

# 2021 RURAL PCN FORUM

SUMMARY REPORT



**Rural and Remote**  
**Division of Family Practice**  
A GPSC initiative

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## ABOUT THE RURAL AND REMOTE DIVISION OF FAMILY PRACTICE

The Rural and Remote Division of Family Practice supports more than 140 physicians and nurse practitioners in 13 chapters across the province. The Division works with four geographic health



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authorities and the First Nations Health Authority in more than 90 communities across B.C. Physician members within the Division practice in the territories of more than 50 First Nations communities. The mission: to support and enable rural physicians to enhance rural health, rural work, and rural living in their communities. The Divisions' vision: to deliver locally developed, innovative, accessible, and sustainable health services for thriving rural communities.

## ABOUT THE 2021 RURAL PCN FORUM

On October 19th, 2021, the Rural and Remote Division of Family practice hosted a virtual Rural PCN Forum for their members, staff, members and staff from other Divisions, partners including First Nations, health authorities, General Practice Services Committee (GPSC) and the Joint Standing Committee on Rural Issues (JSC). More than 132 people from rural communities across British Columbia logged into Zoom to share ideas, successes and challenges and leverage the hive mind of rural physicians and Divisions.

The forum opened with Darryl-Jean Peeman of the Syilx Nation who shared her drum and medicine with the group and encouraged us to 'give it our all'.

## OPENING PANEL DISCUSSION

Rural and Remote Division Co-Chair, Dr. Tracey Thorne hosted a panel discussion with Dr. Bonnie Bagdan (Comox Valley Division of Family Practice), Dr. Josh Greggain (Chilliwack Division), Dr. Karin Kausky (Sea-to-Sky Division), Dr. Rob Lehman (Sunshine Coast Division), and Dr. Greg Selinger (South Okanagan Similkameen Division).

The panel addressed such questions as:

- “What steps can be taken to ensure that (sometimes fragile) existing medical clinics continue to succeed, and remain in place to deliver primary care to their patients and the communities they serve”
- “To what extent has PCN work subsumed all the other work that Divisions do?”
- “What has been the highlight of PCN for you?”

To watch the panel discussion, click [here](#).



A series of nine sessions ran for the balance of the day on topics ranging from “An Introduction to PCN” to “Building CHANGE BC Cornerstones in PCNs”. Summaries of all nine sessions are included in this report.

To view the recordings of these sessions, click [here](#).

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## SESSION 1A: INTEGRATING CYMHSU INTO COMMUNITY PCN PLANNING

**Presenters:** Dr. Rob Lehman (Sunshine Coast Division of Family Practice), Dr. Chantal Guillemette (Family Practitioner from Kaslo)

This session examined why Child and Youth Mental Health and Substance Use (CYMHSU) is so important to PCN planning in communities. Dr. Rob Lehman began by addressing the impacts of Adverse Childhood Experiences and Adverse Community Environments (the 'ACEs') on behaviours and mental/physical health outcomes. Dr. Lehman, who worked as a physician on the Sunshine Coast for 40 years, shared his experiences with the Sechelt community action team, as a means to break the silo of care that was previously seen with child and youth mental health. Through that local action team, the group spearheaded 'Doctor in the School', as well as marijuana information panels for children in Grade 7. The panels proved successful in reducing experimentation of marijuana and alcohol. Dr. Lehman suggested that the team-based efforts have led to an engagement with various Ministries to start collaborating around treating children and youth.

On behalf of Dr. Chantal Guillemette, Dr. Lehman then shared Dr. Guillemette's inspiring story of the development of a team-based care model in Kaslo to address an increase in suicidal thinking among the community's young people. A group of four Kaslo physicians met with community services and counsellors in the high school to establish initiatives, such as the 'Doctor in the School' approach. The work is now informing team-based development in PCN planning within the Kootenay Boundary Division of Family Practice. The model met a need in the community and demonstrated the positive results from a team-based approach. Dr. Lehman concluded by highlighting the opportunity, through PCN planning and implementation, to increase awareness of and supports for mental health and substance use interventions, and advocated for including CYMHSU as a PCN priority.

To view the full session recording, click [here](#).

