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Family Health Team

Taking Collaboration to the Next Level:
Dealing with the Social Determinants of
Health

October 28, 2015

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PRESENTERS: Dr. Alan McLean, Lead Physician
Michelle Brisbois, Executive Director
Susan McLean, RN, Director of Programs

RELATIONSHIPS WITH COMMERCIAL INTERESTS:

None

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DISCLOSURE OF COMMERCIAL SUPPORT

Nothing to disclose

POTENTIAL FOR CONFLICT(S) OF INTEREST:

No conflict of interests

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Sault Ste. Marie is located on the St. Mary's River between Lake Huron and Lake Superior on the U.S./Canadian border. It is part of the Algoma District and is the third largest city in Northern Ontario. The Algoma region is chronically underserved in most areas of medical care, including primary care due to a shortage of physicians, resulting in a large orphan patient population that obtains healthcare services through the hospital Emergency Department (ED) or walk in clinics. The population in Northern Ontario experiences worse outcomes on a number of important health indicators, including higher rates of chronic disease compared to the population in the rest of Ontario.

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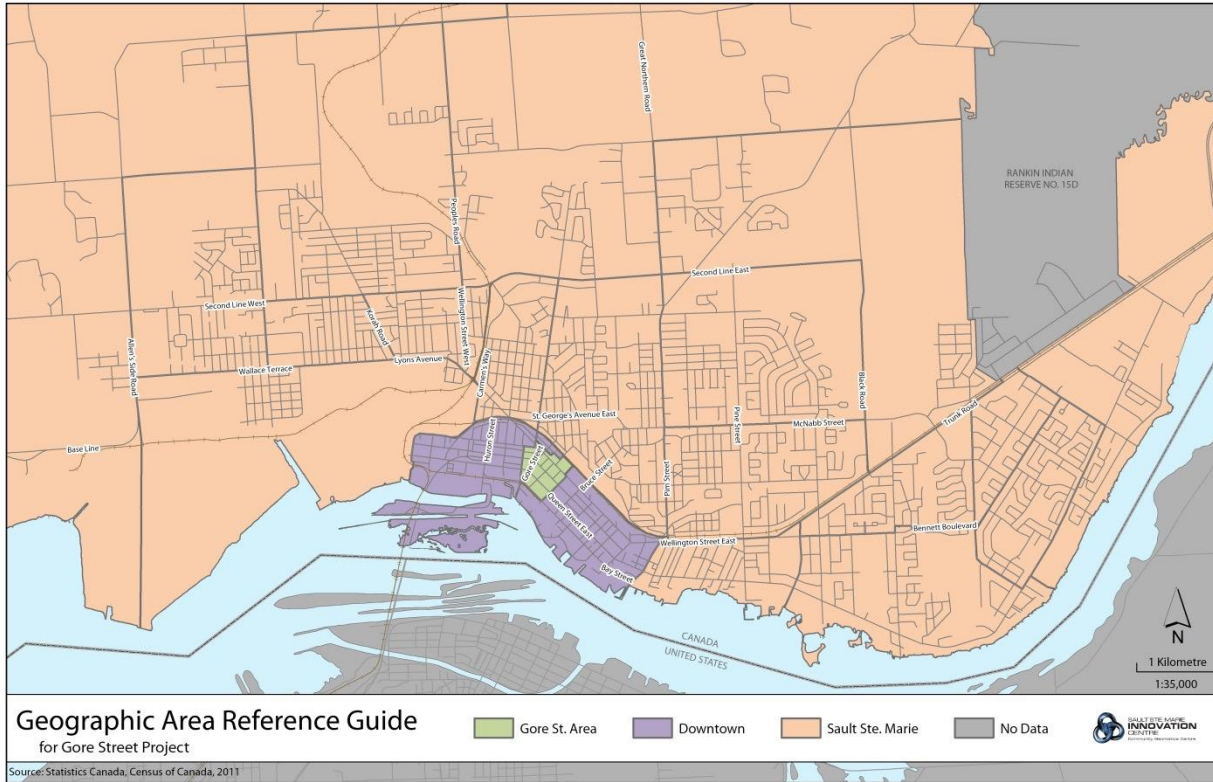
“Prevention and intervention through social development has been proven again and again to be the most essential and lasting solutions to crime and ensuring community well-being and safety...For those to be effective, we must all work together.”-Robert Keetch, Chief of Police, Sault Ste. Marie Police Services (2015

HOW DID EVERYTHING START?

