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Chair’s Note

Jasmin Kay
OurCare Nova Scotia Panel Chair

More than 250 people volunteered to join the Nova Scotia Priorities Panel on Primary Care. Ultimately, 34 were selected to participate. They joined the process in May and concluded the process in July as friends. Over the course of these three months, they spent close to 30 hours together learning about the challenges currently facing the primary care system and what might be done. They deliberated intently about its future.

This report reflects their hard work, and it is a public document in all senses of the word. It reflects the considered judgement of a randomly selected, broadly representative group of Nova Scotians, who took their mandate to develop a set of consensus recommendations on behalf of the broader public very seriously. We hope this report will influence the trajectory of the province’s health care system; it speaks directly to publicly elected officials and public servants at all levels of government, as well as other decision-makers in the primary care system. Finally, this report is public: freely available on the project’s website and disseminated widely through partners, members, and the media.

Deliberative processes such as this priorities panel are at their strongest when they bring together people with diverse experiences and perspectives to find common ground and a shared sense of purpose and responsibility. The panel members appreciated learning from presentations and moderated discussions with a range of health system leaders and academics; I am also grateful they lent their time and expertise to this process.

The Nova Scotia Priorities Panel identified seven values and 26 recommendations that it believes should guide primary care renewal in this province. I hope you will join me as I extend congratulations to each and every panel member for this thoughtful report, and deep appreciation for all their work. I hope you will join them in pushing for change and expecting better of the primary care system in Nova Scotia.

Jasmin Kay
OurCare Nova Scotia Panel Chair

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What Policy Makers Should Know

The OurCare survey highlighted that one in five people in Canada don’t have a family doctor or nurse practitioner, and many people who do are still struggling to access timely primary care where and when they need it. Residents of rural and small town communities face even more profound access challenges.

Primary care impacts us all, but in confronting ongoing challenges we have yet to maximize the benefit of broader public involvement. To make sure primary care works for everyone, we need people with varied experiences and needs at the table. OurCare was designed to do just this.

The Nova Scotia OurCare Priorities Panel brought together people from cities, towns, and rural areas living all across the province. Some had positive experiences of relationship-based primary care, though many described challenges finding a primary care practitioner that they or close friends and family experienced. Some described themselves as healthy, while some have dealt with serious and ongoing health concerns. Some had come to both Canada and Nova Scotia recently, and some had lived here their whole lives. Some never had to worry about money, while others worried about making ends meet. What they shared was a willingness to volunteer their time, to learn, to listen, and to consider what primary care that meets the needs of all Nova Scotians could look like.

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Despite different experiences, OurCare public volunteers or “panellists” have identified common challenges. They feel the system lacks empathy and is not centred around patient experiences. They describe a system of illness care that does not address the underlying social determinants of health, and where services and data are disconnected.

What we can all agree on

What was both moving and remarkable about the OurCare process was that, despite differences, panellists came together quickly, easily agreeing on numerous common concerns and ideas, and articulating shared values to guide primary care delivery.

They agree that the system needs to be centred around people and be empathetic, accessible, and affordable. They agree on the value of considering wellness broadly, and that the system needs to support patients as whole people. They agree on the value of knowledge that empowers selfcare and also makes it possible for every person to play an active role as patients and citizens in holding health systems accountable.

What was even more remarkable was agreement on recommended solutions.

Panellists told us that every Nova Scotian should have access to multidisciplinary care, with interprofessional training and clinical environments supporting a culture of integrated care. Panellists emphasized that primary care needs to consider wellness holistically with attention to social determinants of health. Panellists described the potential for improved accessibility through virtual care, and also by supporting transportation to bring people to care and home visits to bring care to people.

Panellists recognized the need for secure and connected data and clear and accessible navigation to deliver seamless care. Panellists made clear that patients and communities want to be represented in planning, strategy, and decision-making about primary care and expect measurement and reporting on progress. They also identified opportunities for communities to contribute directly to grassroots efforts to support health care professionals to become connected to communities.

It isn’t just panellists who agree on the recommendations and values that underpin them. In a concluding session in July, panellists shared challenges, values, and recommendations with clinicians, researchers, health system planners, and policymakers. The challenges panellists identified, the values they articulated, and the recommendations they proposed resonated closely with attendees who have been approaching this topic from their own perspectives. Though thoughts on exact language, priorities, and details of implementation may differ, everyone
could agree on the spirit and direction of the recommendations proposed.

Many recommendations echo and align with policy directions that have been long discussed but not fully and equitably implemented. The OurCare panel has demonstrated the value of public involvement and the potential for the public to play an active role in the ongoing review and improvement of policy changes.

We all agree there is a problem. OurCare has demonstrated that we can also agree on informed, evidence-based solutions. What is left to do is act.

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Dr. Ruth Lavergne, OurCare Nova Scotia Co-Lead

Dr. Kath Stringer, OurCare Nova Scotia Co-Lead

Dr. Tara Kiran, OurCare Principal Investigator
Nova Scotia Priorities Panel
At-a-Glance

The OurCare Nova Scotia Priorities Panel brought together 34 people living in Nova Scotia, randomly selected to roughly match the province’s demographics. They spent approximately 30 hours learning from experts and deliberating together before making recommendations on what a better primary care system should look like. OurCare will be also be conducting Priorities Panels in Ontario, Quebec, British Columbia and Manitoba in 2023. For more information, visit OurCare.ca/PrioritiesPanels.

Recommendation Highlights:

To ensure we are working towards a common goal of health care for all Nova Scotians, we call on the provincial government to articulate and publicly share a clearly defined and expressed vision statement for accessible, timely, and equitable primary care.

**Patient Health Data**

- Extend One Person One Record from provincial hospitals to primary care
- Protect personal health information by appropriately limiting access and use

**Sustainable Delivery Models**

- Increase the number of community-based collaborative care teams so that every Nova Scotian has access to multidisciplinary care
- Incentivize healthcare professionals to move towards team-based care e.g. by subsidizing overhead costs
- Provide access to virtual and telemedicine that triages and facilitates pathways to appropriate in-person care for strategically located communities
- Improve rural access to medical specialists

**Education, Recruitment and Retention of Health Care Professionals**

- Advance interprofessional health education in medical school and family medicine residency
- Increase opportunities for health professionals to settle in Nova Scotia, e.g. by bolstering grassroots programs that aim to create communities for new professionals and their families
The problems we want solved

- Lack of interoperability
- Siloed and inefficient use of human resources
- Barriers to care
- Lack of public education and awareness
- Too much short term thinking
- Narrow and unresponsive primary care
- System lacks empathy

Recommendation Highlights (cont’d):

Expansive Primary Care

- Expand mobile health units, access to virtual care, affordable high-speed internet, affordable transportation to health services, and home visits
- Increase financial support for individuals experiencing barriers accessing fee-based services and products related to primary care
- Support care professionals to include social prescribing alongside more mainstream forms of healthcare
- Embed social determinants of health in government strategic planning and operations

Public Governance and System Oversight

- Strengthen existing patient advocacy and community representation in the planning, strategy and decision-making of primary care
- Collect metrics on health and wellness best practices tied to expected outcomes and implement a dashboard, similar to One Nova Scotia
- Respond to each recommendation in the OurCare Priorities Panel Report and commit to actionable steps

Informed Public

- Promote citizen participation in healthcare advocacy, for example, as Patient and Family Advisors in Community Health Boards
- Develop an accessible, user-friendly, and culturally inclusive primary health care navigation service
A Priorities Panel is a long-form deliberative process that typically involves 30 to 48 randomly selected residents. These residents are chosen using a process called a civic lottery, a random selection method that prioritizes fairness and wide representation. The individuals selected for a priorities panel come together to learn about, and then advise public authorities on divisive and complex issues that typically involve trade-offs or compromises. The panel members’ objective is to reach a consensus on a series of recommendations that can be directed to government, professional associations, and society at large.

What is a Civic Lottery?

A civic lottery is a balanced way of selecting the members of a priorities panel. It is based on a form of sortition that uses a randomized selection process to recruit panelists from a pool of volunteers that have indicated their interest in serving on the panel. The result is a group of volunteers that broadly matches the demographics of the jurisdiction it represents.

More than 250 people volunteered for the Nova Scotia Priorities Panel. Many of these volunteers had completed the OurCare National Survey, while others received an invitation to volunteer through local partners such as Engage Nova Scotia or through members of the Nova Scotia Advisory Group. Each volunteer indicated their interest in the panel by answering a few demographic questions in a questionnaire. The stratified civic lottery process ensured that members of the panel were fairly selected and broadly representative of Nova Scotia’s demographics.

OurCare deliberately sought to overrepresent residents we know are underserved by the primary health care system: racialized, lower income, newcomer, gender non-conforming residents, and those who live in rural, remote, or northern regions of the province. In short, the panel was composed in such a way as to deliver demographic diversity and to ensure we heard from residents who are most disadvantaged by the current system.
This panel process and report do not represent the experiences or views of Mi’kmaw People

Harmful acts of colonization continue to impact First Nation, Métis, and Inuit Peoples across the country.

In Nova Scotia, 13 First Nation Mi’kmaw communities have been leading a process of health transformation for their people. They were not engaged in the design of the OurCare project, and none of the members of this panel self-identified as a member of a Mi’kmaw First Nation.
Panel Snapshot
34 members

Gender: *
17 - Women
17 - Men

Age:
5 - 18–29 years old
7 - 30–44 years old
12 - 45–64 years old
10 - 65+ years old

Members who identify as Indigenous: 1

Health:
26 - Good, Very Good, or Excellent
8 - Fair or Poor

Members who have been in Canada less than 10 years: 6

Geography:
15 - Central
9 - West
5 - North
5 - East

Members who identify as part of a racialized group: 9

* - “Women” refers to cisgender and transgender women. “Men” refers to cisgender and transgender men.
The Members’ Report of the OurCare Nova Scotia Priorities Panel on Primary Care
Who We Are and Why We Volunteered

The OurCare Priorities Panel features 34 Nova Scotian residents from many walks of life. Our group is a mosaic of folks who live in this province and is representative of the rural and urban populations across all regions. Our group includes everyone from students to retirees, lifelong residents to newcomers, as well as people with varied backgrounds in and lived experiences of health care, a range of cultural and racial diversity, and folks all across the wellness spectrum. We represent a range of socioeconomic and educational levels and a broad array of professional and volunteer experiences. For some, this is a continuation of many years of volunteerism and community involvement, and, for others, this is a new experience and opportunity to have their voices heard.

The rich diversity of our group allowed us to identify and analyze the problems related to primary care from various perspectives, consider many different points of view, and debate a wide range of possible solutions. We were encouraged to have an open mind, be empathic to one another, and share challenges we may be experiencing with health care.

We also all have three things in common: we see many issues with the primary care system in Nova Scotia, are concerned about its future, and are motivated to do what we can to take action and contribute to solutions. We came to these conversations with respect for one another, and a shared desire to work together for common good and the betterment of the primary care system that affects us all. Our discussion included constructive debate and exploration of different ideas.

Our group of 34 volunteers invested its time and energy during a hot and sunny weekend in July (no small sacrifice!). We all believe that the public needs to be included in conversations about primary care renewal and we all fully participated in the creation of this report.

We all have personal experience with the issues and limitations of the primary health care system, and we have witnessed the crisis as it has developed and worsened over time. We have seen the population of Nova Scotia change a lot in recent years – for the better! – while the primary care system has remained stagnant.

People feel powerless when they are in need of primary care that they
cannot access, but this opportunity has been an empowering one for all of us. We want our recommendations to be a catalyst for primary care transformation that meets the changing needs of our population and prevails over political ideology. We have volunteered with the expectation that our recommendations will be taken seriously and will be converted into tangible and timely action.

What We Learned

We learned a great deal about our health care systems and the democratic process through this panel. The health care system is complex, with many competing actors and interests, but this process supported us in sifting through a lot of information, allowing us to create a vision for better primary care for all. The collaborative process that we undertook here reflects possibilities that can be unlocked when we work together to address important issues. In fact, many of the recommendations point towards more collaborative models of care.

We were surprised and encouraged to learn about all of the current efforts being made to improve our health care system, and, although nothing is perfect, we are hopeful that this report is yet another step in the right direction. Everyone deserves and has a vested interest in a primary care system that works better, and we feel that it is our responsibility to bring the interests of Nova Scotia residents forward in bringing about change. The process was challenging — it often felt like marching uphill — and yet gives us hope that a better future is possible.

The Challenges We Want Solved

Our current Primary Care System, while not broken, is inefficient and does not respond to the needs of a healthy society, both in urban and rural settings. Too many of us do not have access to a primary care professional that we can see on a regular basis.

The last several years have seen tremendous advancement in technology and processes but they have been primarily applied to acute care in the hospital setting. Another key issue with the current primary care system is that it provides emergency health care (sick care) rather than preventative health care. The growth of effective primary care is further hampered by a lack of resources including money and people, leading to inequities in the
The recommendations contained here are developed with the following underlying assumptions:

1. The primary care system is fractured.
2. A new/modified model of primary care is required to get us beyond where we are to where we need to be: a more effective system.
3. Health care must recognize and respond positively to social determinants of health.
4. It is necessary to provide a responsible, feasible, and affordable response to these recommendations within the next six months.
5. It is apparent that there is a disconnect between academic and operational settings, and it is important to initiate more productive and responsive dialogue between the two.

We identified seven challenges that we believe need to be addressed in order to ensure a high quality, equitable primary care system for all Nova Scotians. They are: a lack of interoperability, siloed and inefficient use of human resources, barriers to care, lack of public education and awareness, too much short-term thinking, narrow and unresponsive primary care, and a system that lacks empathy.

**Lack of interoperability**

The absence of real-time data exchange between different digital information systems is a key challenge. We recognize that this lack of interoperability is a long-standing and complicated challenge that affects many different actors in the health care system.

It affects patient experience, reducing quality and continuity of care because each health care professional does not have easy access to a single patient record.

Primary care clinicians carry the burden of additional administrative work chasing patient records. This potentially delays diagnosis or access to care, or it leads to the development of inappropriate care plans because the health care clinician did not have a comprehensive picture of the patient’s health.

Government — as steward of the public’s health and wellbeing — also struggles to get a clear line of sight on health outcomes, and is
contending with expensive, inefficient administrative processes that do not maximize tax dollars.

Though companies developing and providing these health record systems often bear the brunt of the criticism, they are not given guidance or a standard to which they can conform.

Overall, the siloing of electronic resources and information systems slows diagnosis, leads to more errors, and increases costs, all while reducing access to health care.

**Siloed and inefficient use of human resources**

Currently, various stakeholders and supporting systems often operate in isolation from one another with limited capacity to meet patient demand. There is frequently little ability to share knowledge, experience, or solutions to common problems. These siloes create issues for all participants in providing or accessing timely and comprehensive access to required services. Resources may be available to some and restricted to others based on their point of contact; as a result, some resources may be underutilized. These systems act as unintentional gate-keepers limiting access to care, creating duplication of effort, increasing costs, and restricting access to important knowledge and data.

**Barriers to care**

Currently, Nova Scotians face many barriers to accessing 21st century primary care, including, among others, limited technology, internet access, and digital literacy. Inequality and inequity across gender, culture, socio-economic status, and ethnicity are contributing to unequal health access and outcomes. Rural access to care is also a prominent issue. There are not enough emergency room doctors to keep rural Emergency Departments open, forcing people to travel long distances to urban centres to receive primary care. Finally, many Nova Scotians have trouble affording health care services and products such as prescriptions, preventative solutions, and transportation to and from health care services.

**Lack of public education and awareness**

There is a lack of public education and awareness about our primary care system. Out of the group of 34 concerned citizens, only one or two of us knew about current resources, like the Health Nova Scotia website, that Nova Scotia Health has in place. It
became evident that we, a representative sample of the general public, were unaware of these resources and are therefore not using them. Current inefficiencies in our communication systems result in a lack of transparency and limited understanding of different service options and how to access them.

**Too much short-term thinking**

Our primary care system relies too much on short-term, politically motivated, and expedient band-aid solutions. There is a resistance to change from entrenched bureaucracies and competing interests.

We lack a long-term vision that addresses the factors creating an ever more expensive sickness-care system.

**Narrow and unresponsive primary care**

Current primary care is not as responsive as it should be with regards to many aspects of the existing system that require attention, including:

1. Insufficient/inappropriate compensation for medical personnel;
2. Lack of organisational and administrative support for small private practices;
3. Lack of incentives to work in rural areas;
4. Insufficient use of resources and technology;
5. Narrow scope of practice for different professionals.

Other factors that narrow the scope of primary care are:

1. Inadequate and affordable access to non-medical resources and programs that support a healthy lifestyle: nutritious food, exercise, sufficient income, housing, and other services;
2. Narrow views of health care needs by practising professionals;
3. Health care models that do not account for the influence of social determinants of health;
4. Inadequate access to mental health support.

**System lacks empathy**

There is a lack of cultural competency and empathy built into the structure of the current health care system. That medical guidance and patient resources are modelled
almost exclusively with the example of 70kg male; these models are built for a singular patient archetype and not for the realities of a diverse population. This has led to a lack of inclusivity in primary care services, and a lack of value attached to patients’ voices, lived experiences, and ideas. This results in both a lack of autonomy for patients and a lack of community participation in the decisions that affect our health.
Our Values

Values are the guiding principles that shape behaviour and decision making. They indicate what is important to us and what are the basic and fundamental beliefs that guide or motivate our attitudes and actions.

The following are the values that we, the members of the Nova Scotia Priorities Panel on Primary Care, deem most important for governments and health care professionals to consider when developing future actions to ensure that equitable, high-quality primary care is available for all Nova Scotia residents.

We believe that primary care should be: people-centred, accessible, empathetic, knowledge empowering, accountable, affordable, and wellness promoting.

People-centred
A people-centred approach to primary care means that the care system works for the people accessing it and the people working within it. The relationship between care professionals and patients should be an active partnership based on trust and focused on a patient’s overall health.

People-centred supports collaborative teams and builds healthier communities in both urban and rural areas of Nova Scotia.

Accessible
Accessibility means people can get care when and where they need it regardless of who they are. Accessibility is foundational and timely. Accessibility means the right care from the right person at the right time.

Empathetic
Empathy entails humanizing the health care system. For a clinician, empathy is ensuring a patient feels heard, understood, and safe, and that the clinician is invested in their care and wellbeing. For a patient, it means acting as a partner with your clinician and acknowledging the pressures clinicians face working in a stressed health care system.

Knowledge empowering
Seamless and secure access to health information is essential for everyone in a patient’s circle of care. This must include user-friendly, robust, secure electronic medical record systems that can talk to each other.

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Wellness-promoting
Wellness promotion allows for care that focuses on the whole person, ideally in a preventative manner. It includes opportunities to access integrated and diverse care professionals and resources to support one's ability to live a healthy life.

Accountable
A primary care system with accountability at its core acknowledges that all Nova Scotians have a role to play — and everyone is expected to take responsibility for the core competencies and actions required to do their part.

It means that outcomes are defined, measured, and publicly available. Major decisions are justified and explained. An accountable primary care system is a trustworthy one.

Affordable
An affordable primary care system is inclusive for everyone; it strives to meet the health care needs of everyone living in Nova Scotia, regardless of their income level.

