Manitoba Association of Community Health

BETTER TOGETHER

Manitoba Association of Community Health

2016 Strategic Priorities

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WHAT ARE COMMUNITY HEALTH CENTRES?

Community Health Centres (CHCs) come in many shapes and sizes. By definition, CHCs are integrated, front-line healthcare, and social support centres. We are committed to providing comprehensive, accessible, affordable, and culturally appropriate healthcare services through a collaborative team approach. We bring healthcare providers such as physicians, nurse practitioners, nurses, dietitians, social workers and therapists, to work together in interdisciplinary teams.

> *"We talk about five million Canadians not having access to a family doctor, but they should have access to an integrated healthcare team where the first point of care would not necessarily be a physician."*[1]
>
> Dr. Paul Armstrong, Founding President of the Canadian Academy of Health Sciences

Using the CHC model, clients receive the right type of care, from the right provider(s), at the right time. This high-quality care also makes the best use of our scarce healthcare resources and helps to overcome gaps in access to care providers.

What sets CHCs apart from other primary care services even further is the partnerships we foster and build among community residents, and a wide variety of healthcare, social service, housing, education and other sector partners. These relationships help CHCs to identify the needs of their community, to design and oversee appropriate service delivery, to address the many social determinants of health, and to evaluate health service programs. In addition to high-quality interdisciplinary services, CHCs go beyond just "care". By integrating interdisciplinary care teams with health promotion programs, social supports, and community programs, the emphasis is shifted to illness-prevention, wellbeing and local socio-economic development. CHCs believe that individuals, families and communities should have equitable opportunities to achieve wellbeing and to have their health needs met, regardless of economic status, race, culture, age, geography, gender, or sexual status. We work to remove inequities and increase opportunities to access to health services.

Using health and healthcare as twin pillars for action, the active role of CHCs in local communities means that fewer individuals and families fall between cracks in various systems. Robust programs and partnerships at the CHC help individuals and families overcome barriers to health wherever they are faced. These include housing, education counseling, skills development, peer support, and other social supports. CHCs provide the wraparound care and support that ensures clinical providers, case managers, program staff and partners from other agencies can collaborate in supporting clients. In other words, every door becomes the right door to effective care and treatment.

The caring environment of a CHC also creates a desirable employment opportunity where staff are well supported in achieving personal and professional goals. For example, providing team-based medical care through CHCs is an excellent way for family physicians to achieve practice choice and to not feel isolated in providing care to patients with complex medical and social conditions. Family practice within a CHC setting provides a broad range of options and quality-

[1] Health Council of Canada (2009). *Teams in Action: Primary Health Care Teams for Canadians*. p. 18

of-life support that contribute to a higher quality of practice, helping to prevent practitioner burnout.[2]

In addition to providing care through teams of family physicians, nurse practitioners, nurses, social workers, therapists and counsellors, CHCs are also developing innovative partnerships by integrating health professionals that have traditionally been excluded from primary health care, such as midwives and dieticians. Another example is that some primary care teams across Canada have incorporated clinical pharmacists. The positive impact on both quality of client care and quality of pharmacy practice has been significant.[3] Moreover, CHCs have consistently demonstrated their effectiveness at optimizing the contributions of diverse practitioners, enabling and supporting providers to practice to the full scope of their training.

The community health centre model is not new. In 1972, an extensive pan-Canadian research study, commissioned by the Canadian Ministry of Health and Welfare recommended that CHCs be established and funded across Canada as non-profit corporations within fully-integrated health systems.[4] As a result of their "upstream" and comprehensive approach CHCs have been found by numerous Canadian research studies to be highly valuable and cost-effective, achieving better overall outcomes than other models of primary care. For example:

- CHCs offer **significantly more comprehensive services** (74%) than other primary care models (61-63%; $P < 0.005$) like Fee-for-Service practice and "clinical care only" teams[5];
- When adjusted for complexity, CHCs **exceed expectations in reducing hospital emergency room visits**, while other models of primary care are found not to meet expectations in reducing ER visits[6];
- CHCs provide **superior chronic disease management**. Clinicians in CHCs find it easier to promote high-quality care through longer consultations and interprofessional collaboration. This superior care has been correlated with the presence of a nurse-practitioner and is associated with lower client-family to physician ratios and smaller full-time-equivalent family physician groupings[7]; and,

