Population Health and Canada’s Health System

The NorWest Community Health Centres: The Population Health Approach in Action

The People Behind the NorWest Community Health Centres’ Mobile Health Services: Their Perspectives

Wendy Talbot (WT)
Brian Ktytor (BK)
Anita Jean (AJ)

The population health approach is increasingly recognized for its role in health system reform, yet population health and health care often play out at either ends of the spectrum. In many cases, the fields of population health and health care are manifested separately; carried out by different system actors, in different organizations, and in different sectors.

A recent study by the Canadian Institute for Health Information, however, suggests that this reality may be changing. More and more, examples of innovative practices in health care that go beyond traditional models of clinical care are surfacing across the country — from an acute care hospital in an urban downtown city core, to a primary care centre in rural Canada. And what do these innovative programs have in common? Each of these programs has taken a step back to rethink traditional models of health care. They have used innovation, community engagement and strategic partnerships to recraft services that bring both clinical care and a focus on social and economic factors to optimize health for the entire population.

So how are health system leaders in Canada making this happen? How can the population health approach be integrated into planning and health system decision making?

This was the question at the centre of a recent CIHI case study. This case study focuses on the NorWest Community Health Centres, which have developed an innovative program to address health and social needs of rural and remote residents in northern Ontario, Canada.

This case study is part of a growing CIHI research series intended to explore the way leaders of the Canadian health system are working towards integrating the population health approach with traditional models of health care. The ultimate goal of this work is to identify strategies and solutions that can serve to improve access to high quality care, reduce health system costs, and optimize patient and population health outcomes across Canada.
About the NorWest Community Health Centres (CHCs)
Located within the North West Local Integration Health Network (LHIN) in northern Ontario, the NorWest CHCs serve the district of Thunder Bay. These primary care centres take a population health approach by focusing on the person as a whole — from the social determinants of health, to community engagement, to prevention, and treatment and management of health conditions. The NorWest CHCs use an interdisciplinary care team that includes many different kinds of health care providers as well as volunteers and peer leaders within the community. The goal of this primary care program is to provide the right care, to the right person at the right time.

The NorWest Mobile Primary Care Unit
In 2007, the NorWest CHCs developed an innovative solution to improve access to care for their remotest communities. A mobile van staffed with an interdisciplinary primary care team delivers care to 10 remote communities north of Thunder Bay, with visits to some communities up to twice a month. By partnering with local volunteers the team sets up in local community centres, libraries and arenas to provide clinical care such as physical examinations, management of coughs and colds, infections, and diabetes, as well as to address a broad host of social, economic and behavioural issues.

This virtual discussion panel brings together three individuals who have played instrumental roles in establishing, managing and supporting the NorWest CHCs. This conversation is intended to highlight key elements of the program that may be leveraged as lessons learned, and to continue the dialogue about the role of the population approach in health care as part of Canada’s health system reform.

Wendy Talbot (WT) She is the CEO of the NorWest Community Health Centres in Thunder Bay, Ontario. Wendy leads the team for the primary care centres, and is one of the founders of the NorWest Primary Care mobile unit program.

Brian Ktytor (BK) He is the Senior Director of Health System Performance for the North West LHIN. Brian is responsible for health system performance and accountability, funding allocation, contract administration and communications.

Anita Jean (AJ) She is the Manager of Health & Social Programs at the NorWest Community Health Centres. Anita oversees programs, accreditation processes and community engagement.
Q1
The Community Health Centres (CHCs) model is a model of primary care that has a strong population health focus. Can you tell us in your own words about the NorWest CHCs?

WT NorWest Community Health Centres are part of a network of community health centres across the province of Ontario. Right now I think there are about 76 of us. We have operations that are based in the north, in rural areas and in urban areas. We provide primary health care services but in addition to that, we look at health promotion and the whole complex parameters of health. We’re looking at people, we’re not looking at specific illnesses. And if we can keep our populations healthier, then, we are achieving what we should be achieving in health care.