- Superior Family Health Team started looking at the orphan patient population in Sault Ste. Marie in 2013, especially complex patients that no one wanted to take on.
- We accepted 64 orphan, medically complex patients as part of the Medically Complex Patient Pilot Project. Referrals came from many sources.
- Many of the patients identified did not have a permanent address or phone number or did not show up to scheduled appointments.
- We found that a lot of these patients lived in the downtown core.
- In 2014 we conducted a patient engagement survey in the downtown core that was funded by LHIN 13 to determine what services people needed and wanted.

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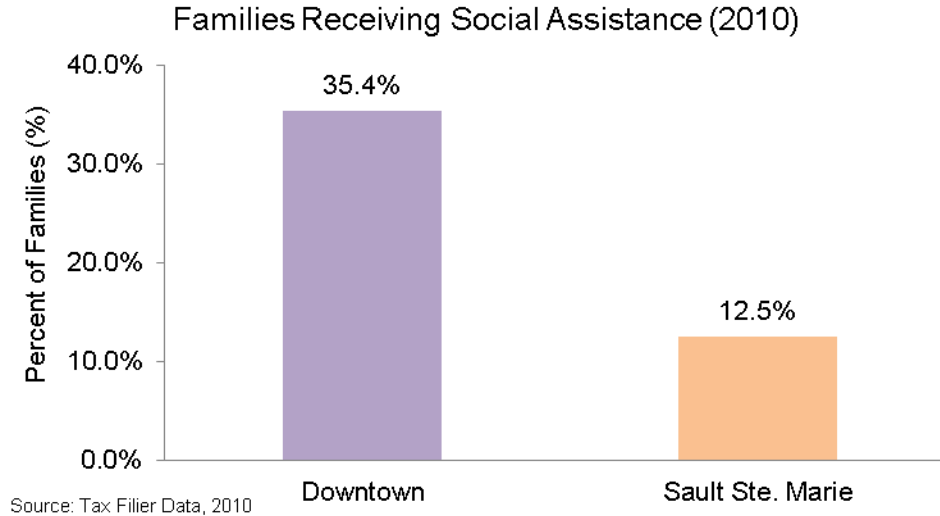
NEIGHBOURHOOD DEMOGRAPHICS

According to the Sault Ste. Marie Innovation Centre, there are approximately 7000 people living in this catchment area, representing 10% of the population for Sault Ste. Marie. Approximately 13% of the population in this area identify as being aboriginal.

Statistics obtained through the Sault Ste. Marie Innovation Centre indicate that this area scores low on all the social determinant of health:

