

# **NWT Primary Community Care Framework**

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# Introduction

Pressures on the territorial health and social services system including fiscal, human resources and changing expectations and demands of the public, together with the desire to move towards wellness-based programs require a review of our current service delivery model. This framework document identifies common ground for improvements to service delivery and some of the steps needed to address the primary health and wellness needs of residents in the NWT.

Over the past decade, extensive reviews of health and social services in the Northwest Territories (NWT) have consistently revealed a dynamic and evolving system that benefits from committed providers, politicians and communities. These studies have also identified the need to change the way some services are delivered to ensure equitable access and greater sustainability. There is a strong desire from stakeholders and the public to improve service delivery. However, any “revitalization” of health and social services must be built on common definitions, shared principles of service delivery, and increased public participation.

In Canada and many parts of the world, the expression Primary Health Care (PHC) defines the first level of access by individuals to the health and social services system.

- To reflect the health and social services environment of the NWT the phrase “Primary Community Care” will be used in the place of the terminology of “Primary Health Care.” For the purposes of this document both terms are considered interchangeable.
- Primary Community Care is the first level of care and usually the first point of contact clients\* have with the Health and Social Services system – that is, where, in partnership with the client, services are mobilized and coordinated in response to client needs to promote wellness, prevent trauma and illness, build capacity, provide support and care for common health and social issues, and manage ongoing problems to sustain functional independence at an optimal level (Adapted from the National Forum on Health, 1997).
- Primary care, the medical model of response to illness, is part of the broader concept of primary health care. Primary health care recognizes the broader determinants of health and includes coordinating, integrating, and expanding systems and services to provide more population-based, preventive and promotive services through the best use of all care providers, not necessarily those provided only by doctors (Sharing the Learning: The Health Transition Fund Synthesis Series: Primary Health Care, 2002).

A Primary Community Care Framework for the NWT must recognize the unique and sometimes complex nature of providing primary health and social services in our jurisdiction. Any proposed change to the delivery of services must be guided by the uniqueness of the NWT and yet reflect the broader context of health priorities and best practice. Unique factors including territorial geography, limited distribution of professional resources and emerging self-

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\* For the purpose of this document, client(s) refers to individuals, family, groups, communities and populations.

government agreements have a bearing both on the organization of services and the delivery of care. New approaches must be planned well, implemented in partnership, evaluated thoroughly and constantly refined.

## National Perspective

In 2000, federal, provincial and territorial Ministers of Health agreed on a vision for primary health care. It states that an enhanced primary health system should meet the goals of improving sustainability, accountability, accessibility, continuity of the patient/provider relationship, client and provider satisfaction, comprehensiveness and integration and overall quality of care.

- All residents of Canada will have **access** to comprehensive primary health care services provided by health care professionals who can best meet their health care needs. Residents will be able to designate a primary health care provider of their choice.
- Primary health care will be the first point of **access** to the health care system and will be structured to facilitate the **integration and coordination** of all levels of health care to ensure quality and appropriateness of services.
- **Access** will be provided 24 hours a day, 7 days a week through extended hours of care and telephone availability.
- Maintenance of health and the **prevention** of illness and injury will be important components of primary health care with a recognition of those economic, social and cultural factors which are central to health.
- Primary health care providers will receive appropriate compensation for providing primary health care services to meet the needs of a defined population. **Teamwork** will support enhanced quality of care and allow for greater job satisfaction and the lifestyle needs of providers.
- Funding arrangements and improved information technology will support **patient-centered care, accountability, quality improvement** and the measurement of health outcomes. Continuity of care, affordability and sustainability are important goals.

## NWT Vision for Primary Community Care

People in the Northwest Territories live, work and play in safe and supportive family and community environments where access to the right services by the most appropriate provider in the best setting at the correct time, assists them to achieve lasting wellness, optimal functional independence and a fulfilled life.