***“ Ideas shared by Dr. Rob Lehman [were] very innovative...focused on patient-centered care in addition to expressing critical involvement of the community in providing wrap around care. I wish we could have someone like Dr. Lehman leading our communities. ”***

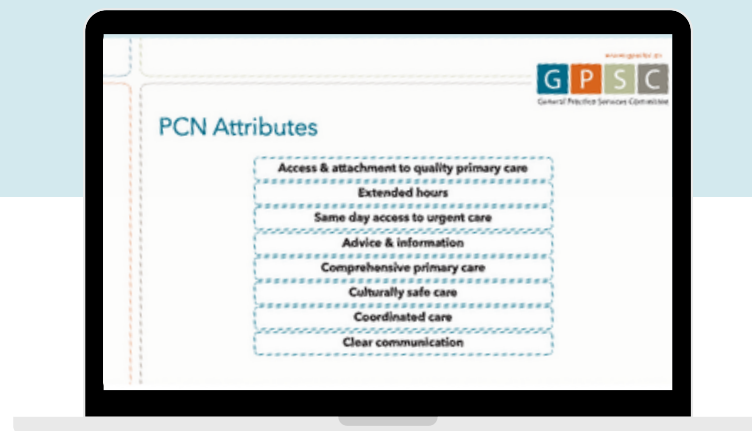


## SESSION 1B: AN INTRODUCTION TO PCN

**Presenter:** Joanna Richards (Senior Manager Primary Care Transformation, GPSC)

This session offered a look at the nuts and bolts of primary care networks – a sort of PCN 101 – by the GPSC’s Joanna Richards. It covered the governance, funding, progress of PCN in the province, considerations in planning and implementation and knowledge exchange. Joanna began sharing a hypothetical story to hammer home the importance and need for PCNs. She continued by providing an overview of PCN by explaining that PCNs are meant to act like a school district for primary care, bringing the models of care under one umbrella. Different models include Patient Medical Homes, community health centres, urgent and primary care centres, First Nations Primary Care Centres, nurse practitioner clinics, Foundry BC, and many more.

The integrated system of care puts in place the people, structures and processes needed to close gaps in care, and to create a simplified system of care for both patients and providers. According to Joanna, the entire PCN is meant to achieve the PCN Attributes.



Partners in PCN planning include the Doctors of BC, GPSC, Ministry of Health, health authorities, First Nations, Divisions of Family Practice, and local community organizations. Funding for PCNs, meanwhile, includes clinical and non-clinical resources, as well as change management funding for four years.

Questions during the session touched on topics such as First Nations primary care initiatives, capital funding, ways to increase physician engagement, and PCN growth and referral pathways.

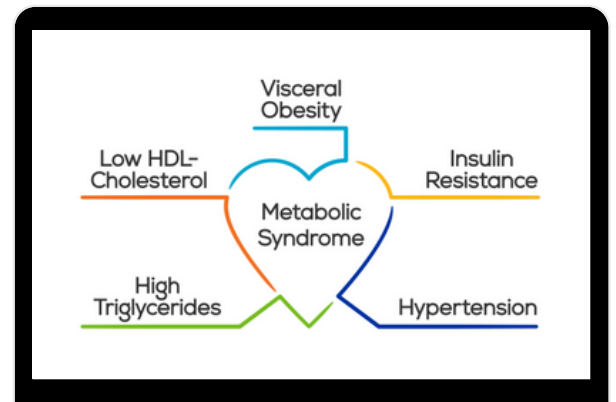
To view the full session recording, click [here](#).

## SESSION 1C: BUILDING CHANGE BC CORNERSTONES IN PCNS

**Presenters:** Dr. Greg Linton, Dr. Onuora Odoh, Dr. Jocelyn Black, Dr. Robert Boushel, Dr. Brenda Huff, Laurie Flood (Chair of Metabolic Syndrome Canada), Coleen Enns (ED, Pacific Northwest Division of Family Practice), Charlene Webb (Health Director, Kitsumkalum, Tsimshian Nation)

