

# Aboriginal Telehealth Orientation Workshop



## **WORKSHOP REPORT**

Dunsmuir Lodge  
Sidney, BC 28 July, 2005

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for the Provincial Health Services Authority

## EXECUTIVE SUMMARY



The Aboriginal Telehealth Orientation Workshop was a launch event for the Provincial Health Services Authority. In mid-July the Ministry of Health asked the PHSA to integrate Aboriginal telehealth planning with the existing telehealth strategic planning process. Accordingly, PHSA initiated a workshop where Aboriginal Health leads and telehealth principals in each Health Authority could be briefed about successful telehealth implementation in First Nations and Inuit communities in Canada and to share information about what is happening within the British Columbia telehealth environment. Key provincial, federal and national First Nations and government representatives attended to provide focused information about telehealth implementation and to foreground initiatives pending in other jurisdictions. The workshop concluded with focused feedback from participants that Aboriginal telehealth development – defined as videoconferencing to enhance community-based clinical, training and health education services – should focus on addressing priorities of geographically isolated

and under serviced communities and that it be a First Nations driven process. Similarly, participants supported a ‘pathways to yes’ approach – a coordinated and incremental process for enabling telehealth service development that supports community well-being.

A survey of Aboriginal telehealth development and how the introduction of telemedicine and health training and education programming contribute to wellness in remote and northern First Nations communities was presented by John Rowlandson. Top community concerns about telehealth included security/privacy, telehealth for enhancement vs. telehealth for replacement of services, cost and sustainability of technology and community capacity building. Generally, it was demonstrated that successful projects are those that are championed at the community level, engage regional mandated Aboriginal health organizations – health service organizations (sometimes within Tribal Councils and sometimes distinct from them) to which communities have formally mandated a capacity to manage some or all community health services – and respect relationships between health service providers and community members and support partnerships among First Nations and between federal and provincial agencies. These points were highlighted by the presentations made by Donna Williams, Regional Telehealth Coordinator at KO Telehealth (who joined via videoconference from northwestern Ontario) and Terry Fox, Executive Director of Inter Tribal Health Authority in Nanaimo.

Descriptions of how telehealth is developing in each health authority showed the gradual spread of services in British Columbia and situated a review of the proposed PHSA Aboriginal telehealth development process – the expansion of telehealth from a hospital- to a community-based model. Lillian Bayne, Project Manager for the PHSA telehealth provincial plan described the parallel provincial and Aboriginal planning frameworks and highlighted unique aspects of the Aboriginal component. Five breakout groups worked through a series of questions that probed the opportunities and challenges for Aboriginal telehealth development in each health authority. This group work supported networking connections between Aboriginal health leads and telehealth clinical and technical leads in each health authority and with the First

Nations, federal and provincial resource people attending the workshop. Similarly, the data presented provides a valuable resource for supporting Aboriginal health leads in each of the six health authorities.

In the final session of the workshop, participant feedback provided a baseline summary for moving forward with telehealth in support of community wellness needs and goals. Important themes and messages of the workshop included:



- ◆ The important role that mandated Aboriginal health organizations (MAHOs) can play in ensuring that telehealth development is community-driven -- reflects the priorities and requirements of isolated and under serviced First Nations -- and is guided by an incremental and coordinated approach that builds on success. Similarly, participants expressed a need to know more about MAHOs (who they are, where they are located, which services they provide and how to best share information with them).
- ◆ Telehealth priorities are focused on the most remote communities – this is reflected in the high degree of agreement that telehealth address mental health, chronic disease, primary care gaps, maternity care and broader issues such as residential school trauma
- ◆ Telehealth must demonstrate and report progress. Incremental and successful steps and the capacity to share these achievements are key to wider adoption of telehealth
- ◆ Focus on enablers – finding the ‘pathways to yes’ involving all key interests, ministries and stakeholders

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# 1. BACKGROUND, OBJECTIVES AND RESULTS

## 1.1 Background to the Workshop

This telehealth orientation workshop was planned as the launch event for regional Aboriginal telehealth service development – an initiative that highlights the unique cultural, geographic and community requirements for telehealth services in Aboriginal communities, acknowledges the health and wellness service disparities that traditional service models have been unable to address and parallels the development of the provincial telehealth planning process.

More than 30 participants – drawn from First Nations organizations, federal and provincial agencies, the Provincial Telehealth Steering Committee and the Fraser, Interior, Nisga'a Valley, Northern, Provincial Health Services, Vancouver Coastal and Vancouver Island Health authorities – attended the workshop.

The workshop was planned under the guidance of the Provincial Health Services Authority (PHSA) telehealth lead and the Project Manager for Telehealth Planning. This group was responsible for developing workshop objectives and desired outputs, confirming the workshop invitation list and shaping the workshop format.

## 1.2 Workshop Goal and Objectives

The goal of the workshop was to prepare provincial Aboriginal Health Leads to directly participate in the Aboriginal component of the provincial telehealth strategic planning process by providing information about the models, issues and systems that characterize successful Aboriginal telehealth services and by sharing information about telehealth issues and priorities in each of the six provincial health authorities. The workshop provided participants with an opportunity to:



- Demonstrate that Aboriginal Telehealth Development is a Ministry of Health priority and show MOH support for PHSA coordination of an Aboriginal Telehealth Development process.
- Introduce a team-based coordinated and supported approach to Aboriginal Telehealth Development and build team-based capacity
- Identify regionally Mandated Aboriginal Health Organizations<sup>1</sup> and highlight the remote First Nations in each region
- Transfer knowledge about the provincial planning process, describe/demonstrate telehealth services and service models, analyse and discuss key issues, provide MAHO perspectives and views on Aboriginal telehealth initiatives

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<sup>1</sup>**Mandated Aboriginal Health Organization** -- A health agency that is created by First Nations governments with a defined mandate and ratified through Band Council Resolutions or a motion passed by a duly convened meeting of representatives of the Chiefs and Councils and authorized for that purpose. Usually, but not always, such a mandated agency would be incorporated under the Societies Act.