Affordability means that the system supports our primary care professionals so that they can sustain a long-term career in this province. An affordable primary care system is sustainable for patients and professionals.
Our Recommendations

Together, we have developed 25 recommendations organized into six different themes, as well as one overarching recommendation. These themes are:

A. Patient Health Data
B. Sustainable Delivery Models
C. Education, Recruitment, and Retention of Health Care Professionals
D. Expansive Primary Care
E. Public Governance and System Oversight
F. Informed Public

Overarching Recommendation

To ensure we are working towards a common goal of health care for all Nova Scotians, we call on the provincial government to articulate and publicly share a clearly defined and expressed vision statement for accessible, timely, and equitable primary care.

A. Patient Health Data

Our recommendations for Patient Health Data are:

1. Commit to extending One Person One Record (OPOR), Nova Scotia’s fully digital electronic record system rolling out in provincial hospitals, to include primary care and allied health professionals (e.g., pharmacy, physiotherapy, psychology, social work, and dentistry) to facilitate seamless communication, enable continuity of care, and improve overall patient outcomes
   a. Support and incentivize primary care and allied health professionals to use OPOR.
   b. Explore how requisitions and referral pathway modules can be embedded in OPOR to reduce the burden of care coordination currently placed on patients.
2. Commit to making OPOR freely accessible to patients in an online user-friendly format so that they have a say in decisions related to their own health care.
   a. Enable patients to input/upload their own information and to easily download their own records for portability.
   b. Ensure patients with limited digital literacy can get help, at no cost, accessing their own records.
   c. Encourage the use of plain language in medical records.

3. Require interoperability between existing Electronic Medical Records (EMR) systems and OPOR to facilitate the implementation of Recommendation 1.1
   a. Legislate that within a determined period of time any regulated health care professional (including allied health professionals) must use software that can update into OPOR.
   b. Commit to ensuring future OPOR interoperability with other Canadian jurisdictions to allow health records to follow patients within Canada.

4. Protect personal health information by appropriately limiting access to ensure patient privacy.
   a. Legislate that personal health information can only be used for purposes related to patient health care provision, and not used for commercial purposes (i.e., selling to third parties, access to insurance companies).
   b. Ensure public input into any privacy legislation.

B. Sustainable Delivery Models

Our recommendations for Sustainable Delivery Models are:

5. Require the provincial government to provide, for strategically located communities, virtual and telemedicine that triages and facilitates pathways to appropriate in-person care.

6. Require Nova Scotia Health to develop and implement a strategy to improve rural and community-based access to medical specialities by:
   a. Incentivizing prospective and existing family doctors to expand their skill sets to include more focus areas and enhanced skills within their scope of practice;

1 - Details and nuances regarding eHealth vendor regulation, jurisdiction over health systems and individual professionals’ use, and authority over eHealth solutions means that implementation of a patient health data system that prioritizes interoperability between all eHealth solutions and tools may take a different path than described in the recommendation.
a. Recruiting and retaining general internists to be strategically located at collaborative care clinics; and,
b. Exploring new ways for primary care professionals to consult virtually with other health care practitioners on behalf of their patients.

7. Increase the number of community-based collaborative care teams and clinics that include family doctors, physician assistants, nurse practitioners, dieticians, social workers, and other primary care professionals so that every Nova Scotian has access to multidisciplinary care and medical professionals can spend more time with patients and less time on administration.

8. Incentivize health care professionals to move toward a team-based care model, by subsidizing overhead (e.g., space and/or cost-shared administration) and ensuring that community-based collaborative primary care is incorporated into the provincial health care budget.

9. Incentivize specialists across the province to allocate a portion of their time to supporting community-based care teams.

C. Education, Recruitment and Retention of Health Care Professionals

Our recommendations for the Education, Recruitment and Retention of Health Care Professionals are:

10. Advance interprofessional health education in medical school to instill a culture of integrated care in emerging Nova Scotia health professionals.
   a. Mandate increased integration of Primary Care and Public Health curriculums in medical education.

11. Strengthen the commitment to increasing opportunities and incentives for health professionals, both graduating and practising, to settle in Nova Scotia through:
   a. Incentives for students in health programs such as supports for tuition and housing, as well as ongoing professional opportunities.
   b. Bolstering existing grassroots organisations or initiatives (e.g., Healthy Pictou County and the community driven Healthy Yarmouth Program) that aim to create communities for new health professionals as well as opportunities for their families.
12. Engage a wider group of people to bring a broader perspective to post-secondary medical curriculum development, including community organisations and youth, in order to remain current and relevant to patients’ needs and concerns.

D. Expansive Primary Care

Our recommendations for Expansive Primary Care are:

13. Ensure that all Nova Scotians — especially those living in rural areas — have access to high quality and barrier-free health care through the expansion of mobile health units, access to virtual care (in community centres and in homes), access to affordable transportation to health services, and home visits.

14. Support care professionals to include social prescribing (e.g., evidence-based, non-allopathic methods) alongside more mainstream forms of health care to enhance health outcomes for the whole person and community.
   a. This support includes developing systems such as an active database or community navigator for care professionals to navigate, prescribe, and partner with current social services and non-allopathic intervention opportunities.

15. Increase financial support for individuals experiencing barriers to accessing fee-based services/products related to primary care, including social prescribing, so that important care costs are reduced and health outcomes are improved equitably for all demographics.

16. Ensure all Nova Scotians have affordable high-speed internet for access to virtual care, as well as training and technology needed for barrier-free care.

17. Require that key government departments (such as Nova Scotia Health, Social Services, Health and Wellness, Justice, Education, etc.) embed social determinants of health in their strategic planning and operations so that key health issues are addressed in a holistic and preventative way, promoting equitable health outcomes.
E. Public Governance and System Oversight

Our recommendations for **Public Governance and System Oversight** are:

18. We call on the Department of Health and Wellness to strengthen existing patient advocacy and community representation in the planning, strategizing, and decision-making of primary care in order to:
   a. Ensure that patients lived experiences are included in all elements of the process,
   b. Improve transparency,
   c. Advocate for patients, and
   d. Guide future decision-making.

19. To further strengthen the voice of patients, the Department of Health and Wellness and Nova Scotia Health must review and optimize the design, methods, and regional representation of existing Patient Family Advisory Councils and Community Health Boards.

20. To further promote accountability and transparency, the Department of Health and Wellness must collect metrics on health and wellness best practices tied to expected outcomes and implement a dashboard, similar to One Nova Scotia (OneNS). The Dashboard should be publicly accessible and communicate in a clear and easy to understand way so that the public can track progress on health outcomes over time.
   a. This dashboard should include metrics that demonstrate progress on the recommendations from the OurCare Nova Scotia panel.
   b. Anonymized, non-identifiable raw data on health outcomes should be made accessible for public accountability and research purposes.

21. As a first step towards changing the primary care system in Nova Scotia, we call on all bodies related to primary care to review the report of the OurCare panel, and for the Premier’s office, the Leader of the Opposition, and the Department of Health and Wellness to provide a public response within six months of publication to each recommendation in the OurCare report with a commitment to actionable steps, wherever possible.
22. To ensure accountability to the vision put forward by this pan-provincial panel, we recommend extending the mandate of the Nova Scotia OurCare Panel as an ongoing citizens’ panel on primary care priorities. This will build on the momentum, foundational knowledge, and established relationships developed through this initiative.

F. **Informed Public**

Our recommendations for an **Informed Public** are:

23. The provincial government, with meaningful community input and external experts in fields like graphic design and user experience, should develop a primary health care navigation service that is accessible, user-friendly, and culturally inclusive. This service is designed to:
   a. Enable people to take control of their health and wellness,
   b. Access the right care from the right professional at the right time, and
   c. Promote preventative care.

A comprehensive public dissemination plan will promote these new resources in schools, post-secondary institutions, hospitals, social and traditional media, libraries, and community centres.

24. The Nova Scotia Health Authority should support citizen inclusion in health care by promoting citizen participation in Community Health Boards, as Patient Family Advisors, and in other health care advocacy opportunities.

25. The provincial government should design a phased change management plan, including outreach and engagement, to change public mentality away from family doctors as the only first point of contact for primary care. This plan should:
   a. Launch a public relations campaign (e.g., “Did you know...?”).
   b. Identify early adopters and promote health care access points to children and youth.
   c. Measure public perception of primary care over time.
   d. Build trust in allied health professionals.
   e. Promote benefits of a distributed care delivery model
OurCare Priorities Panel Program

The Nova Scotia Priorities Panel, consisting of 34 members from across the province, met online twice, in May and June 2023, and then over three days in Halifax in July. During their nearly 30 hours together, panel members learned about primary care in Nova Scotia and other jurisdictions; they heard from and engaged with 16 subject matter expert presentations or moderated discussions. The members also spent a significant amount of time in conversation with each other as they participated in a series of facilitated discussions and deliberations that culminated in the consensus recommendations put forward in this report.

Session 1:
Saturday, May 13, 2023
Virtual

The first meeting of the Nova Scotia Priorities Panel on Primary Care was held online, and it served as an orientation to the process and to the primary care system in Nova Scotia.

Jasmin Kay, the Chair of the Panel, and Dr. Tara Kiran, OurCare’s Principal Investigator, welcomed the members and introduced the Nova Scotia Panel Team. Jasmin spoke about the panel’s mandate and the work they would do together, highlighting the special characteristics of deliberative processes that ask participants to consider the broader public interest in the formulation of their recommendations and report. Members had the opportunity to meet each other in small breakout groups.

Dr. Ruth Lavergne, an associate professor in the Department of Family Medicine at Dalhousie University and one of OurCare’s Primary Care Leads in Nova Scotia, and Dr. Leah Jones, a family doctor and the Academic Director of Black Health within Dalhousie’s Faculty of Medicine, joined the panel to present an overview of the primary care system.

*Owing to personal and health-related circumstances, one member was unable to travel to Halifax for the final sessions, though their perspectives were still a part of the process.
in Nova Scotia. Members learned what a high functioning primary care system should provide to patients, as well as how it is currently delivered and structured. They learned how changing demographics, outmoded policy and legislation, and changes to the system are impacting the work of primary care practitioners and contributing to the human resource crisis facing the health care system today.

