

Podcast Transcript – Straight Talk with Mary Ackenhusen - November 2015

LAURIE DAWKINS: So what I'm hoping to talk about today is about primary care and specifically in the context of strategic priorities. Recently, Mary, you laid out for the organization three new strategic priorities for the next two years. We're directly aligned with the Ministry of Health and one of those very big pieces of work is primary and community care. Can you tell me about that?

MARY ACKENHUSEN: (Primary care) is probably the most important of those three strategic priorities in the very short term. And it really relates to – what we all know and we've been talking about it for a long time – that we're treating way too many people in the hospital who should be treated at home, who could be better treated in the community. And so now we're actually putting direct strategies around that to make sure we're not admitting people into the hospital that could be better cared for by their GP or by community teams in their home.

LAURIE: We have been doing this work so I guess my question is why this, why now, as a priority?

MARY: Yeah, we're ramping it up for sure because our acute hospitals are full...overflowing, actually. We know that they're all running at 100 per cent-plus capacity and ED visits continue to climb about four per cent per year, which is absolutely unsustainable so now, we need to get even more serious about the changes. And frankly, our patients are for this, they're not getting good care in the current way we're managing the system.

LAURIE: David, I want to ask you a question because this primary care work is, Mary, where you've been active with your colleagues and your teams. Tell me a little bit about what's going on over the last year, some work that really stands out for you.

DR. DAVID HALL: I think one of the most exciting things we've been doing is embedding community and primary care services in the emergency room at Vancouver General. And they are focusing on the frail seniors and making sure we can get them connected to community supports and primary care so they don't need to be unnecessarily admitted to hospital.

MARY: And I think that's spreading too. It's happening now at St. Paul's, at St. Joe's as well as Lions Gate and Richmond are doing very similar things.

LAURIE: And David, when you look back at that work over the last year, is there anything in particular that stands out? Where you think, "Oh my gosh, this project was so successful and I definitely want to see more of this going forward."

DAVID: I think many of the areas we do well in primary care are the most vulnerable populations. So, whether it's people with serious addictions or mental health, or vulnerable young pregnant women, or transgendered people, we, for a long time, have provided services to those groups. So that's one of those most exciting things we offer in our services.

MARY: I would add to that, and it's very simple, that it really makes a difference for the patients to expand the hours of operation. So, we all know a lot of the emergency room demand comes because

there's just nobody open the time that they're needed. So now, Raven Song in particular and some other health centres are expanding their hours into the evenings and more on the weekends.

DAVID: We're also making sure that our clients know that they can, when the clinic is closed for the evening, that they can still reach the team by phone. So there really is ongoing access – even when the doors are not open.

LAURIE: Mary, I want to build on what David said, so this is some of the specific work that's been happening inside Vancouver Coastal Health...but if I take it back up to the bigger priority. Can you tell me some of the specific pieces of work expected of us inside this? So I heard the term, "prototypes," thrown around in relation to seniors care...

MARY: Right. So the actual action plan is to create three prototypes in VCH: one in Richmond, one in Vancouver and one in the North Shore. We really want to emulate this ideal model, which we're starting to call the medical home. The medical home is that home for the patient, particularly focusing on the frail senior or the mental ill and addicted, which will wrap services around that individual in a very comforting way. So they'll have somebody they can call 24/7 so they won't be quote, abandoned – somebody to help them navigate the system, a case manager that will make sure that they're getting what they need, when they need it. And they'll make sure that we're not getting so many individuals going into the home because we found from our engagement sessions with the community that they realize, as we should have realized, that having 25 people, different faces coming in for a home-bound senior, every week, is not a good thing. That continuity of care is important for healing and for staying at home and we need to change that.

LAURIE: I'm sure that's welcome news to staff. I mean, they probably don't feel good about it either, but I think the next obvious question is, if we're going to get to this great place, how are we going to make that happen? Because a past criticism has been "where are the resources?"

MARY: I'm really happy to say that we do have additional money to put into this. The government's been very sharp in terms of how they are managing this with us, to hold us accountable. So they've said that all of our increases for the next two years will go into this priority. So for the primary care community prototypes, that means that about 50 per cent of our increase will go to the community generally, including residential care increases, and 50 per cent of that will go directly to the prototypes to make sure that they're successful.

LAURIE: So that's got to be welcome news to you David...

DAVID: It is. I think that it's exciting to know that we'll organize our services for patients and families – so it makes more sense and is more supportive of their needs. But from the provider perspective as well, it's a win. I think working with a core team makes people think they can really get the clients what they need.

LAURIE: Let's assume we're going to be successful – of course we are – and we get to the end of this in two years' time and we really fulfilled this big mandate around primary and community care. What's your one hope? As somebody who's working on the frontline as a physician directly caring for patients...

DAVID: One of the places I work is St. Paul's Hospital and where I walk in and out of the hospital every day is right next to the emergency room. I really see people getting care or waiting for care who don't need to be in the hospital, who don't need to be in the emergency room. It'll be exciting to know that we're building the services in the community for them.

LAURIE: And as we go forward with this work, is there something that, either one of you, really need from staff? You have a hope for how people come together to make this happen?

MARY: I think we will all be learning in this process because we've never done it before and every jurisdiction that's done it, does it in a slightly different way. One of the great things is we're really going to have different solutions for communities of care – it will be very localized for what the population needs and based on what already exists there and what we've heard through engagement sessions. But it will be a bit messy. We're going to make our best shot and get it right the first time, but we will undoubtedly spend the next year, after we've put it in place, optimizing it and kind of tweaking to get it right and making sure it's doing what it needs to do.

So I guess for myself, for the leadership team, for all the staff that's been involved in it, we just need to remember it's the patient we're doing this for because it will feel kind of messy at times. But I know we all agree this is absolutely the best care for the patient – it's what they need and what they want and really what they deserve.

LAURIE: So, this is a lot of coming together, all at once where there's some good work going on already and the Downtown Eastside redesign, the St. Paul's Hospital redevelopment...

MARY: Yeah, it really feels good because I think all of us are convinced this is the right way to move, this is what we've been wanting to do for a long time and we finally now have the courage, the resources and the wherewithal to make it happen.