- Document next steps for regional Aboriginal telehealth development

### **1.3 Workshop Results**



This summary Workshop Report contains key comments and questions raised during workshop presentations and discussion and will be used to inform the Aboriginal telehealth development component of the provincial telehealth strategic plan. The workshop report as well as additional information made available during the workshop (Power Point Presentations) will be posted on Vancouver Island First Nations E-Health website: [www.vifn-ehealth.ca](http://www.vifn-ehealth.ca).

## 2. WORKSHOP DISCUSSION FRAMEWORK

Agenda Block	Key questions addressed
<p><b>Welcome and Prayer, Workshop Overview</b></p>	<ul style="list-style-type: none"> <li>▪ On whose traditional territory is this workshop being held? Which organizations have sponsored the workshop and why? Who has been invited to the workshop?</li> <li>▪ What are the objectives and anticipated outcomes of the workshop? What are the roles of the workshop facilitator, presenters and resource people?</li> </ul>
<p><b>PHSA Telehealth Overview and Aboriginal Telehealth 101</b></p>	<ul style="list-style-type: none"> <li>▪ What role does the PHSA play in telehealth development? How much telehealth activity is happening in telehealth – where? What is the PHSA telehealth strategic planning process?</li> <li>▪ What is telehealth? How has it developed? How is Aboriginal telehealth different? What are the main lessons learned? What are the community concerns about e-health? What are the keys to sustainability?</li> </ul>
<p><b>How telehealth Improves and Enhances Access to Health and Wellness Services (KO Telehealth)</b></p>	<ul style="list-style-type: none"> <li>▪ What goes into the design and delivery of a successful Aboriginal telehealth service? What services and volume of services does it provide? What lessons has it learned along the way?</li> </ul>
<p><b>Aboriginal Telehealth Development Trends and Initiatives</b></p>	<ul style="list-style-type: none"> <li>▪ What is happening in Aboriginal telehealth and where is it going in Canada?</li> <li>▪ What challenges exist that Aboriginal telehealth services need to overcome?</li> </ul>
<p><b>BC Perspectives on Aboriginal Telehealth Development</b></p>	<ul style="list-style-type: none"> <li>▪ Why did we develop this system (what needs did it meet)? What did we learn in implementing the system (clinical use, human resource considerations, technical concerns)? What have been the factors in our successes and/or failures?</li> </ul>
<p><b>Health Authority Roundtable</b></p>	<ul style="list-style-type: none"> <li>▪ What telehealth/eHealth initiatives are underway in each of the province's health authorities?</li> </ul>
<p><b>PHSA Aboriginal Telehealth Development Process</b></p>	<ul style="list-style-type: none"> <li>▪ What is the PHSA's plan for the Aboriginal telehealth component? How do regional Aboriginal leads participate in this process?</li> </ul>
<p><b>Group Discussion: Regional Aboriginal Telehealth Development</b></p>	<ul style="list-style-type: none"> <li>▪ Which Mandated Aboriginal Health Organizations have an interest or have developed a competence for telehealth development – who are the champions and which communities might benefit most in your region?</li> <li>▪ What clinical and wellness gaps exist that telehealth could fill for Aboriginal populations in each health authority?</li> <li>▪ What telehealth service issues and concerns should be addressed?</li> <li>▪ What must, should, could an Aboriginal Telehealth program include?</li> </ul>

**Agenda Block**

**Key questions addressed**

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	<ul style="list-style-type: none"><li>▪ How can Health Authorities/MOH enable the successful development of Aboriginal telehealth services?</li></ul>
<b>Key Messages from the Workshop</b>	<ul style="list-style-type: none"><li>▪ What are the key messages and insights gained from this workshop?</li><li>▪ How and when will workshop results be prepared and distributed?</li></ul>

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## 3. SUMMARY OF WORKSHOP SESSIONS

### 3.1 Opening Prayer, Welcome and Overview

Tsawout Elder, *Doreen Pelkey* opened the workshop with a ceremonial song and prayer.

*Andrew Hazlewood*, Assistant Deputy Minister, Population Health and Wellness, Ministry of Health welcomed participants, encouraged participants to ask questions to learn about telehealth and to understand how it might be part of an integrated system of health and wellness for Aboriginal communities in BC. Workshop moderator, Lillian Bayne, Project Manager for the PHSA Telehealth planning process reviewed the objectives for the day, workshop discussion blocks and introduced the workshop speakers.

### 3.2 Presentation – “Provincial Telehealth Planning and Priorities”

*David Babiuk*, the Executive Director of Provincial Services Development for the PHSA and Lillian Bayne summarized provincial telehealth development to date and highlighted the telehealth planning process for British Columbia. David explained that telehealth planning – along with the coordination, monitoring and evaluation of telehealth, including the development of provincial standards and guidelines -- was mandated as a PHSA responsibility by the Ministry of Health in 2002. The PHSA works through a Provincial Telehealth Steering Committee that is overseeing the development a single plan for all Health Authorities. David also highlighted telehealth successes – there are more than 60 telehealth sites in BC. In FY 2003-2004, BC telehealth networks hosted 360 clinical consults, 163 administrative meetings and 122 educational events, serving almost 9,000 patients, families and health service providers. PHSA currently operates a provincial video bridging service and will develop plans for automated scheduling and support systems.