After a lively question and answer period, members reconvened in their small breakout groups for an initial discussion about the values that should guide primary care renewal in the province.

Dr. Tara Kiran delivered the second and final presentation of the session; she presented findings from the OurCare National Survey. Dr. Kiran’s presentation also surfaced a few data points where the responses from Nova Scotians differed from the national average. The survey gathered insights from more than 9,000 Canadians about their experiences with primary care, and their preferences and priorities for the future. It was online from September 20 to October 25, 2022. The link was disseminated through multiple channels: by Vox Pop Labs and their proprietary panel, through an open link circulated to OurCare collaborators and partners, and amplified through a social media campaign and earned media. The full results of the survey are available to the public at data.ourcare.ca.

Session 2: Saturday, June 10, 2023 Virtual

The second session of the Nova Scotia Priorities Panel was also held online, and it focused on primary care systems in other jurisdictions, as well as specific considerations to improve access to primary care for equity-deserving communities in Nova Scotia.

The session began with a welcome and recap of the first session from Jasmin, which was followed by a presentation from Dr. Tara Kiran on models and features of primary care systems in a few OECD comparator countries (including Finland, the United Kingdom, and the Netherlands). Her presentation highlighted how these systems differ from current delivery models and the structure of primary care in Nova Scotia. She discussed features of primary care systems such as practice and rostering models,
funding and payment models, use of information systems and data sharing, after hours and urgent care, and accountability measures.

Members also engaged with three guest speakers during a discussion about access to primary care for equity-deserving communities. Jasmin moderated the discussion with Dr. Asra’a Abidali, a family physician whose practice settings have included the Halifax Newcomer Clinic; Paulina Meader, a Mi’kmaw woman and licensed practical nurse; and Dr. Gaynor Watson-Creed, a public health specialist physician and the Associate Dean of Serving and Engaging Society for Dalhousie’s Faculty of Medicine. Each speaker spoke about some of the deficits of the current primary care system in providing access to high quality care for residents who face multiple compounding barriers to understanding, navigating, and accessing the care they need. Speakers also shared ideas for change and encouraged the members to place equity at the forefront of their recommendations for primary care renewal in Nova Scotia.

Following the Q&A between members and the guest speakers, members broke into small groups to discuss the pros and cons of the different features and to identify which features they might want to see adapted to the Nova Scotia context.

Jasmin adjourned the session following the report back of this discussion.

Session 3: Friday, July 7, 2023 Halifax

A month later, the members of the Nova Scotia Priorities Panel gathered in Halifax to continue their work. The first in-person session was held at the Cambridge Suites Hotel, where many members were staying.

Jasmin welcomed members to this final step of the panel process and shared what was to come over the next two and half days. Members then each took a minute to introduce themselves to the broader group. Following this, members self-selected into small working groups to develop definitions for the values identified during their first online session.

After breaking for dinner, members heard about the role of technology and virtual modalities of care in an evolving primary care system.

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Primary Care Transformation with Nova Scotia Health Authority; Dr. Roop Conyers, a physician and Medical Site Lead with the Annapolis Community Health Centre; Erin Sarrazin, a primary care nurse practitioner and Communications Director for the Nurse Practitioner Association of Canada; and Lisa Woodill, Director of Pharmacy Practice for the Pharmacy Association of Nova Scotia each offered a snapshot of their day-to-day work. They spoke of challenges they encounter in the system, new practices that are being piloted, and ideas for what a better primary care system could look like. The Q&A with the members could have gone on much longer than time allowed.

Following this, the panel worked in small groups to identify key issues that have contributed to the current crisis in Nova Scotia’s primary care system.

The second presentation of the morning featured Dr. Katherine Fierlbeck, Chair of the Department of Political Science at Dalhousie University. Dr. Fierlbeck spoke about the political context that influences the primary care system and makes health care reform difficult. She also

Session 4:
Saturday, July 8, 2023
Halifax

The panel reconvened over breakfast at the Canadian Museum of Immigration at Pier 21. Following a recap of Friday’s program and preview of the day ahead, the panel welcomed four guest speakers for a conversation about challenges faced by primary care practitioners and system leaders. Dr. Maria Alexiadis, a family doctor and Initiative Lead for
shared ideas for the members to consider in their recommendations, and fielded many questions from them during the Q&A.

The remainder of the day at Pier 21 was spent in small group and plenary discussion. Members identified priorities and began to draft recommendations they felt would address these priorities.

The day’s activities wrapped and members made their way back to the hotel for dinner and a free-flowing “Ask Me Anything” session with Dr. Katherine Stringer, Department Head at the Dalhousie University’s Department of Family Medicine and the other Primary Care Lead for OurCare in Nova Scotia. During this final Q&A with a primary care expert, members were able to raise any lingering questions, seek input on issues discussed over the course of the afternoon, and test some of their ideas for change.

### Session 5:
#### Sunday, July 9, 2023
#### Halifax

Members reconvened at the Canadian Museum of Immigration at Pier 21 on Sunday morning. After breakfast, Panel Chair Jasmin Kay recapped the work the panel had produced in its first one and a half days. In new small groups, members continued working on the recommendations drafted on Saturday and shared back revised and new recommendations for discussion with the broader group during a plenary report back.

Following a break for lunch, members again moved to new tables to draft the report sections that would be presented to the invited guests.

The Nova Scotia Priorities Panel was joined by invited guests in-person and online for a reading of their draft report. Jasmin welcomed guests and provided a brief overview of the project and context before inviting members to the podium for a read out of the report. Following this, Jasmin introduced Colin Stevenson, Chief, System Integration at the Nova Scotia Department of Health and Wellness, and then Dr. Maria Alexiadis to the podium to deliver reflections and remarks. Following these remarks, Dr. Stringer, Dr. Lavergne, and Dr. Kiran each shared their thoughts and appreciation for the members’ work, and some informal dialogue between the members and the invited guests ensued.
Finally, each member was invited to the front to receive a Certificate of Public Service that recognized their contributions to the conversation about the future of primary care in Nova Scotia. The in-person session was adjourned following the presentation of these certificates.
Meet the Members

ABDUL ANIFOWOSE

I’m a citizen of Nigeria by birth, and I’m 23 years old and a student of Cape Breton University studying for an undergraduate degree (Bachelor of Engineering Technology). As I am studying for a Bachelor of Engineering Technology, I am very concerned about and also have had a passion to focus on the primary health care system ever since my migration to the province of Nova Scotia, Canada. I’m glad I found a path to participate in this program, and I’m working towards bringing more ideas to solve the issues we, Nova Scotia residents, are facing in the primary health care system.

SELENA ATWELL

My name is Selena Atwell. I am a mature student attending NSCC Burridge Campus in Yarmouth, Nova Scotia. I started my life in Halls Harbour, Nova Scotia and have lived in quite a few places since then. I have hung my hat in Dayton, N.S. for the past four years. I have not had a family doctor for about 12 years and have been lucky not to have any serious ailments in that time. My hobbies include reading books, hiking, camping, and meditation. I am grateful to have the opportunity to have my voice heard on this panel, and I look forward to meeting you all soon. I currently serve on the Yarmouth County Learning Network board of directors and the First Voice Advisory Committee for Feed Nova Scotia.

JESSICA BAY

I work remotely for a busy civil infrastructure company in Toronto from my home in the woods in rural Nova Scotia. I grew up in Nova Scotia, but I have been lucky enough to have lived all over the land that we now call Canada, and I really appreciate the beauty and diversity of the many landscapes and the people who live here. I am also finishing my dissertation for my PhD in Communication and Culture at York and Toronto Metropolitan Universities, and I like making various crafts when I have any spare time. I volunteered for this Panel because I believe that change needs top-down authority that is empowered by bottom-up knowledge and awareness.

CYNTHIA BAZINET

I live in Upper Port La Tour, where my family owns and operates a farm that grows organic saffron, tea, herbs, and vegetables. We moved here three years ago from the U.S. after I retired from a career in teaching. I have a BA and an MA in English as well as a PhD in Education. Much of my professional life centred on the social, emotional, and academic well-being of adolescents. In addition to teaching, I also worked in health care for over 15 years, so I have an active interest in matters of public health. I volunteered for the panel because I believe strongly in a robust universal health care delivery system that meets the needs of everyone.

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DOMINIC BOYD

I’m a 69 year old social worker living in Caribou, N.S. with my wife, Jane, working two days per week as a therapist, and I’m involved with several volunteer groups including our Community Health Board and the Alzheimer Society. My adult children and two granddaughters live in the area, and I enjoy seeing them. I lived for ten years in N.B. and 19 in Ont.; from Australia originally, I grew up in Halifax. I’m a community organizer at heart and have an MSW in community practice. I love to play tennis, hike, jog, and work outdoors. I love riding my motorcycle. I’ve had various experiences with the primary health and tertiary care systems and would love to contribute to improving things. I’m dedicated to doing upstream work and improving health holistically. I hope I can contribute a lot to the Panel experience!

MANI CHAKRABARTY

I grew up in Yellowknife, N.W.T. and moved to Nova Scotia a few years ago; I emigrated from India when I was 11 with my family. I am an economist and social entrepreneur/business owner who loves to work on rural health and economic development topics. One of the reasons why I loved settling down in Yarmouth is the sense of community and the open heart to solve community issues as a community where no voices are left behind. My favourite activity when not working is discovering our beautiful province through hikes and long drives. I joined this panel to shed some light on the primary care panel through a rural lens, and I hope my voice helps address some of the pertinent rural and urban gaps currently in health.