# Principles

The NWT Primary Community Care Framework Document reflects the following fundamental principles, as described in the Departmental of Health and Social Services document “Shaping Our Future: A Strategic Plan for Health and Wellness” (June 1998):

- **Universality:** Individuals have access to the services they need and are treated fairly and with respect in the health and social services system.
- **Personal Responsibility:** Individuals and families have personal responsibilities to address their health and social needs.
- **Basic Needs:** Publicly funded programs and services will address basic health and social needs in a way when these needs cannot be met by an individual or family.
- **Sustainability:** The health and social services system will operate in a way that does not threaten its ability to meet basic health and social needs over the long-term.
- **Continuum of Care:** Programs and services will fit together as seamlessly as possible and will be integrated with other services wherever possible.
- **Prevention –oriented System:** All activities of the health and social system will support the maintenance of physical, social and mental health in addition to the treatment of illness and injury.
- **People-oriented System:** All activities of the health and social services system will support an approach that places the needs of people first.

In addition, the NWT Primary Community Care Framework reflects the fundamental principles of primary health care adopted by the World Health Organization (WHO) in 1978 as the basis for effective delivery of services. The following principles form the philosophy and approach known worldwide as primary health care: accessibility, public participation, health promotion, appropriate technology and intersectoral cooperation.

## The NWT Approach to Primary Community Care

The NWT philosophy with regards to health and social services is holistic – with programs in wellness promotion, illness/trauma prevention, counseling, rehabilitation, treatment and care developed and operated in a context of healthy public and social policy. Many reviews of the Department of Health and Social Services and strategic documents, have called for a shift from an illness model to a wellness model to create a balance between treatment services and wellness promotion.

The NWT approach to health and social services relies on the strength of individuals, families and communities to foster behaviors and environments that promote wellness. People are

responsible to live a healthy lifestyle and to care for themselves and each other. When this is no longer possible they need to understand how to access the services they require, and be involved in planning for their care. The Department of Health & Social Services has the responsibility to ensure that when NWT residents require health/social services, they receive the right services, from the most appropriate provider, in the best setting, at the correct time and in the most efficient and economical manner. This implies a balance between westernized evidence-based best practices and culturally relevant services that support traditional health and healing practices in the NWT. Shared accountability is integral in a publicly funded system. An integrated, client-focused and sustainable approach to the delivery of health and social services for the people of the NWT is the intended outcome.

## **Elements of the NWT Primary Community Care Approach**

### **A. The Right Services**

Health and social services should be consistent with the needs of the population and subject to fiscal realities. The revised *Core Services 2002* (draft) document describes the range of services to which all residents of the NWT have access. Not every service can be provided in every community nor for that matter can every service be provided in the NWT.

The first point of contact with the service delivery system may be different depending on where a person lives. In consultation with the client, primary community care providers have access a system of referral and transfer for advanced care and treatment services unavailable locally (see Appendix A).

### **B. The Most Appropriate Provider**

The NWT approach is to focus on clients realizing that sole care providers can rarely meet the complex needs of people in the NWT. Care providers have opportunities to work in multi-disciplinary settings to collaborate for integration of services and continuity of client care. Not only does this facilitate comprehensive coordinated client services but it also ensures human resources are used wisely, healthy working environments are strengthened and a stable northern workforce is developed.

A team approach helps to avoid overlap and duplication of effort, makes the best use of available resources, adds flexibility to continue core program delivery and can respond more quickly to changing conditions. The number and composition of Primary Community Care teams will vary depending on the target population, community, and available infrastructure.

Adequate orientation, ongoing training and clear mechanisms for referral and consultation enhance quality of care and will do much to improve the retention of our providers. Lack of ongoing training can lead to provider stagnation, development of poor working habits and a system that does not foster new practice ideas.

All health and social services professionals are accountable and responsible for their own practice. A profession's scope of practice encompasses the activities for which the professional is

educated and authorized to perform; and is influenced by the setting in which they practice, the requirement of the employer and the needs of the clients<sup>1</sup>.

