Primary Care Day Conference November 29, 2024

Summary of Facilitated Table Discussions
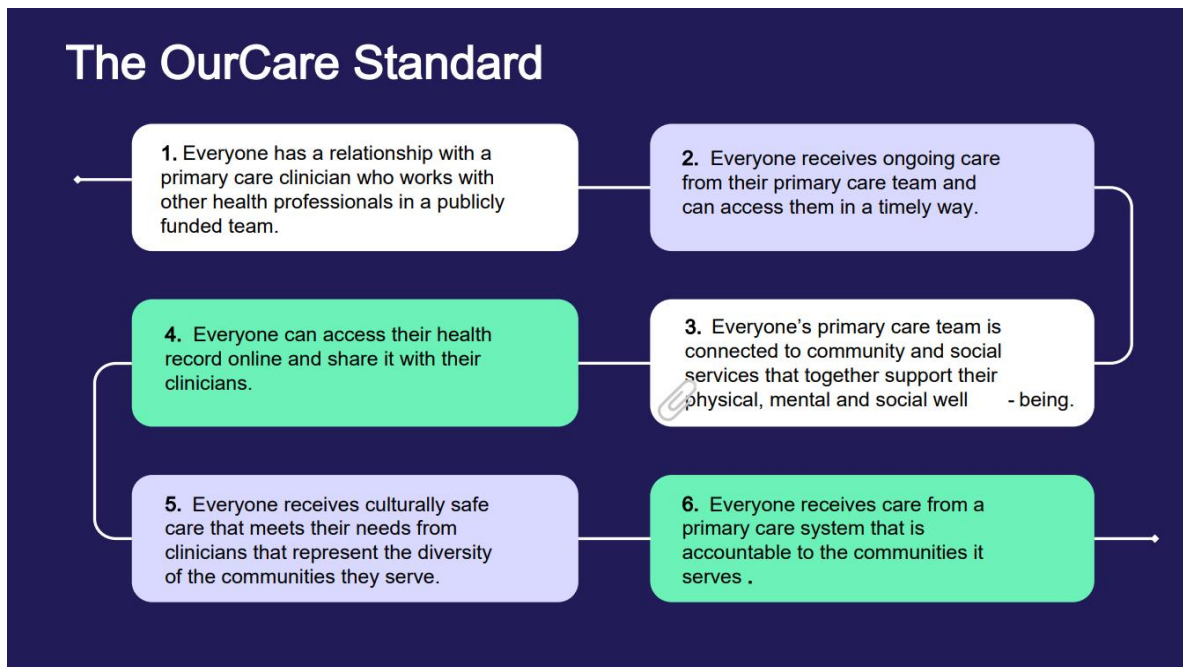
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1 FACILITATED TABLE DISCUSSIONS

Attendees were asked to participate in facilitated discussions at their respective tables after each plenary presentation. The following are the questions asked during this activity with the accompanied summary of responses.
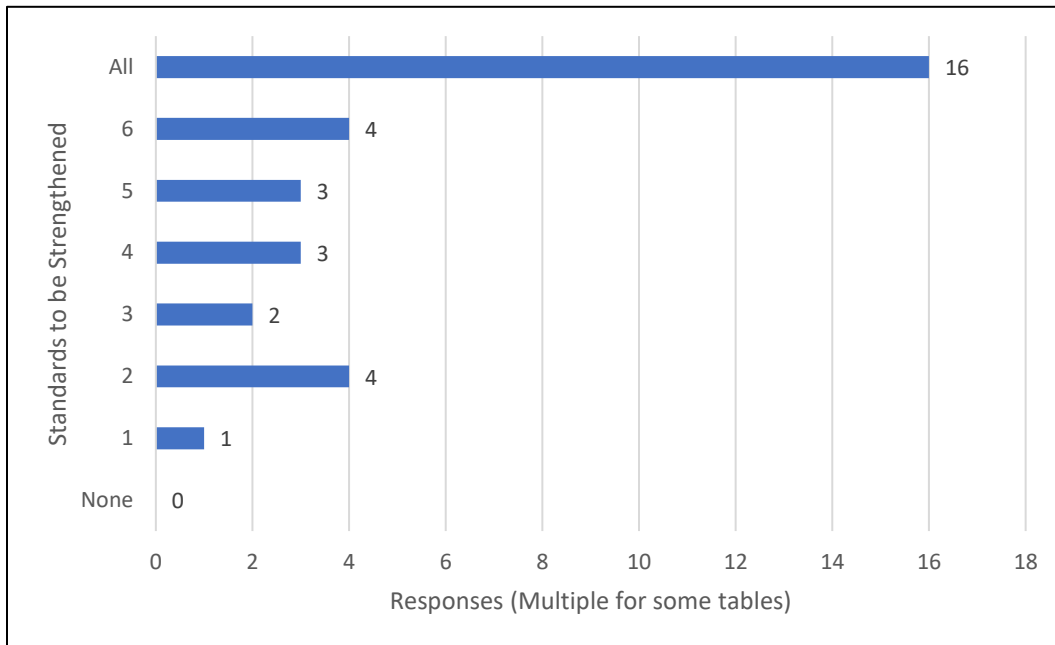
1.1 Review the following Standards of Care