MARGARET-ELLEN DISNEY

I am a retired teacher, small business owner, and office manager. I have been an active volunteer in the communities in which I have lived, holding leadership roles during periods of transition or change. I have had a long-standing interest in health care related issues and have been a palliative care volunteer for 30 years. I am a strong advocate for volunteering both as a means of strengthening community and as an avenue to self-knowledge. I remain active as a volunteer in the Pictou County Palliative Care Society, the Nova Scotia Hospice Palliative Care Association’s Advanced Care Planning Council, Gyro, and Mentoring Plus Strategies. Hobbies include singing in a senior’s community choir, book club, travel, and walking to stay as healthy as I can!

DARRELL GAUDET

Darrell Gaudet was born in Nova Scotia and currently lives in the Annapolis Valley with his partner. DarrelI was a police officer for 33 years, serving in both federal and municipal police agencies. He currently works for the Public Health Agency of Canada as a Senior Advisor and is also engaged with the Canadian Football League as a compliance representative for Atlantic Canada. Darrell enjoys staying active and takes advantage of the many outdoor activities Nova Scotia has to offer. He has many family and friends that rely on Nova Scotia health care and has seen the pros and cons of the system. After working in a helping profession for his entire career, Darrell sees his contributions to the OurCare Priority Panel as another avenue to give back to the community.
CAROLE HILL-BOJARSKI

I grew up in Yarmouth, N.S. and, after a 20 year career in the U.S., returned home to care for my ageing father. Along with me came my husband Bob and two daughters. I was educated in both Canada and the U.S. and became a Project Manager and Director of Services in the U.S. Upon returning home, I became the Community Health Board Coordinator for the Counties of Yarmouth and Shelburne for 15 years. My passion is cooking and learning about different foods, art, and culture. Currently, I am semi-retired, working as a substitute teacher with the Tri-County School Board, Chair of the Friends of the Art Gallery of N.S.-Western Branch, and a member of the Board of Directors of Yarmouth Life Skills for Disabled Persons.

CHIKA IWIUJI

Seven months ago, I relocated to Canada from Nigeria, my home country, where I practised law. Now, I’m pursuing Business Management at Shannon School of Business, Cape Breton University to gain management expertise. Additionally, I serve as the International Student Representative at CBU Student Union, juggling my studies and student affairs. Motivated by my firsthand encounter with prolonged doctor wait times, which was new to me, I eagerly volunteered for the OurCare Priority Panel. My aim is to contribute to the growth of the Nova Scotia Health System.

VIPAN KAMBOJ

I was born in Punjab, the northern region of India. I lived there for 18 years before immigrating to Sydney, Nova Scotia 2 years ago for higher education. Currently, I am pursuing my Bachelor of Science degree from Cape Breton University and working as Research Assistant at Intag Bio. Since I moved to Canada, I’ve heard about the challenges people face, especially in the health care system. Since then, I started volunteering for the Cape Breton Regional Hospital Foundation, Canadian Red Cross, and other non-profit organisations. I volunteered for the Panel because I want to know more about the primary health care system in Nova Scotia as well as in Canada overall, and how I can give back to the community where I will be living in the future.

DEEPTI LIMAYE

I was born in the Middle East, immigrated to Halifax in the nineties as a child, and moved to Sydney in 2021 after nine years living in California, Ontario, and Quebec. I am a professional French-English and Spanish-English translator working remotely for a Quebec company. I live with my husband, and we are looking to adopt a child. When not napping due to my chronic fatigue, I enjoy walking my 8-year-old beagle mix, playing board games and trivia, and seeing and participating in productions at the local theatre. I am happy to volunteer for the OurCare Priorities Panel because I am extremely concerned by the state of health care in Nova Scotia, Cape Breton in particular.
OCTAVIO RAFAEL LÓPEZ VILLATORO

My name is Octavio López. I’m from Guatemala, and I’m 35 years old. I moved to Canada with my wife and our two daughters in December 2022. I have a Medical Degree from my country, and I have practised medicine for 8 years so far. During my practice, I obtained experience in many aspects of the field: working in emergency care, intensive care units, surgery, and serving as a Medical Officer in the Peacekeeping Mission of the United Nations in the Democratic Republic of Congo. I also worked in an NGO back in Guatemala, overseeing the development of health programs in the country.

I consider myself a family person, reliable, honest, organized, and passionate about medicine in all its aspects with a strong humanitarian sense. I encourage others to pursue a healthier version of themselves through promoting healthy lifestyles.

Learning about the health system in Canada and the obstacles that it is currently facing is very motivating. And if, through the knowledge and experience that I have gained over the years, I can contribute a little bit in order to pursue a better health system for all of us, it will be highly rewarding for me.

FOSTER MACKENZIE

I have lived with my wife, Dorcas, both N.S. natives, in the Porters Lake area for 42 years. I am a retired architect, having founded and partnered a practice for 25 years covering the Atlantic Provinces; a graduate of Dalhousie University in ’79; and past President of the provincial architects association and a federal lobby group promoting architecture. I am also a past member of RAIC; sat on Hope Cottage Board; and sit on Board of Souls Harbour Rescue Mission to provide food, clothing, and shelter to unhoused people at risk. I have three children (ages 48, 50, and 52) and 6 grandchildren (ages 2-25), and am expecting another grandchild in August. My interests include travel, family, health, and supporting my church. I volunteered for OurCare to advocate for change and improvement in our Health Care System.

REG MANZER

My name is Reg Manzer, and I am a born and raised maritimer, community-inspired researcher, gardener, motorcycle enthusiast, musician, and, most importantly, a father and husband.

With a love for community and contagious curiosity, I have been pulled towards the intersection of health and well-being, economic prosperity, and environmental sustainability. This has led me through years of health care experience, professional consulting, community sector research and evaluation, and formal education in business and a master’s degree in environmental sustainability. My ambition in life is to foster connections between communities and government to create collaborative, viable solutions with and for all Nova Scotians, in the service of a society that prioritizes belonging and well-being for all.
BILL MCINTYRE

Originally from Cape Breton, I have lived in Halifax and Dartmouth for about 35 years. Now retired, my career spanned over 30 years of service working with the Government of Canada in Nova Scotia, Quebec, and Ontario, with much of it at the managerial and executive levels. Most of my experience comprises work in the areas of business and community development, policy, and project management. My most recent volunteer experience includes serving on the boards of the Shubenacadie Canal Commission as chair, where I continue to volunteer, and the Museums Nova Scotia Board of Governors. I have MBA and MPA degrees, along with a Project Management Professional certification. I enjoy golf, travel, hiking, biking, history, and just about anything by and on the ocean. I wanted to volunteer for the OurCare Priorities Panel out of concern for the state of primary care in Nova Scotia and the urgent need to ensure that primary care is accessible to all on an equitable and continued basis.

KIRK MUNROE

I was born in Halifax and grew up in Sydney. I lived in Ontario for 20 years before moving back to Nova Scotia in mid-2020. Currently, I am a cofounder of Paint with Data Inc, a visual analytics consulting company. I have a BSc in Pharmacy from Dalhousie, and I am past president of the Pharmacy Association of Nova Scotia, although I have not worked in a pharmacy since 1999. I’ve been working in the data and software space for the last 23 years. I currently live in Hammonds Plains with my wife and dog. I look forward to contributing to the conversation and change for primary health care in Nova Scotia.

JODY MYERS

I was born in Halifax, a 7th generation Nova Scotian on both sides of my family, and currently live in Halifax. However, in between I have lived in various places including New York City. I graduated from Dalhousie University in 1972 as a Phys Ed teacher and taught in the high school system for two years. In 1974, I moved on and travelled on a long inner journey that led me to become a vegetarian, yoga teacher, and artist. In these respects I was a pioneer; I taught thousands of yoga classes over the years and founded one of the first yoga teacher training programs in Atlantic Canada. I have a wonderful husband and together we enjoy hiking, biking, and travelling. In 2022 I experienced a health scare which led me to become vegan. After doing research I have discovered the science is in, in the form of thousands of peer-reviewed studies (according to doctors) showing the grand health benefits of a plant-based diet, not just for people, but for the planet.

BEN MCVICKER

I was born in Bridgewater, grew up in Halifax, and lived primarily in Toronto from 2007–2020 with about a year and a half abroad before returning to Nova Scotia. During this time I completed a PhD in History, but my interests gradually shifted to health care. Epilepsy was a day-to-day factor in my life, and I chose to undergo brain surgery four years into my doctoral degree. Recovery and relearning in the short term were followed by patient advocacy as a long-term interest. Since August 2020, I have been a member of the Patient Advisory Committee to the Centre for Addiction and Mental Health (Toronto), and I currently work as a Research Coordinator at Dalhousie University’s Department of Medical Neuroscience.
ERNEST NG

I was born and raised in Malaysia before moving to Halifax in 2019 for university. During my time in university, I was heavily involved in harm reduction amongst the university population surrounding substances and high-risk behaviour. Since graduating, I now work in supporting students transitioning into university life and addressing some of the barriers that prevent certain groups from adapting to the changes associated with that transition. I am looking forward to participating in this conversation as I have lived experience as an immigrant navigating the health care system in Nova Scotia, as well as to understanding how different age groups interact with the health care system differently.

TROY PALLO

Hi, my name is Troy, I’m an outgoing person and love the outdoors. I consider myself to be a people person. I volunteer at The North Grove when I can, and have been doing so for almost 5 years now. I tend to my garden that they provide for me. I also volunteered for the United Way. I also volunteered for the Tattoo. I love music, except rap and heavy metal. I’m also a movie addict; I have a large collection of movies to watch. I consider myself a family person, and I visit my parents whenever I can.

JUDY PORTER

I’ve lived most of my life in Cole Harbour, enjoying photography as a hobby. Growing up, I spent as much time in the hospital as out. A former executive assistant, now on disability, I became a community volunteer, running a free soccer camp for 24 years, hosting international students, and serving as a church youth leader. Living with multiple chronic illnesses while acting as my parents’ caregiver has been a challenge, but it was made easier after marrying my own personal paramedic, Phil. In the past decade I’ve focused my attention within N.S. Health as a volunteer Patient Family Advisor, bringing a patient’s perspective to health care discussions. I’m excited for this opportunity to help drive positive change for patients and families of Nova Scotia.

