

Key Organizational and Delivery Features of Community Health Centres in British Columbia

Laurie J. Goldsmith, PhD

2009 Annual CAHSPR Conference

Calgary, AB

May 12, 2009

SFU

Acknowledgements

- **Research Team:** Craig Janes, Joy Walcott-Francis, Meghan Wagler, Ellen Randall, Julia Howard, Regiane Garcia
- **Funding:** Economic Security Project, BCNU, HEU, HSABC
- **Advisory Committee:** Seth Klein, Marcy Cohen, Pat Wejr, Hans Brown, Clare Heffernan, Margaret McGregor, Januz Kaczorowski

Background

- CHCs seen as a primary care model leading to effective and efficient care delivery
- Compared to traditional primary care, CHCs are more likely to:
 - Provide patients with a high level of access
 - Deliver higher quality of care
 - Deliver more preventive services
 - Use personnel more efficiently
 - More cost-effective overall

CHC literature

- Existing research tends to:
 - Treat CHCs as a homogeneous group
 - Focus on a single particular outcome
 - Have taken place in Quebec

Our Project

- Provide systematic evidence on BC CHCs
- Strong presence of CHCs in parts of Canada but not in BC
- Environmental scan with a focus on organizational and delivery features
 - Funding and payment
 - Governance and management
 - Patient population
 - Providers and services
 - Partnerships with other organizations
 - Connection with local community

CHC definition

- Governed by a locally elected board of directors or an advisory board comprised mostly of local residents
- May be defined by a geographic area or by a group of people who have experienced access barriers
- Offers a range of services
- Works in partnership with organizations in other sectors
- Uses interdisciplinary teams to provide services
- Remunerates staff by salary or capitation

CHC definition

- Governed by a locally elected board of directors or an advisory board comprised mostly of local residents
- **May be defined by a geographic area or by a group of people who have experienced access barriers**
- **Offers a range of services**
- Works in partnership with organizations in other sectors
- **Uses interdisciplinary teams to provide services**
- Remunerates staff by salary or capitation

CHCs in BC

- No current list of CHCs in BC
- 2006 list of BC Network of Community Health Centres = 29 CHCs

CHCs in BC

- No current list of CHCs in BC
- 2006 list of BC Network of Community Health Centres = 29 CHCs
- Identified 49 additional CHCs
- **78 self-identified CHCs in BC in 2009**
- (Another 5 possible CHCs)

What's In A Name?

Confidence about CHC definition

&

Confusion about CHC definition

What's In A Name?

