Military Families Access to Primary Health Care Services

MFRC Environmental Scan and Subject Matter Expert Survey Results

April 2017

Canada

Military Families Access to Primary Health Care Services

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CITATION INFORMATION
Bain, S., & L. