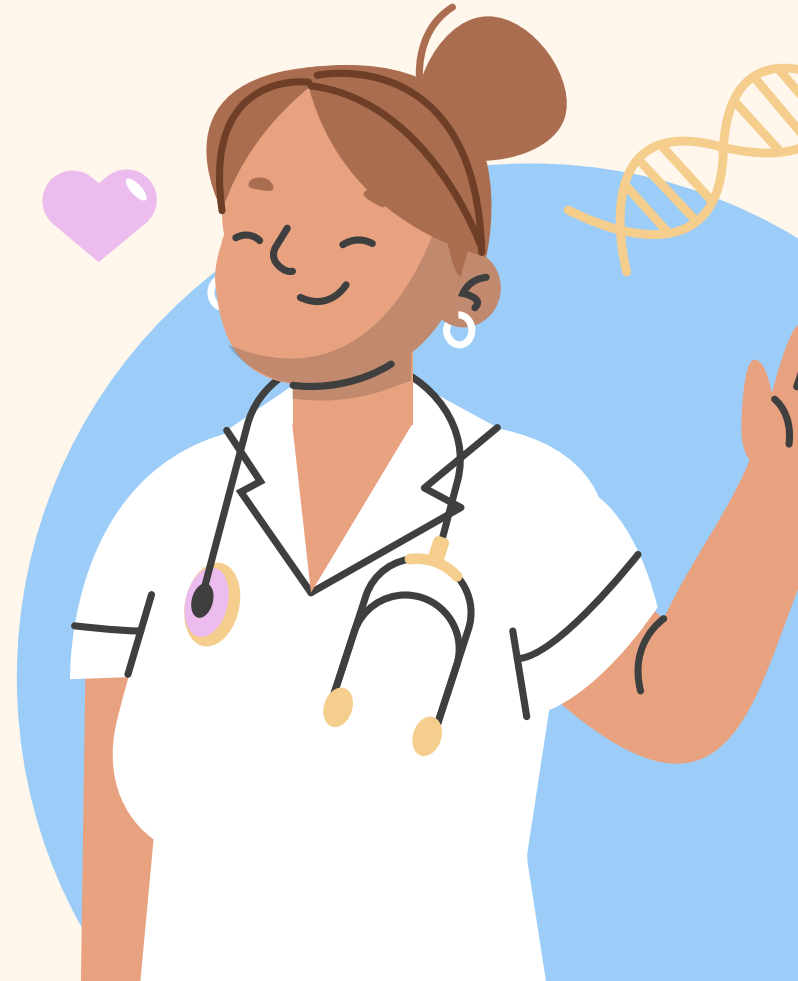


Chronic Conditions and Access to Care

Wenona Alphonse, Jenna Barbondy, Katie
Bennett, Bianca Pena, & Amna Qazi






Land Acknowledgement



TRU SON acknowledges the Tk'emlúps te Secwépemc (Kamloops campus) and the T'exelc (Williams Lake campus) within Secwépemc'ulucw. Where TRU campuses reside on the traditional and unceded unsundered territories of the Secwépemc. TRU also acknowledges the territories of the St'át'imc, Nlaka'pamux, Tsilhqot'in, Nuxalk, and Dakelh Peoples, on whose traditional territories we are privileged to live, work, and play. Through our work we are committed to incorporate Indigenous understandings and actions while supporting decolonization, reconciliation, and Indigenization.



Agenda

- Introduction
- Environmental Scan
- Suggested Solutions
- Priority Solution
- Conclusion





51%

of Canadians 2 years old and old live with a chronic health condition (Montague et al., 2019).