*Lillian Bayne* described the Provincial Telehealth Steering Committee’s planning and priorities framework and the anticipated steps for submitting a provincial Telehealth plan to Infoway before the end of the 2005-06 fiscal year. This process will culminate in a Convergence workshop – likely in January 2006 – where stakeholders and partners will meet to consult with telehealth leaders and experts on emerging priorities and to engage key interests in discussion and consensus on priorities.

### 3.3 Presentation – “Aboriginal Telehealth 101: A Guide to Understanding Successful Aboriginal Telehealth Service Development”

*John Rowlandson* is a telehealth consultant who has worked on a number of community-based and regional telehealth initiatives in British Columbia and Ontario. John’s presentation summarized the terminology, definitions and history of telehealth development and described how telehealth works in communities, which issues are of greatest concern and which elements are considered to be key to implementing and sustaining telehealth services in remote and underserved First Nations. Telehealth in basic terms is “moving patient information without

moving the patient” – using secure videoconferencing technology and diagnostic peripherals. Telehealth also supports health workers and professionals by providing community-based access to educational and training services. These services are generally focused on small, isolated and northern communities where there is a need to enhance and improve access to health and wellness services.

### **3.3 Presentation - “How telehealth Improves and Enhances Access to Health and Wellness Services”**

Donna Williams is the Regional Telehealth Coordinator for Keewaytinook Okimakanak Telehealth. KO Telehealth is the largest and busiest Aboriginal telehealth network in Canada. KO Telehealth is based in Balmertown in northwestern Ontario and works in partnership with NORTH Network to provide comprehensive access to health and wellness services in 20 isolated and northern First Nations. KO Telehealth has developed a regional governance model that engages area Chiefs and Health Directors and a community-based telehealth service model that uses Community Telehealth Coordinators to support and deliver services. Donna explained that KO Telehealth provides access to high priority elective mental health and chronic disease management services as well as family medicine clinics and access to a wide-range of specialists and allied health professionals. In May, KO Telehealth scheduled about 175 sessions – 71 sessions or approximately 41 percent of the total scheduled sessions were for clinical service delivery. The total population base for KO Telehealth is about 19,000. A formal evaluation of KO Telehealth expansion is being conducted and will provide important community service and business case data.

### **3.4 Presentation – “Aboriginal Telehealth Development Trends and Initiatives”**

*Jay Lambert*, is the e-Health Coordinator for the Chief’s Health Committee, Vice-President of the Aboriginal Telehealth Knowledge Circle and a board member of the Canadian Society of Telehealth. Jay highlighted the Assembly of First Nations Telehealth Summit being held in Winnipeg on 23 and 24 September 2005 and the principles that it is built on. Specifically, he identified ‘community level leadership, ownership and management’ of telehealth services as being key to successfully implementing telehealth in First Nations. He also described the Aboriginal Telehealth Knowledge Circle (ATKC) and its mandate to support communities of telehealth practice for Aboriginal people. Jay also surveyed the national scene. He identified the development of a Memorandum Of Understanding between First Nations and Inuit Health Branch and Canada Health Infoway as a step forward for regional First Nations telehealth development and identified a wide range of First Nations and Inuit telehealth initiatives in other Canadian provinces and territories.

### **3.5 Presentation – “Perspectives on Aboriginal Telehealth Development in British Columbia”**

*Terry Fox*, Executive Director of Inter Tribal Health Authority explained the unique characteristics of her organization – BC’s largest First Nations health authority supporting 29 First Nations on Vancouver Island and the mid-coast of British Columbia. As a mandated

Aboriginal Health Organization ITHA and its Board is directly accountable to communities for its decisions and actions. ITHA provides a range of health services for small and large First Nations communities. These include: (1) Non-Insured Health Benefits and patient and medical transportation services; (2) Nursing consultation and Medical Health Officer; (3) community nursing services; (4) First Nations House of Healing – primarily for survivors of residential schools; (5) Community Development, Informatics and Research. This latter department coordinates ITHA’s telehealth and health informatics initiatives.

ITHA has been developing e-Health and telehealth activities since November 2003. These include island-wide coordination of community-based e-Health assessments, regional roll-out of clinical information systems, implementation of a videoconferencing partnership with the Vancouver Island Chronic Illness Care Project, facilitating the development of a regional First Nations e-Health Steering Committee, staging an e-Health Workshop in March 2005 that drew more than 100 community-based participants and hosting an e-Health website: [www.vifn-ehealth.ca](http://www.vifn-ehealth.ca). A Health Informatics Coordinator will join the organization in September 2005.

Terry demonstrated how results drawn from community assessments provided valuable information about local technical and skills capacity, telehealth priorities and concerns and connectivity issues and also informed the development of ITHA’s e-Health and telehealth portfolio. Similarly, she indicated how communities voiced support for a service that reduced isolation and bridged geographic and cultural distance, improved and enhanced access to health services, increased capacity for community-based health training and education, improved capacity to track community health and well-being and reduced patient travel burden. Terry also highlighted the requirement for a First Nations driven process as a success factor in the development of telehealth and e-Health initiatives.