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[2] For excellent accounts of physician practice benefits in CHCs, see *Community Health Centres: Family Medicine at its Best*. Available at: https://www.youtube.com/watch?v=g02TURzm1iM

[3] British Columbia Federation of Community Health Centres (2013). *Beyond Dispensing: The Voice of a Pharmacist Working as a Member of an Interdisciplinary Primary Health Care Team*. October 7, 2013. Available at: http://www.bcfchc.ca/beyond-dispensing-the-voice-of-a-pharmacist-working-as-a-member-of-an-interdisciplinary-primaryhealth-care-team

[4] Ministry of National Health and Welfare (1972). *Report of the Community Health Centre Project to the Conference of Health Ministers*. Available at: http://www.cachc.ca/an-idea-ahead-of-its-time-hastings-report-1972/

[5] Russell G et al G (2010). "Getting it all done. Organizational factors linked with comprehensive primary care". Family Practice. 27(5): 535-541.

[6] Glazier RH, Zagorski BM, Rayner J. (2012) *Comparison of Primary Care Models in Ontario by Demographics, Case Mix and Emergency Department Use, 2008/09 to 2009/10*. Toronto: Institute for Clinical Evaluative Sciences

[7] Russell G et al (2010). "Managing Chronic Disease in Ontario Primary Care: The Impact of Organizational Factors". *Annals of Family Medicine*. 7(4):309-318.

- Clients of CHCs report **higher satisfaction scores** across multiple domains of analysis including **accessibility**, **prevention and health promotion**, **client and family-centredness** and **chronic disease management** compared to clients of other models of primary care[8].

Community Health Centres have many benefits to the community beyond simply providing health services. Participation by community members in governance of not-for-profit and cooperative CHCs helps to ensure appropriateness of services and to build relationships of trust and buy-in, especially in communities facing higher-than-average barriers to health and development. Community Health Centres also employ other tools such as community advisory committees, needs assessment and satisfaction surveys, and other community engagement processes to further involve the community in decisions, planning, evaluation and continuous quality improvement.

Research on CHCs across Canada has found that CHCs "provide a wide range of opportunities for citizen participation not found in most parts of the health care system. Opportunities range from consultation to direct decision making."[9] The same research found that among community-governed CHCs, "participants felt that citizen participation in CHC decision making had led to improved programs and services and that the range of programs and services met the needs of the community."[10]

CHCs have proven highly-effective in many other countries as well. In the United States, for example, there are over 1300 CHCs that are governed by independent, community-based boards of directors. They serve over 23 million Americans in all states and territories, and research has found that CHCs have been successful at:

- Preventing 25% more emergency department visits than other models of primary care[11];
- Saving the U.S. health system more annually compared to fee-for-service medicine[12];
- Acting as local economic engines, generating roughly $20 billion in new economic activity annually[13];
- Increasing responsiveness to community-defined needs by ensuring community participation in health care decision making[14]; and,

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[8] Conference Board of Canada (2014). *Final Report: An External Evaluation of the Family Health Team (FHT) Initiative.*

[9] Church J, et al (2006). *Citizen Participation Partnership Project Report*. Centre for Health Promotion Studies, School of Public Health University of Alberta. Available at: http://www.cachc.ca/wp-content/uploads/downloads/2014/12/Citizen-Participation-Research-Project-2006.pdf

[10] Ibid

[11] U.s. National Association of Community Health Centres (2011). *Community Health Centers: The Local Prescription for Better Quality and Lower Costs.* Washington, DC.

[12] Ibid

[13] National Association of Community Health Centers (2010*). Community Health Centers: The Return on Investment*. Available at http://www.nachc.com/client//ROIFS.pdf

[14] Crampton P, et al (2005) "Does Community-Governed Nonprofit Primary Care Improve Access to Services?" *International Journal of Health Services* 35(3): 465-78.