When professionals work in an interdisciplinary primary community care environment, they find areas of overlap that exist between their respective scopes of practice.

### **C. The Best Setting**

Services are provided as close as possible to the client in a setting that is culturally sensitive. Each community has providers with assessment skills and access to support and referral networks that allow cases to pass through the system smoothly. Community size and infrastructure has a bearing on the range of available services. Care providers in every community have a support and referral network available to them that allows the client's needs to be fulfilled, although not necessarily in their home community.

### **D. The Correct Time**

Some services such as emergency care are accessible 24 hours a day, 7 days per week. Other services such as health promotion, screening and prevention activities are available on a scheduled basis. A call centre and self-help guide could assist individuals to decide if and when they need to see a local health and social services provider. These services will allow the community's health and social service providers to respond to clients' needs at the right time and at the right place. A more proactive approach places priority on prevention, promotion, early identification, early intervention and harm reduction. Responding sooner rather than later contributes to a better quality of life and saves the health and social system significant dollars that otherwise would be spent on the more costly curative services and referrals to secondary and tertiary levels of care.

### **E. The Most Efficient and Economical Manner**

Clients receive comprehensive culturally relevant care based on best practice standards, in a timely fashion, without waste or misuse, by competent providers, in a team environment. The service should not escalate in cost beyond available financial resources. The system is limited by fiscal reality and availability of competent human resources. However the primary community care approach supports efficient use of finite resources, investment in building a northern workforce and community capacity. Together in partnership with other sectors, non-governmental organizations and community groups, efficiencies can be maximized.

### **F. Public Participation**

The GNWT believes the public should have input into the delivery of health and social services. The public is a key stakeholder in helping shape how the core primary community care services are prioritized.

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<sup>1</sup> The Provision of PHC in the NWT, 1998

## G. Accountability

In a primary community care system, accountability is a shared responsibility. Each partner fulfills certain commitments in order for the overall system to be successful. The following chart outlines some of the responsibilities of the system's different partner's.

Public	Providers	Authorities	DHSS
To choose a healthy lifestyle	To follow a Code of Ethics, best practice guidelines, policies and procedures	To set practice expectations for providers	To communicate what services are expected
To care for themselves and each other	To know what their employer expects of them	To communicate expectations to providers and the public	To communicate the resources available
To use services appropriately	To request necessary resources and guidance	To ensure contracted services	To fund core program delivery
To keep their appointments and follow a plan of care	To provide quality care	To provide resources for providers	To be fiscally accountable
To provide input into prioritization of core services	To use resources efficiently	To monitor, evaluate and report on service delivery	To set program standards
To provide feedback for evaluation of programs and services	To maintain competency	To elicit client satisfaction with services	To monitor and evaluate program/service delivery
	To elicit client satisfaction with services	To be fiscally accountable	To monitor system performance
	To comply with reporting requirements		To monitor resource utilization
			To receive feedback from the HSS authorities and be responsive to their needs
			To establish legislative frameworks

## Legislative and Regulatory Requirements

In order to succeed, appropriate legislative and regulatory frameworks need to be established to support primary health care renewal. Legislation created in the past may no longer address the evolving and emerging roles of health and social services providers needed in the NWT. This would include legislation, policy and memoranda of understanding to define the roles and responsibilities of the Department and health and social services organizations that create the working environment for providers.

### Building on Strength: From Approach to Action

The overall goal is to enhance the ability of the NWT health and social services system to respond to client needs. The enhanced primary community care system should improve

- accessibility to services,
- sustainability of programs and services,



- integration and coordination for continuity of care and comprehensiveness (promotive, preventive, curative, rehabilitative, and supportive/palliative),
- public participation,
- accountability, and
- client and provider satisfaction
- overall quality care

(adapted from A Vision for Primary Health Care Across Canada, prepared by ACHHR, May 12, 2000).