### **3.6 Presentation – “Development of First Nations Telehealth Capacity”**

*Jeffrey Yu*, the Acting Manager of Health Canada’s First Nations and Inuit Health Branch, e-Health Solutions Unit, outlined how his Unit is supporting First Nations telehealth readiness through a multi-year capacity development process. Over the past two years, First Nations have developed proposals to assess readiness, implement systems, build community and regional capacity and initiate partnerships. Jeffrey indicated that presently his unit and ITHA are both running videoconferencing projects to link health administrators and practitioners to facilitate training and administrative services. He also emphasized the significance of sustainability and partnership among First Nations, health authority, provincial and federal stakeholders and his organization’s interest in making integrated federal/provincial services accessible via telehealth.

### **3.7 Roundtable – “Health Authority Telehealth Activities and Initiatives”**

Panel members Linda Hebel, Director, Planning and Systems Development, Population Health with the Fraser Health Authority, Marty McLeod, Technical Project Manager with the Nisga’a Valley Health Authority, Helen Truran, Telehealth Manager with the Northern Health

Authority, Mary Lyn Fyfe, Medical Director Clinical Informatics for the Vancouver Island Health Authority, Margarita Loyola and Nadine Caplette, Manager, Aboriginal Health Services with the Vancouver Coastal Health Authority addressed the following questions:

- In what telehealth activity is your Health Authority currently engaged?
- What are the major telehealth initiatives and where does your Health Authority intend to go with telehealth?

*Helen Truran* of the Northern Health Authority noted that they are scheduling approximately 100 sessions per month. About 20% of all scheduled sessions are for clinical service delivery. She also noted that service innovation tends to come from the community level and that the NHA does its best to respond to community-based requests for new services. Presently, clinical services are primarily for genetic counseling, oncology and adult echocardiograms. At present NHA is trying to implement a tele-psychiatry service, will be deploying a wound management pilot with Picalere and introducing tele-pharmacy. NHA has fully implemented its IP network and anticipates no additional bandwidth requirements for telehealth services.

*Margarita Loyola* indicated that the Interior Health Authority has 29 acute care sites, 137 facilities and has deployed 50-60 videoconference units. Currently there are only a few without videoconference access. Interior Health developed an IP network three years ago which makes connection easy at facilities and supports central support services. Telehealth services within IHA have developed as part of an annual tactical plan process where service development proposals are submitted. This process has given rise to innovative services such as tele-pharmacy (Fernie/Creston)<sup>2</sup>, thoracic consultant services (Trail, Kamloops, Williams Lake, - partnership is now in place with NHA for Prince George) and oncology (Kelowna), medical genetic counseling (Trail) and live ultrasound. Last year's wound management pilot was very successful – demonstrating improved access to specialists and improved healing times. New proposals include tele-homecare for chronic disease management – a partnership with BC Nurseline – and an initiative in the West Kootenays to facilitate cardiac surgery follow-up via telehealth with practitioners in Calgary.

*Linda Hebel* summarized major e-Health initiatives in the Fraser Health Authority. Fraser Health boundaries stretch from Burnaby to Boston Bar and encompass a very uneven IT/IS infrastructure. Currently Fraser Health is updating their Meditech system to facilitate single system access for all staff and service providers. An IM/IS strategic plan is underway. Priority development areas include Picture Archiving and Communication System (PACS) and home and community care.

*Marty McLeod* described the early implementation of an advanced telecommunications infrastructure and clinical systems development in the Nisga'a Valley Health Authority. Recently Nisga'a Valley Health has gone live with an electronic medical record in four villages. They have adopted the Wolf Medical system and are currently implementing a home care management system (Procura). There is little or no telehealth activity in NVHA right now. An eight to nine year old digitizer is in place to facilitate tele-radiology – however this technology is

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<sup>2</sup> IHA won a national award last year for their tele-pharmacy service model.

unsupported and often out of service. NVHA is working with Nisga'a telecommunications to implement high speed internet in all nursing and physician buildings/residences.

*Dr. Mary Lyn Fyfe* outlined the Vancouver Island Health Authority service area – a 56,000 km<sup>2</sup> area with 138 to 140 facilities and 1,600 acute care beds. VIHA operates the oldest video network in British Columbia. It has recently been updated to a fully interoperable IP status. The Videolink network connects 14 facilities with a total of 22 videoconference units. In the near future VIHA will roll out an additional five units to Port Hardy, Port MacNeill, Port Alberni, Nanaimo and Campbell River. VIHA has identified four “lighthouse” projects that will run until December 2006: (1) Tele-mental Health partnership with St. Joseph’s Hospital in Comox; (2) Tele-oncology partnership with the BC Cancer Agency; (3) a wound management project; (4) to be determined. VIHA has established an internal collaborative to coordinate telehealth development activities – this includes representation from AV/Multi-Media, Continuing Education, Telehealth and Information Services.

*Nadine Caplette* described the wide range of facilities within Vancouver Coastal Health Authority. In addition to BC’s largest hospital facilities – VCHA includes the Pemberton Valley, Bella Bella, Bella Coola and east to Ulkatcho, and areas such as the Sunshine Coast/Powell River. The focus inside of VCHA at the moment is to bring all facilities up to the same platform. The three rooms with videoconferencing services are in very limited use within the Vancouver Hospital (VGH/UBC sites). Primarily units are used for education and to enhance Continuing Medical Education and to facilitate regional planning meetings. Additional sites are being added in Squamish, Sechelt, Richmond and Whistler/Pemberton.

