



Presenters' Disclosure

Faculty:

Richard Jock

Relationship with commercial interests:

None

Potential for conflict(s) of interest:

None

Mitigating Potential Bias:

- The information presented is based on available data and evaluation findings. All efforts have been made to provide fair and balanced perspectives.

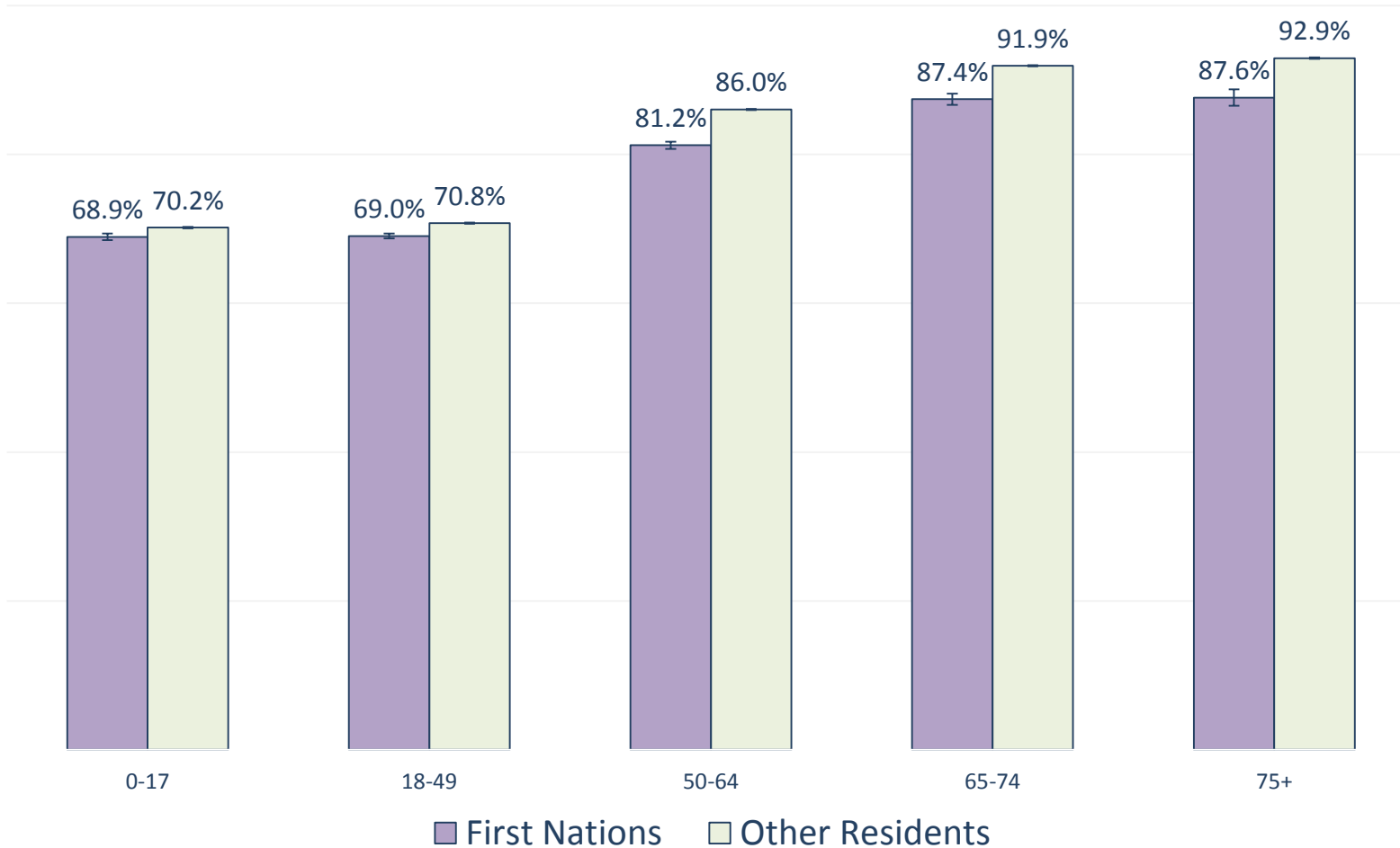


First Nations in Health System Transformation

- As the Ministry of Health and GPSC implement primary health care transformation, First Nations and our unique perspectives on health and wellness must be visible in the process.
- It is our collective responsibility to ensure that First Nations benefit from this system wide transformation.
- The First Nations Health Authority and the Ministry of Health have a Letter of Mutual Accountability committing to ensure that First Nations are full participants in the development of Primary Care Networks.
- Through the Health Systems Matrix and other supplemental data, we will be able to monitor and measure the impact for First Nations in BC.
- The Health Systems Matrix database (2014/15) provides observations of the performance of the health system for First Nations.



