

Primary Health Care for Children: Our Children, Our Future

A look at Saskatchewan Paediatrics Ability to Access High Functioning Primary Health Care

“It's making sure that families have access to quality health care and child care...that we must remain committed to these needs because our children are our future.” Blanche Lincoln, former US Senator.



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INTRODUCTION

Children are our future. In Saskatchewan we have experienced a modest population increase over the years through live births. Information Services Corporation (2013) reports that there have been 15,035 live births registered in Saskatchewan in 2012. This number is up by 458 from the 14,577 live births that were recorded in the province for 2011 at this time last year. In Saskatchewan approximately 25 percent of the population consists of children (18 years and younger), with 43 percent of these children living in rural and remote areas of Saskatchewan where access to health care services is limited.

The Child Welfare Transformation Strategy, part of the Saskatchewan Children and Youth Agenda looks at a preventative model for children and youth through the Ministry of Social Services. Ministry of Education, Early Years has an obvious focus on early intervention and education of children. They state: “Learning begins well before a child enters the classroom for the first time. Children’s early years are a time for growth, wonder and discovery. They are also a time when the building blocks for physical well-being, school

readiness and social belonging are established. Children hold the promise for continuing social and economic growth of the province”.

Primary Health Care (PHC), in simple terms can be defined as “the first point of a patient has with the health care system”. Increasing access to PHC in Saskatchewan is clearly a provincial priority. In 2012 the Ministry of health, in conjunction with numerous stakeholders across Saskatchewan, unveiled a new PHC framework. This framework is the start of the province’s efforts to attain a high performing PHC system that meets the needs of patients, families, communities, physicians and other health care providers.

Within each ministry of our provincial government, there is a focus on our children with varying priorities of program initiatives and focus, however, there is little to no focus within the provincial PHC framework surrounding the ability for children to access high functioning PHC. Therefore, recognized as a population that is vulnerable and at risk just by the nature of their dependency on others for their complete care, this project takes a look at look at Saskatchewan children and their ability to access high quality PHC.

OUR GOAL

By looking at the future of our children and the health care priorities set by the provincial government and the people of our province, this project will:

- describe PHC as well as review the current state of PHC in Saskatchewan,

- examine the level of priority children are in the PHC system,
- reveal gaps within the PHC system that are impacting children and their ability to access PHC,
- indicate PHC programs and initiatives that are working well for children provincially, and;
- offer recommendations to PHC stakeholders to increase children’s ability to access high quality PHC for children.

WHAT IS PRIMARY HEALTH CARE?

PHC is often described as the “everyday care that people need to assist in the protection, maintenance and restoration of their health. In simple terms it is thought of as the first point of contact a person has with the health care system. Examples of this may range from a visit to a family physician, obtaining advice from a pharmacist or consulting with a nurse educator on chronic disease management. Approximately 80% of all health care interactions are considered to fall within (PHC).

A high functioning PHC system is one which provides a home base for health care services and improves access to services for patients. PHC links patients to other aspects of the health care system and assists those patients through the complexities of the health care system.

Health Canada (2012) indicates that a key element of PHC is responsiveness to community. As a result, the range and configuration of services may vary from one community to another. In other words, there is no "one size fits all" model for PHC and delivery services may include:

- prevention and treatment of common diseases and injuries
- basic emergency services
- referrals to/coordination with other levels of care (such as hospitals and specialist care)
- primary mental health care
- palliative and end-of-life care
- health promotion
- healthy child development
- primary maternity care
- rehabilitation services

PRIMARY HEALTH CARE IN SASKATCHEWAN – WHAT ARE THE PRIORITIES?

In Saskatchewan there are numerous examples of how PHC is delivered. Services range from family physician clinics, to community clinics to our healthline service.

However, after the province embarked on a Patient First Review in 2009 the general public verified that more needs to be done for PHC in Saskatchewan. From this review one of the main priorities that was mentioned was that PHC needs to be more accessible and needs to better meet the needs of rising chronic conditions rates (PHC Framework, 2010).

In response to this review and as part of the 2012-13 Five Year Strategic Priorities within the Saskatchewan health system, health system leaders created lasting strategies that focused on improving changes to the health of people of Saskatchewan, individual care, and a stable financial system. These strategies are: ***Better Health, Better Care, Better Value, and Better Teams***” (Government of Saskatchewan, 2012).

Improving access to PHC is a project within the Strategy of “Better Health” which speaks to a number of outcomes. The Five Year Outcome in the plan states:

By 2017, there will be a 50% improvement in the number of people who say “I can access my (PHC) team for care on my day of choice either in person, on the phone, or via other technology.”

A second five year outcomes for the “better health” strategy states:

“By March 31, 2022 there will be a 5% decrease in the rate of obese children and youth”.

In order to assist in meeting these targets the Ministry of Health, in collaboration with numerous stakeholders, is embarking on a journey to further enhance the PHC experience for Saskatchewan residents. The newly formed PHC framework entitled *Patient Centered, Community Designed, Team Delivered: a Framework for Achieving a High Performing PHC system* (2012), is a collaborative effort of numerous stakeholders across Saskatchewan that is a basic roadmap to assist the system in meeting its PHC targets. The vision of the framework is:

A PHC system that is sustainable, offers a superior patient experience, and results in exceptionally healthy Saskatchewan population”

The framework mentions a number of goals and objectives which the province and its partners intend to focus on in the next few years. The province considers the following goals essential to ensure a high functioning PHC system:

1. Everyone in Saskatchewan – regardless of location, ethnicity, or undeserved status – has an identifiable PHC team they can access in a convenient and timely manner.
2. A model of patient and family centred care has been implemented to achieve the best possible patient and family experience.

