



THE UNIVERSITY OF BRITISH COLUMBIA

Office of the Vice-President, Health
UBC Health

THOUGHT EXCHANGE SUMMARY

From your perspective, what is an improvement
you want to see in 2022 in BC's health system?

UBC HEALTH
FEBRUARY 2022

PURPOSE AND BACKGROUND FOR THIS REPORT

These slides summarize results from the Thought Exchange exercise conducted by UBC Health from Jan. 10 - 23, 2022.



Participants were offered this summary when they were invited to participate.

The exercise consisted of:

- Email invitations broadcasted to visit the on-line portal,
- Participants contributing as many thoughts as they wished, and
- Participants then ranking the thoughts collected there, as many as they wished.

Participants' contributions were not linked to any identifying information.

The question to participants was:

From your perspective, what is an improvement you want to see in 2022 in BC's health system?

DISTRIBUTION OF THE INVITATION

The invitation was open to anyone in BC. It was distributed through a range of health-related organizations and groups, including:

- Groups that engage the voices of users of healthcare, such as the Patient Voices Network at the BC Patient Safety and Quality Council
- Healthcare providers and administrators, such as health authorities
- Sectors linked to or in partnership with health services, such as the Union of BC Municipalities
- BC government's Ministry of Health
- Academics, such as UBC faculty



PARTICIPATION



617
Participants



1,130
Thoughts

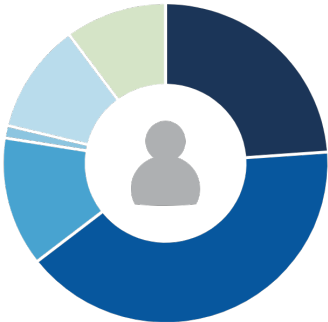


15,678
Ratings

BREAKDOWN OF PARTICIPATION

Each participant was asked:

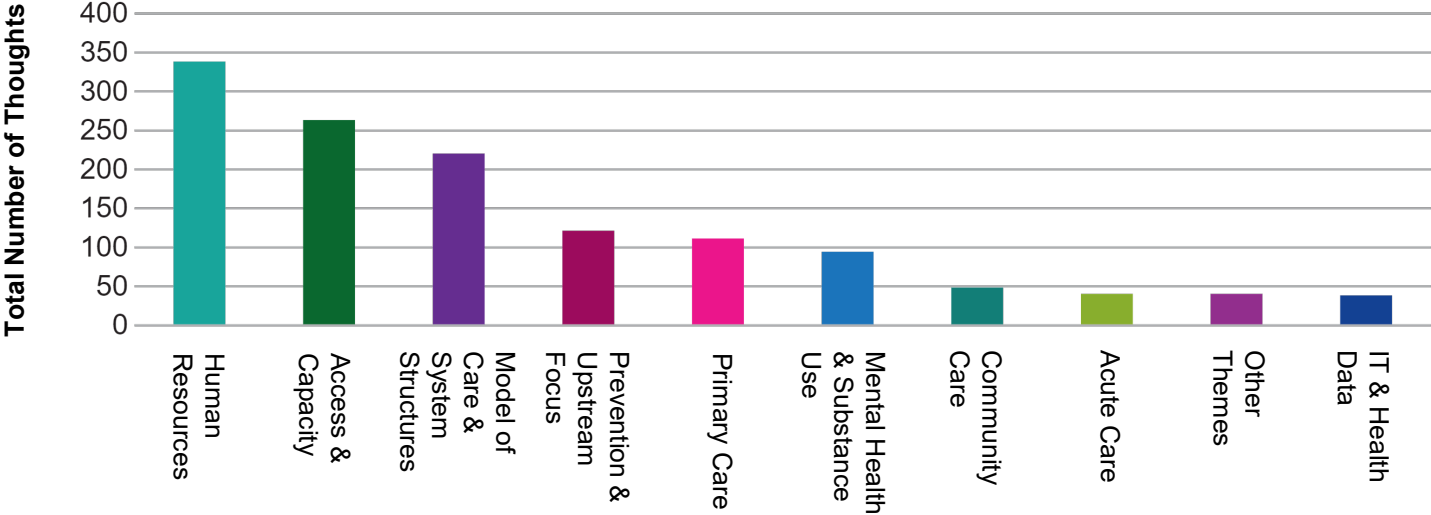
Which of the following categories best reflects your primary role in the BC health system?