### **3.5 PHSA Aboriginal Telehealth Development Process**



*Lillian Bayne* outlined the Provincial Health Services Authority’s Aboriginal telehealth development process. Lillian indicated that, previously, the Aboriginal telehealth process had been distinct from the PHSA Telehealth planning process. However, a decision was made to disband the initial Aboriginal Coalition process when feedback from members and from other stakeholders indicated that there was a preference for working directly with the Health Authorities to plan for telehealth services that meet the needs of Aboriginal peoples. In June 2005, the Electronic Health Steering Committee, the Provincial Telehealth Steering Committee’s parent committee, confirmed a focus for Telehealth planning on improving videoconference-enhanced access to clinical services and health education and professional education/health training services. The Aboriginal process will parallel the provincial process (fact-finding, key informant interviews, identification of Aboriginal health priorities). Telehealth Point Persons will support Aboriginal Health representatives in each region to meet with Health and/or Telehealth leads within mandated Aboriginal health organizations (MAHOs) to inform them of HA plans to implement telehealth, to determine where telehealth might make the biggest difference, to establish readiness and document how telehealth can meet the needs of geographically remote Aboriginal communities. A Telehealth Interoperability Forum will bring together experts, Health Authority representatives and Aboriginal delegates to validate and work through key technical, clinical,

operational and cultural issues. This process will culminate in the provincial Convergence Workshop in the new year.

### **3.6 Group Discussions – Aboriginal Telehealth Development**

Workshop facilitator John Rowlandson invited comments from workshop participants in response to five questions:



- Which Mandated Aboriginal Health Organizations have an interest or have developed a competence for telehealth development – who are the champions and which communities might benefit most in your region?
  - What clinical and wellness gaps exist that telehealth could fill for Aboriginal populations in each health authority?
  - What telehealth service issues and concerns should be addressed?
- What must, should, could an Aboriginal Telehealth program include?
  - How can Health Authorities/MOH enable the successful development of Aboriginal telehealth services?

Participants assembled in five groups, each group reflecting one or more of the six Health Authorities. Each group reported back – summarizing the questions and answers to the questions. Comments and questions from participants included:

**Table One: Response to Small Group Questions By Health Authority**

	<b>VIHA</b>	<b>Fraser</b>	<b>Northern/Nisga'a</b>	<b>VCHA</b>	<b>IHA</b>
<i>Which Mandated Aboriginal Health Organizations have an interest or have developed a competence for telehealth development – who are the champions and which communities might benefit most in your region?</i>	ITHA, Kwakiutl District Council ('Namgis), Cowichan, Nuu-chah-nulth – benefit most = most remote, difficult to serve (outer west coast) & mainland portion of HA	Tribal Councils – big area – just beginning to know who is doing what	Gitskan, Nisga'a, Carrier-Sekani  Benefit most = Tatla Lake, Sai'kuz, Prophet River – with poor/no primary care, no road access, furthest from major centres	Bands = Mt. Currie, Sliammon (have own), Wuikinuxw (Oweekeno – part of Nuxalk TC & ITHA?), Southern Staleum, Musqueam, Sechelt (use hospital's), Bella Bella/Bella Coola (INTEREST!), Kitasoo – benefit most = focus on most remote	MAHOs = to be determined
<i>What clinical and wellness gaps exist that telehealth could fill for Aboriginal populations in each health authority?</i>	Mental health, addictions, CD, oncology – wellness= residential schools effect, prevention (accident/injury), education, cancer prevention	To be determined	Primary care – access to a physician; assessment of otitis media, mental health, CDM! (nutrition – diabetes/ cardiology), pediatrics, oncology, health promotion & disease prevention, health professional education, pre-op & follow-up, discharge and transitional care, family visits	Mental health, decreasing patient transfers, diabetes/CDM, perinatal, wound management/ostomy, family visits (Elder visits e.g. – virtual 'teas' by VC	Diabetes, psych, ostomy, ENT (ears/speech – OM), maternal/child, prenatal counseling, ophthalmology, suicide prevention, addictions, STDs/AIDs, tobacco, infant development, developmental assessments, SLP
<i>What telehealth service issues and concerns should be addressed?</i>	Commitment to service, infrastructure, OCAP, enhancement of service vs. replacement by telehealth	Growing population in Fraser Health, uneven infrastructure, off-reserve populations in proximity to hospitals & clinics	Infrastructure (physical, support, upgrades), community consultations, provider (health) support, finding champions, policy, scheduling & co-	Policy for client Info sharing, standards & interoperability, infrastructure support, lack of trained personnel, retention	Safety, privacy, is this city-driven, cost, enhancement vs. replacement?

**Table One: Response to Small Group Questions By Health Authority**

	VIHA	Fraser	Northern/Nisga'a	VCHA	IHA
			ordination		
<i>What must, should, could an Aboriginal Telehealth program include?</i>	<b>Must:</b> Services must be delivered , training and education, connection to eHR	<b>Should</b> include educational, clinical and administrative applications – needs assessments to validate	<b>Must:</b> Implementation assistance, infrastructure, providers/expertise, location (buildings, rooms), funding, buy-in/champions, collaboration  <b>Should:</b> choice, flexibility, integration to provider training, flexibility, frequency, marketing & promotion, governance model <b>Could:</b> non-health usage, re-sell to other organizations.	Integrated SC (leadership & authority/business plan & sustainability) Integrated common network for all HAs, FN groups, federal, provincial govt – tech framework to all for info sharing, policies which allow for the info to be securely shared, continuing education, clinical consults/coordinated with access to follow-up support in the community, cont of care, Eventual integration into the health service model/continuum	<b>Must/Should:</b> inclusive of First Nations (‘nothing about us without us’), comprehensive service, put in context of community as a whole (support community well-being), culturally fit, incorporate traditional medicines and healing – intergenerational buy-in across all ages, communication – keep community informed of progress, build ownership.
<i>How can Health Authorities/MOH enable the successful development of Aboriginal telehealth services?</i>	Commitment to partnerships, resources to do the job well	Province play an enabler role	Adequate funding, provincial scheduling, service development coordination, policy, provincial master standing offers for equipment.	Sustainable funding, technical support, build capacity for human resources, centralized services, identify structure & framework for development of telehealth service contracts, ROADMAP	Partnerships (private, federal/provincial)-communication – where are people working on telehealth apps, mapping of sites, information on emerging work, structures as inclusive as possible, - don’t duplicate links, FN tech council – technology plan vital.