Goals	Objective	Task	Responsibility	Results
<b>Accessibility to Services</b>	<p>People understand the programs and services available to them and how to get them.</p> <p>People have access to services in a consistent and timely manner.</p>	<p>Define and communicate public core service document</p> <p>Define and communicate level of service delivery</p> <p>Implement call center (available 24/7)</p>	<p>HSS Authorities DHSS Providers Public</p>	<p>Public awareness of services and service levels.</p> <p>Increased access and satisfaction with services.</p> <p>Public access services appropriately</p>
<b>Sustainability of Programs</b>	<p>Using the most appropriate provider.</p> <p>Promote capacity building.</p>	<p>Clustering of professional service providers.</p> <p>Develop necessary skills in workforce to address the needs within the community.</p> <p>Create healthy teamwork environments.</p>	<p>DHSS HSS Authorities Providers Public</p>	<p>Recruitment and retention issues diminished</p> <p>Increased provider satisfaction.</p> <p>Increased client satisfaction</p> <p>Increased community capacity</p>
<b>Integration, and coordination</b>	<p>Providing services in the best setting in a timely manner by the appropriate provider.</p> <p>Integration of appropriate technology with care</p>	<p>Developing mechanism for co-ordination of primary community care</p> <p>Coordination of referral services.</p> <p>Linkage to existing and emerging HSS strategies</p> <p>Linkages to NGO programs, other sectors</p> <p>Best practices for interdisciplinary teamwork</p>	<p>DHSS HSS Authorities Providers</p>	<p>Integration and coordination of services</p> <p>Integrated case management.</p> <p>Components of 5 types of care (promotive, preventive, curative, rehabilitative, supportive/palliative) available to clients</p> <p>Technology is</p>

Goals	Objective	Task	Responsibility	Results
				adapted to the community's social, economic and cultural development.
<b>Public Participation</b>	Partnerships in identifying priorities  Seek public input in program planning and setting priorities.	Establish mechanisms to obtain public input e.g. focus groups, committees, and interviews.	DHSS HSS Authorities Providers Public	Public are involved in program planning and setting priorities.
<b>Client-centered</b>	Programs and services tailored to meet the needs of the client  Client choice and participation in plan of care	Determine client needs in a collaborative manner.	DHSS HSS Authorities Providers Public	Increased client satisfaction.  Current and ongoing needs assessments.  Improved continuity of care
<b>Accountability</b>	System runs appropriately, efficiently and economically.	Define baseline indicators  Define expected results  Consumer surveys  Monitoring, evaluation & reporting.	DHSS HSS Authorities Providers Public	Regular monitoring & evaluation.  F/U and actions in relation to monitoring & evaluation.  Core services are provided for as funded.
<b>Overall Quality of Care</b>	Enhanced skill mix of care providers at the primary level  Competency-based education programs  Evidence-based practice  Continuous quality improvement	Health Human Resource Planning  Educational curriculum development and ongoing review in partnership with ECE, Aurora College	DHSS HSS Authorities  DHSS HSS Authorities	Interdisciplinary teams  Comprehensive Health Human Resource Plan  Qualified Workforce  Continuing education plan  Practice/care guidelines

## **Conclusion**

The Government of the Northwest Territories, Department of Health and Social Services, in partnership with the health and social service authorities has responsibility for provision of health and social services to the residents of the NWT. In the enhanced primary community care system, when NWT residents require care, they receive the right services, from the most appropriate provider, in the best setting, at the correct time and in the most efficient and economical manner.

Primary community care is a person's first contact with the health and social services system. During that contact a broad range of services and care can be offered. Bringing together health and social service providers allows for creation of effective multi-disciplinary teams to address client needs holistically, which will enhance continuity as well as quality of care.

# Appendix A

## NWT Health and Social Services Delivery System

1. The Core Services Document 2002 (draft) defines the level of service the public can expect to receive in each community.
2. The Business Core Services document defines the services that H&SS Authorities and their trustees are expected and funded to provide.
3. A Service Delivery Model describes what services will be provided where and who will provide them.