Dr. Greg Linton kicked off the session by explaining ‘metabolic syndrome’, which is both a precursor to Type 2 diabetes and a risk for cardiovascular disease. Surprisingly, as of August 2021, 45% of Pacific Northwest Division of Family Practice patients have metabolic syndrome / Type 2 diabetes. The CHANGE, or Canadian Health Advanced by Nutrition and Graded Exercise,

program was identified as a potential solution to this problem. CHANGE is a team-based approach of integrating nutrition and exercise into effective, personalized lifestyle interventions for patients. The program involves a patient’s family doctor, incorporates a team approach, a personalized diet-exercised plan, gradual interventions, and close follow-up over 12 months. In 2017, the Pacific Northwest Division initiated the CHANGE program and the results were remarkable – 32.4% of patients who



completed the initial program in B.C. reversed their metabolic syndrome. Dr. Linton highlighted five CHANGE BC cornerstones: family physician; team; patient- and community-focused; cultural relevance; and personalized, gradual and long-term change for lasting results. Dr. Robert Boushel addressed the “Team” cornerstone and described how this component is so critical for the success of the program and the benefit of the patient. Understanding the traditional lifestyle on health and bringing a research lens were cited as critical elements of the CHANGE BC program. Dr. Onuora Odoh covered the importance of the patient and community focus of CHANGE, with community adaptability as a key feature the program. Charlene Webb, Health Director for Kitsumkalum, Tsimshian Nation shared the importance of cultural relevance in the CHANGE program, with an emphasis on traditional food and transfer of generational knowledge, and its impact on health.

To view the full session recording, click [here](#).

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## SESSION 2A: EARLY DRAW SUCCESS STORIES

**Presenters:** Dr. Maciej Mierzewski (Rural and Remote Division of Family Practice - Gabriola Island Chapter)

This session, led by Dr. Maciej Mierzewski, described the journey of adding a nurse practitioner (NP) – through the Early Draw opportunity – to a fee-for-service clinic on Gabriola Island. Thanks to a motivated physician group, the guidance of a chapter coordinator and a supportive health authority (Island Health), and amid hiccups and challenges along the way, the community of Gabriola Island welcomed its first NP in February 2021.

The session chronicled the “what worked well” lessons (e.g. community reception for an NP, team approach to securing the placement), as well as the challenges (e.g. lack of clarity over the Early Draw process, barriers to billing) of adding a NP to the clinic. Dr. Mierzewski outlined the processes undertaken and emphasized the amount of time it takes to integrate the NP into the fold – from learning a new EMR and understanding different practice models to the logistics of desks and space. Group practice contracts were discussed and how they aligned with early draw contracts. Thankfully, the contract negotiations between Gabriola physicians and Island Health were a collaborative process.

Upon the roll-out earlier in the year, the clinic made use of a communications strategy and social media to introduce the NP and the concept to the community of Gabriola. It quickly became clear that a nurse practitioner was a valuable addition to the primary medical team.

To view the full session recording, click [here](#).





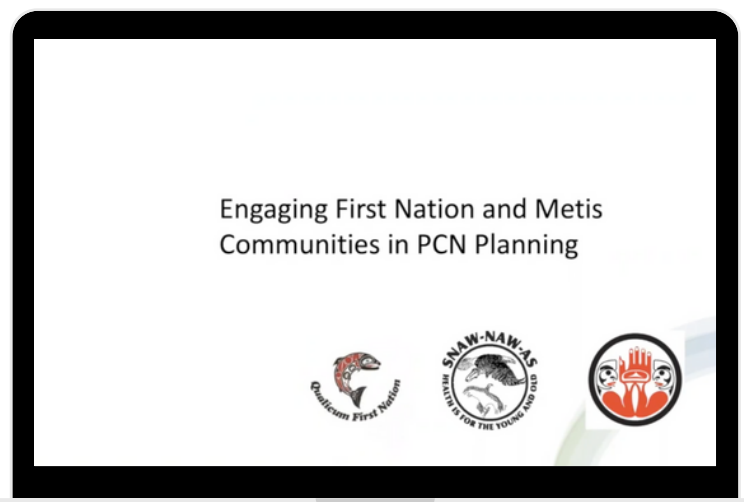
## SESSION 2B: ENGAGING FIRST NATION COMMUNITIES IN PCN PLANNING

**Presenters:** Evelyn Clark (Executive Director, Central Island Division of Family Practice), Tina Biello (Project Manager)

In this early afternoon session, Evelyn Clark (Executive Director) and Tina Biello (Project Manager) from the Central Island Division of Family Practice shared their experiences on engaging First Nations communities in PCN planning. The pair have been involved in planning two PCNs – Oceanside in 2018, and Port Alberni this year, which is still in process.