1.1.1 Which standards do you feel Manitobans are besting meeting?
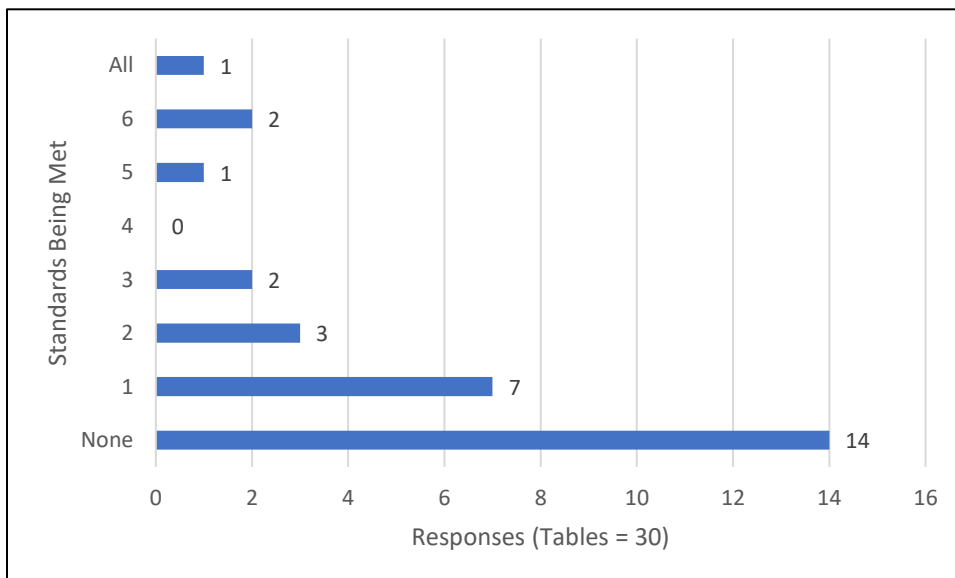
1.1.2 Which Standards need strengthening as a Province?

1.2 Indigenous Perspectives in Team Based Care

1.2.1 What are the current disablers to advancing Indigenous perspectives in your organization?

Systemic and Structural Barriers
- **Colonial Frameworks**: Indian Act restrictions, systemic racism, and colonial healthcare structures.
- **Jurisdictional Complexity**: Overlap between federal, provincial, and organizational responsibilities complicates decision-making.
- **Siloed Approaches**: Lack of integration into broader discussions and planning processes.

Resource and Funding Challenges
- Limited funding for services like Nurse Practitioners (NPs), culturally safe care, and infrastructure.
- Fee-for-service models and geographic barriers restrict access.
- Lack of resources for consistent data collection and tracking progress.

Representation and Inclusion
- Underrepresentation of Indigenous staff and leaders in organizations.
- Limited Indigenous voices in leadership and decision-making tables.
- Lack of diverse and culturally knowledgeable team members.

Cultural and Educational Barriers
- Limited cultural awareness and understanding among staff.
- Barriers to practicing traditional medicines and incorporating holistic care.
- Unconscious bias and lack of education on Truth and Reconciliation Calls to Action (TRC).

