



Primary Health Care Transition Fund



Summary of Initiatives



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**Primary Health Care
Transition Fund
Summary of Initiatives • June 2005**



Primary Health Care Transition Fund

The Government of Canada established the \$800-million Primary Health Care Transition Fund (PHCTF) in September 2000, to support the efforts of provinces and territories and other stakeholders to develop and implement transitional primary health care reform initiatives. The Fund was also designed to enable recipients to address overarching primary health care issues that are common nationally or across two or more jurisdictions. In fact, the PHCTF is unique in its ability to support collaborative initiatives undertaken by more than one jurisdiction or stakeholder to provide results beyond what any single recipient could achieve on its own. Please note that funds are no longer available and that no more proposals will be considered.

The PHCTF has five funding envelopes:

- 1 **Provincial–Territorial Envelope** – allocated primarily on a per capita basis to provincial and territorial governments to support their efforts to broaden and accelerate transitional activities that lead to permanent and sustainable primary health care.
- 2 **Multi-Jurisdictional Envelope** – supports collaborative, transitional initiatives undertaken by two or more provinces and territories to improve primary health care in multiple jurisdictions.
- 3 **National Envelope** – supports activities that address barriers to primary health care reform and transitional initiatives that are common nationally.
- 4 **Aboriginal Envelope** – supports transitional initiatives that benefit First Nations, Inuit, and Métis peoples; addresses the unique needs of Aboriginal communities; and improves accessibility of Aboriginal peoples to primary health care, regardless of where they live in Canada.
- 5 **Official Languages Minority Communities Envelope** – supports transitional activities that improve access to primary health care services for French- and English-speaking minority communities across Canada.

The PHCTF is an important federal mechanism for the acceleration of primary health care reform across Canada, and a key federal lever for the renewal of Canada's health care system overall. The objectives of the Fund are consistent with primary health care reform priorities identified in health care agreements by First Ministers in 2000 and 2003, as well as with major national and provincial health studies conducted over recent years. The Fund seeks to:

- Increase the number of primary health care organizations that are accountable to provide a prescribed set of comprehensive services to the populations they serve;
- Increase the emphasis on health promotion, disease and injury prevention, and chronic diseases management;
- Expand 24-hours-a-day, 7-days-a-week access to essential services;
- Establish multi-disciplinary provider teams within these primary health care organizations; and
- Facilitate coordination and integration with health services available elsewhere, such as hospitals.

Changing the health care system is a challenging task that takes time and unwavering effort. The Government of Canada is making substantial investments to ensure that efforts to renew primary health care lead to long-term, sustainable change. Multi-year activities will receive monies under the Fund up to September 30, 2006.

Provincial–Territorial Envelope

The Provincial–Territorial Envelope supports the efforts of provinces and territories to broaden and accelerate transitional primary health care renewal initiatives to lead to sustainable changes in primary health care systems consistent with the objectives of the Primary Health Care Transition Fund.

Federal, provincial, and territorial governments agreed to the common PHCTF objectives in October 2000:

- To increase the proportion of the population that has access to primary health care organizations, which are accountable for the planned provision of a defined set of comprehensive services to a defined population;
- To increase emphasis on health promotion, disease and injury prevention, and chronic disease management;
- To expand 24/7 access to essential services;
- To establish interdisciplinary primary health care teams of providers, so that most appropriate care is provided by the most appropriate provider; and
- To facilitate co-ordination, and integration with other health services, i.e. in institutions and in communities.





Provincial–Territorial Envelope Initiatives

Yukon \$4,537,282

The Yukon Territory's Department of Health and Social Services is taking a two-fold approach to implementing primary health care renewal:

- Increasing emphasis on health promotion, disease and injury prevention, and management of chronic diseases, particularly related to alcohol and drug abuse; and
- Facilitating co-ordination and integration with other health services.

Objective: To ensure the sustainability and affordability of the Yukon Territory's primary health care system.

Activities: The Department is undertaking two strategic initiatives, using a two-fold approach, with each having planning and co-ordination, human resource, and implementation elements.

The first initiative refocusses organizational structures and processes to engage stakeholders, including service providers and non-governmental organizations, in identifying structural, policy, and process barriers and solutions toward greater integration of services and an emphasis on health promotion in the primary health care context. Human resource development activities include increased training on interdisciplinary collaboration, health promotion and prevention of disease and injury, and understanding the needs of clients with substance abuse, mental health and/or fetal alcohol syndrome/effects. Clarification of scopes of practice and service provider roles within a multidisciplinary team environment is also being clarified. Initial implementation activities focus on the augmentation of alcohol and drug related workers and their integration within the primary health care delivery system. Further programmatic implementation activities will emerge through consultation processes with stakeholders.

The second initiative entails the development of technological system supports to enhance primary health care information systems. Enhancements will be supported by: staff training to facilitate effective use of enhanced systems; and, change management activities to facilitate a quick and efficient introduction to and increased uptake of information system changes. The development and introduction of a standard client registration database for primary health care settings will be the foundation for an integrated information system that will be incrementally expanded to include applications for drug management, mental health, alcohol and drug, and public health services.

Expected Results:

- Improved health status of Yukoners;
- Improved relationships among all partners in health care;
- Improved systems and standards for communication and information sharing;
- Clarified roles and responsibilities for service providers; and
- Improved data available on health status to support more effective program planning and management.

Contact

Jan Horton, Policy Analyst
Yukon Health and Social Services (H-1)
Government of Yukon
P.O. Box 2703
Whitehorse, YK Y1A 2C6
Tel: (867) 667-5695
Fax: (867) 667-3096
Email: jan.horton@gov.yk.ca
www.hss.gov.yk.ca/phctf/index.html





Provincial–Territorial Envelope Initiatives

Northwest Territories **\$4,771,470**

Objective: To ensure the sustainability and affordability of the primary health care system in the Northwest Territories.

Activities: The Northwest Territories' Department of Health and Social Services is undertaking eleven primary health care renewal activities that collectively support the transition to a primary health care approach to health and social services.

- Three initiatives provide public and staff education and co-ordination of primary health care reform in the territory;
- Three initiatives serve to develop integrated primary health care teams and services;
- Two initiatives support improved women's reproductive health services; and
- The remaining three initiatives provide training for various health care providers, including nurse practitioners, dental service providers, and community health workers.

Expected Results:

- Improved training opportunities for current health and social services personnel;
- Improved recruitment and retention rates among health and social services personnel;
- Improved access to health and social services to residents of the Northwest Territories;
- Increased emphasis on health promotion, and the prevention of disease and injury; and
- Improved co-ordination among health and social services.

Some initiatives are time-limited and will end at or before the end of the PHCTF. Ongoing initiatives will be sustained by the Department of Health and Social Services or by the appropriate regional health authority.

Contact

Vicki Lafferty
Coordinator
Primary Health Care Transition Fund
GNWT Health and Social Services
P.O. Box 1320 CST-6
Yellowknife, NT X1A 2L9
Tel: (867) 873-7709
Fax: (867) 873-7706
Email: vicki_lafferty@gov.nt.ca
www.hlthss.gov.nt.ca

Provincial–Territorial Envelope Initiatives

Nunavut \$4,508,924

Objective: To ensure the sustainability and affordability of Nunavut's primary health care system.

Activities: Nunavut's Department of Health and Social Services is undertaking a series of staged, transitional initiatives that will result in structural change to the territory's primary health care system.

Two initiatives are essential prerequisites for the evolution of Nunavut's primary health care system to be responsive and to meet the current and future primary health care needs of the people of Nunavut:

- A change management process, focussing on community involvement and provider support, which will lead to integrated, co-ordinated, patient- and community-focussed primary health care; and
- An information management strategy directed at the provision of clear, useful information to support quality primary health care.

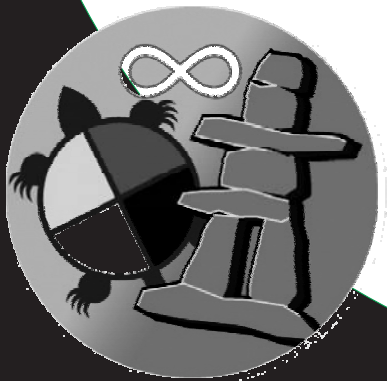
Expected Results: A primary health care system that is sustainable, effective, and accountable, and ensures that Nunavummiut continue to maintain their unique identity in developing the infrastructure, resources, and health care capacity to fulfill the vision of Nunavut's founders.

Initiatives are also expected to:

- Increase community participation in the design and delivery of primary health care services;
- Increase the number of health care providers that are more closely linked with community members and that have a better understanding of Inuit culture;
- Create a team-based approach to primary health care; and
- Standardize the collection and use of health information.

Contact

Gogi Greeley
 A/Primary Health Care Implementation Coordinator
 Nunavut Dept. of Health and Social Services
 Simmuvut Building #1107, 3rd floor
 P.O. Box 1000, Station 1000
 Iqaluit, NT X0A 0H0
 Tel: (867) 975-5763
 Fax: (867) 975-5705
 Email: ggreeley@gov.nu.ca
www.gov.nu.ca/hss.htm



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Provincial–Territorial Envelope Initiatives

British Columbia **\$74,022,488**

Objective: To ensure the sustainability and affordability of British Columbia's primary health care system.

Activities: The primary health care renewal activities undertaken by British Columbia's Ministry of Health Services include:

- Support a range of practice models including networks, shared care, and telecare;
- Develop an electronic medical summary, interdisciplinary practices, and primary health care organizations;
- Improve health outcomes through the use of the electronic medical summary, development and use of a chronic disease patient registry, establishment of clinical practice guidelines for various diseases, and establishment of quality improvement collaboratives; and
- Professional and organizational development, evidence, and evaluation through education of primary health care practitioners, evaluation and research on local primary health care experiences, and reviews of rigorous studies.

These renewal activities will be supported by central governance and information management tools including a consortium of stakeholders, related working groups, and web-based applications related to patient management, training, and evaluation.

Expected Results:

- Strengthened Health Authority leadership in primary health care renewal;
- Enhanced use of effective interdisciplinary primary health care teams;
- Enhanced linkages among primary health care providers, other health professionals, and Health Authorities;
- Measurable positive impact on access to care through primary health care organizations;
- Measurable positive impact on outcomes, particularly for chronic disease; and
- Measurable positive impact on patient and provider satisfaction.

It is also anticipated that Health Authorities will be responsible for the sustainability of ongoing activities once transitional initiatives are completed.

Contact

Valerie Tregillus
Executive Director
Chronic Disease Management and Primary Health Care Renewal
British Columbia Ministry of Health Services
2-1 1515 Blanchard St.
Victoria, BC V8W 3C8
Tel: (250) 952-2961
Fax: (250) 952-3486
Email: valerie.tregillus@gems8.gov.bc.ca
www.healthservices.gov.bc.ca/bchealthcare

Provincial–Territorial Envelope Initiatives

Alberta **\$54,876,073**

Objective: To ensure the sustainability and affordability of Alberta's primary health care system.

Activities: Alberta Health and Wellness is implementing a province-wide health information telephone line to provide symptom-based nurse triage, way finding, health information and advice. They are also building capacity at the provincial and regional health authority level to:

- Better develop and deliver effective primary health care services including innovative health promotion, disease and injury prevention, and chronic disease management;
- Expand and implement use of interdisciplinary teams, integrated care models, and other innovative primary health care delivery models;
- Develop and implement an effective change management strategy;
- Establish and implement education and training strategies to support new models of primary health care collaboration and service delivery; and
- Identify and address physical infrastructure issues in view of primary health care reform.

Expected Results:

- Strengthened health authority leadership in primary health care renewal;
- Enhanced use of interdisciplinary primary health care teams;
- Enhanced linkages among primary health care providers, other health professionals, and health authorities;
- Measurable positive impact on access to care through primary health care organizations or initiatives;
- Measurable positive impact on outcomes, particularly for chronic diseases; and
- Measurable positive impact on patient and provider satisfaction.

Contact

Blair Mackinnon
 Project Coordinator
 Alberta Health and Wellness
 10025 Jasper Avenue, 18th Floor
 P.O. Box 1360, Station Main
 Edmonton, AB T5J 1S6
 Tel: (780) 415-2839
 Fax: (780) 427-2511
 Email: blair.mackinnon@gov.ab.ca
www.primaryhealthcareinitiative.ab.ca/



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Provincial–Territorial Envelope Initiatives

Saskatchewan **\$18,592,405**

Objective: To ensure the sustainability and affordability of Saskatchewan's primary health care system.

Activities: Within the context of the Action Plan for Saskatchewan Health Care, Saskatchewan Health is:

- Building capacity within the Department to define core services, develop and set standards, and establish performance indicators for primary health care services;
- Building capacity of Regional Health Authorities to manage regional implementation and change management;
- Undertaking program development in community development and team training; and
- Establishing a telephone advice line to provide assessment and referral services 24/7.

Expected Results:

- Increased proportion (to 25 per cent) of the population having access to primary health care organizations;
- Established 24/7 access to primary health care services;
- Increased focus on early detection and intervention, chronic disease management, and primary injury and disease prevention;
- Established and implemented access standards for primary health care services;
- Enhanced interdisciplinary team approach to delivery of services; and
- Enhanced co-ordination and integration with other health services.

Saskatchewan's plan for primary health care renewal is based on a 10-year time-line. PHCTF funds are supporting some of the province's transitional activities in the first four years.

Contact

Rick Kilarski
Consultant

Saskatchewan Primary Health Services Branch
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6
Tel: (306) 787-0886
Fax: (306) 787-0890
Email: rkilarski@health.gov.sk.ca
www.health.gov.sk.ca/ps_phs_services_over.html

Provincial–Territorial Envelope Initiatives

Manitoba \$20,844,059

Manitoba Health defines the principles of primary health care as community participation, population health, inter-sectoral or interdisciplinary, accessibility, and appropriateness, continuity of care, efficiency, affordability, and sustainability.

Objective: To ensure the sustainability and affordability of Manitoba's primary health care system.

Activities: Using a phased approach to primary health care renewal initiatives, Manitoba Health is implementing four foundational initiatives in the first phase:

- Expand existing telehealth system;
- Enhance, expand, and integrate primary health care service delivery for emergency medical services;
- Enhance information technology; and
- Establish and integrate collaborative practice training program for primary health care providers.

In the second phase, Manitoba Health is providing support to regional health authorities to implement initiatives, based on the principles of primary health care, which:

- Promote development of primary health care organizations to deliver service to Manitobans;
- Enable primary health care service providers to deliver services in ways that reflect these principles; and
- Improve ability of primary health care organizations to manage this type of service delivery.

Expected Results:

- Established fully-operational, 24/7, province-wide, real-time telehealth service by 2004;
- Established emergency medical services staff trained and operational as integrated members of the multidisciplinary primary health team;
- Enhanced primary health care information management;
- Established collaborative practice clinical training system for advanced practice nursing, family medicine, social work, and pharmacy;
- Increased public and provider support for primary health care renewal;
- Increased primary health care organizations and interdisciplinary collaborations at local and regional levels; and
- Enhanced infrastructure to support primary health care delivery.





Some initiatives are one-time only costs. Ongoing initiatives will be sustained by Manitoba Health or by the appropriate regional health authority.

Contact

Marie O'Neill
Director, Primary Health Care
Manitoba Health
4036-300 Carlton Street
Winnipeg, MB R3B 3M9
Tel: (204) 786-7176
Fax: (204) 779-1044
Email: maoneill@gov.mb.ca
www.gov.mb.ca/health/primaryhealth.html

Provincial–Territorial Envelope Initiatives

Ontario \$213,170,044

Objective: To ensure the sustainability and affordability of Ontario's primary health care system.

Activities: Ontario's Ministry of Health and Long-Term Care has undertaken ten primary health care renewal initiatives:

- Facilitate the enrolment process for physicians participating in Family Health Networks and other primary care models;
- Support projects designed to demonstrate, research, facilitate, and evaluate the integration of inter-disciplinary providers into primary care practices;
- Develop information systems to support efficient and timely payment to physicians in primary care models, contract management, performance measure reporting and decision making;
- Support public and provider communication activities on primary health care renewal;
- Develop a voluntary accreditation program for physicians and other inter-disciplinary providers working in family health networks and other primary care models;
- Develop and deliver a leadership training program for inter-disciplinary primary care providers in primary care models;
- Facilitate linkages with mental health services through encouragement of inter-disciplinary teams and co-ordination with other health services;
- Facilitate linkages with rehabilitation services through encouragement of inter-disciplinary teams and co-ordination with other health services;
- Conduct a chronic disease management workshop; and
- Support Ministry's project management activities as well as some of the activities related to the Ontario Family Health Network, which was the agency responsible for the implementation of Family Health Networks and Family Health Groups in Ontario, two of Ontario's primary health care models.