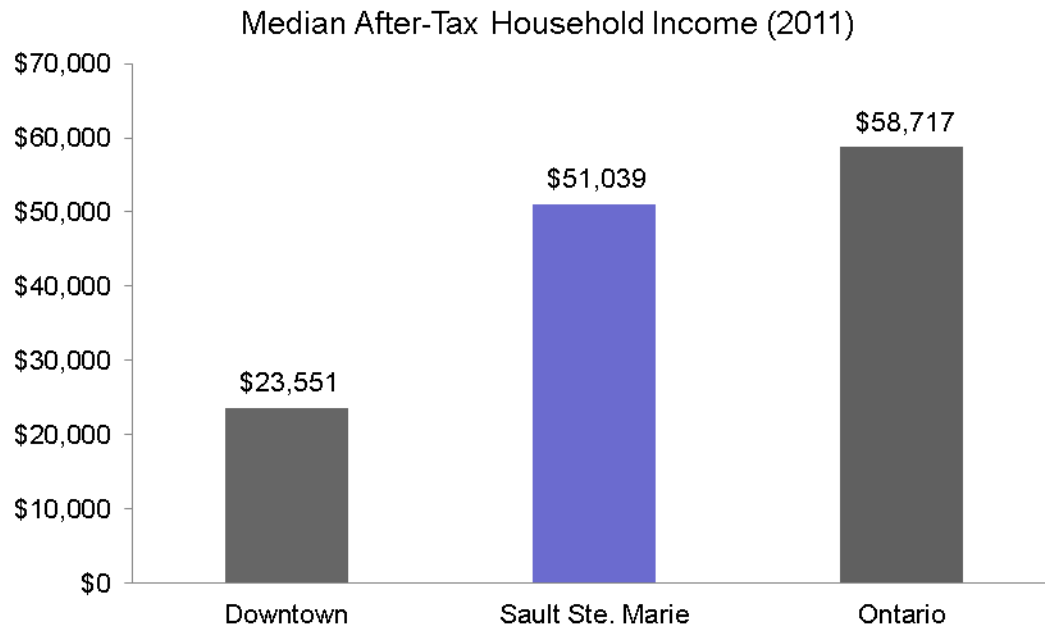
- Poverty
- Education
- Mental Health

NEIGHBOURHOOD DEMOGRAPHICS



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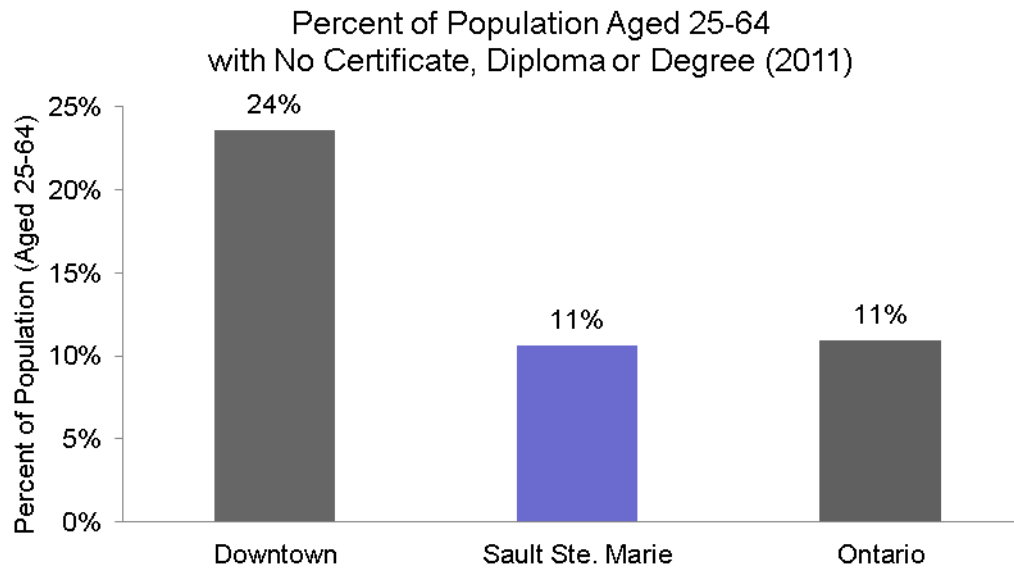
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Source: Statistics Canada, National Household Survey, 2011

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Source: Statistics Canada, National Household Survey, 2011

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THE EVOLUTION OF THE NEIGHBOURHOOD RESOURCE CENTRE (NRC)

- The Sault Ste. Marie Police Services Board determined that the Gore Street and Downtown Area would benefit from an increased police presence. The goal was to make the area safer and to act as a resource to the residents.
- Several other agencies, such as John Howard's Society, Children Aid's Society and Ontario Works also provided manpower.
- They were met with distrust and suspicion; few people set foot into the store front at first.
- Eventually people became curious and started to check it out; they still are
- As more came, the agencies realized that more services were needed.

