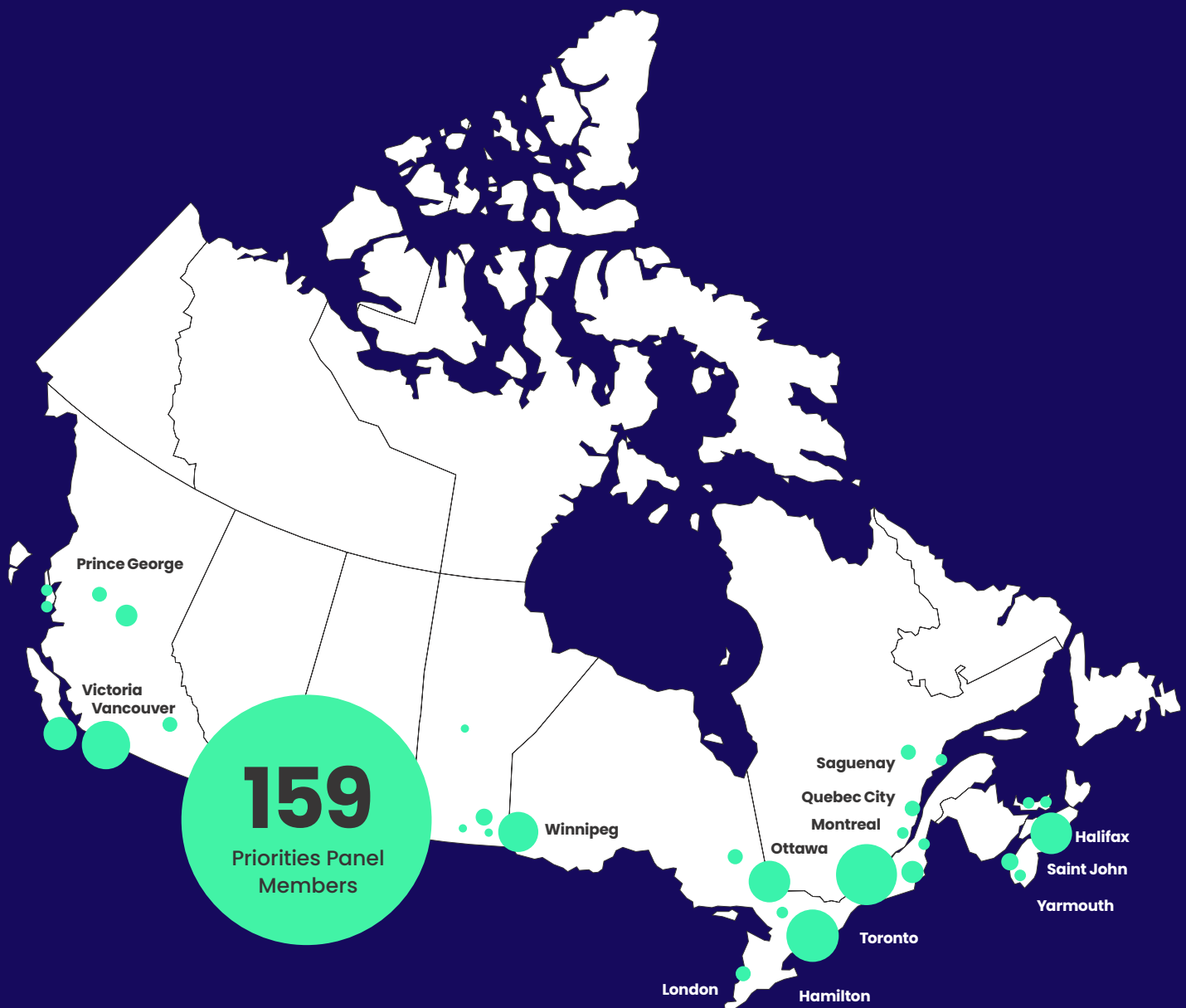


# What did we hear in OurCare conversations?

## 5 Provincial Priorities Panels

**Five Provincial Priorities Panels** brought together diverse members of the public from British Columbia, Manitoba, Ontario, Quebec and Nova Scotia. Each panel included 29–35 randomly selected residents from the province who spent 30 to 40 hours learning and deliberating about primary care.