Expected Results:

- More patients enrolled in primary health care practices;
- Enhanced inter-disciplinary primary health care practices;
- Increased family physician participation in primary health care renewal models;
- Improved reporting and management systems resulting in enhanced data;
- Increased provider and patient understanding and satisfaction with primary health care practices;
- Improved leadership capacity among primary health care providers;
- Enhanced knowledge of chronic disease management; and
- Co-ordinated implementation of primary health care renewal initiatives.



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A number of initiatives are time-limited and will end at or before the end of the PHCTF. Ongoing initiatives will be sustained by Ontario's Ministry of Health and Long-Term Care.

Contact

Susan Sue-Chan
Manager, Primary Health Care Transition Fund Project Unit
Primary Health Care and Physician Policy Branch
Health Services Division
5700 Yonge Street, 3rd Floor
North York, ON M2M 4K5
Tel: (416) 327-7498
Fax: (416) 327-9427
Email: susan.suechan@moh.gov.on.ca
www.health.gov.on.ca/english/providers/project/phctf/phctf_mn.html

Provincial–Territorial Envelope Initiatives

Quebec **\$133,681,686**

Quebec is organizing Family Medicine Groups (FMG). As of 1 April 2004, 76 FMGs had been accredited. An evaluation process is currently underway. The province announced its intention to register 75% of the populace on FMG lists over the coming years. It expects to establish a total of about 300 FMGs in Quebec.

FMGs are composed of family physicians working as a group in close collaboration with nurses. These groups provide essential medical care to their registered clientele. Each FMG is required to sign an agreement with a local community service centre (CLSC) to have the CLSC deliver psychosocial services in particular to the FMG clientele. The groups belong to a more extensive network comprising other FMGs, hospitals and other services. The array of services offered by the FMGs include the provision of care suited to the health status of registered patients; disease prevention and health promotion; medical assessments, diagnosis and treatment of acute and chronic conditions.

Through the networks, the FMGs provide access to some services 24 hours a day, seven days a week. A complementary approach promoting accessibility and management is currently being prepared for the Montréal region in particular.

The goal of the FMGs is to ensure that Quebec's primary health care system remains viable and accessible. Their objectives are to improve the quality of front line care, management, monitoring and continuity of services for the public. They are consistent with the objectives set at the Conference of Federal/Provincial/Territorial Premiers in 2000, on primary health care renewal, as well as with the shared objectives of the PHCTF.

Contact

Ministère de la Santé et des Services sociaux du Québec
www.formulaire.gouv.qc.ca/cgi/affiche_doc.cgi?dossier=7402&table=0





Provincial–Territorial Envelope Initiatives

New Brunswick **\$13,689,805**

Objective: To improve access to primary health care, within a system that will deliver the right health care services, in the right way, at the right time, by the right provider, at a cost which taxpayers can afford.

Activities: The two main primary health care renewal initiatives to be undertaken by New Brunswick's Department of Health and Wellness are: the establishment of community health centres; and the enhancement of ambulance services, including advanced life support training for personnel and upgrading the information system.

New Brunswick will use the remainder of its PHCTF funds to:

- Develop and implement a primary health care change management strategy;
- Conduct a preliminary analysis of the management information system for public and mental health services sector;
- Assist in the start up of various telehealth initiatives to enhance access to primary health care; and
- Evaluation and reporting.

Expected Results:

- Implementation of at least five community health centres;
- Enhanced capacity of ambulance services;
- Development of various telehealth initiatives to enhance access to primary health care; and
- Evaluation of activities.

Contact

Lise Girard
Advisor

Health Care Renewal, Health & Wellness
Government of New Brunswick
Carleton Place
P.O. Box 5100
Fredericton, NB E3B 5G8
Tel: (506) 453-3888
Fax: (506) 453-5243
Email: lise.girard@gnb.ca
www.gnb.ca/0051/0601/index-e.asp

Provincial–Territorial Envelope Initiatives

Nova Scotia **\$17,073,265**

Objective: To increase the proportion of Nova Scotians who have access to primary health care organizations/networks which provide a defined set of comprehensive services using a population health approach with increased emphasis on health promotion.

Activities: There are four main primary health care activities being undertaken by Nova Scotia's Department of Health:

- Shifting the focus of primary health care from family physicians in solo or group practice to collaborative primary health care teams that involve many different primary health care providers that offer a defined range of comprehensive services to a defined population;
- Developing a cultural shift among primary health care providers that supports a population health approach, collaboration and an enhanced role for health promotion;
- Changing the primary health care funding system so that primary health care professionals are remunerated by means that are not volume-driven; and
- Preparing the primary health care system for the future implementation of an electronic health record that easily facilitates sharing of information among primary care providers, and between the primary, secondary and tertiary health care systems.

Nova Scotia's Department of Health is also enhancing its primary health care evaluation capacity and conducting provincial and regional workshops to raise awareness to effectively address the primary health care needs of culturally diverse populations.

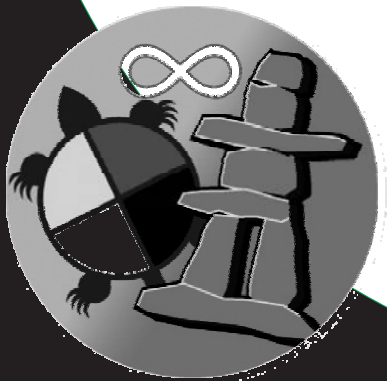
Expected Results:

- Established and strengthened primary health care networks/organizations;
- Enhanced 24/7 access to essential primary health care services;
- Increased interdisciplinary collaboration among primary health care providers;
- Enhancement of information systems within primary health care models in preparation for electronic health records; and
- Evaluation of PHCTF funded initiatives.

Nova Scotia's primary health care renewal initiatives are transitional in nature and will not require sustained funding. Ongoing costs related to the operation of primary health care networks and organizations will be the responsibility of district health authorities in the province.

Contact

Paula M. English
 Manager, Primary Health Care
 Nova Scotia Department of Health
 P.O. Box 488
 Halifax, NS B3J 2R8
 Tel: (902) 424-8881
 Fax: (902) 424-3243
 E-mail: englispm@gov.ns.ca
www.gov.ns.ca/primaryhealthcare/



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Provincial–Territorial Envelope Initiatives

Prince Edward Island **\$6,526,879**

Objective: To ensure the sustainability and affordability of Prince Edward Island's primary health care system.

Activities: Prince Edward Island's Department of Health and Social Services is undertaking two main primary health care redesign initiatives, including promoting and evaluating each initiative.

The most significant initiative entails the establishment of family health centres, which include a collaborative practice of interdisciplinary teams of physicians, nurses, and other health care professionals, care management protocols, alternative payment plans, extended hours, patient registration, and enhanced information technology.

The other significant initiative involves the development and implementation of a strategy for healthy living using a population health approach to address the three main risk factors for chronic disease (smoking, poor eating habits and physical inactivity) for the promotion of wellness and chronic disease prevention and management.

Expected Results:

- Six family health centres established within four years, involving at least 24 physicians on salary, 12 registered nurses, part-time mental health workers and dieticians;
- Increased interdisciplinary collaboration among primary health care workers;
- Enhanced emphasis on health promotion and chronic disease prevention and management;
- Improved drug utilization; and
- Improved patient access to primary health care services.

Contact

Donna MacAusland
Coordinator, Primary Health Care Redesign
P.E.I. Department of Health and Social Services
16 Garfield Street
P.O. Box 2000
Charlottetown, PE C1A 7N8
Tel: (902) 368-6508
Fax: (902) 368-6136
Email: ddmacausland@ihis.org

Provincial–Territorial Envelope Initiatives

Newfoundland and Labrador **\$9,705,620**

Objective: To ensure the quality and sustainability of Newfoundland and Labrador's primary health care system.

Activities: Newfoundland and Labrador's Department of Health and Community Services are formalizing interdisciplinary primary health care teams in all regions across the province. The teams, based on the needs of the population served, could include family physicians, nurses, nurse practitioners, occupational therapists, physiotherapists, and others working together to provide comprehensive primary health care, and are intended to be part of a wider network of health care professionals including community pharmacists, dieticians, and psychologists.

To facilitate the implementation of teams and networks, the Department is developing support elements such as: template agreements, alternative funding models, governance/management structures, scope of practice process/tools, public education campaigns, and information technology (including enhanced clinical video-conferencing, electronic health record development and selfcare/telecare). To facilitate transition, these teams will be supported through change management strategies. Furthermore, the impact of these changes is being monitored and evaluated.

Expected Results:

- Primary health care teams and networks established in all regions of the province;
- Development of alternative funding models for physicians;
- Increased interdisciplinary collaboration and enhanced scope of practice among primary health care workers;
- Enhanced utilization of information technology, with completion of pilot testing of electronic health record;
- Improved client/patient access to the right health service, by the right provider, at the right time;
- Enhanced understanding by health care providers and consumers regarding the benefits of primary health care renewal;
- Enhanced prevention/promotion and community capacity activities in the regions;
- Enhanced satisfaction of public and providers; and
- Formalized evaluation of what worked well and what should be done differently.

Contact

Juanita Barrett
Team Leader
Office of Primary Health Care
Department of Health and Community Services
P.O. Box 8700
St. John's, NL A1B 4J6
Tel: (709) 758-1548
Fax: (709) 729-2159
Email: juanitabarrett@gov.nl.ca





Multi-Jurisdictional Envelope

The Multi-Jurisdictional Envelope supports collaborative initiatives between two or more provincial/ territorial governments, providing a unique opportunity for governments to work together on primary health care renewal to:

- Realize economies of scale;
- Encourage the sharing of strengths and experience across jurisdictions;
- Increase efficiency by avoiding duplication of effort; and
- Overcome common barriers to primary health care renewal.

Initiatives funded under the Multi-Jurisdictional Envelope are intended to support and complement the primary health care renewal activities each province and territory is conducting for funding under the larger PHCTF Provincial–Territorial Envelope.

Multi-Jurisdictional Envelope Initiatives

Building a Better Tomorrow: Engaging Current Providers in a Renewed Primary Health Care System for Atlantic Canada

\$7,011,126

Led by the Nova Scotia Department of Health, Building a Better Tomorrow is intended to facilitate change in Atlantic Canada by engaging current providers in a renewed primary health care system.

Partners: New Brunswick Department of Health and Wellness, Newfoundland and Labrador Department of Health and Community Services, and Prince Edward Island Department of Health and Social Services.

Activities: Design and deliver a variety of training modules to a critical number of existing key health care providers in the Atlantic region, which are focussed on educational and orientation content to support and sustain change. While content and delivery will be tailored to fit the unique circumstances and primary health care reform plans of each province, there will be a number of opportunities to lever the jurisdictional collective effort of these four partners.

Expected Results:

- Development and delivery of a number of training and orientation modules, both face-to-face and technology-based distance learning, to support primary health care reform by key health care providers;
- Creation of a 'train-the-trainer' program to sustain changes achieved through the initiative; and
- Evaluation of the Building a Better Tomorrow activities and outcomes.

Contact

Sharon Samland
Project Manager
Nova Scotia Department of Health
10th Floor, 1690 Hollis Street
P.O. Box 488
Halifax, NS B3J 2R8
Tel: (902) 424-2496
Fax: (902) 424-6690
Email: samlansh@gov.ns.ca



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Multi-Jurisdictional Envelope Initiatives

Health Lines **\$6,813,600**

Led by Alberta Health and Wellness, the *Health Lines* initiative addresses the common elements needed to support the successful implementation of health line services within the respective jurisdictions.

Partners: Governments of British Columbia, Saskatchewan, Manitoba, Nunavut, Northwest Territories, and Yukon Territory.

Activities:

- Develop a common evaluation framework, including common data elements and definitions for ongoing monitoring;
- Identify and develop effective marketing strategies and messages;
- Establish minimum staff training standards for nurses, trainers, and other health lines; and
- Conduct feasibility study on the application of health line technology for supporting chronic disease management.

Expected Results:

- Common evaluation framework;
- Common education package for frontline nurses, other health line personnel, and trainers, including delivery of 'train-the-trainer' program;
- Marketing strategy and common messages, including common health line image;
- Toolbox of product and presentation templates; and
- Feasibility report for chronic disease management.

Contact

Darlene Kreutzer
Project Coordinator, Health Innovation Fund
Primary Care Unit, Health Workforce Division
Alberta Health and Wellness
11th floor Telus Plaza North Tower
10025 Jasper Avenue
Edmonton, AB T5J 1S6
Tel: (780) 415-1376
Fax: (780) 422-5208
Email: darlene.kreutzer@gov.ab.ca

Multi-Jurisdictional Envelope Initiatives

Integrating Primary Care with the Multi-Disciplinary Team: Collaborative Care for Substance Use and Concurrent Disorders

\$1,500,000

Led by the University of British Columbia's Mental Health Evaluation and Community Consultation Unit (Mheccu), one of the fundamental goals of this initiative is to increase access to essential mental health and substance abuse services by integrating primary care providers with other relevant practitioners, structures and supports.

Partners: Governments of Yukon Territory and British Columbia.

Activities: In collaboration with the appropriate health authorities/territorial administrators, this initiative will stimulate the development of policies and referral practices designed to streamline interactions between resources that serve a common region and a common set of health problems. In turn, these policies and guidelines will facilitate access to appropriate services by primary care providers and will serve to coordinate care between multi-disciplinary practitioners.

Expected Results:

- Increased proportion of population gaining access to appropriate primary care for substance use and concurrent difficulties;
- Improved range of service types provided within discrete practices;
- Increased number and type of care options available to patients;
- Improved availability of complementary services in rural and remote settings;
- Increased access provided through primary care providers;
- Improved timeliness of appropriate or necessary services; and
- Increased range of disciplines represented in care of substance use and concurrent problems.

Contact

Julian Somers
Director
Centre for Telehealth
Mental Health Evaluation and Community Consultation Unit
University of British Columbia
2250 Wesbrook Mall
Vancouver, BC V6T 1W6
Tel: (604) 822-0427
Email: julian.somers@ubc.ca

<http://www.mheccu.ubc.ca/community/multijurisdictional/CollaborativeCare.cfm>



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Multi-Jurisdictional Envelope Initiatives

Selfcare/Telecare for Atlantic Canada **\$6,940,266**

Led by New Brunswick Health and Wellness, the Selfcare/Telecare initiative is investigating the provision of toll-free, 24/7 access to tele-triage and health information across Atlantic Canada, in both official languages. The initiative will proceed in two phases, with phase-one exploring options and cost implications, before the provinces decide to proceed with phase-two implementation.

Partners: Nova Scotia Department of Health, Newfoundland and Labrador Department of Health and Community Services, and Prince Edward Island Department of Health and Social Services.

Activities: Develop Atlantic Canada telehealth service by potentially expanding the type of telecare service presently operating in New Brunswick; and potential telecare services, which could also include access to an audio tape library, web-based information, and e-mail request service.

Expected Results: Potential development of a toll-free, 24/7 access to tele-triage and health information across Atlantic Canada, in both official languages.

Contact

Lise Girard
Senior Management Advisor
New Brunswick Health and Wellness
Carleton Place
P.O. Box 5100
Fredericton, NB 3EB 5G8
Tel: (506) 453-2321
Fax: (506) 453-5243
Email: lise.girard@gnb.ca

Multi-Jurisdictional Envelope Initiatives

Western Canada Chronic Disease Management Infostructure

\$8,000,000

The Western Health Information Collaborative (WHIC) is developing and implementing a chronic disease management infostructure solution across four western Canada provinces through the sharing of expertise, knowledge, and both capital and human resources.

Partners: Governments of British Columbia, Alberta (lead), Saskatchewan, and Manitoba.

Objectives:

- To reduce duplication in cost and effort;
- To develop portable and viable chronic disease management infostructure that can be leveraged for implementation across Canada; and
- To integrate current and emerging health care practices and services with key regional, provincial/territorial, and national primary health care and chronic disease management initiatives.

Activities:

- Create standards for chronic disease data including minimum data sets;
- Develop information interchange messages and related data definitions and capacity to share data in support of clinical decision-making for primary health care teams;
- Implement system solutions that integrate data with existing clinical decisions support tools and within existing care delivery models; and
- Develop process necessary to implement system and ensure ongoing use within primary health care teams.

Expected Results:

- A clinical information system in at least one implementation site per province that supports primary and longitudinal-based care;
- Data standards defined and implemented for the selected chronic conditions;
- Standards based messaging (HL7) implemented for exchange of data for selected chronic conditions;
- Interdisciplinary primary health care teams; and
- Care co-ordination and information integration.