Interior Health Regional Services



14

Community Level 1
Hospitals



2

Community Level 2
Hospitals



4

Service Area (Regional)
Hospitals



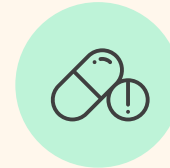
2

Tertiary Referral
Hospitals



10

Primary Health Centres



14

Community Health
Centres

Interior Health Authority Hospitals and Health Centres



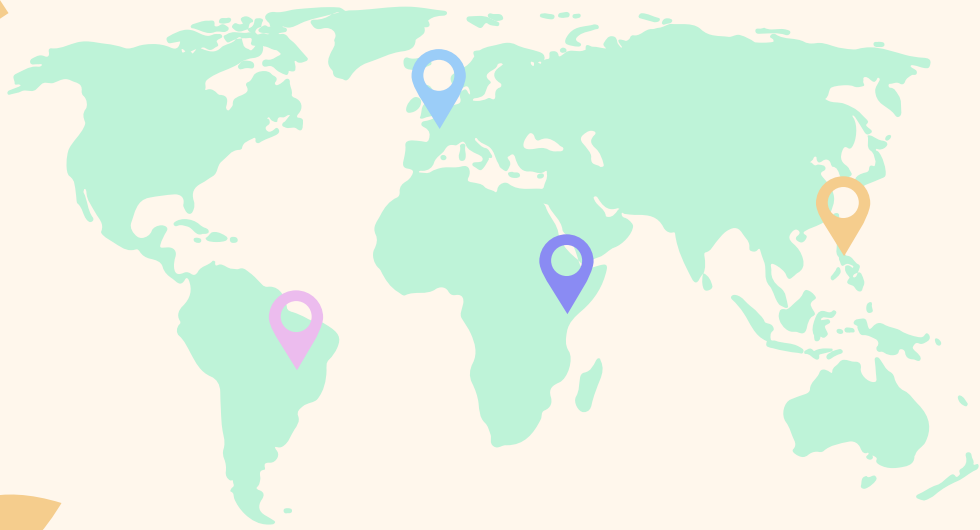
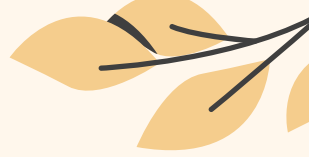
Legend

-  Community Level 1 Hospital (14)
-  Community Level 2 Hospital (2)
-  Service Area (Regional) Hospital (4)
-  Tertiary Referral Hospital (2)
-  Primary Health Centre (10)
-  Community Health Centre (14)

Environmental Scan



Access to Care Across the Globe



France (Millet & Ros, 2023)

- Improve appeal of outpatient care



Brazil (Garnelo et al., 2020)

- Fluvial mobile clinics



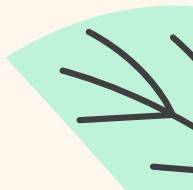
Philippines (Reyes et al., 2023)

- Barangay health centers
- Health policies



Kenya (Bakibinga et al., 2022)

- Affordable health insurance
- More public health facilities



In the Great White North



Ontario (The College of Physicians & Surgeons, 2023)

- Internationally trained providers



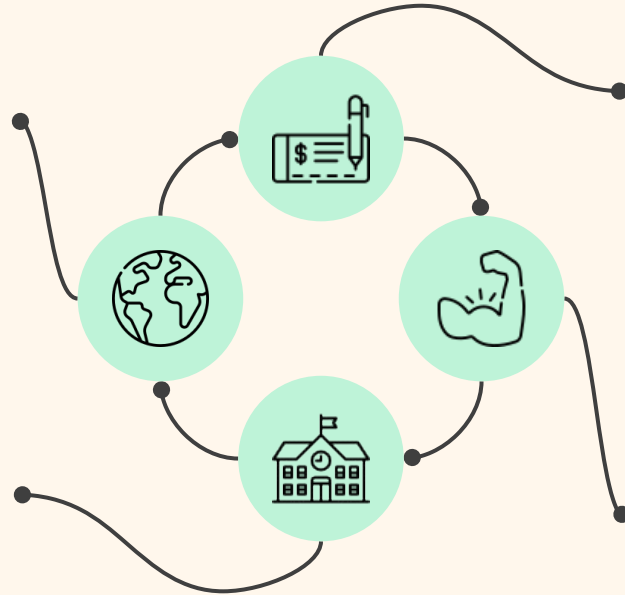
Alberta (Government of Alberta, 2023)

- New nurse practitioner compensation model
- Tele-mental health services

Around Our Province

Internationally trained

(BC Gov, n.d.-e)



Funding for travel & accommodations

(Office of the Premier, 2023;
Rice, 2023)

More seats

(BC Gov, n.d.-e)

Stronger BC

(BC Gov, n.d.-d)

Shortlisted Solutions



Transportation

Staffing

Telehealth



Staffing





Solution #1: **Transportation**

What Is It?



Transportation for clients with chronic illnesses, like diabetes, cancer, cardiovascular and respiratory problems, from rural areas to resources available within and outside their communities.







Description



Why Is Transportation Important?

