NÀÈDIK'ÈEZǪǪ TS'ǪǪHK'E DǪK'AÀHOETAA NÀOWOÒ, ĮŁÀ GOTSOO T'I WEK'OÒHOETAA HA: DENAHK'E NEZĮ̨ ANADLE GHA

INTEGRATED CARE TEAMS RESEARCH AND EVALUATION

EXECUTIVE SUMMARY

INTRODUCTION

Health equity for Indigenous peoples in the NWT has been a driver for NWT health system governance transformation over the last decade.[1] System transformation in the NWT includes Primary Health Care Reform (PHCR), which is a set of initiatives intended to improve patient experience, system integration, health outcomes, and staff effectiveness, and address social determinants of health, while decreasing costs and improving efficiencies. The approach is rooted in two reform pillars: relationships and cultural safety.[2] PHCR demonstration projects in the NWT focus on expanded same-day clinic access, community outreach, prevention and harm reduction approaches, chronic disease management, and the creation of Integrated Care Teams.[3]

Integrated Care Teams (ICTs) are a relationship-based model of primary health care staffing and delivery, inspired by the Alaskan Nuka model.[4] The NWT ICT compositions vary by location depending on existing staff complements, but include family physicians, a program assistant, community health nurses, licensed practical nurses, nurse practitioners, and holistic wellness specialists. All team members have training in relationship-based culturally safe care.[5] The teams integrate mental health and public health functions to include providing immunizations, communicable disease tests, contact tracing, well child clinics, maternal health, harm reduction and health promotion, chronic disease management and prevention, and mental/behavioural health supports integrated in the primary care clinic setting, with patients receiving information and pathway supports for public health outreach and education access.

Understanding the processes and benefits of integrated team-based primary care was part of the ICT research and evaluation project focus, along with documenting, measuring, and analyzing the implementation of a relationship-based, culturally safe, and integrated care team approach on patient and staff experience. This research is the first of its kind within a largely rural, Indigenous, and territorial north, contributing unique and timely evidence about how changes to the NWT's health system with respect to primary care impacts Indigenous patients and primary care team providers.

This scope of the project included an evaluation for quality improvement using qualitative and quantitative methods, and a qualitative research project investigating cultural safety and relationship-based care. The ICT Research and Evaluation project as a whole began in 2019 and was completed in 2022. Data collection took place between June 2021 and March 2022.

Artwork by Darrell Chocolate

[1] GNWT 2017, "Caring for Our People"; GNWT 2015, "Health and Social Services System Transformation; GNWT 2014, "Improving Our System."

[2] GNWT 2019c, "Primary Health Care Reform Backgrounder"; GNWT 2018a, "Caring for Our People.

[3] GNWT 2019b, "First Steps"; GNWT 2019e, "Primary Health Care Reform."

[4] WHO 2016, "Framework"; GNWT 2018b, "Nuka 2018"; Johnston et al 2013, "Tribal implementation."

[5] GNWT 2019b, "First Steps."

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APPROACH

This project was guided by the overarching question: How do patients experience primary health care in an Integrated Care Team setting, and are there implications for relationship-based care and culturally safe care? The project was led by Hotìì ts'eeda, an Indigenous-governed Strategic Patient Oriented Research (SPOR) Support for People and Patients Oriented Research and Trials (SUPPORT) Unit with a mandate to support Indigenous and community-oriented health and wellness research in the NWT.

The project was designed as culturally responsive mixed methods implementation evaluation and community-based participatory research. However, through the project implementation process and interruptions related to COVID-19 (described in the full report), the project became a co created implementation evaluation, drawing on community-based participatory research methods.[6]

The implementation evaluation design was chosen to reflect that ICTs had just been launched and that their launch and consequent staffing and operational establishment was interrupted by COVID-19. Implementation evaluation design (also called "process evaluation") is useful for looking at the implementation or launch phase of an intervention to determine fidelity to implementation planning, contextual differences across implementation sites, and barriers or enablers of implementation.[7] [8]

Community-based participant research methods centered the experiences of Indigenous patients and ICT staff and ensure information and knowledge gathered met the needs of these two groups.[9] [10]

The co creation evaluation approach reflects that the project team was made up of non-Indigenous and Indigenous staff, working to apply Indigenous research and data contemplation methods, in an Indigenous setting.[11]

Overall, the project drew on both quantitative and qualitative methods. This report contains the knowledge and experiences shared through qualitative methods.The qualitative knowledge gathering activities on which this report is based are interviews and focus groups, as well as document review.