3. The PHC system has contributed to achieving an exceptionally healthy population with individuals supported and empowered to take responsibility for their own good health.
4. We are achieving reliable, predictable and sustainable delivery of PHC.

Finally the framework states in order for this new framework to be developed successful there are three areas of in particular that require attention. The first is that the model needs to have patients and families at the center. Secondly, communities are recognized as essential partners. Finally, physicians need to be engaged in team based care.

CHILDREN AND PHC: WHAT DOES THE RESEARCH TELL US?

According to Lyndham et al (2010) child health and development is influenced by societal factors and the social organisation of health services. The World Health Organization published a report on “Equity in Child Health” in which it highlights the need for children to be able to access a full range of health services to reduce inequities. The report states that high functioning health-care systems are ones where the institutions and services are organised around the principle of universal coverage, and the system as a whole is organised around PHC. However the PHC model of these advanced systems includes two key elements. One the PHC structure needs to deliver locally organised action across the social determinants of health. Secondly the PHC structure needs a primary level of entry to

care with upward referral (Lyndham et al. 2010). In Canada there is a universal system of health however, in particular regions or neighbourhoods and among particular population groups such as children, the achievements of health equity are lacking (Browne et al., 2009; Health Canada, 2002; Raphael, 2007 as cited in Lyndham et al. 2010).

According to Lynham et al (2010) in Saskatchewan as well as throughout Canada, PHC is delivered by a number of different clinicians in a number of different practice settings such as private family physician practices, emergency departments, walk in clinics, or community clinics with family physicians and/or nurse practitioners. Paediatricians in the Canadian context provide specialised services.

According to the Caring for Kids website (2012) in Canada most children see a family doctor for their ongoing health care and only about 30% of children's visits to a doctor for PHC are to a paediatrician. The reason for this is partly because there are only about 2,300 practicing paediatricians in all of Canada and many paediatricians provide only specialty or consulting care.

Whether a paediatrician is available also depends on what region of the country you live in. In bigger cities like Ottawa, Toronto and Winnipeg and in the province of Quebec, it's common for children to see paediatricians for their routine care. But children in areas outside large urban centres see family doctors, who refer children with more complex medical needs to paediatricians.

On the contrary, in many areas in the US, depending upon the form of health insurance or medicare coverage, a substantial number of families access paediatric PHC through generalist physicians, paediatric nurse practitioners as well as paediatricians.

According to Gauthier (2009) chronic diseases that affect adults begin to develop during childhood. That being said, when children make contact with the health care system they need timely access to qualified health care professionals who do three things. They are:

- 1) provide support for overall growth and development,
- 2) provide health and safety promotion, and
- 3) ensure the provision of quality acute care for complex or chronic problems.

By ensuring that we have a health system that meets these requirements for children and youth we are fulfilling a moral or societal obligation as well as enabling a wise investment in the economy.

In addition the above authors discuss a number of assumptions regarding what children need to meet their basic health care needs. They state that every child and youth must have a primary care provider such as a family physician, nurse practitioners and or physician assistant. In order to ensure children are receiving high quality primary care these providers should receive adequate training, in collaboration with paediatricians.

As well, every child should have timely access to care and services, including early intervention. They believe that early intervention is critical to promote health and prevent problems. Evidence shows that the long-term prognosis for children with developmental and mental health conditions, for example, is significantly improved when diagnosis and treatment are not delayed.

Finally, the above authors strongly point out that it is essential for care to be continuous for the overall health and wellbeing of children. When necessary, children and youth must have regular access to a paediatrician who understand their history and can work with the family and the child's health care professionals to provide ongoing comprehensive care. A strong collaborative relationship with the PHC provider ensures follow-up care is adequate.

CURRENT PHC INITIATIVES FOR CHILDREN IN SASKATCHEWAN

Although there are significant gaps in the delivery of PHC for children in Saskatchewan, which will be pointed out below, there are also a number of current initiatives in place that are aimed at improving the health of children in Saskatchewan as well as their ability to access PHC services. The Kids First Program, the St. Mary's Wellness and Education Centre, and the Four Directions PHC team are three programs in Saskatchewan

that focus on improving the health and wellbeing of children and are available for children and their families.

The Kids first Program is a voluntary program that helps vulnerable families, in times that help is need to have the healthiest child possible. This program enhances knowledge, provides support and builds on family strengths. The program consists of the ministry groups as follows: Ministry of Education, the Ministry of Health, Ministry of Social Services, as well as the Ministry of First Nations and Métis Relations. There are also many numerous community agencies involved with the Kids First Program. The program is funded by the Government of Canada. Parents and their children under five years of age who live off-reserve in the targeted areas are assessed for program eligibility. The in-home assessment looks at family strengths. Those who can best benefit from the services are eligible for the program.