With systems in place to prevent double-counting, Evelyn and Tina indicated that First Nations can be part of two PCNs, with clients attending the clinic that best first their respective needs at that time. Slow-paced and early relationship building was deemed crucial to ensure lasting bonds and partnerships. Their advice for getting started with engagement: invite, invite, invite, and keep the door open for further connections. Once the relationship has been initiated, it's imperative to ensure everyone has a voice and that those voices are heard. Details of the two success stories – Oceanside and Port Alberni – were then shared.

In Oceanside, engagement started by asking community members from Qualicum and Snaw-naw-as First Nations about their needs and gaps. In Port Alberni, through direct engagement with Nuu-chah-nulth Elders, stakeholders have set up a series of cultural safety sessions with Elders and community primary care staff. Final words of advice included engaging champions, leaning on partnerships, and letting go of the idea of a quick decision.



To view the full session recording, click [here](#).



## SESSION 2C: SUPPORTING RURAL PCNS WITH LOCAL EVALUATION

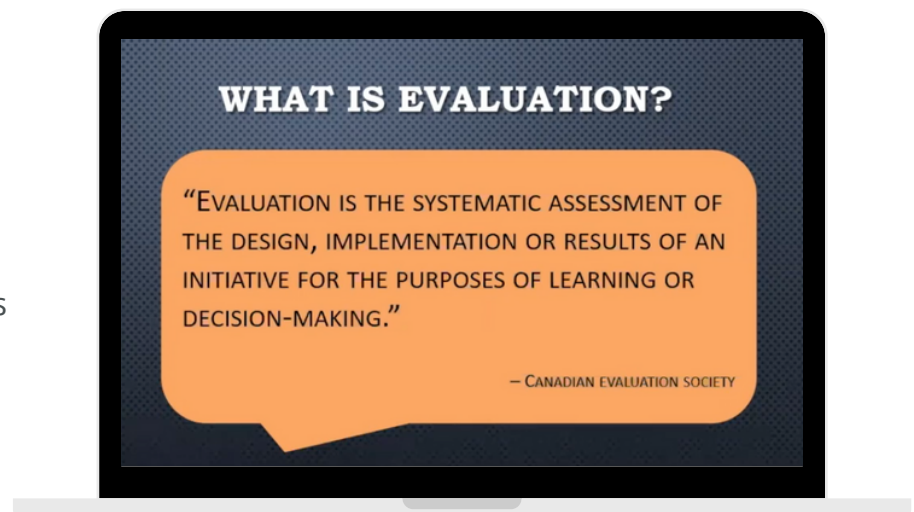
**Presenters: Katherine Coatta and Stephen Reichert (Reichert and Associates)**

Reichert & Associates (R&A) is a healthcare evaluation team that has been working with Divisions for the last 10 years, including PCN planning and evaluation. Katherine Coatta, R&A's PCN lead and currently working with five PCNs, described evaluation as a systematic assessment of the design, implementation of results of an initiative for the purposes of learning, sharing or decision-making.

R&A's approach to evaluation features participatory aspects, which bring different skillsets, and grounds the evaluation in local context. The approach is also utilization focused, which ensures the evaluation can impact the project by identifying opportunities and making the data useful for application. Finally, the whole process is developmental and ever evolving. Katherine described working with multiple Divisions across the province, learning from the different regions, and sharing this knowledge across Division borders to help ensure that the evaluation work is culturally safe and meets all community needs. Their firm is also currently working on developing metrics for cultural safety within the PCN context.

Stephen Reichert recommended spending time early on to interview stakeholders involved in PCN planning to understand what information is needed and determine which elements to measure. This early process helps to make the evaluation relevant for local users of the data and creates ownership.

To view the full session recording, click [here](#).