Contact

Michael Hurka
Project Director
Chronic Disease Management Initiative
Western Health Information Collaborative
21st Floor, 10025 Jasper Avenue
Telus Plaza, North Tower
Edmonton, AB T5J 2N3
Tel: (780) 415-1412
Fax: (780) 427-2411
Email: michael.hurka@gov.ab.ca
www.whic.org/public/profiles/cdm.html



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National Envelope

The National Envelope addresses common barriers or gaps to primary health care renewal and creates necessary conditions on a national level to advance primary health care renewal beyond what any single jurisdiction could achieve on its own. National Envelope initiatives also complement activities funded through the Provincial–Territorial Envelope.

The objectives of the National Envelope are to:

- Enhance sustainability of the primary health care system by engaging stakeholders and the public in dialogue on primary health care renewal;
- Educate the public on primary health care renewal;
- Maximize synergies and the use of collaborative approaches to renewal by providing fora for information sharing;
- Improve availability and quality of information on primary health care nationally;
- Create common practical tools to address challenges that arise during the renewal process;
- Facilitate collaboration among primary health care professions; and
- Facilitate changes to practice patterns for primary health care providers.

The National Envelope supports initiatives through three funding streams:

- **National Strategies** for initiatives conducted at the national level, which maximize synergies and cost-effectiveness by developing common or collaborative approaches to key areas of primary health care renewal. There are three national strategies under the PHCTF: the National Strategy on Collaborative Care, the National Primary Health Care Awareness Strategy, and the National Evaluation Strategy.
- **Tools for Transition** to offer providers, planners, and administrators venues to share information and experiences on change management as renewal efforts are implemented. Tools for Transition is composed of a Federal/Provincial/Territorial component and a Responsive component.
- **National Initiatives** for primary health care renewal activities that are national in scope or relevance, but that largely occur in local or regional settings.

National Envelope – National Strategies

National Strategy on Collaborative Care

Collaborative care ensures coordination and continuity of care across clinicians and settings to meet the needs of the patient, usually through a team approach. Its purpose is to bring a broader scope of expertise together to improve the outcomes of care for interrelated patient health problems.¹

One of the central features of primary health care renewal and consequently the Primary Health Care Transition Fund is the implementation of collaborative approaches to care through multidisciplinary organizations/teams of providers that provide primary health care services to a defined population. The direction was initially proposed by First Ministers in the 2000 Health Accord. Romanow (2002), also identified the need for multi professional/interdisciplinary education:

“current initiatives in primary health care highlight the need for providers to work together in integrated teams and networks focussed on meeting patients’ needs. In view of these changing trends, corresponding changes must be made in the way health providers are educated and trained.”²

The PHCTF is already playing a significant role in supporting the provinces and territories to implement the shift to multidisciplinary organizations/teams and collaborative practice through the Provincial/Territorial Envelope and through the Multi-jurisdictional Envelope. Health Canada developed the National Strategy on Collaborative Care to reinforce this direction by funding national initiatives that are developing models, frameworks, systems and undertaking related activities to facilitate collaboration among primary health care professionals.

The goals of the National Strategy on Collaborative Care are to support the implementation of a collaborative care approach within the primary health care sector and create frameworks and resources of national applicability to support such implementation, that are consistent with the primary health care renewal approaches of the provinces and territories.

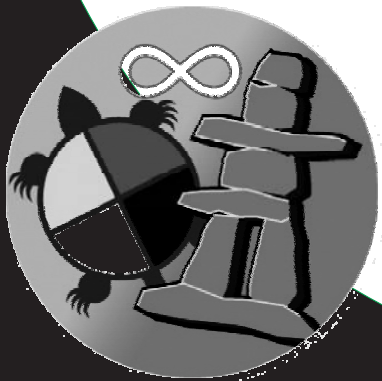
Health Canada facilitates information sharing and coordination among the Collaborative Care Strategy initiatives in order to maximize outcomes.

Expected output/outcomes for these initiatives include:

- Culmination of evaluation outcomes to provide evidence of what works and what does not in relation to the implementation of collaborative, multidisciplinary primary health care;
- Development of frameworks, principles and/or guidelines for collaboration;
- Creation of resources and tools to assist various health care professionals to work in a more collaborative environment;
- Agreement among the various health care professions on their roles and responsibilities in collaborative settings.

¹ Schmitt, M.H. (2001). “Collaboration improves the quality of care”, *Journal of Interprofessional Care*, 15, 47–66.

² Commission on the Future of Health Care, *Building on Values: The Future of Health Care in Canada — Final Report*, (2002), Roy Romanow QC, Commissioner.





**National Envelope – National Strategies –
National Strategy on Collaborative Care Initiatives**

Canadian Collaborative Mental Health Initiative

\$3,845,000

The College of Family Physicians of Canada is a national organization that strives to improve the health of Canadians by promoting high standards of medical education and care in family practice, by contributing to public understanding of healthful living, by supporting ready access to family physician services, and by encouraging research and disseminating knowledge about family medicine.

Partners: The Canadian Alliance on Mental Illness and Health, Canadian Association of Occupational Therapists, Canadian Association of Social Workers, Canadian Federation of Mental Health Nurses, Canadian Mental Health Association, Canadian Nurses Association, Canadian Pharmacists Association, Canadian Psychiatric Association, Canadian Psychological Association, the College of Family Physicians of Canada, Dietitians of Canada, and Registered Psychiatric Nurses of Canada.

Objectives:

- To compile information on, and conduct an analysis of, the current state of collaborative mental health care;
- To develop a shared vision (Charter) of collaborative mental health care acceptable to all project partners;
- To develop specific strategies for removing barriers to implementing collaborative mental health care approaches to meet the needs of Canadians; and
- To disseminate these findings to providers, planners, funders and users of services.

Activities:

- Conduct surveys, key stakeholder focus groups, on-site visits to programs using collaborative care approaches and literature reviews for purpose of information sharing and analysis;
- Undertake process of self-examination, information-sharing, and discussion among partnering organizations to develop shared vision, and develop/execute plan for Charter implementation;
- Establish working partnerships with federal, provincial, territorial governments, regional health authorities and other national organizations;
- Establish groups of experts; create strategies, materials, and tools to address barriers; and establish networks with partners to obtain feedback regarding materials developed; and
- Disseminate these findings.

Expected Results: Improved mental health and well-being of Canadians through strengthened relationships and improved collaboration among primary and mental health care providers, consumers, families and communities.

Contact

Scott Dudgeon
Executive Director, Canadian Collaborative Mental Health Initiative
College of Family Physicians of Canada
2630 Skymark Avenue
Mississauga, ON L4W 5A4
Tel: (905) 629-0900 ext. 461
Fax: (905) 629-0893
Email: sda@cfpc.ca
www.ccmhi.ca

**National Envelope – National Strategies –
National Strategy on Collaborative Care Initiatives**

**Enhancing Interdisciplinary Collaboration in Primary Health
Care: A Change Process to Support Collaborative Practice**

\$6,551,700

The Canadian Psychological Association is a voluntary organization that represents the interests of all aspects of psychology in Canada.

Partners: Canadian Association of Occupational Therapists, Canadian Association of Social Workers, Canadian Association of Speech-Language Pathologists and Audiologists, Canadian Coalition on Enhancing Preventative Practices of Health Professionals, Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacists Association, Canadian Physiotherapy Association, College of Family Practice Association, and Dietitians of Canada.

Objective: To encourage health professionals to work together in the most effective and efficient way to produce the best health outcomes for patients and providers through the development of *Principles and a Framework* to advance interdisciplinary collaborative care in primary health care settings. *Principles and a Framework* will be relevant to various practice settings across Canada. It will provide options to various stakeholders, including primary health care practitioners, governments, regulators, health planners, the public, and others regarding the elements needed to support this transition.

Activities:

- Primary research and literature reviews on models for interdisciplinary collaboration, policy context, quality of care issues, effectiveness and cost-effectiveness, and practice/operational issues for primary health care practitioners and managers;
- Regional consultations and workshops with primary health care stakeholders to identify barriers and solutions;
- Develop, validate, test, and finalize Principles and a Framework among professions; and
- Implement ratification process and formal adoption of Principles and a Framework among professions.

Expected Results: Enhanced quality, effectiveness, and delivery of primary health care through a comprehensive change process advancing interdisciplinary collaborative care. The change process will be supported by the development of a set of principles and a framework to better define the relationship between client/patient and various practitioners, as well as how primary health care integrates with other elements of the health system.

Contact

John Service
Executive Director
The Canadian Psychological Association
151 Slater Street, Suite 205
Ottawa, ON K1P 5H3
Tel: (613) 237-2144
Fax: (613) 237-1674
Email: jservice@cpa.ca
www.eicp-acis.ca





**National Envelope – National Strategies –
National Strategy on Collaborative Care Initiatives**

**e-Therapeutics Drug Therapy Management: Tools and
Technology to Enhance Collaboration and Communication
to Improve Safety and Outcomes from Drug Therapy**

\$8,840,300

The Canadian Pharmacists Association is the national organization of pharmacists, committed to providing leadership for the profession and improving health for Canadians.

Partners: Alberta Health and Wellness, Best Medicines Coalition, Canada Health Infoway, Canadian Association of Chain Drug Stores, Canadian Coordinating Office for Health Technology Assessment, Canadian Institute for Health Information, Canadian Nurses Association, College of Family Physicians of Canada, Health Charities Council of Canada, IBM Canada, National Association of Pharmacy Regulatory Authorities, National Specialty Societies of Canada, Nova Scotia Department of Health, Quebec's MOXXI Project, and the Royal College of Physicians and Surgeons of Canada.

Objectives:

- Improve the availability and quality of drug and therapeutic information at a national level that meets the needs of end users.
- Support best practices in medication management to improve the quality and safety of prescribing and drug use in primary health care.
- Improve reporting of drug safety and adverse drug reaction information.
- Enhance collaborative care between primary health care practitioners by improving communication, integrating services and streamlining access to evidence-based therapeutic information in support of improved decision making.
- Increase the role of the patient and pharmacist in treatment, health care and health promotion, and on interdisciplinary teams.

Activities: Build electronic decision-support tools, available through a web portal with handheld applications, which provide point-of-care access to current, evidence-based, Canadian drug and therapeutic information.

e-Therapeutics will be built to support interoperability and integration with other electronic health applications used in primary care practices. Activities will be under the following work streams:

- Governance and project management, including consultation with stakeholders
- Content development and maintenance
- Technical development
- Change management
- Evaluation

Expected Results: Sustainable and practical electronic decision-support tools to address the challenge of providing optimal drug therapy to Canadians.

Contact

Janet Cooper
Senior Director, Professional Affairs
Canadian Pharmacists Association
1785 Alta Vista Drive
Ottawa, ON K1G 3Y6
Tel: (613) 523-7877 ext. 255
Fax: (613) 523-0445
Email: jcooper@pharmacists.ca

www.pharmacists.ca/content/about_cpha/whats_happening/cpha_in_action/etherapeutics.cfm



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**National Envelope – National Strategies –
National Strategy on Collaborative Care Initiatives**

**Helping To Sustain Canada's Health System:
Nurse Practitioners in Primary Health Care \$8,914,526**

The Canadian Nurses Association (CNA) is a federation of 11 provincial and territorial nursing associations, representing more than 120,000 registered nurses and nurse practitioners. CNA's mission is to advance the quality of nursing in the interest of the public.

Partners: Governments, nursing regulatory bodies, other nursing organizations.

Objectives:

- Develop recommendations about educational preparation for nurse practitioners in primary health care settings;
- Develop a framework to support full and effective integration of nurse practitioners into primary health care settings;
- Develop recommendations related to legislative framework for nurse practitioners, including a common definition of the role;
- Develop recommendations related to the regulation of nurse practitioners;
- Foster collaborative environments in which governments, health professionals, employers, and academics work together to integrate the role of nurse practitioners in Canada's primary health care system;
- Build public acceptance of a new primary health care model that includes nurse practitioners;
- Motivate nurses and students to become nurse practitioners;
- Develop models that provinces and territories can use to determine current and future requirements for nurse practitioners; and
- Develop recommendations to increase the supply of nurse practitioners as a national resource.

Activities:

- National analysis of existing competencies for nurse practitioners, curricula, program delivery, employer experience, educational mechanisms and components;
- Comprehensive consultation about, and analysis of, the role of nurse practitioners across Canada;
- Identification and analysis of core legislation and professional regulatory mechanisms essential to mobility and development of a national examination for nurse practitioners in primary health care settings;
- Development of communications framework and implementation of change management strategies; and
- Development of health human resources planning mechanisms and linkages.

Expected Results: Recommended mechanisms and processes to support the implementation of the role of the nurse practitioner in primary health care across Canada.

Contact

Marian Knock
Executive Director, Primary Health Care / Nurse Practitioner
50 Driveway
Ottawa, ON K2P 1E2
Tel: 613-237-2159 ext. 241
Fax: 613-237-3529

Email: mknock@cna-aicc.ca (Ottawa) or marian.knock@shaw.ca (B.C.)
www.cnpi.ca

**National Envelope – National Strategies –
National Strategy on Collaborative Care Initiatives**

Multidisciplinary Collaborative Primary Maternity Care

\$2,000,000

The Society of Obstetricians and Gynaecologists of Canada is one of North America's oldest organizations devoted to the specialty of obstetrics and gynaecology.

Partners: College of Family Physicians of Canada; Society of Rural Physicians of Canada; Association of Women's Health, Obstetric and Neonatal Nurses; Canadian Nurses Association and Canadian Association of Midwives.

Objectives:

- To develop guidelines to facilitate the establishment and implementation of multidisciplinary and collaborative models of primary maternity care teams for various health care settings that are patient centred;
- To facilitate collaboration among professionals involved in primary maternity care;
- To facilitate change to practice patterns for primary maternity care providers;
- To develop national standards regarding terminology and scope of practice for all maternity care providers, including nurses, midwives, family practitioner and obstetricians;
- To facilitate the harmonization of legislation and policies of government, professional colleges, professional associations, funding agencies, insurers and educational institutions throughout Canada as it relates to the provision of primary maternity care; and
- To promote with the public and maternity care providers the need and benefits of collaborative maternity care.

Activities:

- Development and implementation of a government relations strategy;
- Completion of an inventory of legislation, policies and scopes of practice that impact on maternity care providers;
- Completion of an environmental scan to identify and review multi-disciplinary collaborative maternity care models;
- Preparation of cost analysis of hypothetical and successful models of collaborative maternity care involving various mixes of maternity care providers and the development of a report cataloguing the information outlined;
- Implementation of a public awareness campaign; and
- Creation of an expert committee and an inventory of collaborative care facilitators.



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Expected Results:

- To have access to a catalogue of collaborative maternity care models;
- To have access to guidelines for the establishment and implementation of multi-disciplinary and collaborative models of primary maternity care; and
- To gain a better understanding of the benefits, and a greater acceptance of multi-disciplinary collaborative maternity care.

Contact

Margaret McNamee, Project Manager
The Society of Obstetrician and Gynaecologists of Canada
780 Echo Drive
Ottawa, ON K1S 5R7
Tel: (613) 730-4192 ext. 243
Fax: (613) 730-6599
Email: mmcnamee@sogc.com
www.mcp2.ca

National Envelope – National Strategies

National Primary Health Care Awareness Strategy

An essential element of primary health care renewal is improved awareness among the public about primary health care. Canadians need to be informed about primary health care and its importance to the overall health care system. The National Primary Health Care Awareness Strategy is composed of two main initiatives: *A National Primary Health Care Awareness Strategy and Moving Primary Health Care Forward – Many Successes... More to Do: A National Primary Health Care Conference.*





**National Envelope – National Strategies –
National Primary Health Care Awareness Strategy Initiatives**

A National Primary Health Care Awareness Strategy

\$9,592,000

The goal of the National Primary Health Care Awareness Strategy is to increase public understanding of primary health care and its potential to enhance the effectiveness of health care in Canada. The strategy is being led by the Government of Saskatchewan.

Objectives: To increase awareness of the role of primary health care in the health care system, including what primary health care involves and benefits of primary health care renewal.

Activities: Under project management team direction, the Strategy will:

- Develop and implement a stakeholder consultation process;
- Contract a communications team to research the most cost-effective awareness strategies, identify a range of options, make recommendations on the feasibility of using a common image across jurisdictions, and develop components;
- Field-test, refine, and customize creative material (i.e., advertisements) for individual jurisdictions;
- Implement components; and
- Evaluate process.

Expected Result: Increased awareness and understanding of primary health care by Canadians.