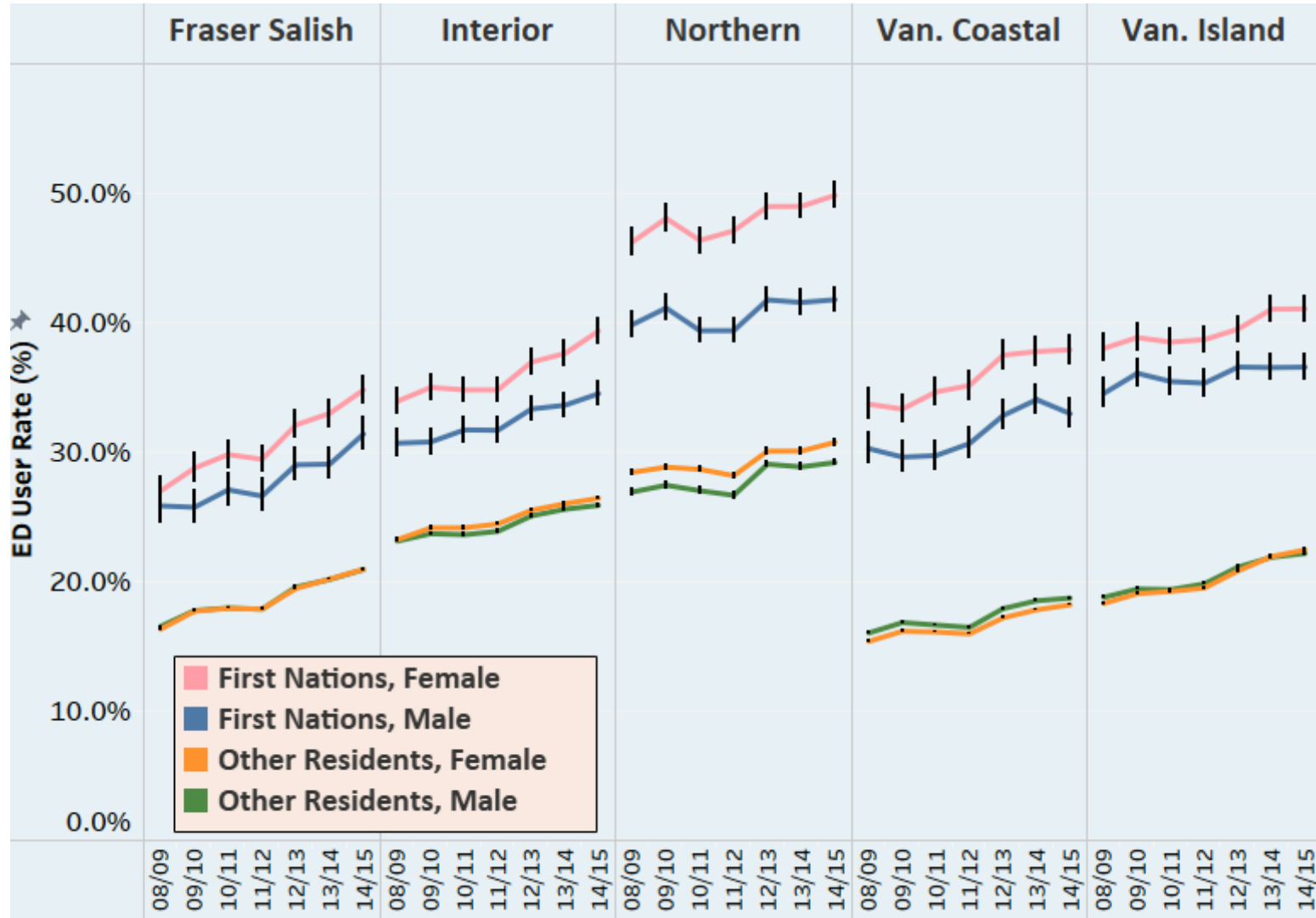
First Nations had lower rates of attachment to GPs compared to Other Residents