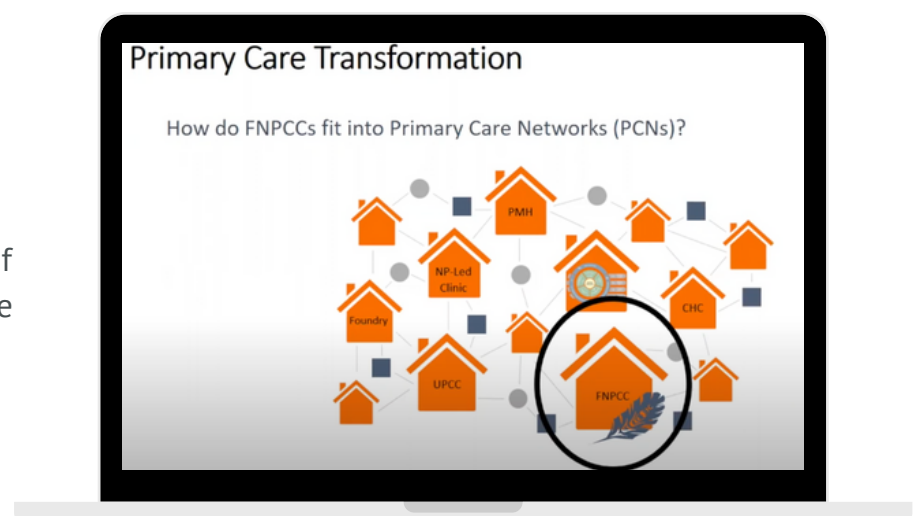
## SESSION 3A: FIRST NATIONS-LED PRIMARY CARE INITIATIVE

**Presenters:** Tatiana Ticona (Regional Primary Care Manager, Vancouver Coastal Region, FNHA), Fiona MacLeod (Clinical Project Manager, Primary Care, FNHA)

In one of the last sessions of the day, Tatiana Ticona and Fiona MacLeod from First Nations Health Authority provided insight into the First Nations-led Primary Care Initiative (FNCPI) and First Nations Primary Care Centres (FNPCC). As described, a FNPCC is part of the local area PCN, but the development of a FNPCC or the existence of a FNCPI does not replace the need to engage with First Nations in PCN planning, nor does it replace local First Nations as PCN partners.

The pair provided some historical background to the evolution of the FNCPI, which was established in 2019. At the outset, FNCPI aimed to significantly transform access to primary health care for Indigenous peoples throughout B.C. by addressing First Nations' health equity, access and attachment, while honouring traditional practices and teachings. To help address health inequities for First Nations people, FNCPPs are naturally led by First Nations, use team-based models of care, incorporate Indigenous ways of knowing and being, and provide access to culturally safe, closer-to-home primary health care services for First Nations people and their families.

The regional primary care project managers for each region work closely with First Nations communities to support First Nations-led community engagement activities, which are critical elements for the success of the primary care centres. There are currently three FNPCCs in the Vancouver Coastal region - Lu'ma Medical Centre (launched Fall 2019), Nuxalk, and Southern Stl'atl'imx / Lil'wat.



To view the full session recording, click [here](#).

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## SESSION 3B: COMMUNITY ENGAGEMENT AS THE FOUNDATION OF PCN DEVELOPMENT: THE ORGANIC EMERGENCE OF A PRIMARY CARE NETWORK ON GABRIOLA ISLAND

**Presenters:** Dyan Dunsmoor-Farley, PhD

Dyan Dunsmoor-Farley shared a series of narratives about crises faced by the community of Gabriola Island over the last two decades. She reminded us that while beautiful, Gabriola Island was not all beaches and sunshine, as access to island services can be challenging and the lack of local healthcare solutions can have a profound effect on Gabriolans. The first noted crisis related to the community's inability to retain physicians. With no entity charged with recruiting physicians to Gabriola Island, at the time, physicians faced many challenges to operate in a team environment on the island. Fortunately, the community members prioritized health care and organized themselves to explore possible solutions. Through this grassroots engagement, in June 2012 the Gabriola Health Care Centre was erected and quite quickly led to improved access, a 90% decrease of patients to the Nanaimo Regional General Hospital's emergency department, as well as \$200,000 annual savings to Island Health.