Contact

Karen Gibbons
Project Lead
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6
Tel: (306) 787-3020
Fax: (306) 787-0890
Email: kgibbons@health.gov.sk.ca
www.primaryhealthcare.ca

**National Envelope – National Strategies –
National Primary Health Care Awareness Strategy Initiatives**

***Moving Primary Health Care Forward – Many Successes... More to Do*
A National Primary Health Care Conference \$473,865**

Led by Manitoba Health, *Moving Primary Health Care Forward – Many Successes... More To Do* was a nationally-focussed forum designed to challenge the status quo and promote action to realize the potential for a nation-wide primary health care approach. The conference took place in Winnipeg, Manitoba from May 16–19, 2004.

Partners: Primary Health Care Transition Fund (PHCTF), Federal/Provincial/ Territorial (F/P/T) PHCTF Advisory Group, Health Canada, Saskatchewan Health, Manitoba Association for Community Health, Manitoba Public Health Association, College of Family Physicians of Manitoba, Winnipeg Regional Health Authority, College of Registered Nurses of Manitoba, Rural/Northern Regional Health Authorities of Manitoba, University of Manitoba Faculties of Medicine, Nursing, and Medical Rehabilitation, Manitoba Medical Association, Manitoba Association of Registered Dietitians, and Manitoba Family Services and Housing.

Objective: To bring together a broad spectrum of primary health care providers, organizations, associations, educators, administrators, government policy-makers, and public representatives to advance the primary health care renewal process. The conference provided a platform for learning and sharing among key stakeholders from across the country highlighting successes and recommending implementation strategies. It was an integral component of the National Primary Health Care Awareness Strategy led by the Province of Saskatchewan and supported by the F/P/T Advisory Group.

Activity: A national conference, whose programme included plenary sessions, large and medium group presentations, and panel discussions and workshops based on principle themes: inter-sectoral action, determinants of health and health promotion strategies, interdisciplinary teams, community perspective and citizen participation, continuum of care, performance measures, and information management.

Expected Results:

- Primary health care renewal advanced beyond what any single jurisdiction could achieve on its own;
- Barriers and issues that impede renewal addressed and solutions shared in a national forum; and
- Initiatives funded through the PHCTF provincial–territorial envelope are supported and/or complemented.

Contact

Marie O'Neill
Director, Primary Health Care
Manitoba Health
Room 4038-300 Carleton Street
Winnipeg, MB R3T 3M9
Tel: (204) 786-7176
Fax: (204) 779-1044
Email: maoneill@gov.mb.ca
www.phcconference.ca



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National Envelope – National Strategies

National Evaluation Strategy

The National Evaluation Strategy (NES) supports the needs expressed by First Ministers at their 2000, 2003 and 2004 meetings on health care system renewal for better information throughout the health system. The Strategy consists of two initiatives (Indicators Development and A Compendium of Instruments and Tools), both of which correspond to the five objectives of the PHCTF and to First Ministers' agreements on primary health care and reporting.

Preliminary work for the NES included the development of evaluation questions to provide the framework for both initiatives. Developmental work for the evaluation questions consisted of broad consultations with key national and international experts in the fields of policy, research and evaluation.

Objectives

- Facilitate a process to generate evidence on the various approaches to PHC and the impact of PHC renewal; and
- Increase national capacity to evaluate PHC, now and in the future.

Expected Results

- Assist stakeholders in collecting reliable information to assess the impact of different PHC renewal approaches; and
- Inform policy directions and provide evidence to support choices on how to bring about substantial and lasting change to primary health care.

National Envelope – National Strategies – National Evaluation Strategy Initiatives

Pan-Canadian Primary Health Care Indicators Initiative **\$1,814,753**

Partners: National experts, primary health care providers, stakeholders, Federal/Provincial/Territorial (F/P/T) governments (including the F/P/T Advisory Group on the Primary Health Care Transition Fund) and others through an integrated series of working group and topic-specific meetings.

Objectives:

- To identify and seek consensus on a core set of primary health care (PHC) indicators based on an agreed set of evaluation questions for primary health care renewal. Future comparative reporting on these indicators would provide information that can be used to advance local, provincial/territorial, and/or pan-Canadian PHC renewal efforts.
- To provide advice on a future data collection infrastructure that could supply the high quality data required for reporting on PHC indicators across Canada.

Activities:

- Environmental scan (which will include a survey, literature review and consultation);
- Development of a list of indicators; and
- Consultations with stakeholders, providers and policy-makers through an integrated series of working groups and meetings.

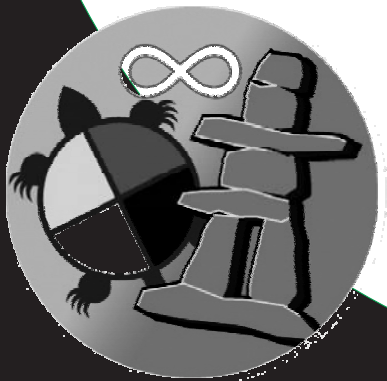
Expected Results:

- Creation of a core set of PHC indicators (clinical and non-clinical) that correspond to the evaluation questions;
- Report describing the core set of PHC indicators and their definitions; and
- Report providing advice on building data collection infrastructure to support these indicators.

Contact

Greg Webster
Director, Research and Indicator Development
Canadian Institute for Health Information
90 Eglinton Avenue East, Suite 300
Toronto, ON M4P 2Y3
Tel: (416) 481-2002
Fax: (416) 481-2950
E-mail: gwebster@cihi.ca

http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=indicators_phc_e



**Primary Health Care
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**National Envelope – National Strategies –
National Evaluation Strategy Initiatives**

Toolkit of Primary Health Care Evaluation Instruments

\$489,871

Partners: National experts, primary health care providers, stakeholders, Federal/Provincial/Territorial (F/P/T) governments (including the F/P/T Advisory Group on the Primary Health Care Transition Fund) and others through an integrated series of working group and topic-specific meetings.

Objective: To identify and develop instruments (e.g., survey questionnaires, tools, logic models) that could be used to facilitate data collection to monitor and measure primary health care and the impact of its renewal.

Activities:

- Literature and document review of existing instruments;
- Identification of areas where there is an absence of instruments;
- Consultations with stakeholders, providers and policy-makers through an integrated series of working groups and meetings; and
- Development of a maximum of 8 new instruments.

Expected Results: Web-based and paper Toolkit of Primary Health Care Evaluation Instruments

Contact

Peggy Howard
Project Manager, Howard Research & Management Consulting Inc.
467-31 Avenue N.W.
Calgary, AB T2M 2P5
Tel: (403) 730-9954
Fax: (403) 730-9895
Email: peggy@howardresearch.com

**National Envelope – Tools for Transition –
Federal/Provincial/Territorial Component Initiatives**

**Becoming Partners: A Consultation to Build Support for a Canadian
Caregiving Strategy Among Primary Health Care Providers**

\$ 23,135

Led by the Canadian Caregiver Coalition, the objective of this initiative is to begin a dialogue that will facilitate a shift in the practices of health providers with respect to family caregivers.

Partners: CLSC René-Cassin Institute of Social Gerontology of Quebec; Caregiver Assessment Tool Research Team; McConnell Care Renewal: Reaching out to Caregivers (Respite for Family Caregivers Initiative Phase II); and VON Canada.

Activities: A national symposium will take place to bring together regional caregiver leaders, national caregiver stakeholder groups, national health care provider organizations and policy makers for a three-day national workshop.

Expected results: The symposium will explore ways for family caregivers and professional health care providers to become partners in care; and examine and comment on the aspects of the draft Canadian Caregiver Strategy using a primary health care lens.

Contact

Linda Lysne
Acting Executive Director
Canadian Caregiver Coalition
110 Argyle Avenue,
Ottawa, ON K2P 1B4
Tel: (613) 353-8765
Fax: (613) 230-4376
Email: llysne@sympatico.ca
Website: <http://www.ccc-ccan.ca>



**Primary Health Care
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**National Envelope – Tools for Transition –
Federal/Provincial/Territorial Component Initiatives**

**Building Capacity in Primary Health Care:
Disseminating Best Practices in Interdisciplinary Teamwork
from Community Health Centres \$299,374**

The Canadian Alliance of Community Health Centre Associations (CACHCA) was established in 1995 to provide support to Canada's provincially-based community health centre organizations (CHCs) and to represent the interests of those organizations at a national level. The main objective of CACHCA is to work for improved health services for individuals and their families in communities across Canada by promoting CHCs as a cost-effective and successful method for delivering primary health care.

Partners: The Association of Ontario Health Centres (AOHC); University of Western Ontario; Sunnybrook and Women's College of Health Services Centre; and, University of Toronto.

Objectives: The objectives of this initiative are to strengthen CHCs and other primary health care (PHC) organizations working with interdisciplinary teams of health professionals, and to assist individual health professionals to increase their knowledge and develop their skills in the area of effective interdisciplinary work. This initiative will support change management in primary health care renewal by tapping into and disseminating lessons learned from the vast body of CHC experience.

Activities: The activities the organization will undertake to meet the objectives are the development and implementation of an applied dissemination strategy to complement an initiative being undertaken by the AOHC in Ontario. This will include a comprehensive plain-language literature review that outlines best practices for working in interdisciplinary PHC teams and a 2-day workshop and supporting educational resources for front-line care providers that focusses on building the skills and capacities needed to work effectively in interdisciplinary PHC teams. A team of trainers will offer workshops to local interdisciplinary groups of PHC providers at a number of locations across Canada. CACHCA will also work with a team of Francophones to adapt and translate materials for Francophone audiences.

Expected Results: The expected results of the initiative include best practice guidelines for effective functioning of interdisciplinary teams in CHCs; standardized tools for evaluating and assessing the effectiveness of interdisciplinary teams in CHCs; and educational tools for providers which support the development of skills needed to work effectively in interdisciplinary primary health care teams.

Contact:

Ken Hoffman
Community Health Consultant
c/o Canadian Alliance of Community Health Centre Associations
254 Iona Street, Ottawa, ON K1Z 7B7
Tel: (613) 729-0308
Fax: (613) 729-0920
Email: khoffman@web.ca

National Envelope – Tools for Transition – Federal/Provincial/Territorial Component Initiatives

Chronic Disease Management Workshop **\$340,200**

Led by the Ontario Ministry of Health and Long-Term Care, this initiative will bring together experts to provide advice and share experiences regarding chronic disease management (CDM) strategies in primary health care and explore best practices that support a collaborative team approach to CDM; create an opportunity for discussing the development and implementation of an integrated CDM strategy for primary health care; provide an opportunity for the provinces and territories to build a foundation for a common approach to CDM; and share the results of CDM initiatives in the provinces and territories.

Partners: The British Columbia Ministry of Health Planning and the Newfoundland and Labrador Department of Health.

Activities: The key activities include completion of a systematic literature review for studies relevant to CDM models, their implementation and results; discovery interviews with each province/territory to assess current CDM practices and identify gaps; a two-day interactive workshop involving presentations on CDM models; an introduction of associated tools or programs (including BC's CDM Toolkit); a synthesis and planning meeting regarding a collaborative approach for CDM; and, dissemination of a final report, which will include the literature review, a summary of workshop learnings and identification of potential provincial/territorial collaborations on CDM.

Expected Results: The initiative will support the advancement of primary health care renewal by assisting the provinces and territories with their development or refinement of an integrated team-based collaborative approach to CDM. A formal collaborative approach to CDM will lead to:

- Improved health outcomes of patients in general and patients with chronic illnesses;
- Greater emphasis on the most appropriate care being provided by the most appropriate provider; and
- Patient-centred care that is coordinated across the health care system.

Contact

Marsha Barnes
Business Lead
Primary Health Care Team
Ontario Ministry of Health and Long-Term Care
1075 Bay Street, 9th Floor
Toronto, ON M5S 2B1
Phone: 416-327-7135
Fax: 416-326-4684
Email: Marsha.Barnes@moh.gov.on.ca



Primary Health Care Transition Fund

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**National Envelope – Tools for Transition –
Federal/Provincial/Territorial Component Initiatives**

**Enabling Primary Health Care in the North
Through Traditional Knowledge \$494,761**

The mandate of the Department of Health and Social Services of the Government of Nunavut is based on the idea that the health of Nunavut depends on the health of each of its physical, social, economic and cultural communities, and the ability of those communities to serve Nunavummiut in the spirit of Inuuqatigiittiariniq; the healthy inter-connection of mind, body, spirit and environment.

Partners: Yukon and the Northwest Territories along with representatives from the Aboriginal community in each jurisdiction and the Elders in each territory who are recognized by the Aboriginal community as “keepers of traditional knowledge” .

Objectives: The objectives of the initiative are to better understand northern Aboriginal culture and traditional health and healing practices and their value to the health and wellbeing of Northerners by working together across the three territories and in collaboration with Aboriginal communities. This information will help improve the health care provider's ability to deliver the most appropriate care to Northerners.

Activities: The activities that the organization will undertake to meet the objectives include: creating a task force and hiring a project coordinator; organizing and facilitating a workshop; establishing a representative advisory committee in each territory; gathering information on traditional knowledge in each territory; and producing a DVD/CD.

Expected Results: A better understanding of the value of Aboriginal culture and health and healing practices, and their importance to the provision of care to Aboriginal people. This project will also strengthen relations with Aboriginal partners and through consultations with the Elders, create a lasting record of their views on traditional knowledge and its importance to the health of Northern Aboriginal peoples.

Contact

Ann-Marie Bowman
Recruitment and Retention Specialist
Department of Health and Social Services
Government of Nunavut
Box 1000, Station 1000
Iqaluit, NT X0A 0H0
Tel: (867) 975-5713
Fax: (867) 975-5744
E-Mail: abowman@gov.nu.ca

**National Envelope – Tools for Transition –
Federal/Provincial/Territorial Component Initiatives**

**Enabling Primary Health Care Initiatives
Through Telehealth Workshop \$249,500**

This initiative, through a facilitated workshop, will provide a forum for information exchange and creative planning as well as engage key decision makers to identify opportunities to support existing investments in primary health care renewal through the application of telehealth technologies. It will also allow telehealth networks to identify the management and operational structures required to support primary health care applications.

Partners: Canada Health Infoway, Alberta Health and Wellness, British Columbia Provincial Health Services Authority, Nova Scotia Department of Health and NORTH Network (Ontario).

Activities: Key activities are identified within three phases:

Phase I: Background Document — Pre-workshop research to document current primary health care initiatives (of interest to jurisdictional representatives) and telehealth activities as well as issues identification. This would involve interviews with key informants across all jurisdictions and production of a document to distribute prior to workshop.

Phase II: Facilitated Workshop — A one- to two-day facilitated workshop will engage key stakeholders in information sharing and the identification of areas of mutual benefit. Regional representatives will work together to identify concrete areas for development within their region.

Phase III: Follow-up Action — The workshop will result in the development of a document to demonstrate next steps and action items as well as jurisdictional commitment. It is intended to act as a launch document for leveraging future financial investments for initiatives prioritized regionally and nationally. A six-month follow up will be performed to document progress and further clarify outstanding issues.

Expected Results: Telehealth networks have traditionally been used primarily for expanding access to acute care and tertiary-based services, however, there remains considerable untapped potential to support health promotion and disease prevention as well as community-based services. Many telehealth programs are involved with activities of this nature to some extent, but few, if any, are coordinated with organizations actively engaged in primary health care renewal.

Contact

Marie O'Neill
Director of Primary Health Care
1036-300 Carlton Street
Winnipeg, MB R3B 3M9
Tel: (204) 786-7176
Email: maoneill@gov.mb.ca





**National Envelope – Tools for Transition –
Federal/Provincial/Territorial Component Initiatives**

**Enhancing Primary Health Care: Learning and Applying
Facilitation within a Systems Model \$445,600**

Led by the Faculty of Medicine at Memorial University of Newfoundland, this initiative will improve a range of primary health services by integrating facilitation into the primary health care system. Facilitation has been defined as assisting the progress of moving forward, making easy, smoothing the path of and speeding up the process in the primary health care systems. Facilitation, integrated into primary health care project activities, would enhance and support activities/goals (health promotion, prevention, chronic disease management) of the teams. The facilitation will enable interdisciplinary and individual teams in the primary health care system to take control and responsibility for the way to proceed.

Partners: The partners with whom the organization will work on this initiative consist of Departments/Ministries in five provinces (British Columbia, Manitoba, Ontario, Saskatchewan and Newfoundland) and Departments of Family Medicine in three provinces (University of Saskatchewan, University of Ottawa, Memorial University of Newfoundland).

