurse Practitioners to be easily incorporated into family practice (MCP to change this).
- Wait times for family doctor, physiotherapist, occupational therapist, mental health service.
- Supporting the medical practitioners that are in this area – supporting the professional growth of our doctors, nurse practitioners, clergy, SLP, OT, PT, social workers so that they want to stay and continue their good work.
- Specialists closer, or specialist visits.
- More travelling clinics.
- Need a listing of PHC providers for new people in town and for new PHC workers.
- Need to have drop in centers for outlying communities.
- Privacy Act has prohibited many services. It creates barriers, stops communications, and sets restrictions. It must be reviewed and modified.
- Many willing to give blood aren't able to travel to Corner Brook
- Promote services through the networks.
- Routine check-ups can be followed by nurse practitioners or through email/ telephone calls.

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

- Pharmacists injecting flu shots is working really well.
- Telehealth – people avail of the service even with serious illness.
- Email and Skype would be helpful however aging population and others need support using it. Someone needs to be allocated to help/ work with the patient and the internet program.

- Community is great at networking and helping each other implement/ run their programs. Examples are with fire fighters, women's center. Things get done because the organizations work together.
- PAB PHC providers collaborate; social workers, doctors, etc. It remains from an earlier model but it works however, it needs to be improved. We need one accessible electronic record.
- MUN Medicine is building into their curriculum a more team-based approach and patient centered approach. Sessions are being held within the curriculum where medical students complete case studies with other health professional students e.g., pharmacists, nursing etc.

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

- Review the pay doctors and other PHC providers receive. They should be paid to receive telephone calls/ answering emails etc.
- Community staff can make mental health and addictions referrals but can't counsel.
- Wait times to access mental health and addictions services must be reduced and services need to be increase. Additional resources are needed.
- Encourage New Moms Supplement Program to new Moms and increase funding for the program. They need access to more services.
- Provide mobile resources to smaller communities. There are a lot of senior needs and they can't afford to travel to PAB. Even spiritual services are lacking.
- Need a plan for dementia/aging care:
 - Need a better plan as the need is increasing;
 - Need protection care for the dementia patients/
- Need local accessibility to long term care.
- Prescription drugs need to be packaged for three month supplies rather than one; this is an administrative issue on how pharmacists are paid for dispensing drugs.

Q5. If there an aspect of primary health care that you feel was not adequately discussed today, please let us know what it is.

- Additional seats at MUN Medicine (20) for NL students will get more people from rural communities to complete medical school; however, it is challenging to get them to return to the community to practice.
- There needs to be a push for more family focused resources.
- Physicians will not stay if there is not sufficient jobs, recreational activities and other supports available for their children and spouses.

- Much more demand on rural physicians than in St. John's.
- Milk is much more expensive than pop, which leads to unhealthy eating habits. Not much the department of health can do about this but perhaps we can encourage awareness of the impact we are doing to our health has on the health care system.
- When on fixed income, can't afford fruit. Perhaps government could subsidize for health food within stores.
- We could promote people growing their own fruits and vegetables within the community.
- Younger health care professionals not wanting to work here.
- Focus on prevention (counselling, comprehensive health care).