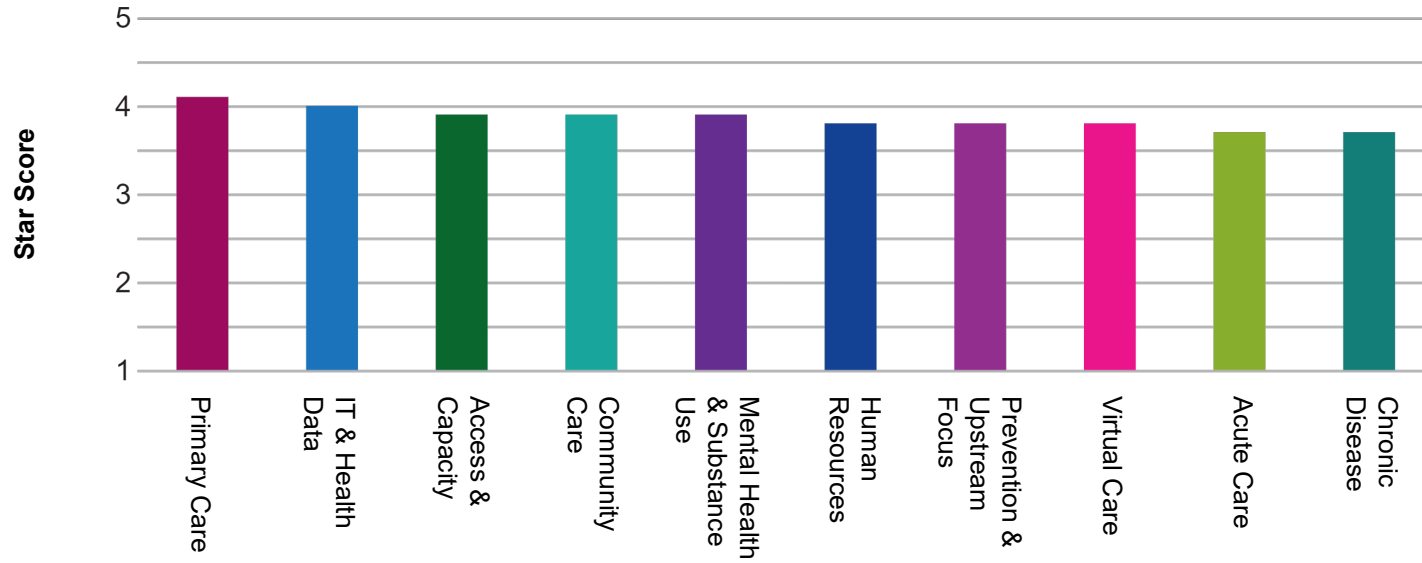
%		Answer
24%	(144)	■ Health care user / community member
41%	(242)	■ Provider (clinician)
13%	(79)	■ Administrator
1%	(7)	■ Policy maker
11%	(62)	■ Academic (education, research or knowledge translation)
10%	(59)	■ Industry or non-profit working in/with health

NUMBER OF THOUGHTS BY TOPIC

The thoughts contributed by participants were categorized into topics. Each thought was assigned to at least one and at most two topics.



THOUGHT TOPICS WITH HIGHEST AVERAGE RATINGS



TOP-RATED THOUGHTS: HUMAN RESOURCES

adequate staffing and compensation
physically, emotionally and mentally burnt out

4.3  (24 👤)

Staffing levels We're in desperate need of more staff.

4.3  (23 👤)

hiring more providers to reduce waitlists and provide better access to care people are getting sicker waiting for treatment options

4.3  (23 👤)

We need more family physicians My son was recently dx with 2 autoimmune diseases but has no family dr. The system in which we had to navigate without a family dr was a minefield.