Activities:

- Identify lead facilitators for each province involved, a Facilitation Coordinator for the initiative, and develop a facilitation manual for the Canadian context;
- Coordinate a national facilitation workshop;
- Integrate facilitation activities into primary health care renewal activities within each of the provinces involved; and
- Evaluate the activities to measure the outcomes.

Expected Results:

- Enhanced facilitation skills for health care practitioners;
- Better integration of prevention and management of chronic diseases;
- Increased emphasis on health promotion, disease and injury prevention; and
- Enhanced management and documentation of preventive practices in the primary health care system.

Contact

Conleth O'Maonaigh
Department of Family Medicine
Memorial University of Newfoundland
Health Sciences Centre
St. John's, NL A1B 3V6
Tel: (709) 777-6743
Fax: (709) 777-7913
Email: conleth@mun.ca

**National Envelope – Tools for Transition –
Federal/Provincial/Territorial Component Initiatives**

**Family Physician Compensation Models and
Primary Health Care Renewal \$506,000**

The Nova Scotia Department of Health is leading this initiative. The mandate of the Nova Scotia Department of Health is to ensure an appropriate, effective and sustainable health system that promotes, maintains and improves the health of Nova Scotians.

Partners: Nova Scotia District Health Authorities, the IWK Health Centre and Doctors Nova Scotia.

Objectives:

- To gain a better understanding of the various family physician compensation options and their impact on primary health care renewal;
- To increase knowledge of the various Canadian family physician compensation models from the perspectives of the providers, payers and enablers; and
- To increase the awareness of key Canadian stakeholders about the various family physician remuneration options and their impact on primary health care renewal.

Activities:

- Conduct a national and international literature review and critical analysis of research and evaluation on various family physician compensation options;
- Gather an inventory of current compensations models in use in Canada;
- Hold a conference of key stakeholders interested in models of family physician compensation; and
- Prepare a report, including conference proceedings and a synthesis of initiative results.

Expected Results: Distribution and discussion of an inventory and analysis of family physician compensation options for consideration by the provincial/territorial governments, professional organizations and individual health professionals.

Contact

Kelly Grover
Senior Policy Analyst
Nova Scotia Department of Health
1690 Hollis Street, P.O. Box 488
Halifax, NS B3J 2R8
Tel: (902) 424-2632
Fax: (902) 424-2814
Email: groverkj@gov.ns.ca





**National Envelope – Tools for Transition –
Federal/Provincial/Territorial Component Initiatives**

Increasing Support for Family Physicians in Primary Care
\$232,900

Funding is being provided to the College of Family Physicians of Canada (CFPC) through the Health Human Resource Strategies Division of Health Canada for this initiative. The CFPC strives to improve the health of Canadians by promoting high standards of medical education and care in family practice.

Objectives:

- To identify, develop and support a cadre of family physician primary care renewal leaders across Canada;
- To build a network of national, provincial, regional and local family physician primary care renewal leaders; and
- To provide an opportunity for family physician primary care renewal leaders from across the country to meet at a national level.

Activities:

- Establish a Primary Care Advisory Committee;
- Develop a Primary Health Care Renewal Change Management toolkit; and
- Hold a forum for family physician primary health care experts to develop skills and recruit leaders to share the toolkit with family physicians in their region.

Expected Results: The successful connection among family physician leaders in primary health care renewal practices across Canada; improved understanding and acceptance among family physicians with respect to new and emerging primary health care models of practice; and evidence of the effectiveness of change management toolkits.

Contact

Calvin Gutkin
Executive Director and Chief Executive Officer
College of Family Physicians of Canada
2630 Skymark Avenue
Mississauga, ON L4W 5A4
Tel: 1-800-387-6197 x237
Fax: (905) 629-0893
Email: cgutkin@cfpc.ca

National Envelope – Tools for Transition – Federal/Provincial/Territorial Component Initiatives

Measuring Cost-Effectiveness: A Proposal to Develop a Methodological Framework for Future Research **\$351,174**

The Canadian Alliance of Community Health Centre Associations (CACHCA) was established in 1995 to provide support to Canada's provincially-based community health centre organizations (CHCs) and to represent the interests of those organizations at a national level. The main objective of CACHCA is to work for improved health services for individuals and their families in communities across Canada by promoting CHCs as a cost-effective and successful method for delivering primary health care.

Partners: The partners with whom CACHCA will work on this initiative are: Association of Ontario Health Centres; McMaster University; University of Toronto; York University; Coalition of Community Health Centre Associations; Canadian Medical Association; College of Family Physicians of Canada; Canadian Nurses Association; Canadian Association of Occupational Health Therapists; Canadian Association of Speech-Language Pathologists and Audiologists; Canadian Pharmacists Association; Canadian Coalition on Enhancing Preventative Practices of Health Professionals; Canadian Physiotherapy Association; and Dieticians of Canada.

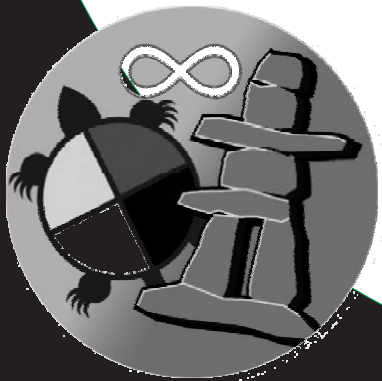
Objectives: The objective of this initiative is to develop a "state of the art" framework to provide a basis for analyzing and comparing cost-effectiveness of different primary health care (PHC) models.

Activities: The activities CACHCA will undertake to meet the objective include a literature review on factors relating to cost-effectiveness and primary health care; the development of a draft framework for discussion and critique; an International Think Tank to bring together health economists, practitioners and governments to define the critical elements of such a framework; conducting a critical evaluation of the framework; identifying and developing a data collection strategy; and, disseminating the framework.

Expected Results: The expected results of the initiative include an annotated bibliography on cost-effectiveness literature in the domain of interdisciplinary primary health care; discussion papers in preparation for the Think Tank on the development of the framework; Think Tank session held with experts to discuss elements of the framework; a final framework/methodology for undertaking cost-effectiveness research; and a research plan with the identification of possible sites and partners to undertake this research. This initiative will contribute to primary health care renewal by providing an analytical framework that will assist decision-makers in identifying the most cost-effective ways to support the development of the PHC system in Canada, through the facilitation of comparisons between existing (and new) models.

Contact:

Ken Hoffman
Community Health Consultant
c/o Canadian Alliance of Community Health Centre Associations
254 Iona Street, Ottawa, ON K1Z 7B7
Tel: (613) 729-0308
Fax: (613) 729-0920
Email: khoffman@web.ca



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National Envelope – Tools for Transition – Federal/Provincial/Territorial Component Initiatives

National First Nations and Inuit Telehealth Summit: Planning for Community Telehealth Services: 2005–2015

\$500,000

The e-Health Solutions Unit supports the programs within the First Nations and Inuit Health Branch in the selection, deployment and support of e-Health tools to ensure that all First Nations and Inuit communities are connected, informed and healthier.

Partners: Assembly of First Nations Health Directorate, Aboriginal Nurses Association (ANAC), Aboriginal Telehealth Knowledge Circle (ATKC), Canada Health Infoway (CHI), First Nations and Inuit Health Branch, Health Canada, Inuit Tapiriit Kanatami (ITK), National Aboriginal Health Organization (NAHO) and Provincial Telehealth Directors.

Activities: The purpose of the National First Nations and Inuit Telehealth Summit will be to bring together federal, provincial, territorial and community Telehealth stakeholders in a national meeting to share First Nations and Inuit telehealth knowledge, practices and lessons learned. Sessions will be conducted on how to develop a common understanding of the new technologies; how to plan for integration into provincial, territorial and federal telehealth networks; ways to plan for appropriate cultural inclusion; and ways to explain how various technologies and processes can be used as a means to deliver sustainable community level primary care services that will reduce pressures on the overall primary health care system. Activities will also focus on strategies to foster human resource development to engage youth and community members in the learning and use of technologies, which may increase opportunities for community involvement and sustainable local employment. All of these activities will lead to a more effective use of community services.

Expected Results: The outcome of the summit will be the building of a First Nations and Inuit Telehealth Toolkit that federal/provincial/territorial telehealth managers and stakeholders can use to develop and support the growth of telehealth technologies and resources for local First Nations and Inuit communities.

Contact

Ernie Dal Grande
National Telehealth Manager
e-Health Solutions Unit
First Nations and Inuit Health Branch
Basement, Main Stats Building P.L. 0300C
Tunney's Pasture
Ottawa, ON K1A 0K9
Tel: (613) 954-1736
Fax: (613) 946-4571
Email: ernie_dal_grande@hc-sc.gc.ca

National Envelope – Tools for Transition – Federal/Provincial/Territorial Component Initiatives

Supporting Implementation of Electronic Medical Records in Multi-disciplinary Primary Health Care Settings **\$455,000**

Health Canada's Primary Health Care Policy Unit (Primary and Continuing Health Care Division) is the focal point for federal government policy research and knowledge development with regard to primary health care.

Partners: An advisory committee has been created with representation from FPT governments and stakeholders (e.g., provider organizations, health care professionals, and health regions).

Activities: Electronic record-keeping has great potential to support health care delivery but uptake to date has been relatively slow, particularly in the primary health care sector. Costs are a barrier, but perhaps more significant is the scope of change management required to integrate electronic records into health care settings. Through this initiative Health Canada will develop and disseminate resource materials to support the implementation of electronic medical records in primary health care settings. The main activities will be:

- Assessment of the needs of primary health care providers with regard to implementation of electronic medical records;
- Development of a toolkit to address those needs (materials could include, for example, success stories that demonstrate the value of electronic medical records and a how-to manual for selecting and implementing a system);
- Dissemination activities to provide the toolkit to key target audiences; and
- An evaluation of the initiative.

Expected Results: The outputs of this initiative will be the production of the toolkit and various dissemination activities to share it with health care system providers and planners. The longer-term goal is to support primary health care renewal by encouraging the implementation of information technology in practice settings. This technology has the potential to support information sharing among team members; improve quality and continuity of care (particularly with regard to chronic disease management); support planning and accountability activities; and provide decision-support tools.

Contact

Sandra Tomkins
Senior Policy Analyst
Primary and Continuing Health Care Division
Health Canada
1918B, Jeanne-Mance Building
Tunney's Pasture
Ottawa, ON K1A 0K9
Tel: (613) 954-8226
Fax: (613) 954-0704
Email: sandra_tomkins@hc-sc.gc.ca





**National Envelope – Tools for Transition –
Responsive Component Initiatives**

**6th National Summit on Community Cancer Control:
Community Cancer Control in Northern and Rural Communities
(Completed June 2004) \$75,000**

Northwestern Ontario Regional Cancer Care is one of nine regional cancer centres in Ontario, which provides comprehensive cancer care services to its regional population. In June 2004, it was host to the 6th National Summit on Community Cancer Control.

Partners: The conference steering committee was comprised of senior representatives from stakeholder groups including: the Canadian Cancer Society, British Columbia Cancer Agency, Alberta Cancer Board, Saskatchewan Cancer Agency, Cancer Care Manitoba, Cancer Care Ontario, Centre de coordination de lutte contre le cancer, Conseil Québécois de lutte contre le cancer, Atlantic Health Sciences Corporation, Cancer Care Nova Scotia, and Dr. H. Bliss Cancer Centre in Newfoundland and Labrador.

Objectives: Approximately 250 delegates from across Canada attended the conference. The Summit incorporated real-time meeting technology with the use of laptops and multi-media projection of working group results for the immediate delivery of recommendations and proceedings. The Summit objectives were to:

- Identify and prioritize challenges and barriers associated with cancer control in rural and northern communities;
- Identify strategies/mechanisms for improving cancer control in priority areas at all levels including innovative initiatives;
- Recommend specific cancer control strategies/mechanisms to a broad range of groups and organizations;
- Identify new, and strengthen existing, partnerships and networks for national, provincial, regional and community-based cancer control; and
- Identify and explore future international linkages.

Expected Results: The Summit supported primary health care renewal by improving linkages, access, and integration for community-based primary health care organizations in Northern and rural, remote and Aboriginal areas in the field of cancer control. The Summit directed specific strategies for improving cancer control to national and provincial organizations, as well as to local groups and primary health care providers. These strategies included recommendations for all areas of community cancer control, including: prevention, surveillance, screening/early detection, treatment, supportive care, rehabilitation and palliation.

Contact

Alison McMullen
Acting Director, Preventive Oncology
Northwestern Ontario Regional Cancer Care
980 Oliver Road
Thunder Bay, ON P7B 6V4
Tel: (807) 684-7214
Fax: (807) 684-5812
E-mail: mcmullea@tbh.net

**National Envelope – Tools for Transition –
Responsive Component Initiatives**

**Best Practices in Primary Health Care Centres –
National Conference (Completed October 2002) \$15,000**

Led by the Community Health Co-operative Federation Ltd., the Canadian Alliance of Community Health Centre Associations held a national conference, *Best Practices in Primary Health Care Centres*, October 2–5, 2002 in Saskatoon, Saskatchewan.

Partners: Canadian Alliance of Community Health Centre Associations

Objectives: Approximately 900 participants from community health centres attended the conference, which provided a forum to portray innovations in:

- Interdisciplinary approaches to primary health care;
- Health promotion and disease prevention program development;
- Meeting needs of groups at risk;
- Primary health care research;
- Community ownership and involvement in primary health care; and
- Supporting people with chronic diseases.

Expected Results: This conference gave individuals and organizations involved in primary health care delivery and development in Canada, an opportunity to learn about the success Canada's community health centres have had taking primary health care in directions consistent with the Primary Health Care Transition Fund.

Contact

Patrick Lapointe
Community Health Cooperative Federation Ltd.
455-2nd Avenue North
Saskatoon, SK S7K 2C2
Tel: (306) 652-0300
Fax: (306) 664-4120
E-mail: plapointe@communityclinic.sk.ca
Web site: www.saskatooncommunityclinic.ca



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National Envelope – Tools for Transition – Responsive Component Initiatives

Building Blocks to a Sustainable Primary Health Care System \$49,500

The College of Registered Nurses of Nova Scotia is the regulatory body for nursing in Nova Scotia with a mission to regulate nursing practice in the interest of the public. The College is governed by a Council that provides direction through established goals and policies in accordance with provincial legislation.

Partners: Nova Scotia Department of Health, Canadian College of Health Services Executives (Nova Scotia/ Prince Edward Island Bluenose Chapter), Doctors Nova Scotia, College of Family Physicians of Canada (Nova Scotia Chapter), Dalhousie University School of Health Services Administration and Health Canada (Atlantic Region).

Objective: To bring primary health care providers, planners, administrators and stakeholders together for joint learning, sharing and dialogue towards advancing a sustainable strategy for the continued advancement of primary health care renewal in Nova Scotia and Canada.

Activities: Hold a conference on primary health care renewal, with both a provincial and national focus, that addresses themes such as collaborative practice, inter-professional education, change management, delivery and funding models. An inventory of primary health care success stories will be compiled from the conference and then linked to the Nova Scotia Department of Health's website to profile the conference and serve as an information tool.

Expected Results: The expected results of the initiative are: an enhanced awareness among primary health care providers in Nova Scotia regarding renewal efforts in Nova Scotia and Canada; the potential development of a Canadian network for shared communication, knowledge, experience and research for primary health care renewal; the development of an inventory of primary health care renewal success stories; and, a renewed commitment to sustained efforts to continue to evolve primary health care in Nova Scotia and across Canada.

(See *Shaping the Future of Primary Health Care in Nova Scotia — Conference* for a related initiative undertaken in 2003)

Contact

Linda Hamilton
Executive Director
College of Registered Nurses of Nova Scotia
600-1894 Barrington Street
Halifax, NS B3J 2A8
Tel: (902) 491-9744, ext. 233
Fax: (902) 491-9510
Email: lh@crnns.ca

National Envelope – Tools for Transition – Responsive Component Initiatives

Fetal Alcohol Spectrum Disorder in NF and Labrador: A Primary Health Care Approach in Labrador **\$58,660**

Led by the Department of Health and Community Services, the objective of the project is the creation of a regional blueprint for Fetal Alcohol Syndrome Disorders (FASD) prevention, education, diagnosis and care.

Partners: Health Labrador Primary Health Care Office, the Northern Labrador Child Development Team, the Fetal Alcohol Syndrome Advisory Committee and the Fetal Alcohol Spectrum Disorders Ad Hoc Committee.

Activities:

- Diagnoses;
- Diagnostic training;
- Training for professionals re diagnostic criteria/assessment;
- Training for frontline workers;
- Establishing an interdisciplinary FASD diagnostic team;
- Development of a data collection system; and
- Development of a FASD framework.