THE EVOLUTION OF THE NEIGHBOURHOOD RESOURCE CENTRE (NRC)

- Residents were engaged through community dinners and events. They were encouraged to volunteer their time, to take ownership of their community.
- Residents were asked to identify their needs through surveys and focus groups.
- Through the residents' stories, the need for additional agencies was identified. Over 20 agencies now offer some kind of service out of the Neighbourhood Resource Centre.
- The NRC received the Ontario Association of Chiefs of Police (OACP) award October 2, 2015.

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OUR INVOLVEMENT

- In 2014 we were approached by Tony Martin, our former MP and MPP. He was lobbying to have a Community Health Care Centre built in the downtown area.
- Through Tony, we met Paul Beech at the Sault Ste. Marie Innovation Centre. His data on the area was staggering.
- We were introduced to Constable Rossetto, the lead police officer at the NRC
- We wanted to be sure we could offer the right services. We hired a consulting company to complete a Patient Engagement Survey. Residents were surveyed at various community events.

PATIENT ENGAGEMENT SURVEY (2014)

- 240 surveys completed and 2 focus groups
- 78.3% have a household income <\$29, 999/year
- 31.25% were unemployed
- 7.9% were homeless
- 24.6% were living with physical/emotional/intellectual challenges
- Top concerns identified:
 - Need for Primary Care Providers in the downtown area
 - System Navigators/advocate
 - Accessibility to services and affordable transportation of health care facilities and care providers

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PATIENT ENGAGEMENT SURVEY (2014)

“It is easier and cheaper to get alcohol , drugs and smokes than the help you need”

Survey Participant

“How do you take a bus when you’re too sick to get out of bed and have no money for a taxi?”

Survey Participant

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WALK-IN CLINIC START UP

- Superior FHT started a walk in clinic on December 4, 2014.
Nobody came
- We went back the following week
2 people came
- We had to earn their trust. Our numbers have steadily increased every week since then. We now see 15-22 patients/4 hour clinic.
- Every week 25-50% of the patients are new.
- Some are transient, most live in the area
- We also see people who live in other parts of the city in similar situations

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WALK-IN CLINIC START UP

- We receive referrals from Canadian Mental Health Association (CMHA), Children's Aid, Detox Centre, women and men's shelters, Sault Area Hospital (SAH), Remand Centre, Algoma Public Health Community Mental Health Program, Ontario Works and John Howard's Society.
- Other agencies have scheduled their services around our clinic.

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NRC STATS

Since December 4, 2014:

- We have seen 227 patients
- We have had 474 visits
- 76% do not have a primary care provider
- 24% do not have a HC

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SERVICES PROVIDED:

- Primary Care
- Immunization, minor suturing, steroid injections, wound care
- Referral to specialists, especially psychiatry
- We provide medical assessments for children apprehended by CAS and who do not have a care provider
- OTN
- Smoking Cessation
- Forms completion: Health Status Living Reports, Ontario Works, rehabilitation.

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WHAT WE DO

- There is a complex array of patients
- Heavy in Mental Health and addictions
- Lots of Hungry Ghosts*
- Folks who have not accessed healthcare for some time
- Often poor experience when they do cross paths with healthcare system
- Ensure patients are treated with respect and at times compassion
- Leads to
- Low NNT...usually about 1
- Different approach than in office
- Screening less important
- Physical Exam actually helps
- Everyday go home tired but sense of accomplishment

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“They’re thinking outside the box and they’re treating people like people. Sure they work for somebody but they’re not looking down on you because of it and they’re willing to think outside the box of their bureaucratic parameter and find the people who can help you and that’s unheard of. Two government agencies could be side by side and never talk to each other in the real world. Not here. This isn’t the real world. It’s outside the box. It’s really cool.”-Community resident

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COLLABORATION

- The one unique aspect of this centre is the level of cooperation and collaboration.
- Bi-weekly case management by front line workers with non-traditional agencies, such as Algoma Public Health Community Mental Health Program, Community Housing, John Howards and Children's Aid Society.
- Cases are presented anonymously unless the person has given permission to use their name. We discuss concerns and ask for input, either as suggestions or if any agency can help.
- We work together to help our common clients coordinate different aspects of their life.
- Problem solving is about looking at new ways to address issues.