VEL OAKES

I have lived in north-end Dartmouth for the past ten years. I tell people I’m retired because I haven’t worked in the past seven years and have no plans to return to my past career as a secretary. I spend a lot of time outside, walking almost everywhere I go. I also spend time at The North Grove, a community food centre just a few minutes away, both as a participant and as a volunteer. I’m not the best cook, but I definitely love to eat. My other hobbies include reading, knitting, and spending time with friends. I am honoured to be part of this panel and know that our work will impact health care for everyone in Nova Scotia.
AIMEE REDDING

My name is Aimee Redding, and I was born and raised in Dartmouth, N.S. Growing up I was raised by a single mother, and now I am currently raising 2 children as a single mother, and as a single mother I often see and experience difficulties when it comes to getting and keeping a doctor and/or specialist.

One of my biggest passions is writing and getting my voice heard as someone that is living with both mental and physical challenges. Currently I am a client at LakeCity Works, and I am noticing a lack of resources that are both attainable and available, which is why I decided to volunteer for the OurCare panel.

I want to be able to stress to those that work in the health care field the importance of being able to find and keep the right professionals that would help us live the life we were intended to live.

SAM SEMARK

I was born on a Royal Air Force base in Germany, leaving there at the age of 6 months to live in five other countries and many places in both the U.K. and Canada, and finally coming to rest in Canada in 1991. Having started out as an aeronautical engineer and finishing as a business process re-engineering specialist, I then bought and operated a B&B in N.S. I am now retired and staying in one place in Nova Scotia, thank heavens! I have the time to give back to the community, so I volunteer at the hospital, and this is also the reason why I volunteered for this panel. One of my favourite pastimes is walking with my dog.

DARSHANA SARAVANAN

I was born in India and lived in Tokyo and California before moving to Ottawa. I now live in Halifax for university. I am majoring in neuroscience at Dalhousie University with a focus on neurotechnology and science communications. I also volunteer at a retirement home and Red Cross Canada. I volunteered for the OurCare Priorities Panel because it allows me to give back to the community that has supported me for the past few years. I see this as a great opportunity to learn more about the primary care system and as an opportunity to share my experiences, ideas, and perspectives in the hopes that I can help make a positive difference.

ERICA SMITH

I grew up in Lower Sackville, but Lunenburg has been my home for the past 13 years. I worked in forestry as a general labourer fresh out of high school for 9 years, then moved on to the Canadian Armed Forces as a Naval RMS clerk for 2.5 years. I also planned to train SAR / HRD service dogs as a hobby to give back to my province while doing something I’m passionate about. Currently, I’m unable to work due to chronic illness. I volunteered for this panel because I witnessed the decline of our health care system since 1988 and want the patient experience heard.
KEITH TOWSE

I grew up in the U.K. and arrived in Nova Scotia thirty years ago. I live in Halifax with my wife and son (and three cats) and work in renewable energy development. I have always been interested in the ways in which government and services such as health care are organized and how bureaucracy can restrict access to the medical services people need. I volunteered for the Panel because I feel that decision-making about how health care can be improved shouldn't take place behind closed doors – these decisions should draw on the experiences of those in our communities who need access to it most.

ANDREA TRASK

Andrea is a wife, mother of two teenagers, and daughter/daughter-in-law to five N.S. seniors. With family and friends throughout the province, her interest in this panel opportunity came from a desire to be part of processes to find solutions we collectively have in primary care.

As her parents and in-laws get older, various health conditions have been arising and have required support from family doctors, specialists, and even emergency care. In one relationship she is the primary support person and thus has experience navigating the public health system. One of her children has Type 1 diabetes, and, as they grow up, she worries about what their primary care will look like if things in Nova Scotia remain unchanged.

Professionally, Andrea has worked in municipal government for over 20 years and participated on numerous committees and projects. With this experience she felt she could contribute fairly, honestly, and productively on a topic of such importance.

MARIANNE SMITH

My name is Marianne Smith, and I was born in Vermilion, Alberta. I moved to Consort as a child.

I grew up in Consort with my mother, stepfather and one sister. I moved to Calgary in 1980. My parents passed away in 1994 and 1995, and, looking for a change, in January, 2001 I came to Nova Scotia for a three month project and then accepted a permanent position.

My background is in insurance, Group Benefits. I retired when my job moved from Halifax to Toronto, sold my house in 2020, and am now in an apartment with my 2 cats, Maisie and Millie. And yes, there is a story behind their names!

I spent several years volunteering, then doing paid work, at a thrift store in the area but have had to give that up. Due to some vision issues, I live a very boring life these days. I am unable to do the things I used to do, like reading, sewing, and crocheting.

I am looking forward to taking part in this panel. My primary care doctor retired in November 2022, and I am now without one. Health care is very important to me, and I want to make a difference!
JORDAN WATERBURY

I am Jordan Waterbury, originally from Kentville, Nova Scotia, but now residing in Halifax. My family’s Maritime roots go back 300 years, and I love to spend time driving around and exploring the province.

I’m an IT specialist with expertise in software packaging. Academically, I hold a BBA degree with a focus on labour management and employment relations from Acadia University. My hobbies include reading varied nonfiction, diving into mystery thrillers, exploring Anglican theology, and spending time with my wonderful family dogs, Willow and Piper. I inherited my dry and self-deprecating sense of humour from my father’s time in a Monty Python society.

I’m a passionate advocate for economic justice and labour rights, am politically active within my electoral district association, and serve as a licensed lay minister. I actively participate in community missions for social justice, am part of an ecumenical anti-poverty group, and serve on the Social Justice and Human Resources teams with the Diocese of Nova Scotia and Prince Edward Island.

I volunteered for this panel to address the overemphasis on acute care, the underemphasis on social determinants of health, and to help Nova Scotia get our priorities straight to address the primary care needs of our community.

MICHAEL WESTCOTT

Michael Westcott moved from Southern Ontario to Granville Ferry in October, 2020.

Michael is a graduate of the University of Toronto, having a varied and successful career in management and sales, working in both domestic and offshore settings. His career experiences include: insurance, corporate asset acquisition and management, database systems, business analysis, management consulting and training, and technology and agricultural start-ups.

Michael is currently semi-retired and exploring several business opportunities across Canada.

Additionally, Michael’s experience in the not-for-profit sector includes Chairperson for the Terry Fox Run in Burlington, Ont., and Annapolis Royal’s King’s Theatre Board of Directors.
NORMAN WIEGERS

I am a 54 year-old who was born in Montreal, Que. and moved to Lower Sackville, N.S. in 1980. I currently live outside of Windsor in Ardoise, N.S. with my wife and daughter. My son and his wife live in Hatchet Lake outside of Halifax. I have experience with health care in Nova Scotia as a consumer and as an employee in the Health Districts and our Emergency Health Services (Paramedic Service). My work background is in material management and finance.

I enjoy live sporting events, Broadway musicals, and reading a wide variety of genres. I am involved in my church and have worked with various church groups as well as with Scouting.

I am participating on this panel as I hope to be able to make a positive change to help Nova Scotia primary care become more robust and sustainable for the future.

HEATHER YOUNG

I am a former biochemist and public health officer, and current military spouse and MSW student at Dalhousie University. I have a volunteer history with the community health boards and search and rescue, where I met my spouse. My primary interests relate to community health, rural health equity, social and structural determinants of health, and crisis and emergency response. In my free time I can be found gardening, tinkering with plans for a sail boat and sustainable tiny homes, or exploring beautiful Kespukwitk with my two dogs.
Guest Speakers

Sixteen experts generously gave their time and shared their knowledge with the Nova Scotia Priorities Panel on Primary Care. The Panel extends its sincerest thanks to each of them.

**Dr. Asra’a Abidali** is a family physician who will be starting up her own shared practice in Halifax in July. For the last eight years, she’s been a locum family physician practicing in a number of places and settings, including the Newcomer Health Clinic in Halifax. She has served on the Anti-Oppression Committee at Dalhousie University’s Faculty of Medicine since 2020, and was a member of an investigations committee focused on discrimination based complaints at the College of Physicians and Surgeons of Nova Scotia. She has a particular interest in obstetrics, and counts among her patients at the Newcomer Clinic many expecting mothers. She has a son on the Autism spectrum and her husband is a more recent immigrant to Canada, so she brings both a provider and a patient perspective to equity and access to primary care access.

**Dr. Maria Alexiadis** is an experienced leader with a diverse background in healthcare leadership and career that spans 35 years. She has been involved in establishing post–COVID integrated care services in Nova Scotia and has helped lead VirtualCareNS. Since 2018, Dr. Alexiadis is head of the Department of Family Practice in Central Zone and Interim Clinical Lead for Continuing Care across Nova Scotia. At present, she holds additional roles within Nova Scotia Health, including Senior Medical Director of the Primary Care and Chronic Disease Management Network and, most recently, Initiative Lead for Primary Care Transformation.

**Dr. Roop Conyers** is a family physician and Medical Site Lead at the Annapolis Community Health Center in Annapolis Royal, Nova Scotia. He works in a collaborative care model providing comprehensive patient care to a population base of approximately 10,000, including full-scope family medicine, emergency medicine, trauma care, procedure clinics, and palliative care. He is also the Postgraduate Site Director for the Annapolis Valley Site with Dalhousie University, where he sits on the Selection Committee and Residency Program Committee for the Department of Family Medicine. At the provincial level, he is a board member for the Nova Scotia College of Family Physicians and Peer Reviewer for the College of Physicians and Surgeons of Nova Scotia. At the national level, he recently completed two terms as a member of the CEPCC’s Postgraduate Education Committee and Section of Teachers.