Expected results: This initiative will help in assessing and diagnosing individuals in Newfoundland and Labrador.

Contact

Juanita Barrett
Team Leader
Office of Primary Health Care
Department of Health and Community Services
P.O. Box 8700
St. John's, NL A1B 4J6
Tel: (709) 758-1548
Fax: (709) 729-2159
Email: juanitabarrett@gov.nl.ca



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**National Envelope – Tools for Transition –
Responsive Component Initiatives**

**National Conference/Workshop on the Implementation
of Primary Care Reform (Completed December 2003)**

\$75,000

This initiative was led by the Ontario Family Health Network (OFHN), an arms-length agency created in 2001 to implement the primary care reform model throughout Ontario. The OFHN provided family physicians with information, administrative support, and technology funding to support the voluntary creation of Family Health Networks and Family Health Groups in their communities. The OFHN reported to the Ontario Ministry of Health and Long-Term Care.

Partners: Queen's University School of Policy Studies, Centre for Health Services and Policy Research, and Centre for Studies in Primary Care.

Activities: A three-day conference was hosted by the partners to address the complexities of implementing primary health care reform. The conference provided a forum for provinces, territories, and international representatives to share their experiences including successes, challenges, and effective strategies for addressing barriers to implementation. It also included panel sessions on broad topics and a series of single-issue workshops. Approximately 100 delegates participated in the event.

Conference themes included:

- Establishment of effective interdisciplinary clinical teams;
- Leadership structures;
- Emergence and nature of opposition to reforms;
- Funding approaches; and
- Evaluation strategies and processes.

Expected Results: Provincial and territorial conference participants will use knowledge gained to improve the primary health care reform agendas in their respective jurisdictions. The School of Policy Studies published a book based on presentations, providing a permanent record of conference proceedings.

Contact

John Dorland
Senior Consultant, Evaluation Program
Ontario Family Health Network
80 Queen Street,
Kingston, ON K7K 6W7
Tel: (613) 544-0467
Fax: (613) 544-6440
Email: john.dorland@moh.gov.on.ca

National Envelope – Tools for Transition – Responsive Component Initiatives

Regional Workshops to Encourage and Support Uptake of Chronic Disease Management Best Practices **\$75,000**

The mandate of the British Columbia Ministry of Health Services is to guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. As part of this mandate, the Ministry is committed to helping individuals maintain independence and keep as healthy as possible through prevention, early detection, and management of chronic conditions such as congestive heart failure, asthma, diabetes, and other debilitating illnesses.

Partners: The British Columbia Medical Association, the Society of General Practitioners of British Columbia, the British Columbia College of Family Physicians, the College of Physicians and Surgeons of British Columbia and the University of British Columbia.

Activities: Through workshops in each of the province's five health regions, the British Columbia Ministry of Health Services will encourage and support practitioners working in chronic disease management to re-design their chronic disease management practices according to the adapted Chronic Care Model used by the Group Health Cooperative of Puget Sound for best patient outcomes. During the workshops, tools and resources will be presented to participants, including advice on change management, information on how the resources and tools can be accessed, and information on how to embed best practices into clinical practice. The initiative will also identify the critical success factors and the barriers to embedding chronic care best practices into the clinical workflow.

Expected Results: Increased uptake of Chronic Disease Management (CDM) best practices among British Columbia general practitioners.

Contact

Angela Micco
British Columbia Ministry of Health Services
1515 Blanshard Street
Victoria, BC V8W 3C8
Tel: (250) 952-3123
Fax: (250) 952-3486
Email: angela.micco@gems3.gov.bc.ca
www.hlth.gov.bc.ca



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National Envelope – Tools for Transition – Responsive Component Initiatives

Shaping the Future of Primary Health Care in Nova Scotia Conference (Completed May 2003) \$19,000

The College of Registered Nurses of Nova Scotia is the regulatory body for nursing in Nova Scotia with a mission to regulate nursing practice in the interest of the public. The College is governed by a Council which provides direction through established goals and policies in accordance with provincial legislation.

Partners: Nova Scotia Department of Health, Canadian College of Health Services Executives (Nova Scotia and Prince Edward Island chapters), Medical Society of Nova Scotia, Nova Scotia College of Family Physicians, and Atlantic Region of Health Canada's Health Policy and Communications Branch.

Objective: To facilitate a move toward a renewed primary health care system in Nova Scotia.

Activities: Approximately 250 participants, including family physicians, nurses, other health care providers, policy and decision-makers, members of district health authorities, community health boards, and volunteer agencies attended the plenary sessions and small groups, which facilitated dialogue.

Conference topics included:

- Background information on impetus for change in Nova Scotia;
- Components of a successful primary health care model;
- Strategic directions and targets;
- System design imperatives (Information Technology systems, funding models, competencies, collaborative agreements); and
- Cultural, behavioural, and attitudinal changes required by health care providers to implement successful primary health care renewal.

(See *Building Blocks to a Sustainable Primary Health Care System* for a related initiative to be undertaken in 2005.)

Contact

Linda Hamilton
Executive Director
College of Registered Nurses of Nova Scotia
600-1894 Barrington Street
Halifax, NS B3J 2A8
Tel: (902) 491-9744, ext. 233
Fax: (902) 491-9510
Email: lh@crnns.ca

National Envelope – Tools for Transition – Responsive Component Initiatives

Where's the Patient's Voice in Health Professional Education?

\$30,000

The Division of Health Care Communication was established in September 1996 and works to promote a partnership model of client-health professional communication in line with current trends in health care – evidence-based practice, client-centred care and informed choice. Research and program development is targeted to three main areas: changing curriculum; changing professional practice; and working on the patient/client side.

Partners: The College of Health Disciplines and the University of British Columbia Interprofessional Continuing Education are working in partnership with the Division of Health Care Communication.

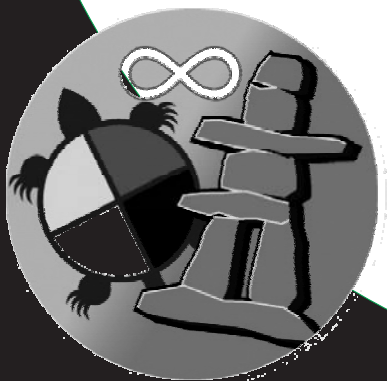
Objectives: The objectives of the initiative are to understand the drivers and barriers that influence client-professional communications and their implications for health outcomes; to conduct research with the involvement of patients/clients and health professionals in the community and academe; and to ensure research findings are realized in practice by affecting curriculum change and building effective communication skills.

Activities: Hold a conference bringing together researchers, teachers, patients, policy makers, practitioners, and students to explore practice, innovation and theory that embeds the patient/client voice in health professional education. The conference will include keynote speakers, several concurrent workshops and poster presentations. A task force will be established to identify best practice guidelines for meaningful patient involvement in health professional education. These guidelines will be published and disseminated as a mandate for widespread implementation to stimulate educational change by re-shaping the way in which health professionals are trained and educated.

Expected Results: The expected results of the initiative are a multidisciplinary collaboration among health professionals; partnerships between patients/patient groups and professionals by providing a venue for them to share their work, ideas, perspectives; barriers to collaboration related to patient involvement in health professional education and the outcomes of such involvement; recommendations for repositioning the role of patients in health professional education; and, a publication of a mandate for developing socially responsible, patient-centred health professional curriculum. This publication will ultimately set a new standard for health professional education whereby educational programs may be developed and evaluated.

Contact

Cathy Kline
Research Coordinator
Division of Health Care Communication, College of Health Disciplines, UBC
#400-2194 Health Sciences Mall
Vancouver, BC V6T 1Z3
Tel: (604) 822-8022
Fax: (604) 822-2495
Email: cckline@interchange.ubc.ca



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National Envelope – National Initiatives

Continuous Enhancement of Quality Measurement in Primary Mental Health Care **\$2,000,000**

This initiative is led by the Mental Health Evaluation and Community Consultation Unit (Mheccu), Department of Psychiatry, University of British Columbia.

Partners: St. Paul's Hospital, British Columbia Ministry of Health Services, Canadian Mental Health Association, McMaster University, University of Western Ontario, University of Toronto, National Public Institute of Quebec, University of Calgary, Saskatchewan Health Quality Council, University of Saskatchewan, and Canadian Institute for Health Information (CIHI).

Objectives:

- Establish a national consensus regarding primary care mental health quality indicators;
- Enhance the uptake and promote implementation of these indicators;
- Promote coherence between this indicator project and other related indicator initiatives (e.g. CIHI Roadmap); and
- Promote inter-provincial coherence of health indicators.

Activities:

- Review best practices for primary care mental health for selected domains of primary care mental health services;
- Produce a set of consensus indicators for primary care mental health services;
- Establish a provincial and territorial knowledge transfer network amongst clinicians and decision-makers related to primary care mental health indicators;
- Create a project website that includes relevant quality indicator resources;
- Evaluate the immediate and intermediate steps required to operationalize indicators into existing data systems; and
- Evaluate the impact of the overall initiative using qualitative and/or quantitative methods to examine project barriers and facilitators.

Expected Results:

- Improved collaborative relationships amongst stakeholder groups (e.g., clinicians, decision-makers, consumers) and regions with respect to primary care indicators;
- Increased awareness of quality issues in primary care mental health services;
- Improved methods for implementation of quality indicator projects;
- Focussed proposals to operationalize selected indicators into data systems; and
- Improved coordination of indicator activity and quality improvement activity in the provinces and regions with respect to primary mental health care.

Contact

Radha Puri
Program Manager — Mheccu
University of British Columbia
2250 Westbrook Mall
Vancouver, BC V6T 1W6
Tel: (604) 682-2344 ext. 63552
Fax: (604) 806-8854

Email: rmpuri@interchange.ubc.ca

<http://www.mheccu.ubc.ca/community/multijurisdictional/CEPrimaryCare.cfm>

National Envelope – National Initiatives

Getting a Grip on Arthritis: A National Primary Health Care Community Initiative **\$3,876,685**

The Arthritis Society provides information, education, support and advocacy for those affected by arthritis. The Society also supports programs and services through evaluation research into the causes, prevention, treatment, and cures for arthritis.

Partners: Canadian Nurses Association, Sunnybrook and Women's College Health Sciences Centre, Arthritis Health Professions Association, Canadian Rheumatology Association, Patient Partners® in Arthritis, Arthritis Community Research and Evaluation Unit, Canadian Alliance of Community Health Centre Associations, the Ontario Family Health Network and other pertinent national stakeholder groups and associations.

Objectives:

- To facilitate change to practice patterns by primary health care providers involved in arthritis management;
- To create common practical tools to address challenges that arise during the renewal process;
- To facilitate collaboration among professions involved in arthritis treatment;
- To improve accessibility and quality of information for health care providers;
- To improve the ability of people with arthritis to self-manage their disease; and
- To improve outcomes for people with arthritis (reduced pain, fatigue and disability).

Activities:

- Hold partner and stakeholder meetings to acquire program support;
- Complete a needs assessment;
- Develop best practices for arthritis care through clinical practice guidelines;
- Create a toolkit for all providers;
- Host workshops in each participating region; and
- Conduct final evaluation.

Expected Results: Enhanced capabilities of primary health care providers, people with arthritis, and communities to better manage arthritis.

Contact:

Sydney Lineker
 Director, Getting a Grip on Arthritis
 The Arthritis Society
 393 University Avenue,
 Suite 1700
 Toronto, ON M5G 1E6
 Tel: (416) 979-3353 ext. 342
 Fax: (416) 979-1149
 Email: lineker@arthritis.ca
www.gettingagrip.ca



**Primary Health Care
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National Envelope – National Initiatives
Health Care Interpreter Services —
Strengthening Access to Primary Care \$471,900

The Access Alliance Multicultural Community Health Centre improves access to health care services by focussing on barriers faced by immigrants and refugees, including the interpretation needs of those who have limited language proficiency in either of Canada's official languages.

Partners: Healthcare Interpretation Network (Toronto), Critical Link Canada, Ontario Ministry of Citizenship and Immigration, British Columbia Provincial Health Services Authority, " Régie régionale de la santé et des services sociaux de Montréal-Centre" , universities and colleges, various professional health care associations.

Objectives:

- To facilitate equal access by promoting and supporting the development of high quality health care interpretation services;
- To facilitate collaborative efforts among professions involved in primary health care;
- To create common practical tools to address challenges that arise during the renewal process; and
- To implement changes to practice patterns for primary health care interpretation.

Activities:

- Formulate professional standards and guidelines for interpreter services;
- Develop interpretation models for the primary health care system;
- Host a series of workshops and conferences for promotion, consultations, and recommendations; and
- Develop and implement training programs with educational institutions for interpreters.

Expected Results: Improved quality of care through accessible and high-quality interpretation services which will ultimately lead to increased patient satisfaction and access to primary health care.

Contact

Axelle Janczur
Executive Director - AAMCHC
Access Alliance Multicultural Community Health Centre
500-340 College Street
Toronto, ON M5T 3A9
Tel: (416) 324-9697 ext. 230
Fax: (416) 324-9074
Email: ajanxzur@accessalliancemchc.on.ca
www.criticallink.org/English/whatsnew.htm

National Envelope – National Initiatives

Issues of Quality and Continuing Professional Development: Maintenance of Competence **\$985,000**

The Association of Canadian Medical Colleges contributes to improving the health of all Canadians through medical education, and biomedical and health research.

Partners: All Canadian medical schools, including the Northern Ontario Medical School.

Objectives: To establish interdisciplinary primary health care provider teams, and to design and implement continuing professional development (CPD) and faculty development (FD) strategies in order to ensure the most appropriate care is provided and to facilitate changes necessary to the practice patterns of physicians. Ultimately, this endeavour is to assist medical schools to respond to societal needs as part of their responsibility and social accountability. The initiative will also focus on maximizing the use of common collaborative approaches by actively promoting opportunities for information and action sharing to achieve excellence in primary health care nationally.

Activities:

- Develop CPD and FD initiatives for faculties of medicine that focus on attitudes and skills of intra-professional and inter-professional relationships in the health care system;
- Facilitate the creation of a national network to support inter-professional collaboration in the advancement of continuing professional development and in public engagement;
- Design and implement innovative CPD and FD educational initiatives that clearly demonstrate responsiveness to societal needs; and
- Host a series of consultations and a national symposium to obtain stakeholder consensus and disseminate models of best practice.

Expected Results:

- A sustainable partnership network of intra-professional relationships within all medical schools and inter-professional relationships with other health professional organizations and educational institutions at regional, provincial, and national levels; and
- Enduring CPD and FD programs that illuminate and demonstrate social accountability of medical schools that address societal needs.

Contact

Susan Maskill
 Director of Administration
 Association of Canadian Medical Colleges
 774 Echo Drive
 Ottawa, ON K1S 5P2
 Tel: (613) 730-0687
 Fax: (613) 730-1196
 Email: smaskill@acmc.ca



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National Envelope – National Initiatives

National Home Care and Primary Health Care Partnership Initiative **\$2,682,100**

The Canadian Home Care Association advances quality home and community care across Canada by expanding the information and knowledge base necessary to facilitate informed decisions and preferred practices at the national, provincial, territorial, and local levels.

Partners: Ontario Community Care Access Centres (Halton and Peel), Calgary Regional Health Authority, federal government, primary health care providers, research and academia, and other stakeholder associations.

Objectives:

- Improve patient care by developing partnerships that support and optimize the roles of primary health care providers and case managers;
- Improve delivery of collaborative primary health care by enhancing provider partnerships;
- Educate the public and stakeholders about primary health care renewal efforts;
- Increase emphasis on health promotion, disease prevention, and chronic disease management;
- Support recruitment and retention in primary health care by optimizing the roles of health care providers and achieving higher levels of satisfaction; and
- Support an integrated and proactive approach to chronic disease management and primary health care.

Activities:

- Assess current status of primary health care system in two regions as it relates to various provider roles, levels of provider collaboration, levels of utilization of proactive health care delivery system and self-care support, and information systems quality and utilization;
- Develop a communications framework;
- Improve and reinforce role of home care case managers;
- Develop innovative information technology applications; and
- Support the use of approved chronic disease evidence-based guidelines for health promotion and disease prevention.

Expected Results: The goal of the National Partnership initiative is to enhance the integration of home care and primary health care services in Canada. Changes in practice patterns for physicians, home care managers, and other primary health care service providers are expected through improved communication processes and co-ordination of services for shared clients and patients with chronic disease.