### 3.7 Summary of Key Messages and Final Comments

Lillian Bayne outlined a few of the important messages coming out of the small group work:

- ◆ The important role that mandated Aboriginal health organizations (MAHOs) can play in ensuring that telehealth development is community-driven -- reflects the priorities and requirements of isolated and under serviced First Nations -- and is guided by an incremental and coordinated approach that builds on success. Similarly participants expressed a need to know more about MAHOs (who they are, where they are located, which services they provide and how to best share information with them).



- ◆ Telehealth priorities are focused on the most remote communities – this is reflected in the high degree of agreement that telehealth address mental health, chronic disease, primary care gaps, maternity care and broader issues such as residential school trauma.
- ◆ Telehealth must demonstrate and report progress. Incremental and successful steps and the capacity to share these achievements are key to wider adoption of telehealth.
- ◆ Focus on enablers – finding the ‘pathways to yes’ involving all key interests, ministries and stakeholders

Tsawout Elder Doreen Pelkey closed the day with a ceremonial song and prayer.

## 4. APPENDICES

### 4.1 Workshop Agenda

8:30 AM	<b>Opening Prayer</b> -- Tsawout Elder Doreen Pelkey
8:35 AM	<b>Welcome</b> – Andrew Hazlewood, ADM, Population Health and Wellness, MOH
8:40 AM	<b>Workshop Overview and Introductions</b> – Lillian Bayne, Project Manager, Provincial Telehealth Strategic Plan
8:50 AM	<b>Provincial Telehealth Planning and Priorities</b> – David Babiuk, PHSA Executive Director of Provincial Services Development and Support and Lillian Bayne
9:15 AM	<b>Aboriginal Telehealth 101: A Guide for Understanding Successful Aboriginal Telehealth Service Development</b> – Presentation, John Rowlandson, Facilitator
10:15 AM	<i>Refreshment Break</i>
10:30 AM	<b>How Telehealth Improves and Enhances Access to Health and Wellness Services for Aboriginal Communities</b> –Donna Williams, Regional Telehealth Coordinator, KO Telehealth. via videoconference from northwestern Ontario.
11:00 AM	<b>Aboriginal Telehealth Development Trends and Initiatives</b> – Jay Lambert, BC e-Health Solutions Coordinator, Chief's Health Committee, Vice-President, Aboriginal Telehealth Knowledge Circle (ATKC), Board Member, Canadian Society of Telehealth and Donna Williams, President, ATKC.
11:15 AM	<b>BC Perspectives on Aboriginal Telehealth Development</b> <ul style="list-style-type: none"> <li>• Terry Fox, Executive Director, Inter Tribal Health Authority</li> <li>• Jeffrey Yu, Acting Director, eHealth Solutions Unit, First Nations &amp; Inuit Health Branch</li> </ul>
11:55 AM	<b>Questions and Answers</b>
12:00 PM	<i>Lunch</i>
1:00 PM	<b>Health Authority Telehealth Roundtable</b> – Representatives from each Health Authority summarize regional telehealth services and highlight new initiatives
1:30 PM	<b>The PHSA Aboriginal Telehealth Development Process</b> – Lillian Bayne, Project Manager, Provincial Telehealth Strategic Plan
1:50 PM	<b>Small Group Discussion - Regional Aboriginal Telehealth Development</b> <ul style="list-style-type: none"> <li>• Which Mandated Aboriginal Health Organizations have an interest or have developed a competence for telehealth development – who are the champions/which communities might benefit most in your region?</li> <li>• What clinical and wellness gaps exist that telehealth could fill for Aboriginal populations in each HA?</li> <li>• What telehealth services issues and concerns should be addressed?</li> <li>• What must, should, could an Aboriginal Telehealth Program include?</li> <li>• How can Health Authorities/MOH enable the successful development of Aboriginal telehealth services?</li> </ul>
2:45 AM	<i>Refreshment Break</i>
3:00 PM	<b>Plenary Reports and Comments from Small Group Discussions</b>
3:30 PM	<b>Summary of Key Messages Heard</b> , Lillian Bayne
<b>3:45 PM</b>	<b>Closing Prayer and Adjournment of Workshop</b>

## 4.2 Workshop Support Staff:

- ◆ Cindy Bertam, Workshop Logistics  
Tel: (250) 382-1337 Fax: (250) 382-1337  
E-mail: [cindybertram@shaw.ca](mailto:cindybertram@shaw.ca)
- ◆ John Rowlandson, Facilitation and Documentation Support  
Tel: (250) 653-4049 Fax: (250) 653-4049  
E-mail: [jrowlandson@telus.net](mailto:jrowlandson@telus.net)

## 4.3 Workshop Participants

More than thirty people participated in the workshop. Participants included Aboriginal Health representatives, Health Authority telehealth principals, Ministry of Health staff, First Nations organization staff and federal officials.