The families who receive support may have the following options for help. Support from this program could include:

- Support from a home visitor who provides assistance with child development, parenting and connecting to the community.
- Help to access services such as childcare and parent support groups
- Early learning opportunities for children; and

- Help regarding literacy, nutrition, transportation and specialized counselling services

Although the Kid's first is an excellent program, it is urban based. With 43% of paediatrics residing in rural areas, this identifies an obvious gap. The sites include: Meadow Lake, Moose Jaw, Nipawin, Battlefords, Northern Saskatchewan, Prince Albert, Regina, Saskatoon, and Yorkton. Many rural parents feel that there is a lack of wellness programs and access to information and support, as Turnbull (2013) points out in her personal interview.

A second PHC initiative that offers numerous supports for children is the Four Directions Health Center in Regina. This PHC clinic offers a range of services to community members in North Central Regina. These services are provided by numerous health care providers' such as family practitioners, RNNPs, chronic disease nurse educators, public health nurses, elders, dental educators and nutritionists. Some of the services provided by the clinic for children include:

- Dental Health Education
- Healthiest Babies Possible Program
- PHC Services
- Speech Language Pathologist
- Sunrise Health Program

The Sunrise Health Program is truly a unique and innovative program offered by the Four Directions clinic, in that it develops and deliver programs that are based on the strengths of the clients. Within the Sunrise health program a team of public health nurses offers a range of services for parents and families including:

- basic health information, including presentations and displays to all people
- child health clinics including assessment, referrals and immunization individual and family referral services
- postnatal follow-up for women and their families
- parenting information and support classes including:
 - *Colours of Parenting* - an informal drop-in group for parents to bring their questions, concerns, and successes. This class focuses on the notion that successful parenting can come in a variety of “colours” and styles.
 - *Focus on Fathers* – is a weekly support/parenting group for fathers. This class promotes healthy father-child relationships while assisting fathers to understand the importance of responsible involvement in healthy child development, to access support services and to learn and recognize their roles and responsibilities. The class begins by sharing a sit-down meal with fathers and their children.
 - *Reclaiming Our Lives—Creating Our Tipis* – a drop in parenting program based on the 15 poles that form a tipi. Just as a tipi needs many poles, a family needs many

values. Each session relates a traditional value to the journey of becoming and being a parent.

(http://www.rqhealth.ca/programs/comm_hlth_centres/four_directions/sunrise_health.shtml)

Finally, a third initiative in that delivers excellent PHC services for children in Saskatchewan is the St. Mary's Wellness and Education Center. It is an example of a Paediatric School-Based Clinic offering PHC services. This new and innovative clinic provides comprehensive paediatric care within schools for all children who live in Saskatoon's low-income neighbourhoods. Also known as the interprofessional schools project, based on partnerships including Saskatoon Public Schools, Greater Saskatoon Catholic Schools, Saskatoon RHA, and the Ministry of Health, this program provides PHC to inner-city residents, and was piloted at St. Mary's Community School in Saskatoon in April 2007. (n.a. Ministry of Health Briefing Note, 2013).

The purpose of the team is to work collaboratively to plan and implement an integrated, multi-disciplinary health team to address the health needs of children, primarily ages 3-8, and their families. The program has a paediatric focus, but services are provided to both students and their families in the surrounding neighbourhoods. The team includes one RN (NP); 1.5 Speech and Language Pathologists; two Occupational Therapists; a mental health

counsellor; and a Community Program Builder. The Ministry of Health provides funding support this team and its continued development.

In response to several studies identifying health disparities in low-income neighbourhoods, the Saskatoon Regional Health Authority expanded services at the schools to include mental health and addictions counselling, speech language programs, occupational therapy, and programs and staff to address the activity and obesity problems identified in the children and their families. In addition, there was an opportunity to expand access to basic, frontline PHC through inclusion of a full-time Registered Nurse (Nurse Practitioner) [RN (NP)].

After successfully piloting the project, both the private and public school boards requested that the Saskatoon RHA include and focus on additional core neighbourhood schools in the planning process. Three targeted community schools are included in the current School Wellness Team mandate - Sister Maria Gorretti, Pleasant Hill and Princess Alexander (with linkages to St. Mary's and W.P. Bates schools). Speech and Language Pathology, and a very limited amount of Occupational Services are also offered in a number of other Pre-Kindergarten schools.

SOCIAL PAEDIATRICS: INNOVATION IN PHC DELIVERY FOR CHILDREN

The St. Mary's Wellness program brings together the discipline of Social Paediatrics while utilizing School-Based Health Centers as a vehicle to provide care (Martin, 2011).

The concept of social paediatrics, is an approach that has been developed over the last three decades and in its simplest form social paediatrics addresses the whole community as having a role in the overall health and wellbeing of children. According to (Spencer et al.) social paediatrics can be defined as a:

“global, holistic, and multidisciplinary approach to child health; it considers the health of the child within the context of their society, environment, school, and family, integrating the physical, mental, and social dimensions of child health and development as well as care, prevention, and promotion of health and quality of life. Social paediatrics acts in three areas—child health problems with social causes, child health problems with social consequences, and child health care in society—and encompasses four areas of child health care—curative paediatrics, health promotion, disease prevention, and rehabilitation.⁴ In some countries, such as Turkey and the Netherlands, it has the status of a paediatric specialty”.

The model of social paediatrics is new to Saskatchewan with the school based clinic at St. Mary's school however other provinces, such as BC and Ontario are successfully implementing this new and innovative type of model.