- Including clients on governing boards to ensure focus on the scope of the care delivered, resulting in higher quality care, lower cost services, and better procedures for client complaints[15].

The emphasis of CHCs on individual, family and community health, as well as prevention of "downstream" and long-term health system costs means that CHCs are high-impact contributors to the healthcare system and drivers for socio-economic development. The true value of a CHC is much greater than the sum of its parts.

[15] Crampton P, et al (2005) "Does Community-Governed Nonprofit Primary Care Improve Access to Services?" *International Journal of Health Services* 35(3): 465-78.

COMMUNITY HEALTH CENTRES IN MANITOBA

Manitoba has a long history of involvement in community-based primary health care. Mount Carmel Clinic, the first CHC in Canada, was established in Winnipeg in 1926. Since then, CHCs have flourished to varying degrees across the country and are now found in all thirteen provinces and territories. As is common in many provinces and territories, most CHC services in Manitoba are currently found in the capital city, Winnipeg. We believe that by working with CHC's more closely at a provincial level in planning policy and programming we would be able to:

- improve access to care;
- achieve greater coherence in primary health care;
- improve the overall cost-effectiveness of our health system;
- spark community-based economic and social development;
- leverage the collective knowledge base and tools across the spectrum of CHCs currently operating in Manitoba; and,
- continue to grow the CHC model throughout communities in Manitoba.

In 2015, the Manitoba Association of Community Health Centres identified 12 members and several additional organizations that fit the association's operational definition of the "Community Health Centre model", and there may be more.

In spirit and vision, these organizations reflect the following core attributes:

- interdisciplinary teams;
- integration of primary care with health promotion and community development;
- a population health approach, with attention to the broader social determinants of health; and,
- processes for engaging community members in shaping various dimensions of the services provided by the health centre.

Community Health Centres in Winnipeg enjoy a strong relationship with the Winnipeg Regional Health Authority (WRHA), where CHC programs and services benefit from core, dependable, stable funding and from centralized bargaining.

STRATEGIC DIRECTION AND RECOMMENDATIONS

Issue 1: Healthcare decision-making

How can Manitoba Health and the RHAs benefit from existing community-based networks and knowledge to support and facilitate policies related to advancing knowledge-exchange, quality improvement, and scale-up of local innovations?

The provincial government of Manitoba is required to make good decisions related to the health of the provincial populous. As such, it relies on key organizations and individuals to advise on health- and healthcare-related issues. Because the CHC model harnesses ideas and energy from community residents and a vast array of healthcare and social service professionals, CHCs come to the table with:

- a client-centred perspective;
- a health equity lens;
- an awareness of cross-sectoral priorities for health; and,
- access to primary health care networks that may not be currently represented in decision-making.

Adding this depth of knowledge and experience to decision-making and advisory bodies in Manitoba can help to unburden government and ensure transparency and accountability for services that are being funded and provided.

Including CHCs in discussions around changes to primary care would acknowledge that the existing gaps within the health sector are often linked to broader issues and complex questions. Community health and social support organizations have established relationships of trust with the communities that we serve. This provides CHCs with a depth of understanding and systemic knowledge of required services and gaps. This is especially true with marginalized communities and individuals with complex-care needs. Underlying much of CHCs' work is the innate understanding of how inequities affect health. For example, marginalized clients that fall through cracks in the health system can become high and repeat consumers of emergency departments.

Current relationships could be further strengthened by working together to develop service purchase agreements that include deliverables related to broader priorities. There are many opportunities to grow this relationship by working together to identify gaps and further promote health equity. The expertise of CHCs in interdisciplinary care will help to move provincial health systems toward sustainability. The existing Community Health Agency Network is an ideal forum for consensus building and discussing Primary Care issues and initiatives at all organizations, which we believe could be further formalized and supported.