First name	Last name	Title	Affiliation
Valerie	Ashworth	Coordinator, Provincial Telehealth Development	Provincial Health Services Authority
David	Babiuk	Executive Director, Inter-provincial Initiative & Development Projects	Provincial Health Services Authority
Lillian	Bayne	Project Manager, Provincial Telehealth Planning	Provincial Health Services Authority
Tom	Bradfield	Regional Director, Aboriginal Health	Vancouver Island Health Authority
Nadine	Caplette	Manager, Aboriginal Health Services	Vancouver Coastal Health Authority
Brian	Crawford	Director, Information Systems	Vancouver Island Health Authority
George	Eisler	Chief Executive Officer	BC Academic Health Council
Terry	Fox	Executive Director	Inter Tribal Health Authority
Mary-Lyn	Fyfe	Medical Director, Clinical Informatics	Vancouver Island Health Authority
Sue	Hanley	Technology Coordinator	First Nations Technology Council
Andrew	Hazlewood	ADM, Population Health & Wellness	Ministry of Health
Linda	Hebel	Director, Planning & Systems Development, Population Health	Fraser Health Authority
Jay	Lambert	e-Health Coordinator	Chief's Health Committee
Margarita	Loyola	Coordinator, New Technologies	Interior Health Authority
Marty	McLeod	Technical Project Manager	Nisga'a Valley Health Authority
James	Makokis	Co-op Student	Ministry of Health
Catriona	Park	Ministry of Health	Executive Lead, Planning & Innovation
Doreen	Pelkey	Elder	Tsawout Nation
Colette	Plasway	Aboriginal Project Coordinator	Northern Health Authority
Natalie	Roehrig	Acting Manager, Education	First Nation & Inuit Health Branch (Health Canada)
Jeffrey	Rueger	Client Support Team Leader	Northern Health Authority
John	Schinbein	Chief Information Officer	Ministry of Health
Deborah	Senger	Aboriginal Program	Provincial Health Services Authority

*Aboriginal Telehealth Orientation Workshop Report - 28 July 2005*

Jeff	Simons	Interim, Medical Director for the Northwest HSDA	Northern Health Authority
Breanna	Specht	Planner/Coordinator	BC Academic Health Council
Dave	Thompson	Manager, Network Services	Vancouver Island Health Authority
Helen	Truran	Telehealth Manager	Northern Health Authority
Donna	Williams	Regional Telehealth Coordinator	Keewatinook Okimakanak Telehealth (KO Telehealth)
Margaret	Wilson	Regional Manager, Aboriginal Health Services	Fraser Health Authority
Jeffrey	Yu	Acting Manager, e-Health Solutions Unit	First Nation & Inuit Health Branch (Health Canada)

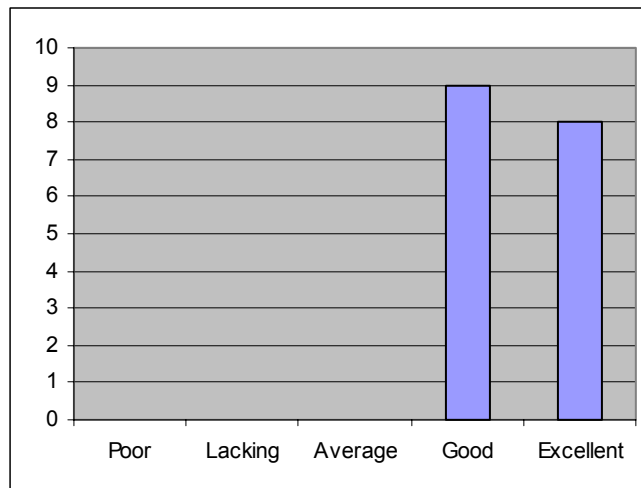
## 4.4 Workshop Evaluations

Of the 31 persons who participated in and supported the workshop, a total of 17 evaluations were completed and tabulated. The results of the evaluation and participant comments are presented below:

### Aboriginal Telehealth Orientation – Participant Evaluation Summary Dunsmuir Lodge, Sidney, BC – July 28th, 2005

#### 1. Overall, how would you rate the workshop?

1	2	3	4	5
			9	8



#### Comments:

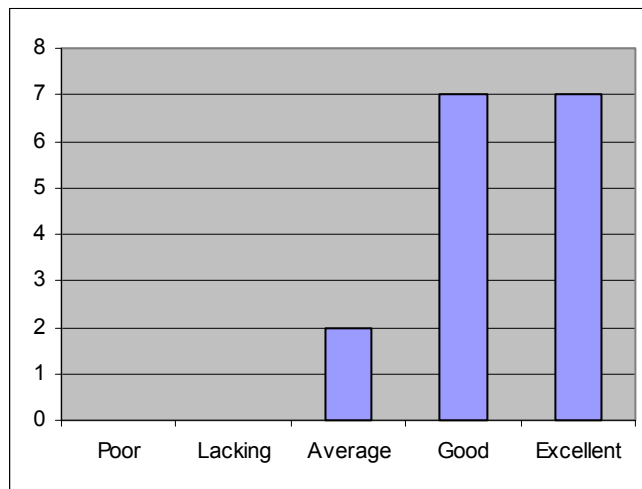
- More representation from all health authorities (more notice of meeting so could plan to attend) would help
- First workshop bringing the players together
- Very productive and interesting.
- Good introduction to Aboriginal Telehealth. Good discussions and forum to connect key stakeholders.
- Very good!

- The workshop goal and objectives were to “prepare provincial Aboriginal Health Leads to directly participate in the development of community-based Telehealth services within each of the Health Authorities”.