AJ At the NorWest Community Health Centres, we serve the District of Thunder Bay. We serve priority populations. So a lot of seniors, families, a lot of individuals that have difficulty accessing primary care. We are very focused on the social determinants of health. Beyond primary care, we also offer a variety of programs to increase health literacy, basic literacy, financial literacy, and nutrition literacy. We will show you how to cook. We will show you how to eat well for less. We also have community health workers. They may do a home visit, or they may help you access food if it’s required. They can also help you access the type of housing that you need.

BK The culture at the NorWest CHCs embraces the entire spectrum of services, right from primary prevention, all the way through to primary care as a way to take care of the population they serve and make that population healthy. They deal with some of the most marginalized, difficult to serve populations we have, so they have to have that innovative culture and that innovative approach.

Q2
The Mobile Primary Care Unit used by the NorWest CHCs is an innovative way to deliver care in the North. Why is it so important for rural and remote communities north of Thunder Bay?

WT A lot of people in this province don’t realize how big the North is. We’re dealing with a huge geography here with not a lot of people. We have 10 outreach communities that our mobile units go to. My staff will travel for three hours in a vehicle to get from site to site. In those rural and remote communities, we will provide primary care services and education programs, but we also take them on as clients, so we consider the full health spectrum.

BK In the context of rural and remote communities, travel transportation is a huge issue. It takes time. It takes money. It’s not conducive to health outcomes necessarily. So, the mobile van that the NorWest CHCs use is really about compressing that time and space. It’s really about minimizing all of that individual travel by actually going to the place where the care is demanded. And so that cuts out cost from the system. It improves the experience of the patients. It makes the health care system more efficient and in a better position to deliver better health outcomes.

AJ In Thunder Bay, we have the second busiest emergency department in Canada. In these northern communities, if you don’t have transportation, it is hard for you to have regular care. So we have the two mobile health units that help address access issues. If we were not there, a lot more folks would probably end up at the emergency department at the hospital or not getting care at all.

The mobile units travel up to three hours north of Thunder Bay to 10 different remote communities. Since the inception of the program in 2007, the mobile health units have consistently exceeded program targets. With a target of 1,000 visits annually, the mobile van actually averages 1,750 client encounters each year. In a recent client satisfaction survey, 98% of clients reported being satisfied with the care they received by the mobile units.
Q3
How did the mobile health care unit program come about?

WT We saw a need to serve some pretty isolated communities. We knew we didn’t want to have buildings out there because that wouldn’t be effective. We knew we had limited resources and limited staff and we had to be pretty creative in terms of how we were going to deliver care.

Actually the idea came from a TV show I watched as a kid called the Flying Doctor. It was a TV show that focused on health care being delivered in the Australian outback by a plane. Well, we didn’t need a plane as we don’t have runways up here. So, what better way to provide service than on some form of mobile? And that’s truly how it happened. It was an idea that sort of popped into my head about how we were going to provide this care. Then we presented it to the Ministry in such a way that made sense and provided numbers that made sense to them and to indicate that we could do this fairly effectively and cheaply. A lot of it was timing too. We found a very receptive person to talk to. We made it go and we did it.
Q4
What makes the needs of this population unique and how do those needs impact the way you plan and deliver care?

AJ We have quite a seniors population. We have folks that have lived in the area forever. They might be getting quite advanced in age, they’re getting frail, maybe at the point where they can’t live at home anymore? So we’re part of the support system in the community that can help seniors age at home.

BK When we’re thinking about the needs of our population, access to care is a huge need. We have a geography the size of France yet only 234,000 people who live in that geography. So how do you deliver care to a seniors population that is aging, with a distribution that is older than the rest of Ontario, and you just don’t have the critical mass in the publicly funded or privately funded models? If you combine the aging population without the critical mass to deliver the full spectrum of seniors care, it’s resulting in a lot of care being delivered in hospitals when there actually may be better settings.

WT Our seniors in the north have a special challenge, especially in the small communities. Seniors will be in their homes and their children will move away. This can leave seniors quite isolated but many don’t want to leave their homes. So, if we can provide the supports they need, if we can provide the community resources that they need, then I think it’s better for the seniors to stay where they are — at home. It’s also cheaper from a system perspective to keep them in their homes. So, we do home visits and we do whatever we can to keep them healthy and to keep them out of hospitals.