Operational Issues
- Frequent leadership turnover and disjointed systems.
- Poor system design and historical ways of operating.
- Limited access to technological infrastructure like Wi-Fi and phones.

Engagement and Trust
- Difficulty engaging community partners and building trust.
- Broken promises and lack of consultation with Indigenous communities.

Health-Specific Barriers
- Limited Indigenous health professionals and mental health resources.
- Complex care needs arising from intergenerational trauma.
- Resistance or fear around using traditional medicines.

Racism and Denial
- Systemic racism embedded in processes, structures, and training.
- Denial of racism's existence within healthcare settings.

1.2.2　What enablers support this work?

Education and Awareness
- Mandatory cultural awareness training and Indigenous curriculum in teaching programs.
- Education for all staff about Indigenous perspectives, lived experiences, and shared stories.
- Public awareness campaigns and cultural training based on the Truth and Reconciliation Commission (TRC) recommendations.

Leadership and Structural Support
- Leadership commitment to reconciliation with tangible actions.
- Indigenous leadership roles within healthcare organizations
- Strong leadership prioritization from government and organizations.
- Anti-Indigenous racism declarations and frameworks.

Community Engagement and Inclusion
- Involvement of Indigenous communities in planning and decision-making.
- Building relationships through active listening and meaningful collaboration.
- Representation of knowledge keepers, elders, and community voices in healthcare roles and decisions.

Resources and Infrastructure
- Access to resources like liaison officers and grassroots healthcare providers (e.g., nurses, PAs, physicians).
- Breaking jurisdictional boundaries to ensure seamless care and access.
- Virtual care services and return-of-service programs for remote communities

Support for Traditional Practices
- Enabling access to traditional healers and Indigenous medicines alongside medical care.
- Open acknowledgment of and support for alternative ways of treating illnesses.

Commitment to Action
- Keeping promises and maintaining accountability.
- Grassroots initiatives and actions driven by individual champions.
- Avoiding over-commitment while focusing on achievable, meaningful actions.

Dialogue and Openness
- Fostering open conversations about health gaps and systemic issues.
- Encouraging difficult but necessary discussions to address biases and systemic racism.
- Listening to lived experiences with a willingness to learn and adapt.

Practical Tools and Programs
- Jordan's Principle ensuring Indigenous children receive necessary services without delays.
- Advocacy groups and conferences (e.g., Primary Care Day) that prioritize Indigenous health issues.
- Strategic plans integrating Indigenous equity and health priorities.

1.2.3 Identify one opportunity to disrupt the status quo.

System Redesign and Leadership
- Refuse exclusionary system designs; health system leaders must challenge the status quo.
- Recognize elders and knowledge keepers as healthcare professionals.
- Develop operational care deliverables with Indigenous leadership.
- Address systemic racism with accountability (e.g., repercussions for racist behavior).

Education and Training
- Require cultural education and anti-racism training for all providers.
- Incorporate Indigenous practices and traditional medicines into healthcare education.
- Provide grassroots-level training and localized education pathways for Indigenous communities.

Funding and Resource Allocation
- Restructure funding models to support Indigenous health (e.g., clean drinking water, community clinics).
- Ensure funding includes logistics like travel for Northern projects.
- Improve the sustainability of healthcare resources in remote areas.

Accessibility and Community Integration
- Remove barriers such as formal titles and rigid policies (e.g., "5-minute late" rule).
- Extend healthcare services into communities to meet people where they are.
- Promote virtual/digital care solutions for Northern and remote areas.

Collaboration and Relationship Building
- Build alliances and work collaboratively to dismantle stereotypes and implicit biases.
- Leverage existing relationships to implement strong, actionable plans without seeking unnecessary permissions.
- Foster trust by including Indigenous communities in decision-making.

Technology and Data
- Expand virtual care capabilities with advanced tools (e.g., video consultations, stethoscope integrations).
- Use community-specific, disaggregated data to improve decision-making and address biases.

Cultural Recognition and Practices
- Integrate Indigenous health models with Western medicine.
- Use Indigenous languages in healthcare settings and greetings.
- Promote spiritual care and cultural safety to respect Indigenous traditions.