GAPS IN PAEDIATRIC PHC

According to Gauthier et al. (2009), after an extensive review of paediatric PHC literature they concluded that Canada is extremely lacking on research related to children and health care delivery. They also concluded that there is limited information surrounding what the various roles of health care professionals should be surrounding improving the health and well-being of children in Canada. In an interview with Dr. Ramji he reiterates this by saying that in Saskatchewan we struggle with children not being able to see the right health care provider at the right time.

Although the province has some great current initiatives in urban areas, there still remains a lack of focus on children and parents residing in rural and remote areas. There is not only a lack of wellness program and initiatives in place rurally, but parents feel it is difficult to access reliable information and health care professionals knowledgeable in healthy child development and disease/illness management/prevention, as evidenced in an interview with Turnbull (2013). In an interview with Davis (2013), she identifies that parents need more support with what services are offered, as well as more support surrounding preventative education. She also states we need to allow a child to have the experience with a doctor or RN/NP where you don't just come in when you're sick, but rather for routine checkups. She also feels there is a lack of focus on childhood obesity.

Dr. A. Ramji (2013), a general paediatrician in Prince Albert strongly states:

“Presently the way family practices are run are garbage; its walk in clinics, fast food medicine, antibiotics used inappropriately rather than taking the time to understand what the children need. That is where the pediatrician would be doing it better, but it shouldn’t need to be the pediatrician doing it better it can be the same family doctor doing it better. The present system fails children especially high risk children, children in foster care, children with complex medical needs. Even though my practice doesn’t do primary care we end up doing a lot of it with complex kids because we don’t trust the system that’s out there”.

He also speaks to suggestions regarding improvement stating:

“Getting the right trained providers to be accessible to those kids that need access. Not that I’m trying to white wash it as in more pediatrics, everyone needs more of everyone right. But there just needs to be the right personnel and the right system. Right now the system serves children really badly; waiting in an adult emergency room with adults being seen by adult emergency doctors with minimal training in pediatrics, doesn’t do kids well”.

Phillips (2013) points out in her interview that lack of access to proper nutrition is a big issue. Many neighbourhoods in urban areas in Saskatchewan don’t have grocery stores nearby. Many children are heading off to preschool with their teeth already decayed. For vulnerable families, no transportation to get to PHC services is a huge issue. Also booked appointments do not always work; some practitioners won’t provide service after a missed appointment.

According to Martin (2011) the traditional Canadian model of healthcare does not meet the need of many children and adolescents. Despite the advances made in providing treatment at tertiary levels of care, medical technology, and newer treatments for many medical conditions, our country continues to see different morbidities emerging, a consequence of the social determinants of health.

According to the Committee on Paediatric Workforce (2011) when developing strategies for the delivery of paediatric (PHC) for children and adolescents health care leaders should focus the programs to be family centered as well as inclusive of community resources, strengths, needs, risk factors, and sociocultural sensitivities

The committee states that high functioning paediatric PHC is delivered more effectively within the context of a “medical home,” where comprehensive, continuously accessible and affordable care is available and delivered or supervised by qualified child health specialists.

Finally the committee recommends that because of their training (which includes 4 years of medical school education, plus an additional years of intensive training committed solely to all aspects of medical care for children and adolescents), the pediatrician, is the most appropriate provider of pediatric PHC.

According to Gauthier (2009) we need to start rethinking PHC for children. The following describes a number of reasons for why this type of notion cannot wait any longer:

1. Many children now survive extreme prematurity

2. The number of children and youth with chronic conditions is steadily rising
3. The rates of obesity continue to rise
4. More children and youth experience mental health problems
5. Many conditions that once required treatment in an acute care setting are now being administered closer to home by community paediatricians or family physicians
6. There is a shortage of PHC providers (both family physicians) for children and youth
- the Ministry of Health covered population report from 2012 reveals that there are approximately 44 paediatricians, 1073 active family physicians as well as a number of nurse practitioners (as cited in <http://www.health.gov.sk.ca/covered-population-2012>). That being said there is no research to date that identifies whether this resource level is adequate to meet the needs of the Saskatchewan population. In other words there is no physician resource plan available in Saskatchewan
7. The needs of children and youth are not always met in a timely manner

RECOMMENDATIONS FOR IMPROVEMENT

- Ensure access to timely high quality PHC providers, every child and youth requires a PHC provider (i.e. family physician, nurse practitioner) to provide regular and continuous care. Health care providers need to be involved and engaged in developing appropriate strategies for increasing access.

- There must be enough family physicians and nurse practitioners with child and youth health training in a given area to ensure PHC needs of children are met. In the meantime, specialists, like paediatricians may be obligated to provide PHC needs until these resource needs are met.
- Encourage more paediatricians to establish training in social paediatrics. For example, McGill University offers fellowship training to paediatric residents who wish to develop a career for work within socially disadvantaged communities.
- Develop a Health Human Resource plan to ensure optimal PHC services are available to all Saskatchewan people including children and youth.
- Paediatricians should be encouraged to work more in a coordinated PHC team based setting instead of just in hospital based settings.
- Make children a priority in the health care system. Some strategies for this may include : obtaining and analyzing statistics for paediatrics (i.e.: ratio of children to trained paediatric PHC providers/ paediatricians, the number and severity illnesses in children being seen in minor emergency clinics), developing a different model of care and incorporating it throughout the health care system, providing a PHC worker for access within schools and daycares
- Provide increased access and knowledge for rural communities. Strategies may include: providing satellite specialist clinics (i.e.: where a paediatrician would see patients x number of days, x number of times a month) and providing additional

training/workshops for the health care professionals who work with a % of paediatrics, which will increase parents access to PHC providers knowledgeable in paediatric health care and also serve as additional support for the general practitioners.