Despite this diversity, there was strong agreement within and across discussions. Members of the public agreed that they wanted a primary care system that was **accessible, holistic and wellness-oriented, accountable, equitable, empathic, patient-centred, sustainable, and universal**. They also **agreed on recommendations for a better system**.

#### **Scale team-based primary care for all**

Expand team-based care to improve capacity in the system, reduce provider burnout and provide more holistic care. Start in areas of greatest need and scale existing community governed models, such as Community Health Centres (CHCs) and ACCESS Centres, where different types of health professionals like nurses, social workers, and pharmacists work alongside doctors.

#### **Move to a single patient-held health record**

Ensure patients have easy access to their own health records. These should be available online in a manner that is private and secure and allows patients to share records with their clinicians and caregivers. Electronic health records should be interoperable to foster connectivity, portability and accessibility.

#### **Act upstream**

Primary care should address the social determinants of health and have stronger links with community agencies. Public coverage should be expanded to include mental health, vision, dental care, eye care, physical therapy, and medications.

#### **Leverage virtual and mobile care**

Virtual care should be integrated with in-person care and, in particular, used to enhance access in rural and remote communities. Government should ensure access to affordable, reliable internet and public infrastructure that enables people to access virtual care. Mobile care should be used to expand access to underserved communities.

#### **Ensure diversity and inclusion in care delivery**

Require training in cultural safety and humility and anti-discrimination. Facilitate barrierfree pathways to primary care professional education, especially among equity-deserving and Indigenous communities. Integrate Indigenous models of care.

#### **Accelerate health professional recruitment and retention**

Further the process for integrating internationally trained primary care professionals. Reduce the administrative burden faced by clinicians and improve their working conditions.

#### **Strengthen patient empowerment**

Strengthen community involvement in primary care policy, delivery, and measurement. Educate members of the public on their rights and the value of primary care and how to navigate the system. Measure and report on system performance.

## 10 Community Roundtables

**10 Community Roundtables** brought together people from equity-deserving groups. Each roundtable gathered 14–24 people from an equity-deserving community for a one-day session to identify specific needs and priorities for their group. We held two roundtables in each of British Columbia, Manitoba, Ontario, Quebec and Nova Scotia.

Roundtable participants agreed with many of the recommendations put forward by the priorities panels, including:

- Expanding team-based care, particularly Community Health Centres and Indigenous Primary Health Care Organizations;
- Empowering patients to play an active role in their care and ensure they have access to their own health record;
- Addressing the social determinants of health, expand public coverage and remove financial barriers to care including access barriers related to the Interim Federal Health program;
- Taking a holistic, wellness-oriented approach to care that considers spirituality, mental health, and sexuality, as well as physical health;
- Educating patients, including newcomers, on their rights and how to navigate the healthcare system; and
- Reducing barriers for foreign-trained health professionals to work in Canada and reducing barriers to pursuing medical education in Canada for people from equity-deserving communities.

Additional ideas for change from the community roundtable discussions include:

### **Addressing experiences of racism and discrimination in the health care system**

by mandating cultural safety and anti-oppression training in all care settings and ensuring the availability of standardized public recourse mechanisms for patients who experience racism and maltreatment;

### **Expanding the health workforce to reflect the diversity of the populations served and respect Indigenous self-determination**