The second crisis manifested in 2011 with eight recorded suicides in the following two years. Once again, the community responded by forming a Mental Health Action Team, and the need for a mental health nurse and social worker, improved service coordination and public education activities were identified. This group transformed into the volunteer-based, non-hierarchical Gabriola Health and Wellness Collaborative, which brings all community resources together in one setting. The model provides mutual support, shared advocacy, and increased use of funding across 40 community organizations and networks. While not without challenges, the examples of community engagement offered some critical learnings for local PCN development and more broadly, system transformation.

To view the full session recording, click [here](#).

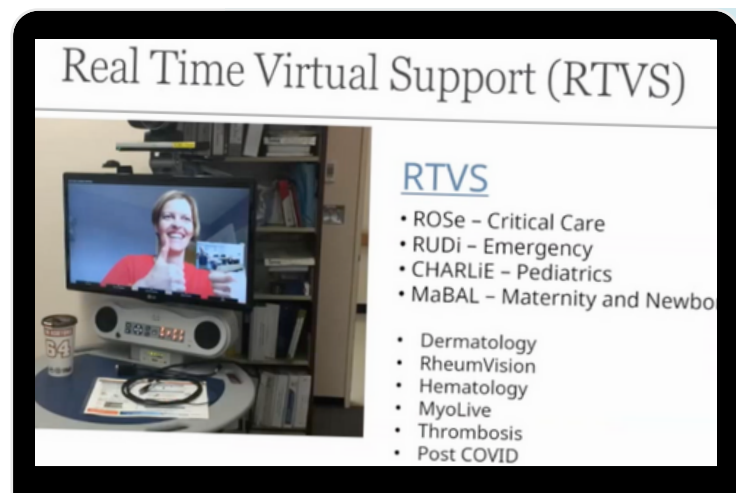
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## SESSION 3C: VIRTUAL CARE AND PCN

**Presenters:** Dr. Joshua Greggain

In this session, Dr. Josh Greggain shared his thoughts and experiences on the current state of virtual care in the province, addressed the virtual care opportunities for PCN and pointed to the future of virtual care. He began by outlining the basics of PCNs and virtual care and pointed to the last 18 months as further evidence that practitioners can provide a lot of care through various platforms such as Zoom and FaceTime. Citing his experience within the Chilliwack Division of Family Practice, he posed the question: ‘how does one provide care in the face of challenging topography (e.g. mountainous) and over a large geographic landscape?’

Dr. Greggain then invited community paramedic, Chris Michel, to share his knowledge and experience of the community paramedicine program, which was instrumental in beginning to explore virtual care opportunities in the province.



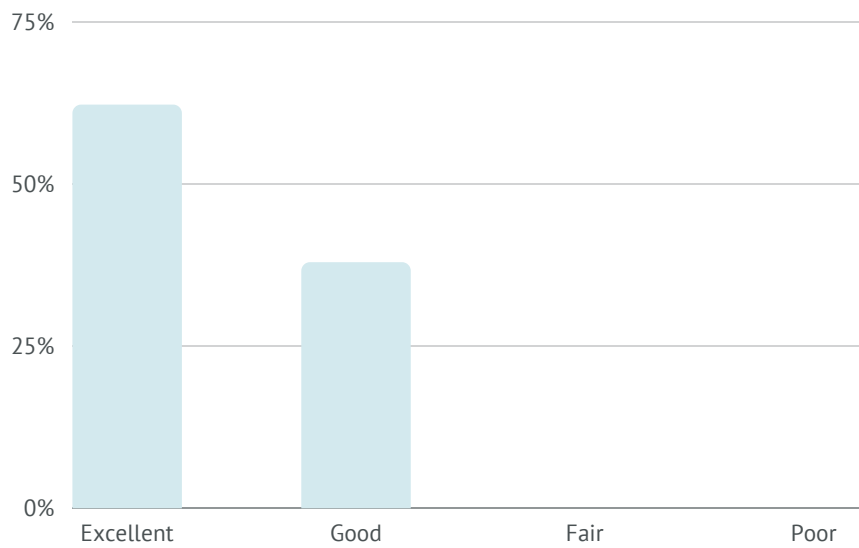
The session pivoted to discuss how virtual care applies to and benefits practice (providers and patients), healthcare organizations, such as Divisions of Family Practice, and finally how does the system create prospects of policy and system changes so that virtual care can become embedded into it. Dr. Greggain emphasized the inclusion of virtual care in PCN planning and raised the emerging role of virtual care coordinators – with the goal of connecting patients and providers virtually with specialized services that they may not have in their own community. Prior to an engaging Q&A session, Dr. Greggain highlighted the package of Real-Time Virtual Support (RTVS) offerings available in the province.