- Numerous individuals in BC require transportation to hospitals or urban centers for specialized care (BC Gov, 2023-a)
 - Provide timely care
 - Reduce or prevent financial burden, worry, and stress related to transportation
- 

Barriers to Travel:

- Size and landscape of the province (BC Gov, 2023-a; Rice, 2023)
 - Lack of transportation services (BC Gov, 2023-a)
 - Cost
- 

Rationale

- Abundance of individuals in rural communities within the Thompson Cariboo Shuswap (TCS) region
- Allows for timely access to a healthcare provider for advice, diagnostics, and care (BC Gov, 2023-a)
- Increases access to medical services (BC Gov, 2023-a; County Health Rankings, 2023)
- Limited access to health care results in poorer health outcomes (Wilson et al., 2020)

Strengths



**BC Transit/BC
Bus Pass
Program**



HandyDART



Hope Air



**Travel
Assistance
Program (TAP)**

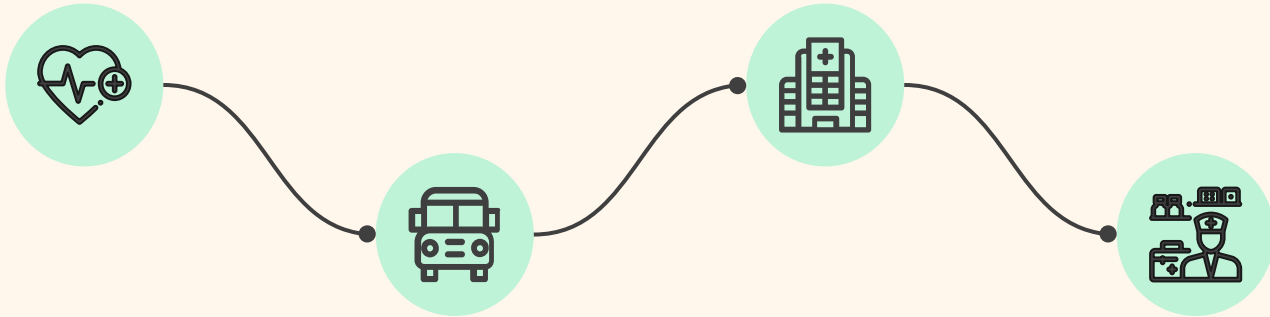


**Health
Connections**



BC Transit/BC Bus Pass Program



- For low-income seniors (BC Gov, n.d.-a)
- For persons with the Persons with Disabilities (PWD) designation (BC Gov, n.d.-a)
- Reduced cost - \$45 annual bus pass





HandyDART



- Transit service
 - For individuals who may need a little more assistance with using transit; ex. those with temporary or permanent disabilities (BCTransit, n.d.-b)
 - Need to register
 - Eligibility is based on need (BCTransit, n.d.-a)
 - Available in Kamloops
 - Available in some rural areas, but not all
- 
- 

Hope Air

- Four Programs: (Hope Air, n.d.-b; Office of the Premier, 2023)
 - Free airline travel (ex. WestJet, Air Canada, smaller aircrafts)
 - Free accommodation
 - Free meal vouchers
 - Free ground transportation
- Free when travelling long-distance for care (Hope Air, n.d.-b)
- Eligibility (Hope Air, n.d.-b):
 - Financial needs
 - Healthcare appointment covered by provincial care plan
 - Application

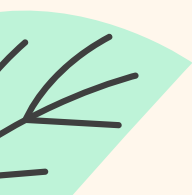
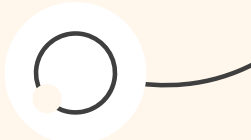
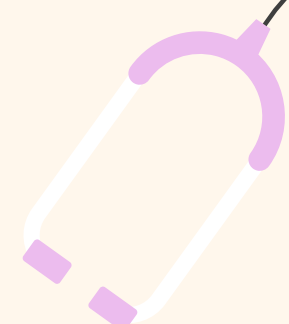
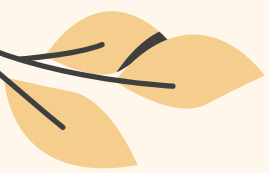


Travel Assistance Program (TAP)

- A partnership between the Ministry of Health and private transportation carriers (BC Gov, n.d.-f)
- Long list of what is and what is not included
- Eligibility requirements (BC Gov, n.d.-f):
 - BC resident
 - Enrolled in the Medical Services Plan (MSP)
 - Referral from a physician or nurse practitioner
 - Must not be covered through private insurances
 - Application required

Health Connections

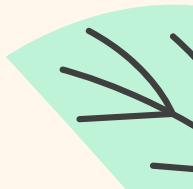
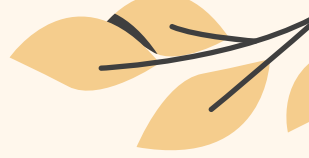
- Subsidized transportation options
- Links small communities with the regional or tertiary hospitals (BC Gov, n.d.-b)
- For “non-emergency, physician-referred medical care outside their home communities” (BC Gov, n.d.-b)
- Available within Interior Health