According to Seid 2001, high quality PHC is a foundation of efforts to assist in the enhancement and overall improvement of health outcomes and access to PHC as well controlling health care spending. In order to adequately improve on these three cornerstones a measurement tool must exist to improve the overall quality of paediatric PHC. The Institute of Medicine (as cited in Seit 2001.) defines PHC as

“the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community”.

Of course definitions of PHC vary across researchers however there is a general consensus on the following elements of (PHC): accessibility, longitudinally continuous, communicated adequately, contextual knowledge, coordinated and comprehensive. Regarding children, it would be the parent of the child who would be able to report on the care their child receives. As such a tool, called the Parent’s Perceptions of Primary Care or P3C, has been established based on the above elements listed by the Institute of Medicine. The P3C is a 23 question survey which was designed to measure quality of care based on the parent’s reports of their children’s experiences as cited in the attached Appendix A. Based

on this knowledge, a high functioning PHC team in Saskatchewan that provides access to all ages should be using such a tool to determine whether or not children are not only receiving access but also receiving high quality access.

A final recommendation would be that all PHC teams in Saskatchewan look at using such a tool (appendix A) to begin to ensure children have a voice in the measurement and evaluation of the team.

PERSONAL & PROFESSIONAL INTERVIEW SUMMARIES

INTERVIEW WITH HEIDI FISHER- PROGRAM MANAGER IN REGINA FOR KIDS FIRST PROGRAM

- Kids First – began in 2001
- Early childhood development program and family support program (is voluntary)
- Comprehensive program, diverse program mandata, assist families in taking care of early learning needs for children
- Program is intended for vulnerable families, in Regina intake criteria – , family needs to be from a vulnerable population or neighbourhood, and or come from a vulnerable circumstance, mother needs to be prenatal and child needs to be under one year old, can make most impact in a child and young families life if they intervene early.
- In hospital birth questionnaire – screen for vulnerability – in home assessment and make recommendations for treatment
- Cornerstone of program is home visiting
- Regina Open Door Society, Rainbow youth, Regina EL center, Aboriginal Family services

- All families who come in have access to dedicated mental health and addictions team, in Regina a team of four, social worker, psychologists, as well as male and female program
- Deliver early learning childhood curriculum.

How does your organization offer access to PHC for children?

- Provide transportation supports to help children get to their PHC appointment; this is a barrier to many families; also provide childcare needs if parent is taking other kids to appointments
- Assist families with making sure immunizations are up to date
- Lots of education with families around healthy nutrition and healthy weights
- Encourage families to have a “medical/dental home” with a doctor or nurse practitioner or dentist; assist families in finding a PHC provider; however a challenge in Regina there isn’t enough practices offering family physician/NP services so a lot of their families are seeking “mediclinic” services which is not continuous care (bounce around from provider to provider)
- Access to dental services is an even bigger challenge in Regina for kids

What do you see as identified gaps in pediatric health care?

- Transportation for vulnerable families to even get to PHC services
- Idea of a booked appointment doesn’t always work
- Some practitioners won’t provide services after a missed appointment
- Nutrition is a big issue, many neighbourhoods don’t have grocery stores nearby
- Kids are heading off to preschool and their teeth are already decayed
- Health line has been a good avenue for a lot of Kids First families

Who do you see as a Child’s Primary Healthcare Provider?

- Family physician or NP (families in Kids first have been very happy with NPs)

What do you think should be the priority for the healthcare system to ensure kids have access to high quality PHC?

- Equity in terms of access to services for all services, low income people don’t seem to have the ability to access services like in more affluent neighbourhoods

What would you recommend for increasing PHC access for kids?

- Increased access to PHC services where families can go to one place to access services (i.e. Doctor, NPs, nutritionists, dentists all collocated (whatever cluster of services is needed for the community)
- Communities should be involved in developing that PHC team

INTERVIEW WITH LYNNE DIGNEY DAVIS-CHIEF NURSING OFFICER WITH THE MINISTRY OF HEALTH AS WELL AS THE RN/NP IN RAYMORE, SK

- In practice of Raymore (rural community) runs an all age's family practice however does have a large number of First Nations surrounding Raymore so lots of First Nations people access services there.
- A lot of FN people accessing services are children
- Fortunate that a lot of kids coming into their practice so a lot of these kids are accessing preventative care (screening) and some obvious medical care (infections, flus, etc.).

Who do you see as a Child's Primary Healthcare Provider?

- The parents
- Will provide basic PHC needs (social determinants of health, food, housing,)
- Parents who choose whether or not the child needs further assistance
- NP and FP would be the next step followed by paediatrician services if the child requires a higher level of service

What do you see as identified gaps in paediatric health care?

- Not all kids in SK have access to reasonable preventative services
- Vision and hearing screenings aren't happening in schools anymore unless the school chooses to have it (not mandatory anymore) so screening services aren't proactive anymore, parents don't know their kids have a problem anymore until the teacher calls them cause the kids can't see the board anymore.
- Parents need more support with what services are offered, as well as more support surrounding preventative education (i.e. prenatal support and education surrounding developmental milestones)

- Public health is now more focused on immunization and less on education so this is falling back on PHC providers
- NPs have the ability to take on this responsibility more what with longer appointments (Fee for services physicians may not take the time to offer 30 minute appointments)
- Need to allow child to have the experience with a doctor or NP where you don't just come into see someone cause you're sick, generally just need to see how you're doing with height and weight (more preventative care)
- More focus does need to be put on childhood obesity
- There is a program in Regina where children are referred if their kids are obese however issue is that parents in rural have to travel for this type of service; would be better if services could come to them.