To view the full session recording, click [here](#).

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## POST-FORUM FEEDBACK

Overall, how was your Rural PCN Forum experience?



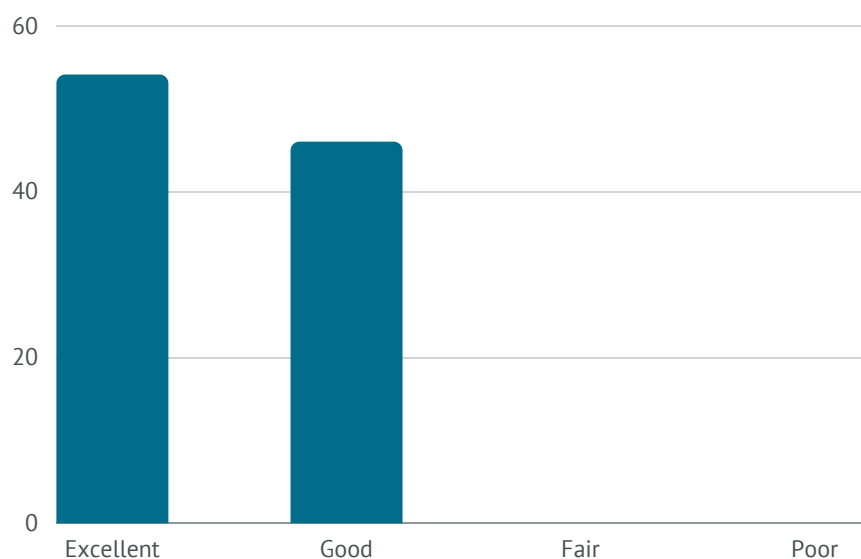
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***I would have liked more fundamental discussions around how the experience of PCNs is affecting the future for Divisions.***

- 2021 Rural PCN Forum attendee

”

How confident do you feel about applying concepts you learned in this forum in your community?



\*37 respondents completed the Post-Forum Survey

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## FORUM RECOMMENDATIONS & NEXT STEPS

Based on feedback generated from our Post-Forum Survey, a selection of recommendations and next steps were developed. Should the forum repeat at a future date, the following suggestions were proposed:

- Slightly shorter sessions distributed over more than one day with some sessions repeating to allow participants more than one opportunity to attend and participate.
- Enhanced practical 'how to' workshops for certain concepts – a grounding of abstract topics into concrete examples.
- A future 'in person' session would be welcomed (depending on public health order requirements).
- More representation from other allied health professionals, Indigenous communities, as well as health authority and Ministry of Health partners.
- Sessions on overcoming barriers encountered in waves one and two.
- A session on ways to support successful implementation of nurse practitioners into team-based care teams.



***As a “non-physician” in the meeting...it would have been nice to have had more representation of the other disciplines directly involved in PCNs. The idea of a PCN is multidisciplinary collaboration, and this was discussed over and over. And yet, the meeting attendees did not reflect that. It would have been nice to see more NPs and RNs involved and have their opinions voiced as well.***

- 2021 Rural PCN Forum attendee



### Next steps may include:

- Explore with funders and partners how to develop another forum to continue to share learnings.
- Share the recordings and key pearls with Rural and Remote Division of Family Practice members and beyond via social media and regular communications channels.





## LAND ACKNOWLEDGEMENTS

**On behalf of participants who attended virtually from across B.C. and Canada, the Rural and Remote Division of Family Practice acknowledges the importance of the lands, which we each call home. We do this to reaffirm our commitment and responsibility in improving relationships between nations and to improving our own understanding of local Indigenous peoples and their cultures.**