Hospitals, long-term care facilities, individual physicians and nurses, and other sectors within the health system participate in such activities via their sector-specific or profession-specific associations. In fact, they are often mandated and financially-supported to do so. By not including CHCs in these important conversations, an opportunity for quality improvement in

healthcare for Manitobans is missed and perpetuates an inequitable double-standard within the health system.

***Recommendation**:* Partner with the Manitoba Association of Community Health and other relevant stakeholders to establish a primary care council, at which key contributors assist with system transformation and responsiveness.

Work together to develop robust and mutual accountability agreements and to streamline funding from different levels of government, similar to the successful Red Tape initiative through the Province of Manitoba

Issue 2: System-responsiveness/Access to care

How can we help alleviate pressure on emergency departments, while also connecting people to appropriate care?

Overcrowding in Emergency Departments arises from a number of factors, including limited community-care resources and a lack of integration between community-based and hospital resources. Currently, the healthcare system in Manitoba and across Canada is fragmented, resulting in many clients obtaining care in the wrong setting, and often too late. Evidence shows that having access to a CHC helps to alleviate pressure from non-emergent use of emergency rooms. The interdisciplinary care model of CHCs ensures that clients are able to access the appropriate level of care when it is needed. This model also includes access to preventative clinical care as well as other points of support, such a health promotion programs and community health initiatives. These help to further ensure that clients are in a circle of support that facilitates early detection and triage rather than just at moments of episodic illness or crisis.

Pursuing the CHC model for more Manitobans would mean scaling up this proven model of comprehensive, interdisciplinary care and support. There are a number of ways that the provincial government and existing CHCs can partner to update our outdated primary health care "system", such as:

1. Supporting existing CHCs by expanding hours of operation and services available to leverage existing capacity;
2. Working with existing CHCs to expand their reach and the number of Manitobans they serve via satellite locations, similar to what has been done in Ontario and other jurisdictions; and,
3. Establishing new, strategically positioned and staffed CHCs, to support non-emergent clients, near existing hospital emergency departments.

This would immediately improve access to care for Manitobans, reduce pressures on other more costly health and social services, and catalyze local economic development.

Without the integrated approach of CHCs that place individuals and families at the centre of a circle of care and support, the province risks exposing greater gaps in health and social services. The programs and partnerships offered through CHCs help prevent individuals from falling through cracks once their immediate encounter with a clinical provider has ended.

***Recommendation**:* Support robust funding for existing CHCs to extend hours, create or increase walk-in capacity, and establish new CHC satellite locations in high needs areas to divert non-emergent clients from the emergency room.

Issue 3: Rural healthcare

How can we improve health and health care services in rural Manitoba? In particular, what long-term solutions can address the challenges of recruitment and retention of health care professionals in rural Manitoba?

Expanding access to CHCs in rural communities is a critical step to overcoming longstanding challenges related to recruitment and retention of health professionals, and to ensuring continuity of client care and support. Over a decade ago, the Canadian Ministerial Advisory Council on Rural Health warned that, across Canada, "health care restructuring has centralized, reduced or eliminated hospital-based services without community-based services being enhanced.[16]" The fundamental concerns and recommendations expressed by the Council in 2002 are just as relevant today. To improve health in rural communities, the Council urged governments to:

- provide integrated health services that "put rural health in rural hands";
- take a broader determinants of health approach, working across sectors;
- strengthen health promotion;
- build local infrastructure and help to foster community-led capacity-building;
- support sustainable health human resources strategies; and,
- improve rural health research.

Community Health Centres provide a critical solution by providing a community hub from which comprehensive services and supports can be planned, coordinated and sustained. As integrated organizations, CHCs take administrative responsibility for recruitment and retention of physicians, nurse practitioners, nurses and other professionals. This enables effective planning over the long-term so that communities are not left orphaned as a result of individual practitioner decisions. In addition to this administrative role, the team-based, interdisciplinary model of care means that CHCs are able to optimize limited supplies of diverse practitioners in rural communities. Community Health Centres do so by:

- Providing a fertile and continuous practice environment for cadres of practitioners who are otherwise left without stable primary care practice opportunities (e.g. nurse practitioners);
- Distributing care and follow-up responsibilities across the team of providers so that the most appropriate care is provided by the most appropriate provider(s) at the right time; and,
- Maximizing impact of all providers by supporting practitioners to work to the full scope of their training and regulation.