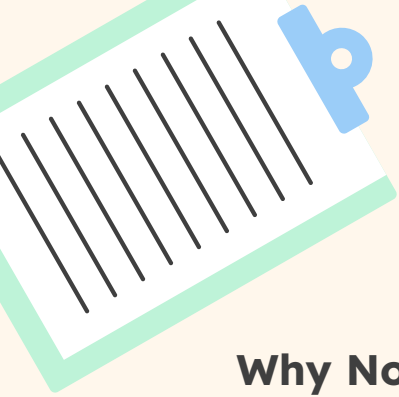


Challenges



- Money/funding
- Staffing
 - Transportation services may need referrals (BC Gov, n.d.-c)
 - Staff to provide care or “receive” clients in need of services
- Individual may not meet the criterion for subsidized transportation services
- Individual’s own capacity
 - Health literacy, navigating available transportation services, filing requests





Priority?

✨ NO! ✨

Why Not?

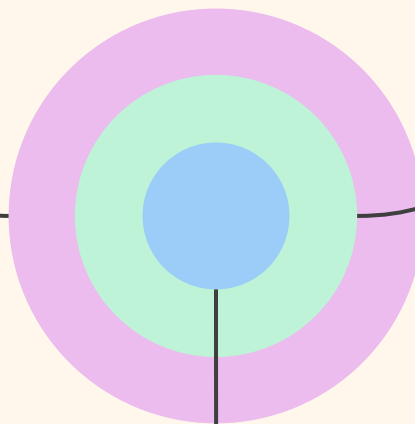
- Need staff to implement services (ex. run busses, receive clients in care facilities, provide education, advocate for client needs, etc.)
- Kamloops has resources to alleviate this issue (ex. city busses, HandyDART, taxis)
- Currently, the resources available are doing a decent job at meeting transportation needs



Solution #2: **Telehealth**

Telemedicine

Virtual or telephone
consults



Telediagnosis

Remote diagnosis
without an exam

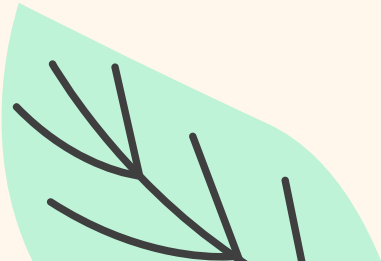

Telemonitoring

Remote health monitoring in
collaboration with providers



Rationale

Although digital access is far from equal across geographic contexts, and rural communities lack a digital infrastructure, this landscape is shifting. Telehealth is also seen to improve medication adherence and access to care amongst individuals living with chronic health conditions (Corbett et al., 2020).



Telehealth Strengths



**Family
Involvement**



Reduces Barriers



**Frequent
Appointments**



**Increased Health
Agency**



**Reduces
apprehension**



**Improves chronic
health outcomes**



Telehealth Challenges



Consistency



Not a replacement



Digital and health literacy



User dependent

Is Telehealth a Priority Solution?

No!

Why Not?

- Highly dependent on the user being engaged (Lan et al., 2022)
- Relies on health literacy (Seaton et al., 2020)
- Can be a barrier to those without access to technology (Lan et al., 2022)
- Risk of telehealth being used as a band aid solution vs an adjunct solution



Solution #3: Staffing



“Nursing shortages lead to errors, higher morbidity, and mortality rates. In hospitals with high patient-to-nurse ratios, nurses experience burnout, dissatisfaction, and the patients experienced higher mortality and failure-to-rescue rates than facilities with lower patient-to-nurse ratios” (Haddad et al., 2023).


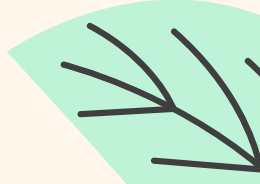
Transformational Staffing Model

(BC Gov, 2023-b)

- 
- Includes LPNs, RPNs and RNs
 - Includes hospital care, community and long term
 - Preceptor pay
 - Retention incentives
 - Career laddering
 - Mental health and hardship supports
- 