Contact

Marg McAlister
Project Manager
Canadian Home Care Association
401-17 York Street
Ottawa, ON K1N 9J6
Tel: (519) 473-0198
Fax: (519) 471-8461
Email: mmcalister@cdnhomecare.on.ca
www.cdnhomecare.ca/primary

National Envelope – National Initiatives

Pallium Integrated Care Capacity Building Initiative

\$4,317,000

The Alberta Cancer Board (ACB) reduces the burden of cancer through prevention, screening, diagnosis, treatment, palliation, education, and research. Among a network of some 40 organizations, the ACB serves as The Pallium Project's administrative hosting authority and as the PHCTF Project Sponsor for Pallium's Phase II activities.

Partners: National and regional palliative and end-of-life organizations and associations, and participating jurisdictions (eight Canadian universities, regional health authorities and seven provinces and territories).

Objectives: To further develop Canada's hospice palliative care system, through system transformation that is focussed on multi-level service integration and increased provider capacity, to strengthen the continuum of health care services for end-of-life care.

Activities:

- Develop and enhance provider skill, especially at the community and regional health authority levels;
- Develop learning resources for adoption on a pan-Canadian basis;
- Establish learning centres in provinces and territories;
- Implement outreach education and professional development supported by peer mentors; and
- Initiate collaborative development between the health care delivery system, the voluntary sector and citizens.

Expected Results: System capacity built through skill and performance enhancement for service providers; balanced attention among skills, organization and policy development; and increased functional partnerships to facilitate palliative primary care reform for Canada's hospice palliative care system.

Contact

Michael Aherne
 Director, Initiative Development
 Pallium Project - Phase II
 Pallium Project Development Office
 Box 60639, University of Alberta RPO
 Edmonton, AB T6G 2S8
 Tel: 1-888-475-4933
 Fax: (780) 413-8196
 Email: michael.aherne@pallium.ca
 www.pallium.ca



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National Envelope – National Initiatives
Physicians and Care of Quality for
Canadian Francophone Minority Communities **\$888,972**

The Association of Canadian Medical Colleges contributes to improving the health of all Canadians through medical education, and biomedical and health research.

Partners: University of Sherbrooke, University of Manitoba, University of Ottawa, Programme de formation médicale francophone du Nouveau-Brunswick, all Canadian medical schools, interested provincial/territorial governments, community health centres, Federation of Francophone and Acadian Communities, Canadian College of Family Physicians, Société Santé en français inc. and Consortium national de formation en santé.

Objective: To improve the quality of primary health care services offered to Francophone minority communities.

Activities:

- Develop and implement strategies to support recruitment and retention of Francophone health professionals;
- Enhance links among training, practice, and health care organizations; and
- Support innovations in primary health care delivery to Francophone minority communities.

Expected Results: Increased access to primary health care services by Francophone minority communities.

Contact

Susan Maskill
Director of Administration
Association of Canadian Medical Colleges
774 Echo Drive
Ottawa, ON K1S 5P2
Tel: (613) 730-0687
Fax: (613) 730-1196
Email: smaskill@acmc.ca
<http://www.cfmcanada.ca/>

National Envelope – National Initiatives

Rainbow Health – Improving Access to Care **\$2,307,000**

The Canadian Rainbow Health Coalition, operating under the auspices of Gay and Lesbian Health Services Saskatoon, addresses emotional, physical, spiritual, and mental health and wellness needs of people who have emotional and/or sexual relationships with people of the same gender.

Partners: Organizations and professional associations, educational institutions, regional and district health authorities, and organizations from the gay, lesbian, bisexual, and trans-gendered community.

Objectives: To develop education and training resources to ensure that the primary health care system is more accessible and responsive to the unique and serious health needs of gay, lesbian, bisexual, and trans-gendered people. To work with health care educational institutions and professional associations to ensure they provide education on the health needs of gay, lesbian, bisexual and trans-gendered people. The project also proposes to increase public awareness of the primary health care system and how the system can be used to better serve target populations.

Activities:

- Develop curricula and educational tools, resource materials, social marketing campaigns, and website;
- Partner with health education institutions and professional associations to ensure better education for health professionals on gay, lesbian, bisexual and trans-gendered health and wellness needs;
- Develop and distribute educational materials; and
- Host a series of national and regional conferences for partner collaboration.

Expected Results: A health care system that is more knowledgeable about gay, lesbian, bisexual, and trans-gendered community health issues, which will better meet the specific primary health care needs of this population.

Contact

Gens Hellquist
 Executive Director
 Canadian Rainbow Health Coalition
 P.O. Box 3043
 304-220 3rd Avenue S.
 Saskatoon, SK S7K 3S9
 Tel: (306) 955-5130
 Fax: (306) 955-5132
 Email: gens@rainbowhealth.ca
<http://www.rainbowhealth.ca/english/improving.html>



**Primary Health Care
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Aboriginal Envelope

The Aboriginal Envelope responds to the needs of Aboriginal populations for access to integrated primary health care services by promoting large-scale, sustainable changes to the First Nations and Inuit health care system, and the provincial/territorial health care systems which support Aboriginal health.

The objectives of the Aboriginal Envelope are to:

- Promote more productive, cost-effective primary health care service delivery to Aboriginal peoples by integrating existing services and resources;
- Enhance service delivery co-ordination between Health Canada's First Nations and Inuit Health Branch, provincial/territorial governments, First Nations and Inuit communities and health organizations;
- Enhance the ability of provincial/territorial and First Nations and Inuit Health Branch systems to be accountable to each other and their public through collaborative information development;
- Improve the quality of primary health care services delivered to Aboriginal peoples, including the cultural appropriateness of services; and
- Improve linkages between primary health care services and social services delivered to Aboriginal peoples.

The Aboriginal Envelope supports initiatives through two types of funding:

- Health System Renewal for large-scale initiatives that will renew entire primary health care delivery systems, not just individual centres, professional practices or delivery sites. Large-scale can refer to a broad geographic area that is affected by renewal, but it can also refer to the depth of renewal.
- Health System Enhancement for activities that do not necessarily result in changes to entire health systems, but instead improve the delivery of primary health care in a way that specifically benefits Aboriginal peoples.

Aboriginal Envelope – Health System Renewal Initiatives

Bigstone-Aspen Shared Initiative Care (BASIC) \$1,995,000

The Bigstone Health Commission develops full capacity within its communities to efficiently and effectively develop, administer, and control programs and services that will achieve Bigstone Cree Nation's health vision.

Partners: Bigstone Cree Nation, Aspen Regional Health Authority, Alberta Region of Health Canada's First Nations and Inuit Health Branch, Alberta Health and Wellness, University of Alberta, and Alberta Heritage Foundation for Medical Research.

Objectives:

- To provide a more complete range of services through service integration;
- To increase primary health care services for residents of the Bigstone territory, especially in more isolated communities; and
- To develop a full range of identifiable health outcome measures.

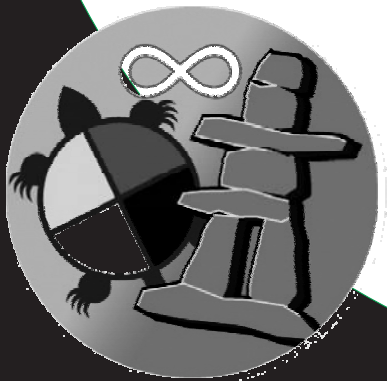
Activities:

- Increase access to health care services with particular emphasis on health promotion, injury prevention, and disease management;
- Change from fee-for-service to salary structure;
- Expand service provider roles;
- Integrate delivery systems in areas of human resources, information systems, and administration; and
- Create band-specific data exchange with the province.

Expected Results: Integration of services and disciplines, with increased access and availability of services to clients.

Contact

Lyle McLeod
Bigstone Health Commission
P.O. Box 960
Wabasca, AB T0G 2K0
Tel: (780) 891-2000
Fax: (780) 891-3942
Email: dir.health@bigstonecree.com
www.bigstone-aspen.ca



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Aboriginal Envelope – Health System Renewal Initiatives

Community and Organizational Transition to Enhance the Health Status of all Northerners **\$3,272,536**

The Northern Health Strategy Working Group represents a partnership among all of the First Nation and regional health authorities that are collectively responsible for delivery of health services to a total population of 34,000 across the northern half of Saskatchewan.

The population is composed mostly of Cree, Dene and English speaking people. The NHS Working Group, which is co-chaired by the Northern Inter-Tribal Health Authority and the Mamawetan Churchill River Regional Health Authority, worked collaboratively to develop the Community and Organization Transition to Enhance the Health Status of all Northerners initiative.

Partners: Northern Inter-Tribal Health Authority (representing the Meadow Lake Tribal Council, Prince Albert Grand Council, Lac La Ronge Indian Band, and Peter Ballantyne Cree Nation); Athabasca Health Authority (a multi-jurisdictional health authority composed of First Nation and provincial communities); Keewatin Yatthè Regional Health Authority; Kelsey Trail Regional Health Authority; Mamawetan Churchill River Regional Health Authority; Saskatchewan Health, Northern Relations; and First Nations and Inuit Health Branch, Saskatchewan Region.

Objectives: To utilize existing working relationships among various jurisdictions to move to a primary health care approach that is more comprehensive, accessible, co-ordinated, accountable, integrated, and sustainable. By creating individual teams of interdisciplinary providers from all jurisdictions, the initiative will seek to reduce service delivery delays, gaps, and overlap in order to maximize available resources and economies of scale.

Activities:

- Community development;
- Cross-jurisdictional decision-making regarding access and establishment of a base of core primary health care services;
- Recruitment and retention strategies across all jurisdictions;
- Educational and training opportunities, particularly around change management;
- Establish integrated information systems; and
- Dissemination and evaluation.

Expected Results: A more co-ordinated approach across jurisdictions in the planning and delivery of primary health care services. By reducing jurisdictional barriers, individuals will receive more seamless services resulting in improved health outcomes. Particular improvements are expected in areas of chronic disease management, mental health and addictions, and injury prevention.

Contact

Lionel Chabot
CEO, Mamawetan Churchill River Regional Health Authority
227 Backlund Street
La Ronge, SK S0J 1L0
Tel: (306) 425-4818
Fax: (306) 425-5432
Email: lionel.chabot@mccrha.sk.ca
paths.sasktelwebsite.net

Aboriginal Envelope – Health System Renewal Initiatives

Health Integration Initiative (HII) \$10,800,000

The Strategic Policy, Planning Analysis Directorate of the First Nations and Inuit Health Branch (FNIHB), Health Canada is the recipient of funding for the Health Integration Initiative (HII). The HII will identify mechanisms for collaboration and harmonization between the federal community-based programs and provincial/territorial health systems that will improve access to and quality of, services, and respond to the needs of specific communities and populations. Note that funding to FNIHB for the Nursing Strategy and Health Integration Initiative totals \$15,000,000.

Partners: FNIHB regional offices, provincial/territorial governments, First Nations and Inuit organizations and communities.

Objective: The Strategic Outcome for HII is the establishment of efficient, effective and sustainable health services and programs for First Nations and Inuit through improved integration of federal and provincial/territorial health systems.

Activities: HII involves three main areas of activity:

Integration Projects: These projects will test, analyze, and evaluate different models of integration across all Health Canada regions. HII projects are funded on a tripartite arrangement (Federal – Provincial/Territorial Government[s] – First Nation/Inuit organization[s]). Project partners jointly develop and oversee the implementation of the project and its evaluation. By March 2006, all HII projects will be concluded and all will have implemented mechanisms/models for collaboration and harmonization between First Nation/Inuit and provincial/territorial health systems.

Co-ordinated Research and Analysis: This involves a series of activities to improve knowledge about integration and encourage discussions between all stakeholders (federal/provincial/territorial governments, First Nation and Inuit organizations, experts etc.). A series of analytic papers and reports will be produced by December 2005. These will provide the basis upon which future directions for health integration will be elaborated.

Policy Framework: This will elaborate an approach and identify different options and tools for integration.





Expected Results: The long-term expected impacts of the above on First Nations and Inuit are:

- Reduced duplication of services and improved coordination of services;
- Closure of existing gaps in services and benefits between the federal and provincial health care systems, and between First Nations, Inuit and the rest of the population;
- Improvements in economies of scale by providing joint federal and provincial/territorial health services;
- Improved access to, timeliness and quality of health services; and
- Greater participation by First Nations and Inuit in health services.

Contact

Jean-François Tremblay, Director - Policy Development
Strategic Policy, Planning Analysis Directorate
First Nations and Inuit Health Branch, Health Canada
21st Floor, Jeanne Mance Building
Tunney's Pasture
Ottawa, ON K1A 0K9
Tel: (613) 948-6759
Fax: (613) 954-0765
Email: jean-francois_tremblay@hc-sc.gc.ca

Aboriginal Envelope – Health System Renewal Initiatives

Northern and Aboriginal Population Health and Wellness Initiative **\$2,925,150**

The Northern and Aboriginal Population Health and Wellness Institute works to improve the health status of Northern Aboriginal peoples in Manitoba, by providing a forum where they can work with a wide variety of health providers to develop innovative multi-jurisdictional solutions to reduce gaps in services to Aboriginal peoples.

Partners: Manitoba Keewatinowi Okimakanak, Burntwood Regional Health Authority, other regional health authorities, Manitoba Métis Federation, Keewatin Tribal Council, Cree Nation Tribal Council, federal and provincial government departments, and municipal governments.

Objectives: To promote more productive, cost-effective primary health care service delivery and improve the quality and appropriateness of primary health care services to Aboriginal peoples, through the integration and enhanced co-ordination of existing services and resources.

Activities:

- Formalize organization to implement initiative;
- Identify health and wellness priorities;
- Assemble issue-oriented teams to address identified priorities;
- Collaborate with community;
- Develop regional, inter-jurisdictional access to resources and services; and
- Conduct an evaluation.

Expected Results:

- Health status improvements of Northern Aboriginal peoples in Manitoba;
- Development of holistic, culturally-appropriate, and accessible health services;
- Increased integration through reduced jurisdictional barriers;
- Improved cost-effectiveness and efficiency of health service delivery;
- Increased First Nations capacity to assume responsibility for planning, executing and evaluating their own health program; and
- Shared governance of health services in northern Manitoba.

Contact
 Cal Albright
 Northern and Aboriginal Population Health and Wellness Institute (NAPHWI)
 204, 83 Churchill Drive
 Thompson, MB R8N 0L6
 Tel: (204) 677-7360 (main), 977-7361 (ED)
 Fax: (204) 677-7007
 Email: naphwi@norcom.mb.ca



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Aboriginal Envelope – Health System Renewal Initiatives

Nursing Strategy \$4,200,000

The Office of Nursing Services (ONS), First Nations and Inuit Health Branch (FNIHB) of Health Canada, was established in 2001. The mandate of ONS is to provide professional strategic leadership for nurses employed in FN&I communities and strategic policy advice to senior management from a nursing perspective. Note that funding to FNIHB for the Nursing Strategy and Health Integration Initiative totals \$15,000,000.

Partners: Canadian Nurses Association; Canadian Association of Schools of Nursing; Aboriginal Nurses Association; and various clinical and academic consultants across Canada

Objectives:

- Address long standing recruitment and retention issues for nurses;
- Develop sustainable clinical and professional supports and resources for nurses working in FN&I communities; and
- Develop strategies to increase the number of Aboriginal people entering health care professions, particularly nursing.

Activities:

- Develop a National Nursing Portal;
- Organize a consensus workshop on Aboriginal nursing education;
- Implement advanced nursing practice initiatives across Canada, including development of clinical nurse specialists and nursing education consultants in each region; establish consensus on the competencies and statement of qualifications for nurse practitioners; and development of standard competencies for nurse practitioners across Canada.
- Develop a CD ROM of physical assessment to assist nurses in obtaining and maintaining an expanded skill base;
- Develop a standardized orientation framework for all FNIHB nurses; and
- Organize a workshop to increase the profile of FN&I nursing practice, improve networking opportunities with nursing colleagues working in rural and remote settings, explore current research underway into challenges and opportunities for rural and remote nursing.

Expected Results:

- Increased professional and clinical supports for nurses;
- Better communication nationally to nursing leaders and front line staff;
- Increased awareness of nursing and the breadth of health care in FN&I communities;
- Improved and standardized orientation of nurses to work in FN&I communities;
- Improved clinical skills for nurses in rural areas; and
- Increased numbers of people of Aboriginal descent choosing nursing as a profession.