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HOW TO GET STARTED

- Know what resources are already there and which ones are lacking. *It is important to know what the community identifies as gaps in their services.*
- Determine your capacity, which services will be provided and what resources or programs can be accessed.
- Basic equipment: bed, otoscope, ophthalmoscope, blood pressure cuff, thermometer. Model it after any exam room in your clinic. Don't forget requisitions and forms.
- Get to know the patients. Go to the centre and talk with the folks there. Listen to what they have to say.
- Consider linking to your computer network and use your EMR. However, make sure you have paper copies of lab requisitions and prescription pads.
- Decide what phone number and fax number will be associated with this clinic. Pharmacies and consultants may need to talk to you but you don't want to overburden your staff.

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HOW TO GET STARTED

- Encourage staff to participate.
- Obtain confidentiality agreements with other agencies and release forms from patients allowing you to have discussions with the other agencies involved in their care. This is very important. Many of our patients rely heavily on their case managers. It also provides continuity and a game plan.

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CASE STUDIES

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CASE 1

23 year old

History of drug abuse

Boyfriend just jailed on drug charges

Living in an unsafe environment: street drugs and personal safety at risk

Long history of abuse

Knows she needs counselling however has made appointments before but when it came time to go was too anxious and skipped out

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CASE 2

39 year old, moved to Sault Ste. Marie from South America; moved to be with husband