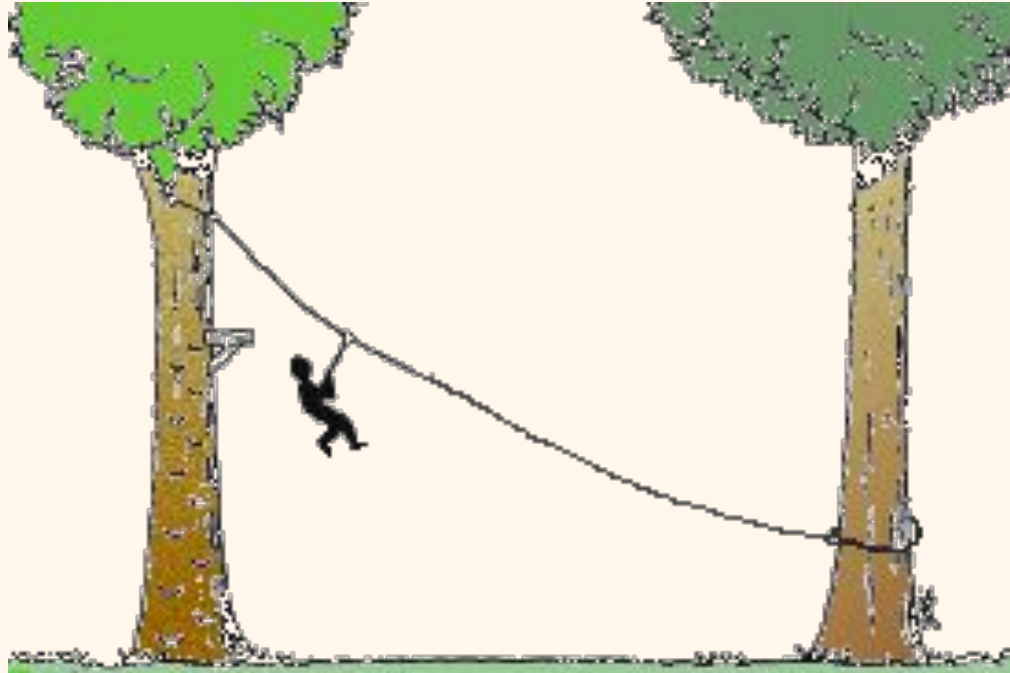
Internationally Educated Nurses

(BC Gov, 2022-a)

- Only one application instead of multiple
 - Bursaries ranging from \$1,500-\$16,000
 - Creating nurse navigator positions
 - Marketing campaign to attract more nurses to BC
- 
- 

Why Is Staffing Our Priority?

Think of staffing like a zipline...



(HaroldboysNS, n.d.)

Key Numbers

62%

Of team based care are
nursing staff
(Montague, T. et. al., 2019)

6 months

Chronic Health conditions
improved symptoms
(Ma, Y., et. al., 2022)

25%

Of patient admits come
from outside of Kamloops
(Interior Health Authority, 2022)





Conclusion

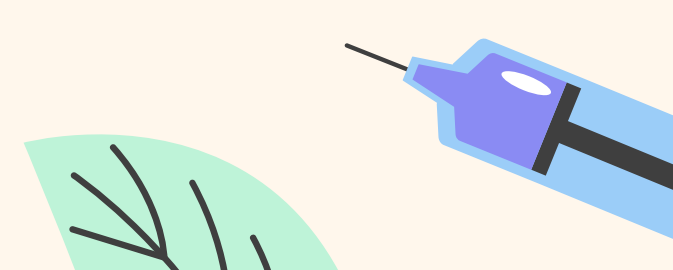
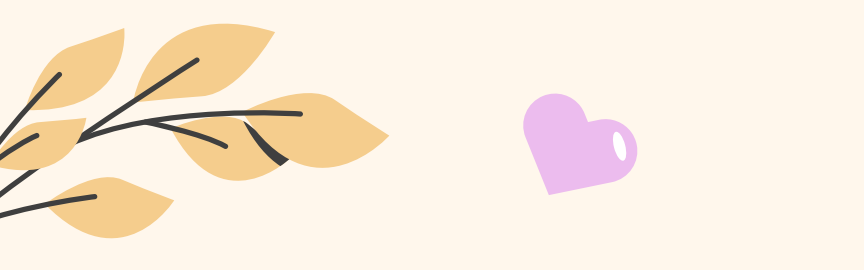


Think global, go local...

Takeaways:

- Populations mostly impacted
- Nursing impacts
- Overall understandings

Narrowing down health impacts and what IH is doing to improve each of our solutions.





Thanks

Do you have any questions?

CREDITS: This presentation template was created by **Slidesgo**, and includes icons by **Flaticon**, and infographics & images by **Freepik**

Please keep this slide for attribution