As a HCP what do you think should be a priority for the system to ensure quality access to PHC for kids?

- More focus on access to education for parents
- There is a changing trend in the sophistication of parents over the years so people do look for healthcare answers themselves (internet, TV) but HCPs still need to be able to provide good solid education (evidence bases education) to assist in answering parents questions
- HCPs needs to understand the tools that are available to them as HCPs to assist parents further
- Lynn has access to an iPad so she has the ability to show parents where to go on the internet to find high quality education tools and information
- Health system should be looking at the tools and technology that HCPs should be using to further provide high quality care for patients

What would you recommend for increasing PHC access for kids?

- Whole systemic approach (Kaiser Permanente study) which concluded that if you want to make a change in any person's life than you have to get to them before they are 18 years old.
- This starts with working with parents when kids are young, even prenatally
- In her clinic she prioritizes children (if a parent comes in with a concern about a child that child is prioritized and gets in that day or next day).

INTERVIEW WITH DR. A. RAMJI- PEDIATRICIAN IN PRINCE ALBERT, SK

When we told Dr. Ramji about what the average salary is for a pediatrician compared to a GP his comment was as follows:

“I could open a walk-in clinic for pediatrics and see patient after patient and make lots of money, but that’s not quality care.”

Who do you see as a child’s primary healthcare provider?

- “Generally is the family physician because healthcare needs to always be in the context of the family and social situation and even though sometimes parents really want the pediatrician as the first he may not have an in depth awareness of social and family dynamics. However a pediatrician does have the best knowledge and in an ideal world where there are an infinite amount of pediatricians and resources primary access might be by the pediatrician like it is in the states but that just not the reality.”

What do you see as identified gaps in pediatric healthcare?

- “In primary healthcare right?”
- Yes- Jacques
- “I know one of the gaps even though the primary person should be the family physician I think presently the way family practices are run is garbage, its walk in clinics, fast food medicine, antibiotics inappropriately rather than taking the time to understand what the children need & that is where the pediatrician would be doing it better but it shouldn’t need to be the pediatrician doing it better it can be the same family doctor doing it better. The present system fails children especially high risk children, children in foster care, children with complex medical needs. Even though my practice doesn’t do primary care we end up doing a lot of it with complex kids because we don’t trust the system that’s out there.”

What is your professional priority for pediatrics?

- “I think I’d ask for access for all children for the best pediatric healthcare that exists, if that’s through good family practice or lots of pediatricians or a combination. In the end, prescriptions and surgeries are only a small part of the total healthcare picture for pediatrics. It’s not that we can fix everything by seeing kids but kids need access with the appropriate healthcare provider at the appropriate time. A pediatrician’s aim should be unemployed because everyone is healthy.”

How do children access you as a pediatrician?

- “My clients’ right now, is the family physicians and emergency physicians and maternity physicians so they don’t get to access us unless they are already within our boundaries and then we will see them as frequently as need be, but we don’t do primary healthcare in our office because we can’t dedicate the time that we need to

look after these complex pediatric cases and do primary healthcare... one or the other. If there were a lot more of us we might be able to or if the family physicians were way stronger then we could off load a few things.”

What are your recommendations for increasing primary healthcare for pediatrics?

- “Getting the right trained providers to be accessible to those kids that need access. Not that I’m trying to white wash it as in more pediatrics, everyone needs more of everyone right. But it just needs to be the right personnel and the right system, right now the system serves children really really badly waiting in an adult emergency room with adults being seen by adult emergency doctors with minimal training in pediatrics, doesn’t do kids well.”

So if we could get more pediatricians and that what is your definition of Primary Healthcare?

“First point of access to the healthcare system, whether you are healthy or sick.”

So if a child is born, and your there for the delivery are you forever that child’s (PHC) provider?

- “Presently I’m only here for the delivery if there is a high risk anticipated delivery, and if I’m there and the baby need some resuscitation and he is quite sick ill look after that baby for the next few days, weeks or months and if becomes weeks and months then it’s in combination with the family physician. But if it’s a quick resuscitation then I just send the baby back to the family doctor.”

So then you really aren’t there primary healthcare provider?

- “I do very little primary healthcare in pediatrics, which makes my job all very interesting because it’s all secondary level stuff. But you see the gaps in primary care that you wish you could address if there was three of me.”

INTERVIEW WITH DR. MORIN- GENERAL PRACTITIONER AT ARCOLA FAMILY HEALTH CLINIC

Who do you see as a child’s (PHC) provider?

- family physician

What do you see as identified gaps in paediatric health care?

- No communication from the public health nurse unless there is a concern; therefore difficult to understand the development of the child

As a HCP what do you think should be a priority for the system to ensure quality access to PHC for kids?

- Wellness baby check in the 1st year of life; do this at 3 weeks, 2-4 months, 6-8 months, 10-12 months of age and at 2 years.

What would you recommend for increasing PHC access for kids?