Action-Oriented Change
- Transition from words to meaningful actions (e.g., TRC implementation and anti-racism initiatives).
- Address contractual and operational barriers (e.g., unions, funding restrictions).
- Ensure management prioritizes care quality over numerical metrics.

Communication and Understanding
- Enhance cross-agency communication (e.g., CFS, Police) to streamline processes.
- Include Indigenous perspectives in proposals and leadership initiatives to reflect community needs.

Individual and Organizational Courage
- Combat inaction by promoting courage and responsibility at all levels.
- Recognize discomfort and commit to continuous learning and improvement.

1.3 Team-based care

1.3.1 Considering available resources for team-based care, what additional supports would benefit your clinic?

Team Structure and Functioning
- Redesign culture and delivery models (e.g., five-day workweeks).
- Allocate protected time for team-building and collaboration.
- Clearly define team roles, responsibilities, and accountability.
- Include peer support, team coaching, and structured case conferences.

Funding and Resources
- Stable and prioritized funding for team needs.
- Support for hiring more staff, including Indigenous Patient Care Assistants (PCAs), social workers, mental health workers, and navigators.
- Funding adjustments to support interdisciplinary care and expanded provider scopes (e.g., PAs billing mental health services).

Technology and Data Integration
- Unified EMR/EHR systems for improved interoperability and accessibility.
- Enhanced EMR capabilities, including support for group visits and integration with other systems (e.g., lab diagnostics and remote services).
- Digital health optimization and better IT support for clinics.

Cultural and Community Support
- Incorporate Indigenous knowledge keepers, liaisons, and cultural supports.
- Increase access to culturally relevant education, data, and treatment models.
- Leverage community health worker models for high-needs populations.

Space and Infrastructure
- Physical space for team members, including offices and technical resources (e.g., computers, phones).

- Transportation options to improve access for patients and team members.
- Dedicated facilities for opioid management and trauma-informed care.

Mental Health and Social Work Support
- Increase mental health resources, including social workers, counselors, and decentralized psychiatry/psychology services.
- Support for community health workers and income security navigators.
- Promote trauma-informed care through proper staffing and education.

Education and Training
- Training for new staff and physicians to improve awareness and skills.
- Education in LGBTQ+ care, Indigenous care, and opioid agonist therapy (OAT).
- Collaborative learning opportunities for clinicians and allied health professionals.

Patient-Centered Focus
- Shift focus from system metrics to patient needs.
- Simplify referral processes to reduce barriers to care.
- Establish navigators to assist patients with accessing resources and services.

Collaborative and Interdisciplinary Models
- Broaden recognition of care providers (e.g., elders, knowledge keepers).
- Strengthen interdisciplinary teams (e.g., nurses, social workers, doctors).
- Use community health nurse and NUKA models for team-based care.

1.3.2   Share an example of a strong team you've been part of and why was it successful?

Strong Communication
- Open, transparent communication among team members and leadership.
- Time allocated to share updates, discuss challenges, and learn together.
- Effective use of communication tools, such as EMRs that integrate well.
- Teams ensuring clarity in transitions between healthcare providers.

Trust and Respect
- Trust between team members to share ideas and responsibilities freely.
- Respect for each individual's role, perspective, and contributions.

Collaboration and Shared Goals
- Multidisciplinary teams with diverse expertise working toward a common vision.
- Teams aligned with shared goals and mutual accountability.
- Collaborative efforts among providers, organizations, and community members.

Defined Roles and Responsibilities
- Clear understanding of individual roles and scope of practice.
- Informal leadership fostered across team members.
- Role clarity improves efficiency and teamwork.

Team-Centered Activities and Culture
- Teams that build relationships through shared activities, such as potlucks or shared meals.
- A culture of mutual support and flexibility to adapt to challenges.

Community-Centered Care
- Teams with a strong knowledge of the populations they serve, including Indigenous-led initiatives and culturally responsive care.
- Patient- and community-centered approaches that prioritize local innovation and care.

Leadership and Governance
- Teams supported by strong leadership, such as democratic or horizontal power structures.
- Autonomy for providers to set goals and contribute equally to team decisions.

Resources and Support
- Financially stable models with strong allied health and administrative supports.
- Integration of interprofessional voices and perspectives for better decision-making.
- Adequate tools and staffing to ensure smooth operations and high-quality care.