**Dr. Katherine Fierlbeck** is McCulloch Research Professor and Chair of the Department of Political Science at Dalhousie University, with a cross-appointment in Community Health and Epidemiology. Dr. Fierlbeck focuses on the politics of health policy; she has a particular interest in issues of governance and mechanisms of accountability. Her current funded research projects include investigations into upstream determinants of effective COVID–19 responses across Canadian provinces, public policy challenges in rethinking public health (comparative perspectives), the growth of private health care in Canada, and the impact of retirement income programs on health and health equity among Canadian seniors.

**Dr. Leah Jones** is a family physician and the new Academic Director of Black Health within Dalhousie’s Faculty of Medicine. She was born and raised in Dartmouth, attending Dalhousie for Medical School, and graduated in 2018. After attending McMaster University for her Family Medicine residency, she practiced in Ottawa for two years prior to coming back to Nova Scotia. Her role in Dalhousie’s Faculty of Medicine is working to engage the African Nova Scotian/Black community with the university, increase representation of Black medical students, advise on curriculum as it relates to Black health, and support working towards a culturally competent learning environment. Clinically she is working in primary care for the Nova Scotia Sisterhood, as well as in addiction medicine.

**Dr. Tara Kiran** is the Fidani Chair in Improvement and Innovation at the University of Toronto and Vice–Chair of Quality and Innovation at the Department of Family and Community Medicine. She practices family medicine at the St. Michael’s Hospital Academic Family Health Team (SMHAFHT). Dr. Kiran completed her family medicine residency at McMaster University in 2004 and spent her first couple of years in practice as a locum in indigenous communities in northern Ontario and in community health centres in urban Toronto. She practiced at the Regent Park Community Health Centre from 2006 to 2010 before joining St. Michael’s in 2011.

**Dr. Ruth Lavergne** is an Associate Professor in the Department of Family Medicine at Dalhousie University. Her training is as a PhD researcher and her expertise is in quantitative analysis of health system data. She works with experts in qualitative methods, patients, care providers, and policymakers on studies that look at primary care across provinces and over time. Her research aims to address disparities in access to primary care and build evidence to ensure primary care’s organization, delivery, and workforce meet the needs of people in Canada now and in the future.

**Paulina Meader** is a proud Mi’kmaw woman from the traditional lands of Unama’ki and is a member of Membertou First Nation and a passionate health care professional. She draws from her experiences as an indigenous woman, a nurse, a birth–worker, a knowledge keeper, and a person who lives with a chronic disease.
She has gathered her traditional knowledge from various elders and ceremonies across Turtle Island, but considers most of her teachings to come from her mother, Jane. She firmly believes that her cultural and spiritual practices in conjunction with her medical treatments have given her the life and health she has now. It also drives her to instill as much cultural access, safety, and humility into her care as she can. She is a fierce and effective advocate against systemic racism in healthcare — especially when it comes to end of life, pediatrics, and care of birthing parents.

Dr. Ashley Miller is an academic general internist, virtual care advocate, and passionate champion for digital-enabled health care transformation. After graduating from medical school at University of Ottawa, she completed her residency in Internal Medicine and General Internal Medicine at Memorial University in 2017. She also holds a Master of Science in Health Policy, Planning, and Financing from the London School of Economics and the London School of Hygiene & Tropical Medicine. She joined Dalhousie University in the Department of Medicine as Assistant Professor in 2017 and now enjoys a part-time academic role and clinical practice across diverse acute, ambulatory, and community-based care environments in addition to her role as Chief Medical Information Officer for IWK Health and Nova Scotia Health.

Abbey Sandford is a passionate member of the Health System Partnerships team at Maple. With a background as a front-line nurse, she has a deep understanding of the challenges in the healthcare system. Through her work at Maple, she has become an expert in designing and implementing innovative models of care that address some of our stickiest primary care issues backed by virtual telemedicine. In addition to her experience as a nurse, she has completed a Master’s of Management Innovation and Entrepreneurship through Queen’s University and worked with health-tech startups at MaRS in Toronto.

Erin Sarrazin is a Primary Care Nurse Practitioner in Nova Scotia. She has been working in the healthcare system for 20 years. She spent 12 years working as a Registered Nurse in both the US and Canada primarily in the areas of Critical Care and Emergency Medicine. She has a special interest in women’s health and runs a contraceptive clinic for her local community in addition to her family practice. She is also the Communications Director for the Nurse Practitioner Association of Canada.

Dr. Sheryl Spithoff is a family doctor, an Assistant professor at the University of Toronto, and a Scientist at Women’s College Research Institute. Her research aims to improve the health and wellbeing of people who use substances. She also conducts research at the intersection of health systems, new technologies and commercial interests.

Colin Stevenson assumed his new role with the Nova Scotia Department of Health and Wellness as Chief, System Integration in June 2022. Colin brings 25 years of healthcare management and leadership experience, with the past fifteen years providing leadership for provincial initiatives or organizations within Nova Scotia; including the design of provincial corporate services for the health system, the Health Authority Consolidation initiative and executive leadership with Nova Scotia Health.

Dr. Katherine Stringer is a South African born and trained family physician, receiving her MBChB from the University of Cape Town in 1994. She worked as a community family physician in Newfoundland from 2002, obtained her CFPC in 2004, before joining the Discipline of Family Medicine, Faculty of Medicine at Memorial University in 2009. She obtained her FCFP and a Masters in Clinical Sciences (Family Medicine) through Western University in 2016. She is a strong supporter of medical education and has held many Leadership positions including the Memorial Faculty of Medicine Clerkship Director and Department Head of Family Medicine. She is currently the Department Head at the Dalhousie Department of Family Medicine and the Chair of the Family Medicine Specialty Committee at the CFPC. Clinically she practices comprehensive family medicine with a special interest in Care of the Elderly and adults with Developmental Disabilities.

Dr. Gaynor Watson-Creed is the Associate Dean of Serving and Engaging Society for Dalhousie University’s Faculty of Medicine, and an Assistant Professor in the Department of Community Health and Epidemiology. She is a public health specialist physician with 18 years experience, having served as the former Medical Officer of Health for the Halifax area and Deputy Chief Medical Officer of Health for Nova Scotia. Dr. Watson-Creed has an MD from Dalhousie University, an MSc from the University of Guelph, a BSc from the University of Prince Edward Island, and honorary doctorates from Acadia University and the University of Prince Edward Island. She also sits as chair or member of several national population health councils and boards, and is a passionate advocate for high-quality public health services in Canada.

Lisa Woodill is currently the Director of Pharmacy Practice for the Pharmacy Association of Nova Scotia. In this role, Lisa is responsible for education and conference programming, project lead for various demonstration projects such as the Community Pharmacy Primary Care Clinic Demonstration Project. Lisa received her BSc (Pharm) from Dalhousie University in 1999 and has worked in various past positions, including Director of Professional Development, Regional Pharmacy Manager and Manager of Pharmacy—Ontario/western Canada for Sobeys National Pharmacy Group. In these positions, she provided professional and operational support to pharmacy teams across the country.
Bill McIntyre

Underscoring the Severity of the Family Physician Challenge and the Need for Urgent Recruitment and Succession Planning

A startling indicator of the situation of primary care in Nova Scotia is the increasing number of Nova Scotians registered on the provincial Need a Family Practice Registry. In October 2019, about 5% of Nova Scotians were registered or 51,014 persons. By July of 2023 that number rose to 152,001 or over 15% of the provincial population, a period of less than four years. It has been reported that the top two reasons for individuals and families needing a family doctor are that they are new to the area or that their doctor retired from practice.

It should be a concern that the situation will be exacerbated as Nova Scotia government statistics suggest that the province’s population is growing at a rapid pace – the population reached 1,047,232 on April 1, 2023, marking an increase of 10% since 2017 or an annual growth rate of 1.6%. However, the last two years of that timeline saw annual growth between 2.5% and 3.9% respectively, placing Nova Scotia among the highest of recent Canadian provincial growth rates. Because new Nova Scotians represent a sizeable portion of the number of people seeking a family physician, it seems that the Registry list could grow.

Nova Scotia College of Physicians and Surgeons data suggest that over the same period, the number of fully licensed, resident family physicians across Nova Scotia has only grown by 4.8% (or a net of 52 positions in the period from May 31, 2018 [total: 1,082] to March 31, 2023 [total: 1,134]). In October of 2022, Doctors Nova Scotia reported that roughly a quarter of the province’s family doctors were over 60 with a very large number of these nearing or considering retirement, adding further pressure for solutions.

The Nova Scotia Action for Health Strategic Plan (2022-2026) lays out an aspirational goal to achieve a rate of 135 doctors per 100,000 Nova Scotians. Stepping up efforts for recruitment and succession planning will be necessary to balance resources with demand to achieve this goal, especially given the realities outlined above.

Appendix

Minority Reports

Members were encouraged to consider all points of view during the panel process. Discussions were lively and respectful throughout the proceedings, and while some minor differences in opinion remained, every member of the panel endorsed the recommendations in this final report. However, members were also given the opportunity to write a minority report in which they could highlight any points of agreement or disagreement, or include their own commentary.

Bill McIntyre

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The Nova Scotia Action for Health Strategic Plan (2022-2026) lays out an aspirational goal to achieve a rate of 135 doctors per 100,000 Nova Scotians. Stepping up efforts for recruitment and succession planning will be necessary to balance resources with demand to achieve this goal, especially given the realities outlined above.
Heather Young

Families of Federal employees subject to frequent moves face disproportionate barriers to primary health services. There are about 1000 RCMP families in the province, and 2% of Nova Scotia’s population comprises family members of CAF regular force members\(^2\). These families are subject to frequent moves every three to five years, and often find themselves moving from different provincial waitlists every few years without ever having a health care practitioner. As a result, many kids go without a family physician or specialist until a situation becomes critical. Even newborns are going without a health care professional and are placed on the new infant waitlist for primary care. In many instances, virtual care is insufficient for medical needs or routine childhood exams, and there is no continuity of care or records between virtual care and different provincial systems.