- The **Bella Bella Chapter** is grateful to live and work within the unceded, traditional and ancestral territories of the Heiltsuk and Kitasoo/Xiaoxia's Nations.
- The **Bella Coola Chapter** is situated on the traditional and unceded territory of the Nuxalk Nation.
- The **Clearwater Chapter** is situated on the traditional and unceded territory of the Simpcw people, of the Secwepemc Nation.
- The **Gabriola Chapter** is in the traditional territory of the Snuneymuxw First Nation.
- The **Fort Nelson Chapter** would like to acknowledge that the ancestral lands that we have the privilege of gathering on is in Treaty 8 Territory; and more specifically, the traditional lands of the Dene and Cree people of Fort Nelson First Nation.
- The **Lillooet and Lytton Chapter** is situated on the traditional and unceded territory of the Northern St'at'imc and Nlaka'pamux Nations.
- The **Merritt Chapter** is honoured to live, work and recreate on the traditional, unceded territories of the Nlaka'pamux and Syilx Nations.
- The **North Vancouver Island Chapter** is grateful to live and work on the unceded and traditional territory of the Kwakwaka'wakw, Tlat'lasikwala, Kwikwasut'inuxw Haxwa'mis, Kwagu'l, Gwawae'nuxw, Gwa't'sinuxw, Da'naxda'xw, Dzawada'enuxw, and Namgis peoples.
- The **Pemberton Chapter** is situated on the traditional and unceded territories of the St'at'imx(Lil'wat, N'Quatqua, Samahquam, Skatin and Xa'xtsa (Douglas) First Nation) and Skwxwu7mesh (Squamish) Nations.
- The **Revelstoke Chapter** is situated on the traditional and unceded Sinixt, Ktuanaxa, Swepemec and Sylix Nations.
- The **Salt Spring Island Chapter** is grateful to live and work on the unceded and traditional territory of the Hul'qumi'num and SENĆOŦEN speaking peoples.
- **Hazelton Chapter** members are based at Wrinch Memorial Hospital in Hazelton BC, situated on the unceded traditional territory of the Gitxsan Nation.
- The **Long Beach Chapter** acknowledges the territories of Hesquiaht First Nation, Tla-o-qui-aht First Nations, Toquaht Nation, Ahousaht, and Yuułu?it̓'ath̓ in the spirit of truth, healing and reconciliation.



**The Rural and Remote Division of Family Practice wishes to thank the GPSC and the RCCbc for their financial and moral support in facilitating this Forum. We would also like to thank the following presenters, facilitators, note takers, and tech supporters for their contributions:**

- Dr. Rob Lehman (Sunshine Coast Division of Family Practice)
- Dr. Chantal Guillemette (Family Practitioner from Kaslo)
- Joanna Richards (Senior Manager Primary Care Transformation, GPSC)
- Dr. Greg Linton
- Dr. Onuora Odoh
- Dr. Jocelyn Black
- Dr. Robert Boushel (Director School of Kinesiology, UBC)
- Dr. Brenda Huff
- Laurie Flood (Chair of Metabolic Syndrome Canada)
- Colleen Enns (ED, Pacific Northwest Division of Family Practice)
- Charlene Webb (Health Director, Kitsumkalum, Tsimshian Nation)
- Dr. Maciej Mierzewski (Rural and Remote Division, Gabriola Island Chapter)
- Evelyn Clark (ED, Central Island Division of Family Practice)
- Tina Biello (Project Manager, Central Island Division of Family Practice)
- Katherine Coatta & Stephen Reichert (Reichert and Associates)
- Tatiana Ticona, Regional Primary Care Manager, Vancouver Coastal, FNHA)
- Fiona MacLeod (Clinical Project Manager, Primary Care, FNHA)
- Dyan Dunsmoor-Farley
- Dr. Joshua Greggain
- Dr. Tracey Thorne (Division Co-Chair, Rural & Remote Division)
- Health Data Coalition (Cathy McGuinness)
- UBC Rural CPD (Alisa Harrison)
- United Way BC (Bobbi Symes, Ester Moreno)
- Krysta Wallbank (Doctors of BC)
- Rural and Remote Division of Family Practice's:
  - Katherine Brown
  - Rhonda Orobko
  - Jenn Brunelle
  - Angela Pounds
  - Beth DeMaio
  - Shelley Sim
  - Bev Grossler
  - Karen Stevens
  - Christianne Kearns
  - Carrera Teal
  - Harpreet Kullar
  - Helen Truran
  - Leanne Morgan

**THANK YOU  
TO ALL  
PRESENTERS  
AND  
ATTENDEES**



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