*How useful did you find sessions in addressing the following aspects:*

**Transfer knowledge about the provincial planning process, describe/demonstrate Telehealth services and service models, analyse and discuss key issues, and provide MAHO perspectives and views.**

1	2	3	4	5
		2	7	7

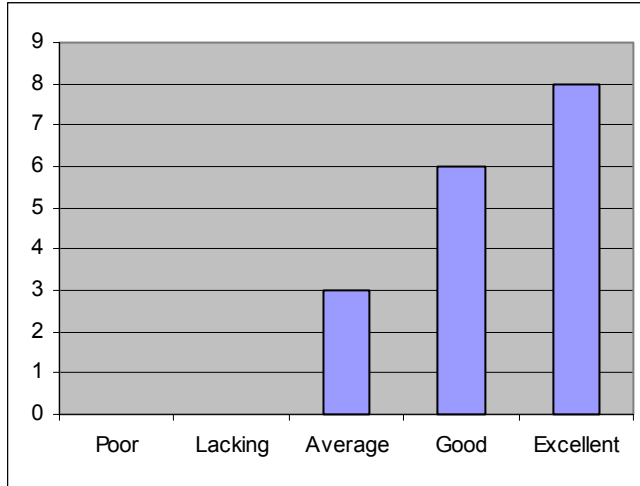


*Comments:*

- A bit fast to absorb some of the presentation info
- Unfortunately [not all] Aboriginal Health Leads were present .....
- Difficult to bring together a smaller group while connecting with all relevant stakeholders. Felt like there could have been more aboriginal representation.

**Introduce a team-based coordinated and supported approach to provincial Aboriginal Telehealth Development and build team-based capacity.**

1	2	3	4	5
		3	6	8

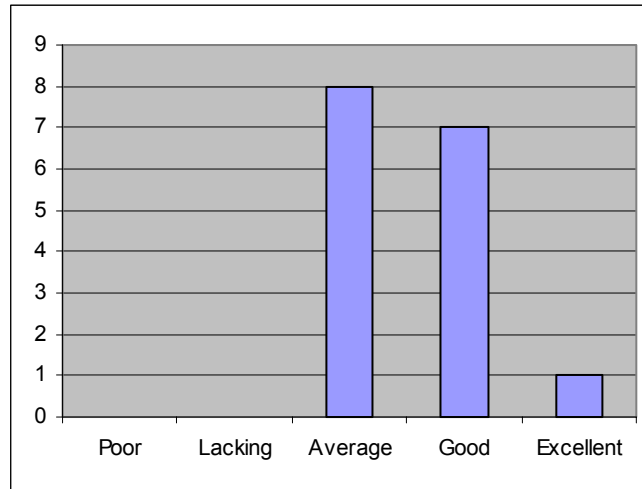


*Comments:*

- But we all need to work more and harder to bring everyone together
- Again - more aboriginal leads ... would have been beneficial. Not sure who was invited, perhaps having know this info (names or invitees) could have helped to suggest others.
- Great forum to agree on ways to move forward collectively.

Identify regionally Mandated Aboriginal Health Organizations and highlight the remote First Nations that most benefit most from telehealth in each region.

1	2	3	4	5
		8	7	1



*Comments:*

- More definition / interpretation might have made it clearer re discussion direction
- This will be homework.
- Didn't know them.
- Some confusion about MAHO's lack of knowledge re: remote First Nations - so difficult to move forward and identify such targets.
- We really don't have a great idea but certainly have a better idea of what is going on in communities and what the issues are.

**Do you have any other comments or suggestions for the workshop Steering Committee in order to support telehealth development in British Columbia?**

*Comments:*

- Serious collaboration and coordination of service plans.
- Really great opportunity to raise awareness on Aboriginal TH. Would like to participate on IH's interviews, comments etc.
- Clarity on next steps for this group.
- Would have helped if the Aboriginal Leads or participants had the breakout session questions before hand.
- Great Day!
- Promote all players to communicate so that services are not duplicated.
- PHSA take lead in developing framework for approval & all stakeholders.
- Thank you.
- Great start!
- To increase awareness of the potentials, so that both communities and health authorities have an initial base of knowledge of what may be available. The workshop was a useful start for this but needs to go to a large group.

## 4.5 Workshop Evaluation Form

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**Aboriginal Telehealth Orientation - Participant Evaluation**  
**Dunsmuir Lodge, Sidney, BC - July 28<sup>th</sup>, 2005**

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Please complete this questionnaire and drop it in the box by the entrance before you leave this afternoon. Your comments will help the workshop Steering Committee in planning future actions and events.

### 3. Overall, how would you rate the workshop?

Circle one: (poor) 1    2    3    4    5    (excellent)

Comments:

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### 4. The workshop goal and objectives were to “prepare provincial Aboriginal Health Leads to directly participate in the development of community-based Telehealth services within each of the Health Authorities”.

*How useful did you find sessions in addressing the following aspects:*

**Transfer knowledge about the provincial planning process, describe/demonstrate Telehealth services and service models, analyse and discuss key issues, and provide MAHO perspectives and views.**

Circle one: (poor) 1    2    3    4    5    (excellent)

Comments:

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**Introduce a team-based coordinated and supported approach to provincial Aboriginal Telehealth Development and build team-based capacity.**

Circle one: (poor) 1    2    3    4    5    (excellent)

Comments:

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**Identify regionally Mandated Aboriginal Health Organizations and highlight the remote First Nations that most benefit most from telehealth in each region.**

Circle one: (poor) 1 2 3 4 5 (excellent)

Comments:

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**5. Do you have any other comments or suggestions for the workshop Steering Committee in order to support telehealth development in British Columbia?**

Comments:

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*Thank you for your participation and thoughtful comment!*