Contact

Brenda Canitz
A/Executive Director
Office of Nursing Services
First Nations and Inuit Health Branch, Health Canada
Room 1611A, Jeanne Mance Building
Tunney's Pasture
Ottawa, ON K1A 0K9
Tel: (613) 946-0442
Fax: (613) 957-9986
Email: brenda_canitz@hc-sc.gc.ca





Aboriginal Envelope – Health System Renewal Initiatives

Tui'kn Initiative **\$2,946,380**

The five First Nations in Cape Breton (Membertou, Chapel Island, Eskasoni, Waycobah and Wagmatcook), Nova Scotia have forged an historic alliance to remove barriers, create partnerships, and build capacity to achieve a model of primary health care that is holistic, multi-disciplinary, comprehensive, and supportive of the goal of improved health and quality of life.

Partners: District Health Authorities, Nova Scotia Department of Health, Atlantic Region of Health Canada's First Nations and Inuit Health Branch, and Dalhousie University.

Objectives:

- To remove barriers to an integrated, holistic, culturally-appropriate, multi-disciplinary primary health care model;
- To create mechanisms for collaborative planning and partnerships within each community – among the five communities and between local, district, provincial, and federal levels of government;
- To develop capacity for collection, management, and interpretation of health information at the local level; and
- To translate a renewed model of primary health care into action by focussing on several key areas or program development.

Activities:

- Implement alternatives to family doctor fee-for-service remuneration system;
- Train family doctors to return to communities, enter collaborative practices, and train local nurses to become nurse practitioners;
- Develop workplans for each program initiative;
- Develop evaluation strategies for each program area;
- Identify opportunities for shared programming;
- Facilitate a consensus-building process with chiefs and health directors regarding the establishment of a shared health information platform;
- Train local staff in the collection and interpretation of health information; and
- Facilitate development and implementation of an action plan addressing diabetes prevention, childhood injury prevention, prescription drug misuse, and non-traditional tobacco use.

Expected Results:

- Improved access to holistic, multi-disciplinary, culturally relevant primary health care services; co-ordination of service within community; integration of service with provincial health care system; and quality of care and health outcomes.
- Creation of community capacity to manage and guide primary care services that will continue to meet residents' needs.

Contact

Stacey Lewis
Project Manager, Tui'kn Initiative
107 Membertou Street
Membertou, NS B1S 2M9
Tel: (902) 564-6466 ext. 282
Fax: (902) 539-9954
Email: staceylewis@membertou.ca
www.tuikn.ca





Aboriginal Envelope – Health System Enhancement Initiatives

A Tool to Help People From Far Away – The IIU Telehealth Network **\$2,700,041**

Nunavut's Department of Health and Social Services believes that the health of Nunavut depends on the health of each of its physical, social, economic, and cultural communities, and the ability of those communities to serve Nunavummiut.

Partners: Digital communication firms and specialists, community representatives, health care practitioners, and other social service community stakeholders.

Objectives: To support health care recipients in seven remote locations by providing more timely advice and intervention; greater access to health information and specialists; and to support health care staff with the provision of a health care service tool which enhances education and problem-solving to enable greater participation in patient care plans and delivery.

Activities:

- Review and scan of existing telehealth services;
- Develop policy and procedures;
- Assess needs of proposed communities for telehealth services;
- Plan and develop training plan for regional telehealth co-ordinators, site technicians, and professional staff;
- Obtain compatible equipment and software for sites;
- Train technical workers to maintain services and equipment;
- Implement and maintain network sites; and
- Conduct evaluation.

Expected Results:

- Reduce need to travel to other locations for medical and social care;
- Provide increased access to preventative services and health promotion;
- Reduce waiting period to see a specialist; and
- Reduce turnover of health professionals.

Contact

Angela Butt
Acting Manager, Telehealth Services
Government of Nunavut
Health and Social Services
PO Box 1000 Station 1029
Iqaluit, NU X0A 0H0
Tel: (867) 975-6950
Fax: (867) 975-6999
Email: abutt@gov.nu.ca

Aboriginal Envelope – Health System Enhancement Initiatives

Aboriginal Midwifery Education Program \$1,690,927

The mandate of Manitoba Health with respect to Aboriginal health issues is to facilitate the removal of barriers and the development of better relations between the provincial government and the Aboriginal community, leading to successful health outcomes for Northern and Aboriginal people, based on a common understanding of goals and issues.

Partners: Aboriginal organizations such as the Kagike Danikobidan, Manitoba Keewtinowi Okimakanak, Southern Chiefs Organization, and Manitoba Metis Federation; the Standing Committee of the College of Midwives of Manitoba; educational institutions; federal and provincial governments; and regional health authorities. There will be some linkages with agencies and organizations such as regulatory bodies, other Aboriginal leadership organizations, Band Councils and Chiefs, and internal Manitoba Health Branches.

Objectives: To provide Aboriginal students with learning opportunities to become registered midwives through the College of Midwives of Manitoba by establishing an Aboriginal Midwifery Education Curriculum and Competency Based Program. The Program will also include the development of a comprehensive assessment tool that will identify current academic training and the type of student supports required.

Activities:

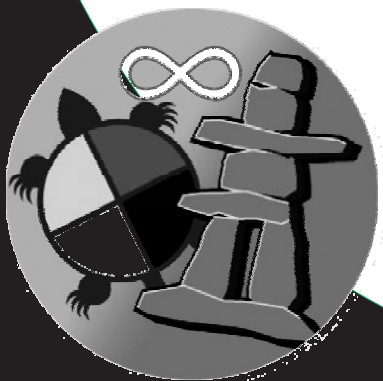
- Partner with Aboriginal agencies/communities/organizations;
- Promote the program and recruit students within communities;
- Establish and implement an intake system including admission criteria;
- Establish and implement Personalized Learning programs including: pre-enrolment access services, lifestyle and tutorial support, didactic and clinical access support;
- Establish a Mentorship Program and recruit mentors;
- Develop partnerships for student aid sponsorships; and
- Develop a comprehensive and ongoing communication strategy for all stakeholders.

Outcomes:

- Increase the number of registered Aboriginal midwives practising in Manitoba;
- Increase access to registered midwives for rural and Northern women;
- Increase availability of culturally appropriate midwifery services for Aboriginal women; and
- Expand the Aboriginal Midwifery Education Program to include students from other provinces and territories.

Contact

Marie O'Neill
 Director, Primary Health Care
 Manitoba Health
 4036-300 Carlton Street
 Winnipeg, MB R3B 3M9
 Tel: (204) 786-7176
 Fax: (204) 779-1044
 Email: maoneill@gov.mb.ca
www.amep.ca



**Primary Health Care
 Transition Fund**

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Aboriginal Envelope – Health System Enhancement Initiatives
Enhancing Access and Integrating Health Services —
Keewaytinook Okimakanak (KO) Telehealth/North
Network Partnership Expansion Plan \$3,441,495

The Keewaytinook Okimakanak (KO) Northern Chiefs Council is a non-political chief's council that advises and assists member First Nations with planning, development, reporting, and administration support. Member First Nations Chiefs of Deer Lake, Fort Severn, Keewaywin, McDowell Lake, North Spirit Lake, and Poplar Hill form the Board of Directors that leads the Council.

Partners: Sioux Lookout First Nations, Kuh-ke-nah Network of SMART First Nations, North Network, Health Canada's First Nations and Inuit Health Branch, Northern Ontario Heritage Fund, and Industry Canada's Federal Economic Development Initiative for Northern Ontario (FedNor).

Objectives:

- To enhance access to, and quality of, health care through telehealth technology;
- To enhance existing telehealth delivery and support services;
- To assist in the development of province-wide and national telemedicine service;
- To integrate telehealth technologies into everyday health care delivery; and
- To improve access to knowledge and education by rural health professionals.

Activities:

- Implement and support telehealth systems and network services;
- Recruit clinical staff and trained users;
- Initiate project administration and governance;
- Implement project evaluation and research activities;
- Migrate integrated telehealth services to regional First Nations; and
- Implement communications, promotion, and dissemination plans.

Expected Results:

- Enhanced co-ordination of service delivery;
- Improved primary health care service delivery to Aboriginal peoples;
- Improved capacity for provider recruitment and retention; and
- Cost-effective primary health care.

Contact

Kevin Houghton
Telehealth Program Manager
Keewaytinook Okimakanak (Northern Chiefs Council)
P.O. Box 340, 127 Mine Road
Balmertown, ON P0V 1C0
Tel: (807) 735-1381
Fax: (807) 735-1383
Email: kevinhoughton@knet.ca
www.telehealth.knet.ca

Aboriginal Envelope – Health System Enhancement Initiatives

Implementing a Digital Radiology and Tele-Radiology System

\$801,900

The Nunavik Regional Health and Social Services Board is an organization committed to the improvement of the health and well being of the population living in 14 villages across the Nunavik territory. It does this by adapting health and social services programs to the needs of the population and to the daily life of the region.

As part of this initiative, the Board will co-ordinate digital radiology and tele-radiology health services in Nunavik. It will ensure that competent radiology technicians are on hand to operate the machinery and that these technicians receive the required training.

Partners: The McGill University Health Centre, Nunavik Health Centres and Quebec's Ministère de la Santé et des Services sociaux.

Objectives:

- Increase primary health services for Nunavik residents;
- Ensure the availability of medical specialists in radiology for the population and for health professionals in the Nunavik region;
- Establish multi-disciplinary approaches;
- Provide better management of health services; and
- Improve emergency services.

Activities:

- Acquisition, installation and preliminary testing of digital radiology equipment;
- Purchase of consultation positions for the two Nunavik health centres (Kuujuuaq Puvirnituaq);
- Training of the various intervenors;
- Establishment and beginning of clinical activities; and
- Assessment of the implementation of digital radiology and of tele-radiology activities in Nunavik with the McGill University Health Centre.

Expected Results:

- Improvement of radiology services in Nunavik;
- Establishment of a tele-radiology service between Nunavik and McGill University Health Centre;
- Reduction of the waiting period in cases of medical evacuation;





- Decrease in the infant mortality rate;
- Major fractures and injuries diagnosed more properly and quickly;
- Organization of the work in health centres in Nunavik; and
- Organization of the work in the reference centre (MUHC).

Contact:

Wayne Labadie
Nunavik Regional Health and Social Services Board
746 Akianut Street
Kuujjuaq, QC J0M 1C0
Tel: (819) 964-2222
Fax: (819) 964-2888
E-mail: wayne_labadie@ssss.gouv.qc.ca

Official Languages Minority Communities Envelope

The Official Languages Minority Communities (OLMC) Envelope responds to the specific needs of French- and English-speaking minority communities across Canada for access to integrated primary health care services, by promoting large-scale structural, transitional, and sustainable changes that complement the renewal efforts of provinces and territories.

In addition to the five common objectives of the Primary Health Care Transition Fund, the OLMC Envelope seeks to:

- Improve information-sharing, networking, and forging of links among providers, governments, and official languages minority communities;
- Develop training activities and tools for providers to improve accessibility of primary health care services by official languages minority communities; and
- Increase capacity of providers to offer primary health care services to official languages minority communities throughout Canada.
- There are two main OLMC envelope initiatives: English-Speaking Minority Communities and French-Speaking Minority Communities. The Community Health and Social Services Network and *Société Santé en français* [Francophone Health Society] are the two lead organizations for these initiatives, respectively.





Official Languages Minority Communities Envelope — English-Speaking Minority Communities Initiatives

Improving Primary Health Care Services for English-speaking Persons in Quebec **\$10,000,000**

The Community Health and Social Services Network (CHSSN) has as its mandate to promote projects and partnerships aimed at improving access to health services and social services in English in Quebec. This mandate is fulfilled with the help of 45 community-based organizations, public institutions and other member organizations.

Partners: Regional health and social services authorities, health and community-based organizations.

Objectives: The initiative is aimed at improving services and primary care as well as medical and general services, long-term care, and youth and rehabilitation programs for the Anglophone population; it is also aimed at creating links between the community and establishments providing health and social services.

Activities: The main activities involve strengthening Info-Santé in order to provide English-speaking people with services in their language; encouraging English-speaking people to use the services of Info-Santé adapted to their needs; regrouping Anglophone clients dispersed over the territory in order to constitute a large enough pool of clients to offer quality health and social services; and regrouping the Anglophone clientele in order to offer cultural and linguistic well-being along with the appropriate services.

Expected Results:

- Better access to health services for Anglophones in their own language; and
- Better adapted services, within the community or in institutions, in co-operation with families and the social network.

Contact

James Carter
Co-ordinator
Community Health and Social Services Network (CHSSN)
1270 chemin Sainte-Foy
Pavillon Jeffery Hale, Room 1124
Quebec, QC G1S 2M4
Tel: (418) 683-9274
Fax: (418) 681-9265
E-mail: chssn@sympatico.ca
www.chssn.org

**Official Languages Minority Communities Envelope —
French-Speaking Minority Communities Initiatives**

**Co-ordination of Official Language Minority
Community Envelope Projects \$460,000**

Société Santé en français (SSF) [Francophone Health Society] has as its mandate to implement initiatives aimed at developing networks and improving access to primary health care services for Francophones living outside Quebec.

Partners: The 17 provincial and territorial networks affiliated with the SSF.

Objectives: Ensure that the SSF can assume the management of the Francophone communities' portion of the Primary Health Care Transition Fund (PHCTF) Envelope dedicated to minority languages. That responsibility involves continuous co-ordination and management of the various stages of the project approval process as well as follow-up with each promoter upon the implementation of the projects.

Activities: Co-ordination of the call for proposals and the project analysis; ensure support for promoters and partners; management and financial reporting; overall assessment of all projects financed; and dissemination of the results of the project.

Expected Results: Development and negotiation of contribution agreements with the various promoters; approval and implementation of over 40 projects totalling up to \$13,585,000; identification of best practices; financial management control of projects; and widespread distribution of documents dealing with the results achieved by the projects.

Contact

Paul-André Baril
Société Santé en français inc.
Suite 400
260 Dalhousie Street
Ottawa, ON K1N 7E4
Tel: (613) 244-1889
Fax: (613) 244-0283
Email: pa.baril@forumsante.ca
www.forumsante.ca





**Official Languages Minority Communities Envelope —
French-Speaking Minority Communities Initiatives**

**Réseautage Santé en français [Francophone Health
Networks] (Completed March 2003) \$1,900,000**

Led by Société Santé en français (SSF) [Francophone Health Society], *Réseautage Santé en français* facilitates the implementation of health networks in each province and territory to improve access to French-language primary health care services.

Partners: Health institution managers, health professionals, community representatives, representatives of educational institutions, and government officials.

Objectives: To create networks that act as forums for joint action by partners interested in increasing access to health services in French, to promote service integration and facilitate community empowerment.

Activities: The initiative had two distinct but complementary levels of networks: the provincial/territorial level and the national level. The national network acts as the administrative body responsible for co-ordinating all provincial and territorial networking initiatives, and ensures information is exchanged among all provincial and territorial networks. The national network also provides linkage to the Consultative Committee for French-Speaking Minority Communities.

Expected Results:

- Promotion of community empowerment;
- Enhanced use of existing resources;
- Improved services delivered to French-speaking minority communities; and
- Increased capacity to offer health services in French.

Contact

Paul-André Baril
Société Santé en français inc.
Suite 400
260 Dalhousie Street
Ottawa, ON K1N 7E4
Tel: (613) 244-1889
Fax: (613) 244-0283
Email: pa.baril@forumsante.ca
www.forumsante.ca

Official Languages Minority Communities Envelope — French-Speaking Minority Communities Initiatives

Setting the Stage **\$4,005,000**

Société Santé en français (SSF) [Francophone Health Society] has as its mandate to implement initiatives aimed at developing networks and improving access to primary health care services for Francophones living outside Quebec.

Partners: The 17 provincial and territorial networks affiliated with the SSF, as well as provincial and territorial health departments, in particular those in charge of planning the organization of health services.

Objectives: Support the planning of primary health care in French in all regions where government officials responsible for providing care wish to improve access to these services for their minority Francophone community.

Activities: Develop primary health care plans for each of the provinces and territories and include the following elements: an update on the health situation of the various Francophone minority communities; needs identification and the determination of which needs have priority; primary health care priorities with a view to the situation of each Francophone minority community (by territory and by province); and the best strategies to reach the identified priorities (by territory and by province).

Expected Results: Provide decision makers in the various health systems with a set of relevant data to make informed decisions as to the best ways of offering quality health services to their Francophone populations. These plans will specify the needs of the populations involved and will provide service organization models that take into account existing services and best practices in the various Primary Health Care areas.

Contact

Paul-André Baril
Société Santé en français inc.
Suite 400
260 Dalhousie Street
Ottawa, ON K1N 7E4
Tel: (613) 244-1889
Fax: (613) 244-0283
Email: pa.baril@forumsante.ca
www.forumsante.ca