- Child needs to be seen for regular checkups. Many mothers feel that a public health nurse visit is sufficient. Direct quote “ she [mother] has no idea what public health does for an assessment, etc. besides provide immunizations”

INTERVIEW WITH AMANDA MORISSETTE- CLINICAL NURSE LEADER AT WADENA UNION HOSPITAL

Who do you see as a child’s (PHC) provider?

- Doctors, nurses, public health nurses or anyone who cares for children.

What do you see as identified gaps in paediatric health care?

- In rural specifically, we are not taken as seriously and urban. When children come in to our emergency/outpatient department they are seen by our General practitioner and if it is necessary to transfer them to a city hospital sometimes they won’t accept them. Whereas if a child was to go to an emergency department in the city they may be seen by a paediatrician.
- Time, distance, and access for rural children to the resources / paediatricians in the city

As a HCP what do you think should be a priority for the system to ensure quality access to PHC for kids?

- I would like to see more paediatricians in Saskatchewan. A sick child should have the right to see a paediatrician.
- With the new children’s hospital in Saskatoon, I would like to see an increase in paediatricians/specialists in the province so sick children do not have to travel outside of Saskatchewan to receive appropriate care.

What would you recommend for increasing PHC access for kids?

- Improving accessibility and equality when it comes to urban vs. rural children and increasing paediatricians.

INTERVIEW WITH CARRIE TURNBULL- RURAL MOTHER OF CHILDREN IN WADENA, SK

What do you know about (PHC) and who do you consider your PHC provider?

- For one it seems to be lacking in rural areas. It has been difficult over the past few years with a shared on call system between Wynyard and Wadena (One week Wadena emergency department is open, and then goes on bypass to Wynyard emergency for the next week and vice versa). When we need to see a doctor we cannot get an appointment for sometimes weeks, and then we have to go through the system of getting referrals. At times if you ask for a referral they want you to wait and make a separate appointment to obtain it. Once you have it, you wait months to get into a specialist-sometimes getting lost in “the system”
- Without our pharmacists, nurses, and public health nurses I would have been lost. Public health nurses are who I go to with any questions; they are more knowledgeable about issues with children (i.e.: breastfeeding, dietary, ENT infections)
- I do not utilize the doctors often; I do not find them to be always dependable. I don't feel they have the support and education that they require related to paediatric health care.

Are the healthcare needs of your child met by the health care team, community and hospital?

- I do not feel that they are fully met here. For example, my children have recently had ear infections. I have taken them to see a doctor and was told there is nothing wrong. I took them to see a public health nurse, in which she said yes it was an ear infection and directed me back to the physician to obtain a prescription. My two year olds ear drum ruptured last year.
- There is a large turnover of doctors rurally which leads to inconsistency and lack of continuum of care. Rarely are my children seeing the same practitioner. I feel we get tossed around in the system. For example: my daughter likely needs tubes in her ears, but this has not been addressed. Why? Because we always see a different doctor, my children's care is not ongoing.

How do you access healthcare for your children?

- We go to the emergency department in Wadena when we are not on bypass and Wynyard when we are.

- We try to book an appointment at the clinic; the problem is there are such delays here with only 1 full time doctor and a ½ time locum. Often at times I am seeing a Nurse Practitioner in Wynyard. I feel my family’s needs are better met by the NP rather than the doctors. We are commuting a lot of the time to Wynyard for health care.

What would your recommendations be for increasing and improving PHC for paediatrics?

- If you can’t have a paediatrician rurally, I think you really must focus on increasing Nurse Practitioners. They can alleviate much of the pressure our rural doctors have. I think they may have more time for advanced training and education regarding pediatric health. Our doctors are very busy, we have a large population of seniors with health problems and in addition they are serving the population of many surrounding communities as well.
- Providing increased education and training for nurses
- I feel we don’t get the attention we need rurally. Many times you will take your child in to the doctor, receive a prescription, take it for the prescribed time, and go back with the condition even worse. They never really look at the root cause of “why is your daughter having frequent and worsening ear infections?” and do not address the question “can we send you to a specialist? When we go in for our 15 minute allotted appointment time, we are not getting a thorough assessment. They do a quick assessment and on you go. I find a lot of time the pharmacist and public health nurses are answering my questions. The doctors are stressed and do not fully understand the paediatric need for specialists, dieticians, etc. The process can become so frustrating that you feel like throwing your hands up.

Any comments regarding urban paediatrics vs. rural?

- I feel that urban has better accessibility and resources.
- I have friends in the city who speak about having a paediatrician; we do not have one, let alone a family doctor. It is not a reality for us rurally. It is my understanding that your child must have some major health issues to see a paediatrician.
- When I gave birth, I was asked who my family doctor was. Being that I do not have one they had nowhere to send my daughters and my file, so they gave me a copy to take to whatever practitioner that I would be seeing.

- I don't think it's fair that urban has good paediatric care and rural does not. My recommendation would be that they could possibly send a paediatrician out to rural communities once a month to see parents and children with health concerns.
- I feel that there are health concerns that are being missed and children are catching up with them later in life. Early intervention and access are needed.
- Something needs to be done. I do not feel that I should have to give up the right to good health care because I live in a rural community.

Are there any wellness or prevention programs/clinics that are being offered rurally that you are aware of?

- I am not really aware of any here or in surrounding communities. We get a lot of resource material from our Public Health Nurse.