4.3  (20 👤)

Long term and short term planning for primary care- A LOT more GPs, more NPs Netherlands does not have a GP shortage, and other similar healthcare systems do not. We need to look at other countries' successes and learn from the

4.2  (19 👤)

GP Shortage needs addressing When patients have a GP who can only book an appt 3 weeks out, there is a problem. We have too few GPs for the aging population

4.2  (15 👤)

We desperately need more doctors and nurse practitioners especially ones who will take on complex patients because so many people don't have a primary doctor

4.2  (7 👤)

Increased number of seats in health programs that train future healthcare professionals. Understaffed healthcare systems deleteriously affect the health and wellbeing of everyone.

4.1  (25 👤)

TOP-RATED THOUGHTS: MODEL OF CARE & SYSTEM STRUCTURES

Each community should have an inter-professional team to provide health care in a 'one stop shop' space. Patients and families have to travel and re-submit info multiple times before getting the care they need.

4.2 ★★★★★ (22 👤)

Expand the healthcare model to use physician assistants and nurse practitioners Update the medical model and allow these practitioners to operate within their scope in BC thereby freeing time for GPs to focus on complex care issue

4.0 ★★★★★ (19 👤)



The government should open health clinics where doctors and nurses can see patients without the burden on running a business and managing staffing. In larger cities, we are seeing so many health providers leaving because of the rising costs of running a business.

4.2 ★★★★★ (20 👤)

Nurses in primary care clinics . We do not need family doctors seeing every patient. They are specialists in general medicine and can have multiple nu We do not need family doctors seeing every patient. They can have multiple nurses working under them. Like Nunavut and North Canada. Works great

4.0 ★★★★★ (19 👤)

Fee-for-service is an antiquated model that directly impact health care outcomes and work-life satisfaction. This needs to go entirely.

4.1 ★★★★★ (14 👤)

greater partnerships with allied health professionals, and sharing power and resources People with a medical background are not equipped to meet all of the health needs of the population. Partnering and resourcing allies is vital.

4.0 ★★★★★ (19 👤)

use paramedical professionals more effectively, so we work as a team - for example, community physiotherapists for assessment of MSK issues .. podiatrists, etc etc

4.1 ★★★★★ (11 👤)

TOP-RATED THOUGHTS: PRIMARY CARE

- greater access to non-urgent care. more family physicians** keeps the emergency department for emergencies only rather than as a walk in clinic 4.4 ★★★★★ (24 👤)
- more access to family physicians** to decrease the pressure on ER 4.4 ★★★★★ (23 👤)
- Access to G.P. and/or nurse practitioner care.** everyone should have a relationship with a health care professional, and there just aren't enough of them for everyone to access. 4.3 ★★★★★ (23 👤)
- Better access to primary care** health promotion and prevention rather than treatment 4.3 ★★★★★ (23 👤)
- More primary care clinics run by either doctors or nurse practitioners** Most of the people I know do not have a primary care provider. I have no where but walk-in's to take myself and my kids if something is wrong. 4.3 ★★★★★ (22 👤)
- Improved access to family doctors and community healthcare** This helps to manage hospital capacity, manage health and prevention, and is critical for all populations to have proper access to healthcare 4.3 ★★★★★ (21 👤)
- We need more family physicians** My son was recently dx with 2 autoimmune diseases but has no family dr. The system in which we had to navigate without a family dr was a minefield. 4.3 ★★★★★ (20 👤)



TOP-RATED THOUGHTS: IT & HEALTH DATA

BC should have one Electronic care record for all hospitals, labs, physician offices etc to access. A fractured health information system contributes to errors, decrease trust in the system, and discrimination

4.4 ★★★★★ (24 👤)

Fully electronic medical records As a clinician and a patient, this would make my job/life so much easier! less repeating yourself, less time wasted searching through multiple records

4.2 ★★★★★ (20 👤)

Provincial EMR One global system or a system that speaks to each other would allow proper follow up care for patients that are discharged.

4.2 ★★★★★ (15 👤)

Support a non-profit universal EMR that is connected and portable and that the data belongs to patients, not corporations. Doctors are hamstrung by the EMR systems. Corporations are collecting patient data while public good is jeopardized.

4.2 ★★★★★ (14 👤)

In order to achieve our goals in LTC, we need all resident/medical/personal data to be on one platform throughout the province for ease of access It's necessary to more accurately and efficiently get the necessary info from physician to pharmacy to LTCH to healthcare worker to family etc.