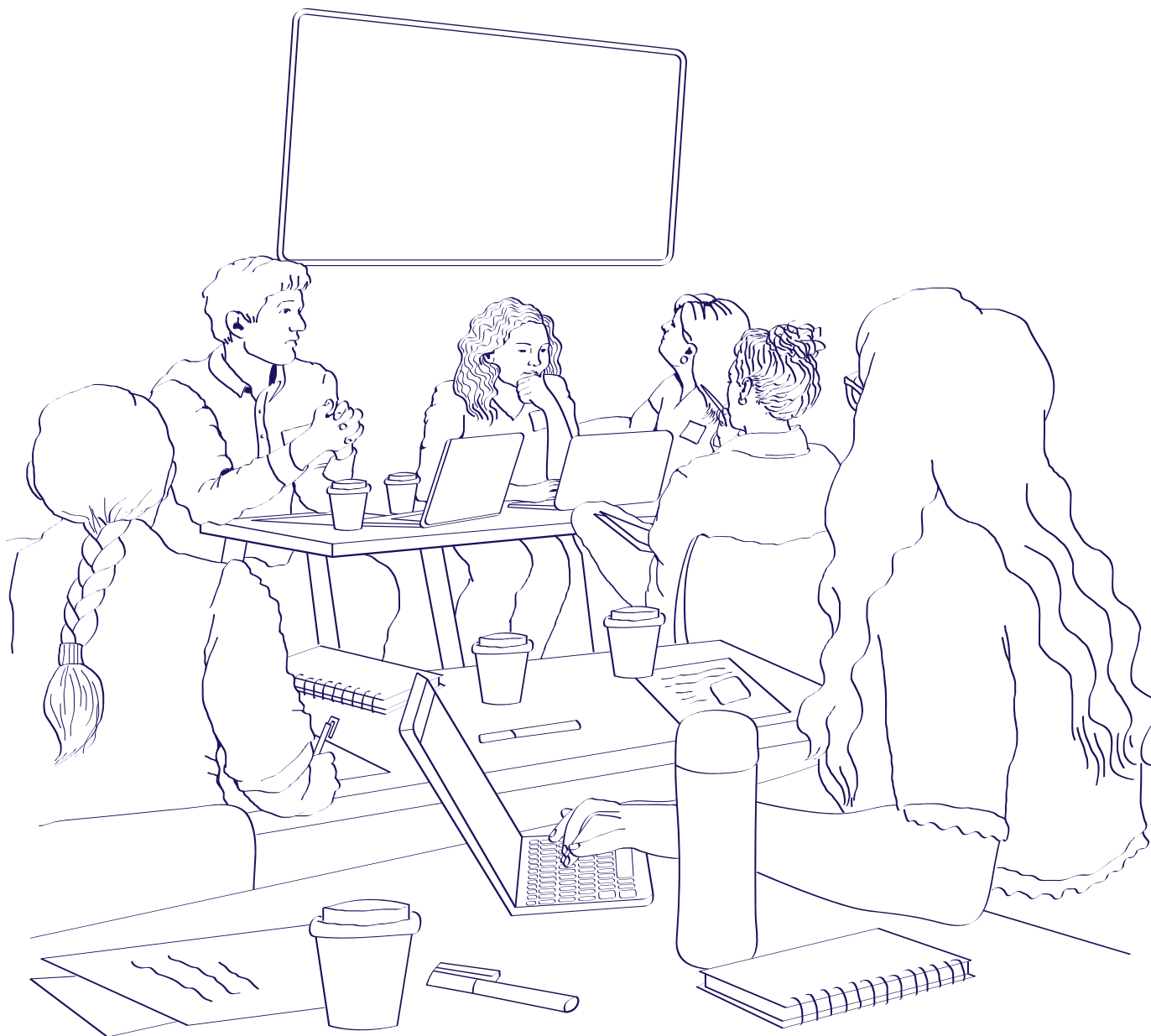
In addition to redressing instances of discrimination and historical injustice, representation in the health workforce can build trust with equity-deserving communities and ensure culturally safe, high-quality care;

### **Adopting an intersectional, gender-affirming, and anti-oppressive lens in the design of health care spaces**

to ensure that they are safe and accessible for all individuals, including those with disabilities and those who do not speak the dominant language;

**Funding client-led, community-based care** including care models that are responsive to and meet the unique needs and assets of First Nation, Inuit, and Métis peoples across urban, rural and remote geographies; and

**Advancing Indigenous models of health and well-being** that apply Indigenous approaches and practices such as relationship-centred care that empowers clients to take leadership in their own health and well-being.



Over 16 months, OurCare heard from almost 10,000 people across Canada about their hopes and priorities for a better primary care system. Visit [OurCare.ca](https://www.ourcare.ca) to learn more.

The OurCare initiative is made possible through financial contributions from Max Bell Foundation, Even the Odds, and Health Canada. The views expressed herein do not necessarily represent the views of our funders.

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