First Nations attachment rates in all age groups were less than Other Resident rates in 2014/15 (largest difference was seen in the 50 – 64 and 75+ age groups)

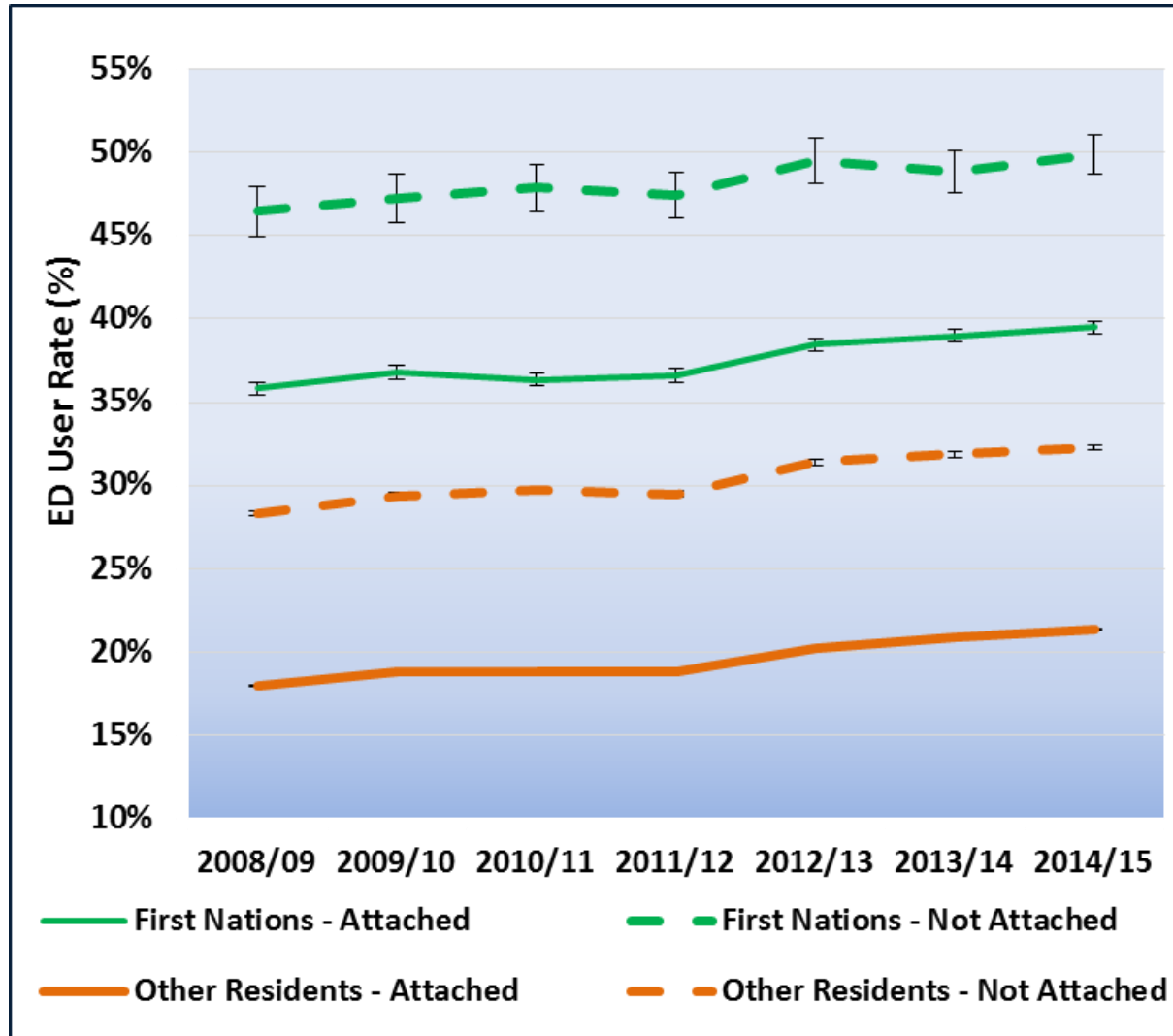


First Nations were overrepresented in emergency departments





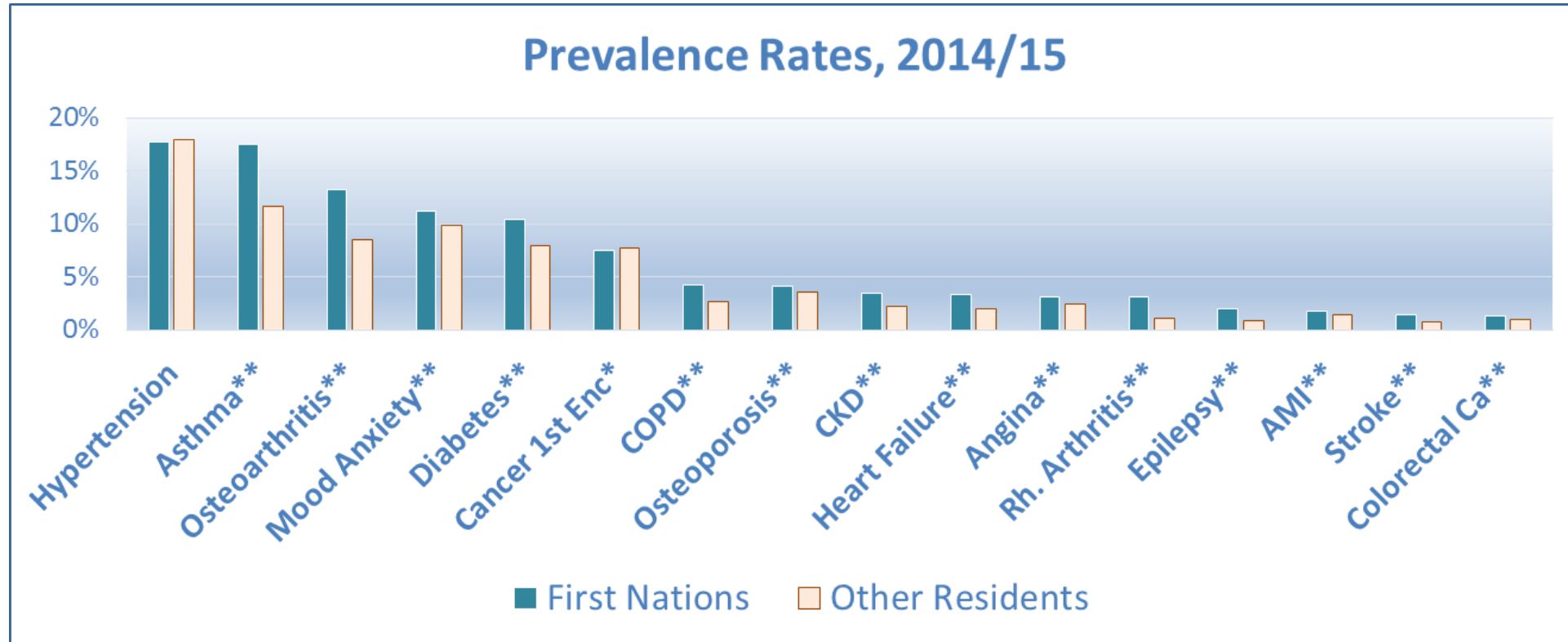
First Nations had higher utilization of the emergency department whether they were attached to a GP or not



- In both attached and non-attached populations, the use of ED (seen via user rate analysis) increased over the time period.
- First Nation females were more likely be users of physician services in the ED than First Nations males whether attached or not.