4.1 ★★★★★ (17 👤)



TOP-RATED THOUGHTS: ACCESS & CAPACITY

greater access to non-urgent care. more family physicians keeps the emergency department for emergencies only rather than as a walk in clinic 4.4 ★★★★★ (24 👤)

more access to family physicians to decrease the pressure on ER 4.4 ★★★★★ (23 👤)

Access to G.P. and/or nurse practitioner care. everyone should have a relationship with a health care professional, and there just aren't enough of them for everyone to access. 4.3 ★★★★★ (23 👤)

Better access to primary care health promotion and prevention rather than treatment 4.3 ★★★★★ (23 👤)

Increase in funding and support for home support More and more individuals want to stay in their homes as they age, unfortunately the funding and support is not there to sufficiently provide the care 4.3 ★★★★★ (23 👤)

prescriptions refilled without the unnecessary need for patients to see their family doctors more efficient and effective...saves time of everyone 4.3 ★★★★★ (23 👤)

More primary care clinics run by either doctors or nurse practitioners Most of the people I know do not have a primary care provider. I have no where but walk-in's to take myself and my kids if something is wrong. 4.3 ★★★★★ (22 👤)



TOP-RATED THOUGHTS: COMMUNITY CARE

- Increase in funding and support for home support** More and more individuals want to stay in their homes as they age, unfortunately the funding and support is not there to sufficiently provide the care 4.3 ★★★★★ (23 👤)
- Easy access to high quality home care service** Focus on continually improving home care services as it relieves burden on hospitals and aligns with many patients' preferences to be home 4.2 ★★★★★ (11 👤)
- More oversight into LTC, ensuring a shared standard of care for private and public facilities.** Ensuring wealth is not the only thing determining what standard of care is received for our seniors. 4.1 ★★★★★ (24 👤)
- More beds allocated for long term care to free up acute care beds** Not enough long term beds to house our aging population which ties up much needed acute care beds 4.1 ★★★★★ (23 👤)
- Home support should be able to do more for their clients** HS are very limited in what they can do for their clients, they sometimes end up not being much use at all and people are re admitted to hospital 4.0 ★★★★★ (22 👤)



TOP-RATED THOUGHTS: MENTAL HEALTH & SUBSTANCE USE

Expand mental health and substance use services. Shift towards a wrap-around model Addiction should not be treated as a criminal issue

4.2 ★★★★★ (19 👤)

Allow mental health therapists (RSWs, RCCs, RPsych) in private practice bill MSP for mental health counselling. Free mental health services are very challenging to access. People go without care, end up in crisis, then end up in hospital which costs \$\$\$\$

4.0 ★★★★★ (23 👤)

Increased mental health supports including a reduction in the cost barrier for seeking services. Mental Health is as important as physical health and should be prioritized. Access should be made available to all, and income should not be a barrier

4.0 ★★★★★ (23 👤)

The system as it is currently run is unsustainable. Healthcare needs to be working with housing/mental health and focus on health and prevention. Healthcare is focused on response and not prevention. It will take a cultural shift in our communities and strong leadership FROM outside healthcare.

4.0 ★★★★★ (21 👤)

Increase in provision for mental health services The current MHAS is not meeting client need. It needs revisoning to prevent hospital admissions and more care in the community

4.0 ★★★★★ (20 👤)



WRAP UP & NEXT STEPS

Participants' contributions have been greatly appreciated.

A Health Systems Advisory Committee, led by Ray Markham at UBC Health, used the Thought Exchange information while selecting its areas of focus, which are:

- health human resources,
- health system sustainability, and
- power in health care delivery and access to care.

The committee aims to facilitate meaningful collaboration through inclusive and coordinated engagement on these topics with academia, health administrators, policy makers, communities, health professionals, and linked sectors, to influence better health in BC.

Visit the [UBC Health website](#) to learn more about the [Health Systems Advisory Committee](#), or contact Ben Fair, Assistant Director, Health Systems at ben.fair@ubc.ca.





THE UNIVERSITY OF BRITISH COLUMBIA

Office of the Vice-President, Health

UBC Health

THANK YOU

health.ubc.ca

SUBSCRIBE

health.ubc.ca/newsletter