Q5
How does data inform the work you do from planning to operationalizing programs?

BK Sometimes, we have to make decisions with maybe not having all the data that we would like to. You also often hear the saying, “done is better than perfect”. So, we walk that fine line between evidence-based decision making and entrepreneurial innovative thinking. We have to use professional judgement. We have to use risk management techniques to weigh out what the risks are of moving forward without maybe having all the perfect evidence and data that we want. So, it’s really about managing that risk and finding that balance between innovation and moving things forward and getting to a better future state.

WT Data can be tricky. Yes it is important, but data in and of itself, and alone, without the other context, can be misleading. I think it doesn’t tell the true picture and you miss the human piece and once you do that, I don’t believe you’re going to be providing the services you need to particular individuals and communities. So, if I have a community of 500 people, and we’re seeing “x” number of visits per year or per day, those numbers are really going to look a whole lot different than a downtown community in Toronto. And, how do you compare that? It’s not comparing apples to apples. So, data for me, is just one piece of the puzzle and it’s not the be-all-and-end-all.
Q6
What are some of the strategies that help move the population health approach forward?

BK One of the things that we’re seeing through the government of Ontario right now is a lot of leadership when it comes to looking at health from a community perspective, a population perspective. There’s a lot of work between inter-ministerial departments to look at all of the determinants of health and to coordinate that activity in a far more integrated fashion, and that leadership is transcending down into the local decision making and the local way that networks are being formed and so on.

There seems to be openness for a shift in the approach in health care. There is a fiscal imperative that can be leveraged. There is a demographic imperative that can be leveraged. And the people, health service providers, leaders, executives, governors are opening their minds to the possibility of new ways of doing things.

AJ The CHCs offer a whole bundle of services. But the one thing that I have to say is that we’re looking at the community resources also, trying not to duplicate, trying to mobilize, work with partners, to create some services, to create new opportunities. So, we’re really trying to look at how to best, get the biggest bang for your health care dollar.

WT I think the need to be flexible and adaptable is absolutely key, not just to population health, but in terms of providing service to people. In terms of being a leader in health care today, I really believe you have to be prepared to take risks. For me, I think there’s an urgency to keep moving forward. Moving forward involves taking risks and it involves thinking. There are a lot of leaders, quite frankly, that are very risk averse. We’ve become afraid to push back and to challenge the system. I really believe that if we’re going to make change in health care that’s positive, we’ve got to be risk takers.

To access the study findings (in video format) and to learn more about CIHI’s other work on population health and Canada’s health system, visit www.cihi.ca/cphi.

---

NorWest Community Health Centres (CHCs): The Details

- The NorWest CHCs introduced Primary Health Mobile Services in 2007 and Diabetes Mobile Health Services in 2010.

- The mobile health care team includes Nurse Practitioners, Community Health Workers, Nurses, Dieticians and Foot Care Nurses. Nurse Practitioners host primary health care and urgent care clinics, and also diagnose, treat and refer clients within their scope of practice.¹

- The mobile health service van travels to 10 communities north of Thunder Bay, Ontario: Armstrong, Dorion, Gull Bay, Murillo, Kaministiquia, Neebing, Nolalu, O’Connor, Shebandowan, and Upsala.¹

- The mobile health services van travels to various communities 10 times per month; mobile clinic staff can provide care for up to 15 patients per day.²

- Patients can receive care for health issues such as cuts, coughs and colds, fever, earaches, infections, sexual health, birth control and health teaching. Health promotion programs are customized to meet the needs of each community and may include healthy eating programs, cooking programs, parenting programs, and alcohol and substance abuse prevention programs.¹

References:
References


7. The Ottawa Hospital and Ottawa Inner City Health: The Population Health Approach in Action. CIHI, Ottawa, Canada. (2014). Retrieved online May 11, 2015 at https://www.youtube.com/watch?v=WJzzBv7xm8A&index=1&list=UUJdAcBP59pGQB0iim3q9rcA.


The views expressed in this document are those of the speakers and do not necessarily represent the views of the Canadian Institute for Health Information.

© 2015 Canadian Institute for Health Information