A second part of the study, results pending, is quantitative and will rely on health economics analyses using Electronic Medical Record (EMR) data, administrative data, and the collection and analysis of Quality of Life (QoL) data. This work is underway by the University of Alberta's Institute for Healthcare Economics (IHE). This work is underway by the University of Alberta's Institute for Healthcare Economics (IHE).

[6] Delancey, D.. (2020). Indigenous Evaluation in Northwest Territories: Opportunities and Challenges. Canadian Journal of Program Evaluation, 34(3). https://doi.org/10.3138/cjpe.68837

[7] Scott, S. D., Rotter, T., Flynn, R., Brooks, H. M., Plesuk, T., Bannar-Martin, K. H., Chambers, T., & Hartling, L.. (2019). Systematic review of the use of process evaluations in knowledge translation research. Systematic Reviews, 8(1). https://doi.org/10.1186/s13643-019-1161-y

[8] Patton MQ. Developmental evaluation: applying complexity concepts to enhance innovation and use. New York: Guilford Press; 2010.

[9] Winterbauer, N. L., Bekemeier, B., Vanraemdonck, L., & Hoover, A. G.. (2016). Applying Community-Based Participatory Research Partnership Principles to Public Health Practice-Based Research Networks. SAGE Open, 6(4), 215824401667921. https://doi.org/10.1177/2158244016679211

[10] Campilan, D. (2000). Participatory Evaluation of Participatory Research. Forum on Evaluation of International Cooperation Projects: Centering on Development of Human Resources in the Field of Agriculture. Nagoya, Japan, International Potato Center. https://web.archive.org/web/20140703095000/http://ir.nul.nagoya-u.ac.jp/jspui/bitstream/2237/8890/1/39-56.pdf

[11] Delancey, D.. (2020). Indigenous Evaluation in Northwest Territories: Opportunities and Challenges. Canadian Journal of Program Evaluation, 34(3). https://doi.org/10.3138/cjpe.68837

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There were three target groups for this evaluation, measured within the activity of four ICTs, two based in Yellowknife (Team Sweetgrass and Team Jack Pine, each with a patient load of 1500), and two based in Fort Smith (with a combined patient load of 1500).

Through the project, Hotìì ts'eeda interviewed 20 Indigenous patients (6 from Fort Smith and 14 from Yellowknife Frame Lake) and spoke with 15 ICT staff in interviews and focus groups (5 from Fort Smith and 10 from Yellowknife Frame Lake).

Preliminary findings and suggestions for improvements were contextualized within the existing literature on the topic relevant to the preliminary finding. This step identified whether the results were consistent with findings and insights within academic literature, whether they pointed to a gap in existing research, and implications for the preliminary findings and suggestions for improvements based on the results of the literature review.

In addition to thematic analysis and literature review, opportunities for reflective reflexive practice were created.[12] This data contemplation approach involves collaborative reflection on the information provided through data collection.[13] This approach was appropriate for project as a way to bring knowledge shared by Indigenous patients to ICT members and health system leaders to reflect on, consider, and develop or confirm suggestions for improvement.

In two 90-minute sessions with three to five staff at the Frame Lake clinic, and one 90-minute session with 10 staff at the Fort Smith clinic, findings from Indigenous patients' knowledge was shared and ICT member/system health leader reflections were invited and discussed. These sessions helped shape and inform the suggestions for improvement by supporting ICT members and health system administrators to build off of the experiences, concepts, and ideas shared by Indigenous patients.

Following the three sessions described above, a further three preliminary findings sessions with HSS health leaders were conducted via the Leadership Council's Quality Committee, the Yellowknife Regional Wellness Council, and the Indigenous Advisory Body. Video presentations and material were also provided to the Primary Health Care Steering Committee. Through these sessions and presentations, staff and system leaders collectively heard and discussed findings and the suggestions for improvement, validating findings as accurately described and consistent with their experiences and knowledge shared with them through other avenues, and identified whether suggestions for improvement were grounded and actionable.