Speaks little English

18 year old son

Husband is very emotionally and physically abusive

Unable to go to women's shelter due to son

Escalating violence

CASE 3

52 year old

Homeless

Alcoholic

Married

No phone

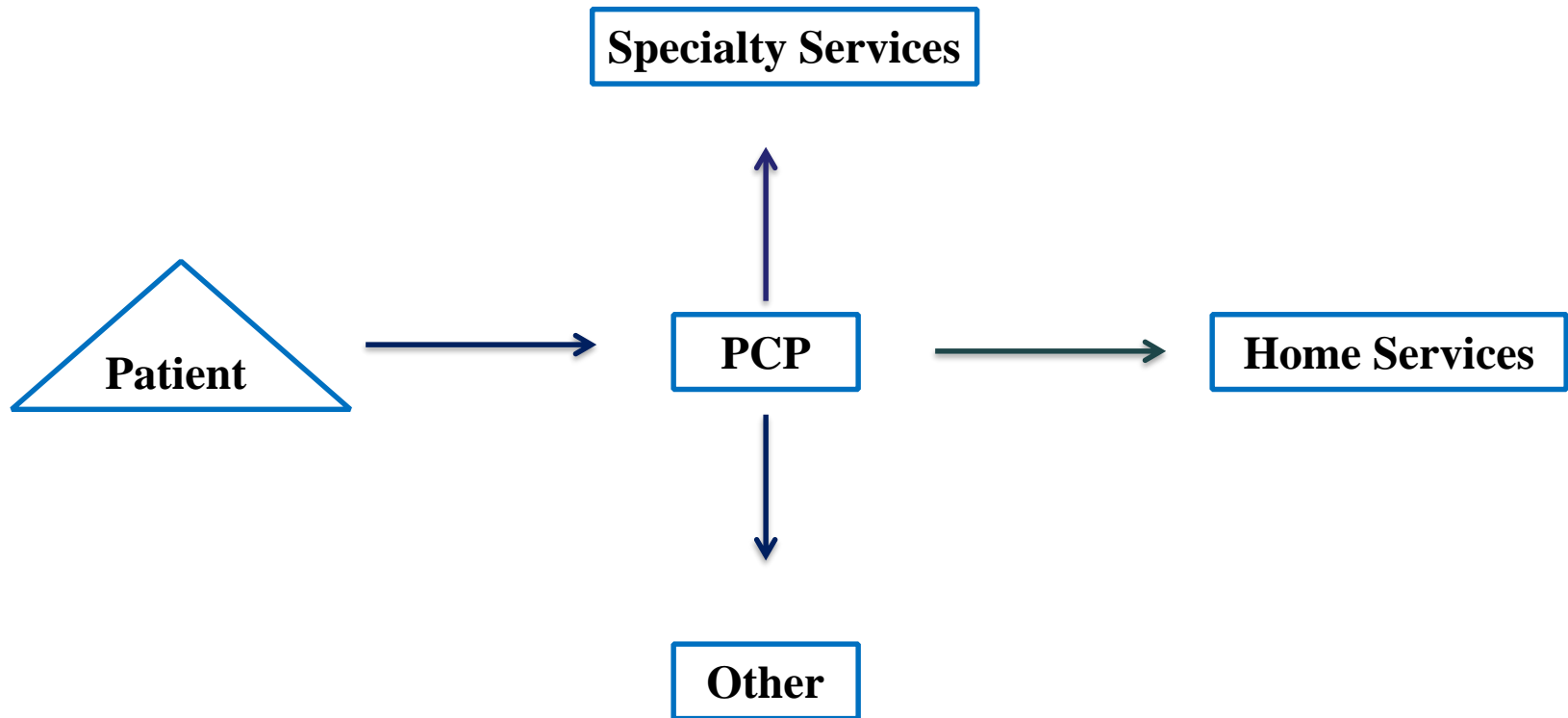
30 pound weight loss over 4 weeks

Food sticking T6

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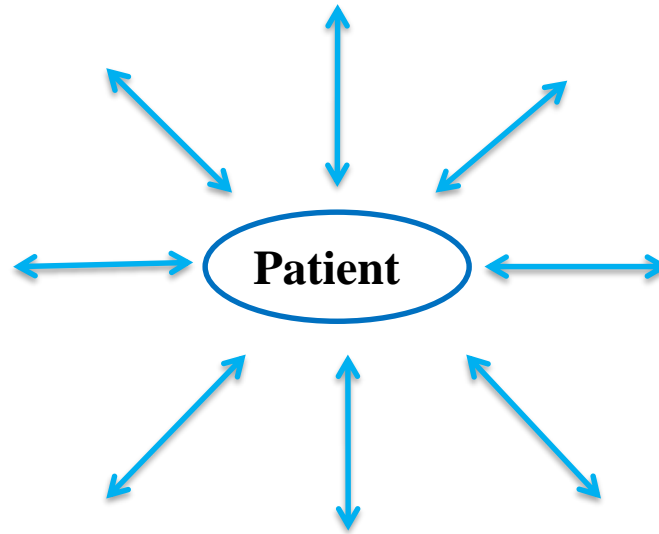
TRADITIONAL MODEL