INTERVIEW WITH BRUCIE MOULDEN- GRANDPARENT OF A MEDICALLY FRAGILE CHILD

What do you know about primary healthcare?

- Not a lot. Not even sure what primary healthcare is. I assume it is wherever you have a direct interaction with a healthcare provider, e.g. doctor, hospital, etc. But don't even know if I am correct.

Do you feel that the needs of your child are met by the health care team?

- This is a big question! Short answer would be yes and no. Our situation may be different because Anja does not have a GP. Claire's GP is the doctor who delivered Anja, where she was injured during the delivery, so we never took Anja to her. We were referred to Dr. Holmes through the NICU at the General and that is who we have always gone to. My sense is that because he is a specialist (one of few) he is really overworked and does the best he can. As a result I think we often don't get the depth of attention Anja needs. For example, after Anja was came home from NICU I called Dr. Holmes office about the crying bouts at night. He did not ask us to come in but assumed it was colic or something. It turned out to be infantile spasms. We found out through the Sask health line and the General Emergency Department.
- Many services don't exist in Regina or in Saskatchewan that are available elsewhere. So early on with Anja we had to travel to Saskatoon. For example, her infantile spasms (when sabril failed) had to be treated in Saskatoon. The pediatric neurologist

there was great, but the hospital was a nightmare!! I WILL NEVER TAKE ANJA BACK THERE!

Do you feel that the needs of your child are met by the community?

- I think the ancillary services in Saskatchewan are outstanding. The Wascana Rehab Centre, the medical and therapeutic support through Jean Vanier School and the medical, therapeutic and development support at Hope's Home is second-to-none. The fact that all three of these agencies will work closely together to ensure the best possible service for Anja is how all other centers should do it.

How do you access (PHC) for your child?

- I request it. I have to make a specific appointment

Who is your primary healthcare provider?

- Dr. S. B. Holmes

CONCLUSION

Children comprise a vast percentage of a vulnerable population group in Saskatchewan. We are their voices; their advocates. According to Gauthier (2009) supporting the health of children from birth is a responsibility. By making it a priority and a responsibility we are creating an incredible opportunity to promote and advance a generation of healthy Canadians. In order to do this though we must not only provide care for them when they are sick but also do everything possible to keep them healthy and safe.

With improved access to high quality PHC services, children's diseases and disabilities can be caught at an early age/stage and also prevent disease and sickness later on. By increasing the number of qualified child and youth health care professionals, increasing and

enhancing education and awareness to parents, community and health care professionals surrounding health promotion, and ensuring timely access to PHC services will ensure that children receive high quality care and increase health outcomes for children. When we put children at a higher priority we are preserving our future, both economically and socially. With early and proper health interventions and detection we can build healthy, patients, families, healthy communities and populations.

LEADERSHIP LEARNING

In a personal perspective, our group very early on established our individual strengths and from there each person determined which part of the project they could best contribute to. Everyone took the necessary lead in chairing, attending and participating in group meetings. Because everyone took responsibility for their role as leader, our project goals were able to be met. Acknowledging individual team members Brightest and dullest “colors” provided a great foundation in understanding and establishing who would be best suited for areas of our project. We learned it was important to allow each person to take a lead in the project that was parallel to their strengths. It was also important for each person to take a personal lead for their part in the project for it to be a success. In reality, everyone has busy schedules and may have unforeseen circumstances arise. As a group, we were flexible and accomodating. We found alternate ways of communicating and sharing information, and when we were able to meet as a group we were very productive.

In a professional perspective, in order to implement effective and efficient health care programs such as primary health care programs, the leaders involved need to be innovative thinkers and willing to look outside the realm of what is already being offered, in order to truly reach their vision and goals. These leaders also need to involve all members of the community in their decision making process in order to create effective programming

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Appendix A

PARENT'S PERCEPTIONS OF PRIMARY CARE (P3C) ITEMS

Longitudinal Continuity

1. If there is one particular place that you take your child for almost all of his/her health care how long has this been for your child's place for health care?
2. If there is one particular person that you think of as your child's regular doctor or nurse, how long has this been your child's doctor or nurse?

Access

1. Is it easy for you to travel to the doctor?
2. Can you see the doctor as soon as you want for routine care (checkups, physicals) for your child?
3. If your child is sick can you see your doctor within one day?
4. Can you get help or advice on evenings or weekends?

Contextual Knowledge

1. Do you feel the doctor knows your child's medical history?
2. Do you feel the doctor knows your concerns about your child?

3. Do you feel the doctor knows your values and beliefs about your health?
4. Do you feel the doctor knows your child overall?

Communication

1. Do you feel comfortable asking the doctor questions?
2. Does the doctor explain things to your satisfaction?
3. Does the doctor spend enough time with you and your child?
4. Does the doctor listen to you?

Comprehensiveness

1. Can the doctor take care of almost any problem your child might have?
2. Does the doctor talk to you about keeping your child healthy?
3. Does the doctor talk to you about safety (like car seats, seat belts, bike helmets, accidents)?
4. Does the doctor talk to you about your child's growth?
5. Does the doctor talk to you about your child's behaviour in general (like having friends, citizenship at school)?

Coordination

1. When necessary, can the doctor arrange for other health care for your child?
2. When necessary, do you feel that the doctor follows up on visits to other health care providers?
3. Do you feel the doctor communicates with other health care providers about your child when necessary?
4. When necessary, do the doctor and the school work together for your child's health?