Ontario's extensive CHC network has described how CHCs are improving access and continuity of care in rural and northern Ontario communities, in many instances just some kilometres from the Manitoba/Ontario border:

[16] Ministerial Advisory Council on Rural Health (2002). *Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities.*

> *The likelihood of recruiting health care professionals increases substantially for northern and rural communities that have a CHC. When health providers considering a new position in a rural or northern community know they are going to be part of an interdisciplinary team whose members support each other managing a high demand for their services, they are more likely to commit to a practice. In addition, a strategically located CHC can play a vital role in easing shortages of health professionals system wide.*[17]

In addition to improving recruitment and retention of healthcare providers, CHCs in rural communities are also able to harness their organizational capacity to deliver programs that overcome geographical and other barriers to care and support. An example of this is found in Thunder Bay, Ontario, where a CHC's mobile unit brings interdisciplinary care, on a set-schedule, to eight small communities of fewer than 1000 people, each located over 100 km away from Thunder Bay. The mobile unit also brings care and support to Thunder Bay's homeless shelter.[18]

Unfortunately, there is little research on innovative rural healthcare in Canada. However, robust research from the United States clearly demonstrates the major impact that CHCs have in reducing barriers to care and improving health outcomes in rural communities[19]. When compared against other primary care models in rural America, this study from 2013 found that:

- Rural CHC clients experience lower rates of low birth weight than clients of other providers in rural communities;
- Female clients of rural CHCs are significantly more likely to receive Pap smears compared to rural women nationally; and,
- Even after adjusting for population density, rural counties with CHCs exhibit 25% fewer uninsured Emergency Department visits than non-CHC rural counties.

This research also found that CHCs act as local economic engines for rural communities throughout the United States, yielding more than $5 billion annually in economic returns through the purchase of goods and services and by generating employment.

Ensuring access to appropriate and timely integrated healthcare services in rural Manitoba is a challenge. While training and hiring more doctors, nurse practitioners and other providers is vital to ensuring all Manitobans have access to care, the CHC model can meet this need and provide a medical home for rural Manitobans and for their practitioners. MACH can assist the provincial government to support and engage communities outside Winnipeg and gauge interest in the CHC model.

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[17] Association of Ontario Health Centres (2011). *Ontario's Community Health Centres: increasing access to care in northern and rural Ontario.* Available at: http://www.cachc.ca/wp-content/uploads/downloads/2014/12/Fact-Sheet-CHCs-for-Northern-and-Rural-communities.pdf

[18] For more information on the NorWest CHCs' mobile unit visit http://www.norwestchc.org/mobile_unit.htm and http://www.cachc.ca/wp-content/uploads/downloads/2013/10/NorWest-CHCs-Pres-Mobile-Health-Unit_Sept-2013.pdf

[19] U.S. National Association of Community Health Centers (2013). *Removing Barriers to Care: Community Health Centers in Rural Areas*. Available at: http://www.nachc.com/client/documents/Rural_FS_1013.pdf

Recommendation: With the assistance of MACH, engage communities outside Winnipeg to identify priority opportunities to invest in new CHCs as a means to fulfill and go beyond the 'physician for everyone' promise in rural Manitoba.

SUMMARY

MACH remains committed to working with and supporting continuous quality improvement within and among all CHCs in the province. At the same time, we believe that expanding the number of community-governed CHCs in Manitoba is essential to further impact in many communities, to optimize the province's supply of diverse healthcare practitioners, and to build critical mass among community-governed CHCs across the province. Achieving critical mass will help catalyze further quality improvement, collaborative practice and innovation among community-governed CHCs with respect to the particular processes through which CHCs plan, organize and operationalize services and programs. These processes are essential to improving the healthcare and support services upon which Manitobans rely and to improving the health of our population.