Confidence about CHC definition

&

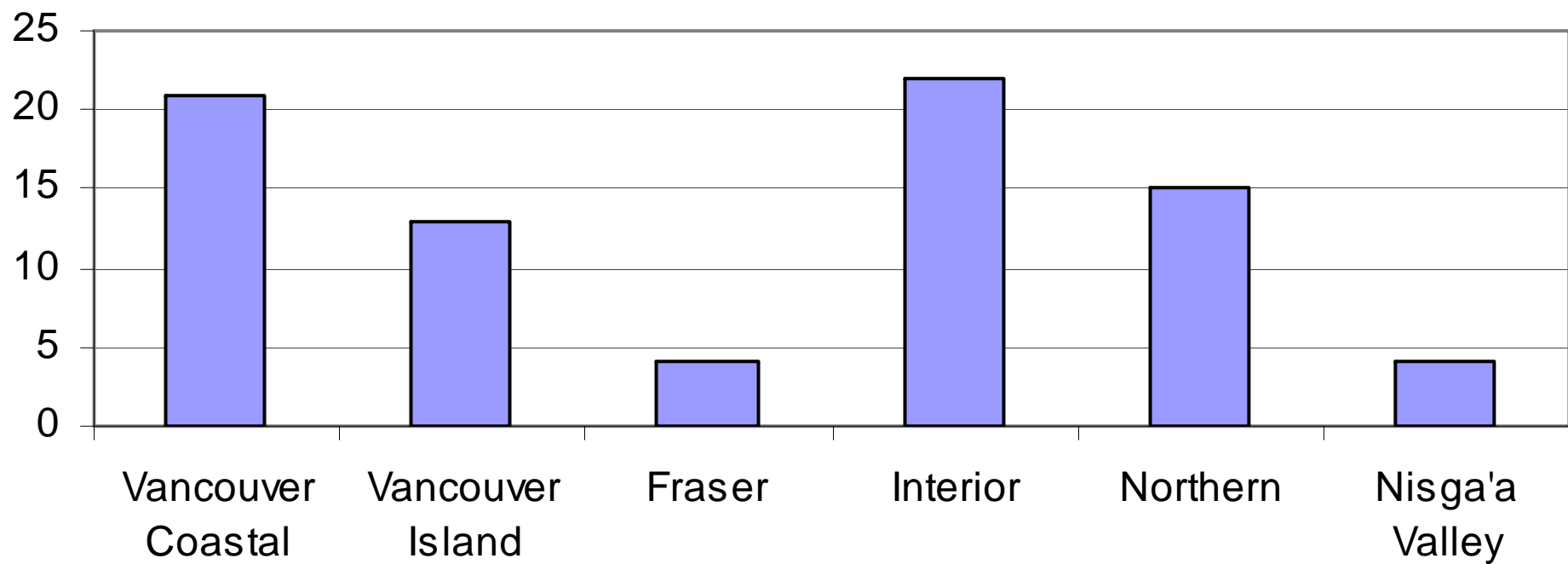
Confusion about CHC definition

Need not have “CHC” in name

&

“CHC” in name need not be CHC

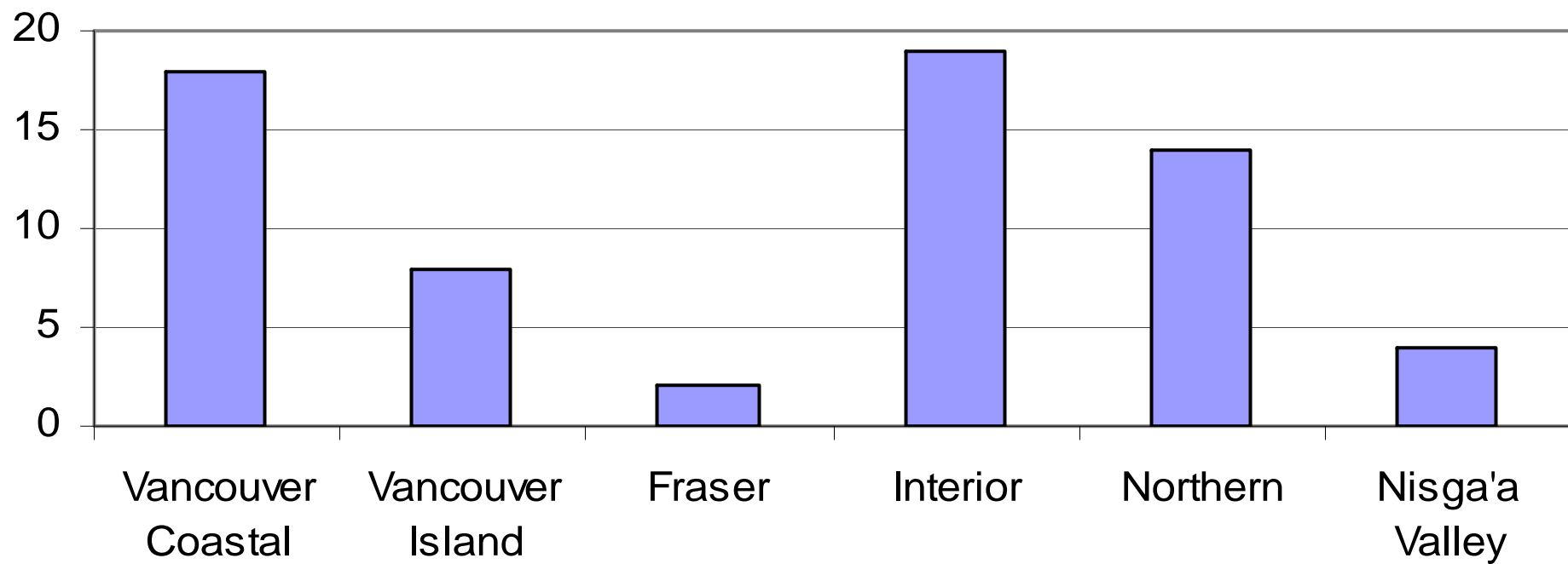
Location of BC CHCs



Governance of CHCs in BC

- 3 CHCs independent governance
- 3 CHCs mixed independent + under Health Authority
- 65 CHCs under governance of Health Authority
- (8 CHCs still to determine)

BC CHCs Under Health Authority Governance



CHC definition

- X (✓) • Governed by a locally elected board of directors or an advisory board comprised mostly of local residents
- ✓✓ • May be defined by a geographic area or by a group of people who have experienced access barriers
- ✓✓ • Offers a range of services
- ✓✓ • Works in partnership with organizations in other sectors
- ✓ • Uses interdisciplinary teams to provide services
- (✓) • Remunerates staff by salary or capitation

Signature Strengths of BC CHCs

- Committed staff
- Ability to cobble together multiple sources of funding
- Perseverance

Key Challenges for BC CHCs

- Funding levels
- Funding stability
- Facility size

Future Work

- Phase 2 = Case studies
- Effects of organizational and delivery features on:
 - Community responsiveness
 - Access to care
 - Continuity of care
 - Health status
 - Patient and staff satisfaction
 - Economic efficiency

Comments? Suggestions?
Copy of Final Report?

laurie_goldsmith@sfu.ca