Given the high proportion of CAF and RCMP families in the province, Nova Scotia Health should make every effort to ensure the continuity of records, facilitate the transfer of waitlist positions, and offer special interim clinics to prevent health disparities compounded by other social determinants of health.

This should enable transfer between physicians with complete records to/from other provinces for continuity of care to ensure family members requiring direct medical oversight (beyond what virtual care can offer) are linked to an appropriate health care professional in a timely manner. Nova Scotia Health should collaborate with GMFRC, CAF, and RCMP on creating CAF/RCMP family representatives and a transition clinic through a resource-sharing model.

No child should be without a primary health care practitioner for their entire childhood because their parent chooses a career in public service.

Michael Westcott

Having been in several of the working groups where affordability was discussed, the report does not fully reflect these discussions. Not only did we discuss the affordability of user-pay products (drugs, testing supplies, etc.) and services (dentists, physiotherapists, dietitians, etc.), direct discussions were also held about affordability from the taxpayer’s perspective.

Public health systems are amongst the largest expenditures by governments, and their growth has outpaced overall budgets by large amounts. Recent polls suggest that Canadians are approaching their limits as to overall tax burdens. The wrangling between federal and provincial governments as to who should fund increased health care expenditures ignores the fact that in the end, it all comes from the same taxpayer.

This requires solutions that are innovative, effective, and can be accomplished within a total tax regime that will be acceptable to a tax base that is feeling there are limits to how much the government can take from them now or shift down the road by borrowing.

It will not be easy, but is necessary, to balance what society wants with what it is willing to pay.

Kirk Monroe

This is the original issue description for ‘Lack of interoperability’ (p. 19) that was drafted and delivered during the Closing Session on Sunday May 15. The version that appears earlier in the report was adapted to suit a written report.

As a patient of primary care in Nova Scotia, continuity of care is very difficult for me as each health care provider I interact with does not have easy access to my overall health record.

To solve this, I need to rely on health care providers to forward information in advance of my interactions, or I need to get and bring the information myself.

This inefficient process leads to administrative burden, delayed access to care, and, sometimes, bad care plans that could have been avoided if the health care provider had the full picture of my health.

As a primary care provider, I often see patients for whom I don’t have the full continuity of care. This means that I am overburdened with administrative work to “run down” this information from the patient’s other primary care providers.

I end up exposed to making bad recommendations because of an incomplete picture, and I am generally left feeling like I am doing a sub-optimal job.

Government, as a steward of the public’s health and wellbeing, as well as trying to maximize our tax dollars to outcomes, the lack of integration between the information systems of primary health care providers leads to an unnecessary expensive administrative process for payments, inefficiencies of where to allocate resources, and leaves us completely blind to health outcomes in Nova Scotia.

As providers of health care information systems, we are blamed for being part of the problem and for not contributing to an integrated patient health record, but we are not being given guidance and a standard to which we can conform.
**Chronic diseases** are long-lasting illnesses with generally slow progression. They can have multiple causes, share common risk factors, and often impact quality of life and daily activities, requiring long-term management from individuals, health care professionals, and communities.

**Interoperability** is the capacity of different systems, devices, applications, or products to connect and communicate without needing input or effort from the end user. This capacity for seamless data exchange is considered a key feature for the growth and smooth functioning of modern information or data systems.

**One Nova Scotia** was an initiative that emerged from the report of the Commission on Building Our New Economy. One Nova Scotia developed a 10-year plan to reverse trends in population decline and increase economic growth, and progress against its goals are tracked on a public dashboard at [www.onens.ca](http://www.onens.ca).

**One Person One Record** is a fully digital clinical information system that is intended to replace the close to 100 programs that have been used across major hospitals in the province to date. The Government of Nova Scotia announced a 10-year contract with Oracle Cerner Canada to design and deliver the system in February 2023. The first phase of the system's rollout targets hospitals and some provincially-run primary care clinics.

**Primary Care** is first-contact, accessible, continuous, comprehensive, and coordinated person-focused care, usually delivered by a family doctor or nurse practitioner. It involves first contact accessibility, continuity, comprehensiveness, and coordination.

**Primary health care** is a whole-of-society approach to organizing and strengthening national health systems, bringing services closer to communities. It includes integrated health services; addressing broader social issues affecting health; and empowering individuals, families, and communities.

**Social determinants of health** are non-medical factors influencing health outcomes, including economic policies, social norms, social policies, and political systems. They significantly affect health inequities within and between different population groups.
Develop an ongoing cross-partisan, collaborative group that includes representatives from: political partners, primary care providers, patients, NGOs, medical education institutions, professional associations, to enact the recommendations of the Nova Scotia Priorities Panel on Primary Care.

Commit to establish an ongoing cross-partisan, collaborative group that includes representatives from: political partners, primary care providers, patients, NGOs, medical education institutions, professional associations, to enact, push, affirm, advocate for the recommendations of the Nova Scotia Priorities Panel on Primary Care.

Develop a citizens' movement to advocate for a better primary care system for all, considering all of care and address social determinants of health.

In order to ensure political commitment to primary care, this advocacy must include consideration of all SDG4.

(→ change is needed now.)

Activate Nova Scotia to act in a new way, with a new paradigm, join in the development of citizens' movement to advocate for a better primary care system for all, considering all of care and address social determinants of health.

Commit to establish an ongoing cross-partisan, collaborative group that includes representatives from: political partners, primary care providers, patients, NGOs, medical education institutions, professional associations, to enact the recommendations of the Nova Scotia Priorities Panel on Primary Care.
About OurCare

OurCare is a pan-Canadian conversation with everyday people about the future of primary care. It seeks to understand what residents want in a high quality, equitable primary care system and to capture their recommendations for change.

The project is led by Dr. Tara Kiran, a family doctor and renowned primary care researcher based in Toronto. She and the project team are working with Advisory Groups across the country to align with different provincial contexts. OurCare has three stages:

National Research Survey
The survey was online from September 20 to October 25, 2022. More than 9,200 Canadians completed the survey, sharing their perspectives and experiences. Vox Pop Labs co-designed and executed the survey.

Priorities Panels
Priorities Panels will be held in five regions: Nova Scotia, Quebec, Ontario, British Columbia and Manitoba. MASS LBP is co-designing and executing the panels with OurCare advisors and local delivery partners.

Community Roundtables
Two community roundtables will be hosted in each of the five regions, focusing on equity-deserving groups that we did not hear enough from during stages 1 and 2. MASS LBP is co-designing and executing the community roundtables with OurCare advisors and local community organizations.
OurCare Project Partners

OurCare is funded by:

Health Canada
Health Canada is the Federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Staples Canada – Even the Odds Campaign
Staples and MAP have come together to create Even the Odds: an initiative to raise awareness of inequity in Canada and to help build vibrant, healthy communities. The partnership is based on the shared belief that everyone should have the opportunity to thrive. Even the Odds funds research and solutions to help make the future fair for everyone. Learn more at staples.ca/eventheodds

Max Bell Foundation
Max Bell Foundation began making grants to Canadian charities in 1972. Today, the Foundation supports innovative projects that are designed to inform public policy change in four program areas: Education, Environment, Health & Wellness, and Civic Engagement & Democratic Institutions. The Foundation also delivers the Public Policy Training Institute, a professional development program designed to help participants more effectively engage in the public policy process, and PolicyForward, a future-oriented speaker series that brings thought leaders together to discuss the intersections of policy, technology, and innovation.

OurCare is based at:

MAP Centre for Urban Health Solutions
MAP Centre for Urban Solutions is a research centre dedicated to creating a healthier future for all. The centre has a focus on scientific excellence, rapid scale-up and long term community partnerships to improve health and lives in Canada. MAP is based at St. Michael's Hospital in Toronto.

St. Michael’s Hospital, Unity Health Toronto
St. Michael’s Hospital is a Catholic research and teaching hospital in downtown Toronto. The hospital is part of the Unity Health Toronto network of hospitals that includes Providence Healthcare and St. Joseph’s Health Centre.
Our Care is also supported by:

**Department of Family & Community Medicine, University of Toronto**
The University of Toronto’s Department of Family & Community Medicine is the largest academic department in the world and home to the World Health Organization Collaborating Centre on Family Medicine and Primary Care.

**St. Michael’s Foundation**
Established in 1992, St. Michael’s Foundation mobilizes people, businesses and foundations to support St. Michael’s Hospital’s world-leading health teams in designing the best care – when, where and how patients need it. Funds support state-of-the-art facilities, equipment needs, and research and education initiatives. Because St. Michael’s Foundation stops at nothing to deliver the care experience patients deserve.

OurCare is working with:

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Vivian R Ramsden, University of Saskatchewan

Patient Advisory Groups
Canadian Medical Association’s Patient Voice Advisory Group
MAP Centre for Urban Health Solutions’ Improving Primary Care Public Advisors Council

OurCare is engaging with distinct Advisory Groups in each province where it is working. Visit OurCare.ca for more information about our supporters.
Panel Development and Facilitation

The Nova Scotia Priorities Panel on Primary Care was designed and facilitated by MASS LBP.

Founded by Peter MacLeod in 2007, MASS is Canada’s recognized leader in the design of deliberative processes that bridge the distance between citizens, stakeholders, and government. For more than a decade, MASS has been designing and executing innovative deliberative processes that help governments develop more effective policies by working together with their partners and communities.

To learn more about MASS LBP’s work, please visit masslbp.com

Engage Nova Scotia was a panel delivery partner and their support for the work included staff in the Civic Concierge role, recruiting panel volunteers, and recruitment of the local facilitation team.

To learn more about Engage Nova Scotia’s work, please visit engagenovascotia.ca

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**Image credits:** Olivia Neale, Department of Family and Community Medicine, University of Toronto

To follow developments on this project, please visit ourcare.ca