[12] Lavallie, C., & Sasakamoose, J.. (2021). Reflexive Reflection Co-created with Kehte-ayak(Old Ones) as an Indigenous Qualitative Methodological Data Contemplation Tool. International Journal of Indigenous Health, 16(2). https://doi.org/10.32799/ijih.v16i2.33906

[13] Ibid.

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Preliminary findings were also shared with all Indigenous patients who participated through interviews through distribution of and invitation to comment on a preliminary findings poster, and with the Frame Lake and Fort Smith clinic users by posting the posters in the physical clinic space. The preliminary findings poster described the ICTs, the research and evaluation project goals and approaches, and project findings and suggestions for change. It was translated from English to Wiilideh, **Tłı̨chǫ**, Dëne Sųłınë́ Yatıé (Chippewan), Nēhiyawēwin (Cree) and French. Together with thematic analysis and literature review, these opportunities for reflective reflexivity with project participants and health system leaders finalized the suggestions for improvement.

FINDINGS

Through the experiences shared by Indigenous patients and ICT staff, the project found that Integrated Care Teams at the Frame Lake and Fort Smith Clinics support access to different types of appointments and health care providers. Indigenous patients and ICT staff were aligned on many of the challenges with ICT implementation including:

- The number of Integrated Care Team staff on each team;
- Contacting the clinics to make appointments;
- COVID-19 and its impact on staff morale and patient care;
- The length of appointments; and
- Understanding Indigenous culture-based expectations and knowledge (cultural safety) during appointments.

ICT staff shared both successes and challenges in implementing the ICTs in the following areas:

- Training to promote respect for Indigenous culture-based expectations and knowledge;
- Team building training; and
- Clinic spaces being physically comfortable and welcoming.

[12] Lavallie, C., & Sasakamoose, J.. (2021). Reflexive Reflection Co-created with Kehte-ayak(Old Ones) as an Indigenous Qualitative Methodological Data Contemplation Tool. International Journal of Indigenous Health, 16(2). https://doi.org/10.32799/ijih.v16i2.33906

[13] Ibid.

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SUGGESTIONS FOR IMPROVEMENT

There was also alignment between Indigenous patients and ICT staff on the 18 suggestions for improvement to ICTs found through this project. Some of these suggestions from improvement come from Indigenous patients, others from ICT staff, and others were echoed by both patients and staff. More information about each suggestion for improvement, including what findings and participant group generated the suggestion, and how the suggestion for improvement might be implemented in an NWT primary health care setting, is available in the body of the report.

1. Adding more staff to the teams and/or filling vacant positions.
2. Using culturally safe health care approaches and recommended courses of action, and being aware of treatments of recommendations that may not be founded on evidence relevant to all Indigenous people.
3. Hiring and orienting staff for cultural safety.
4. Referring patients to holistic to holistic and/or Indigenous health care providers and programs in the community.
5. Making appointments longer than 15 minutes.
6. Having more time for health care team training.
7. Having quick and easy ways for patients to give feedback to their health care teams.
8. Culturally safe communication campaigns sharing information about ICTs and primary care in general.
9. Having more ways for patients to book appointments with their health care teams.
10. Helping health care teams introduce themselves in culturally relevant ways.
11. Active listening methods, skills, and guidelines for health care providers.
12. Health care providers asking patients about their health generally, not just focusing on one symptom or issue (holistic health approach).
13. Believing patient experiences and requiring follow up.
14. Less medical equipment in the exam rooms.
15. More privacy in the clinics, especially in the waiting rooms.
16. Comfortable waiting rooms, with soft chairs and coffee/tea available.
17. Local artwork and reflection of the land and culture throughout the clinic.
18. More space at the Frame Lake clinic.

In the report, each of the above listed suggestions for improvement are also presented in the context of the relevant literature on the topic, and how it might be applied to the NWT health system setting.

Suggestions for improvement are proposed at the departmental, authority, and clinic administrative policy level, in ICT staff practices, and in the physical layout and space of the clinics. Much of the information provided in the report is exploratory and many avenues for future research and evaluation are proposed in the suggestions for improvement. The quantitative findings from this mixed methods evaluation will shed further light on the topic of patient access to primary health care in an ICT setting, as well as provide information on patient health outcomes in an ICT setting.