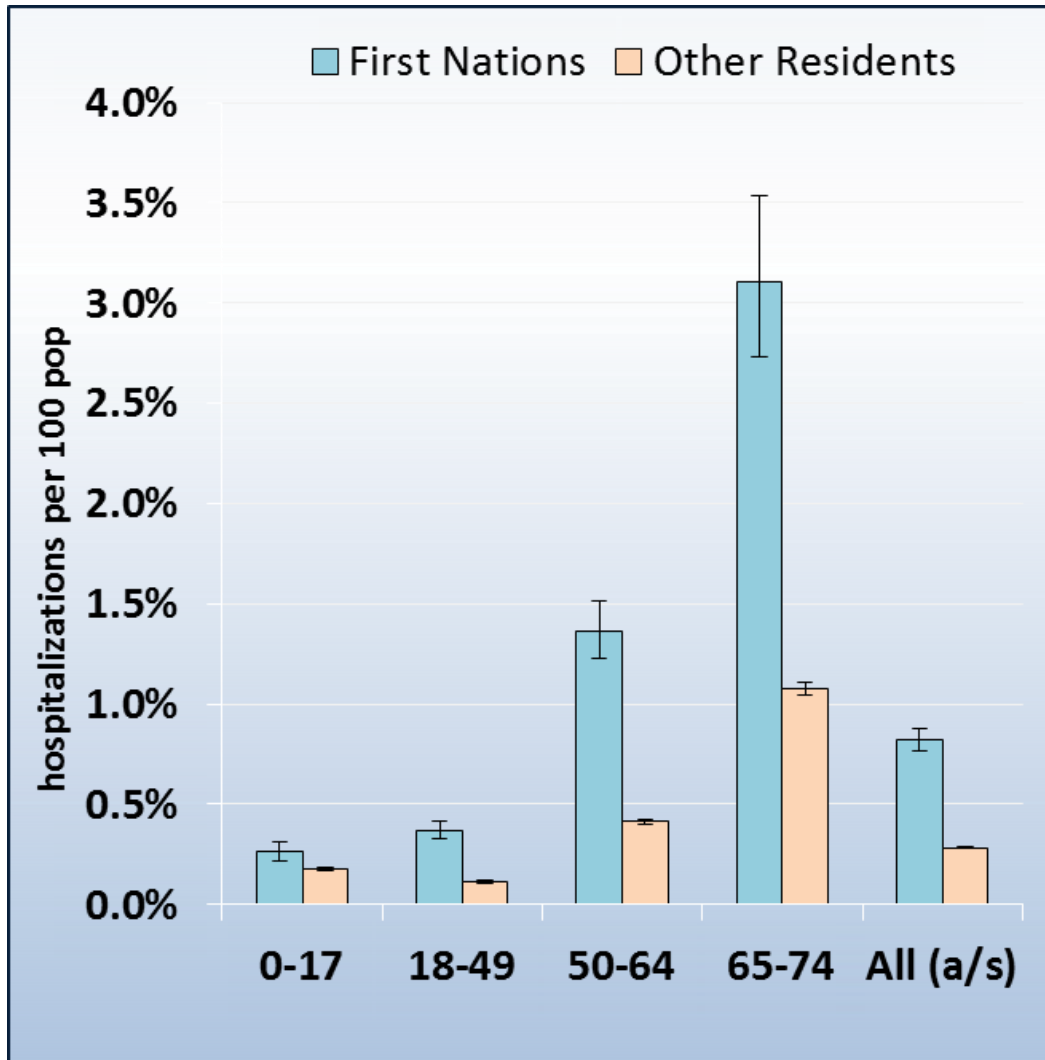
First Nations had elevated rates of 17 conditions in the BC Chronic Condition Registry



- First Nations compared to Other Residents
 - ** in diagram significantly higher
 - * in diagram significantly lower (cancer 1st encounter and prostate cancer)
- Generally, female rates were higher than male rates, except for cardiovascular conditions



First Nations experienced higher rates of hospitalizations for ambulatory care sensitive conditions



- ACSC are those conditions, which if treated appropriately in primary care, should not result in hospitalization (e.g. asthma, diabetes, hypertension and angina among others).
- The rate of ACSC hospitalizations **increased** across the **adult** life course in both First Nations and Other Resident populations.
 - First Nations ACSC hospitalization rates **were significantly higher across all age groups and for the a/s rate (0-74 yrs).**
- Gap between First Nations and Other Residents ACSC hospitalization rate:
 - 50% higher in the 0 – 17 age group, to
 - 3.3X higher in the 50 – 64 age group



From the voices of our people and from the data, we hear:

- Addressing the social determinants of health is important in improving the health of First Nations.
- There is a need for enhanced cultural safety and humility in the health system to facilitate greater access to primary health care services.
- Continued collaboration directed to improving primary care access will strengthen and continue to enhance benefits to our population now seen from the PCN/PMH initiative.
- Flexibility is needed for different models in certain environments. For example, more community and team-based approaches to care may be developed that are not physician-led. We have some promising examples across the province where these models add value.