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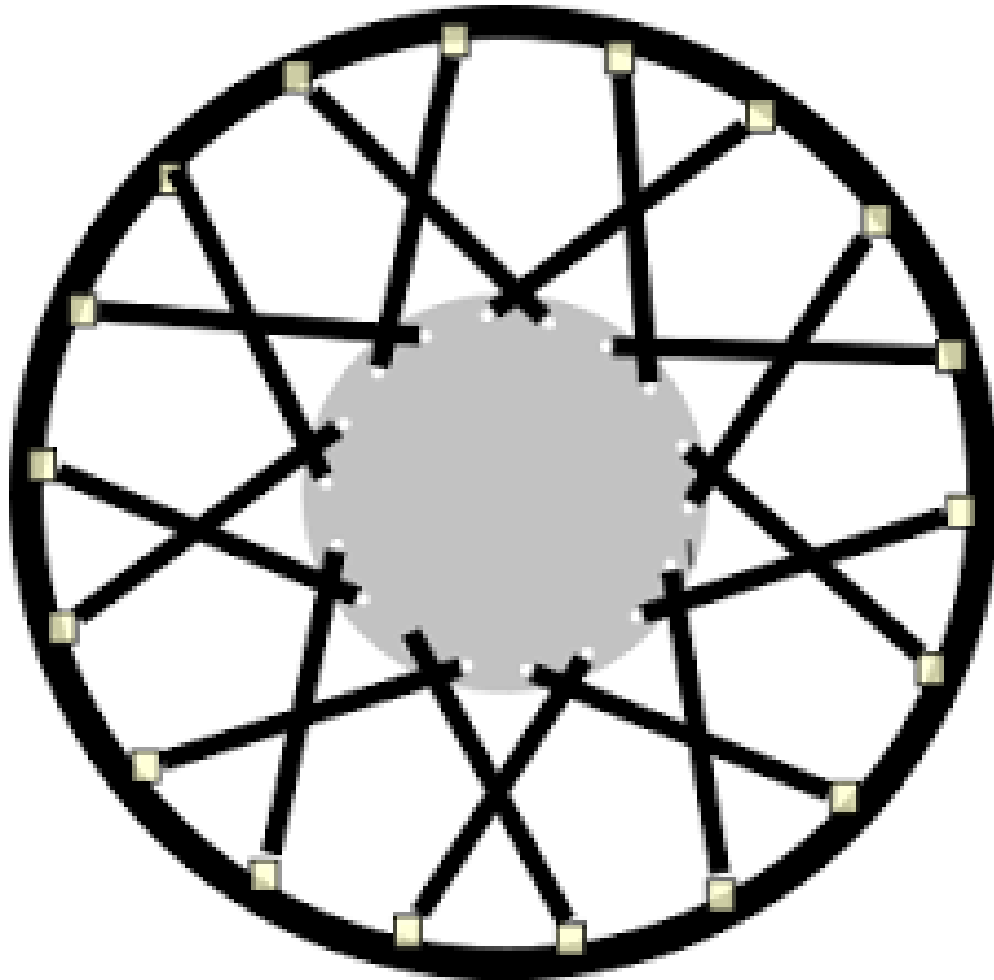
PATIENT CENTRED MODEL



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NRC Care



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VOLUNTEERS AND FRONT LINE WORKERS

- Community volunteers: residents from the area help run community events, provide administrative support and building maintenance.
- Students: Police Foundations students run Crime Stoppers and patrol the neighbourhood; Social Work students from Algoma University; medical students and residents.
- Agencies working out of the NRC: many of the agencies work out of the NRC.
- Clinic staff: Nurse Practitioner, administrative support and nursing support.

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SUMMARY

10 months of work

Overwhelming subjective accomplishments

Too early for important stats and what we have could be over interpreted

We have been told by other agencies that our presence has made a difference not only as far as health care is concerned, but in drawing other agencies back down to the area. Many agencies, such as the Children's Aid Society and Community Mental Health, have people working out of the NRC.

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“Small projects like this though, if communities come together and work together like they used to in the old times...they were welcoming you to the neighbourhood. Now when someone comes and moves in they’re skeptical about who they are and what they’ve done in the past and maybe it’s small acts like this of kindness and rejuvenation that bring old communities like that back to life.”- Community Resident

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Video Presentation

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Questions?

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REFERENCES

“Demographic Report: Gore Street Area”-Sault Ste. Marie Innovation Centre, 2014

“Neighbourhood Resource Centre”-Lauren Doxtater & Dr. Gayle Broad, September 28, 2015

“West End Community Engagement Project”-Superior Family Health Team; Algoma NP-Led Clinic, September 2014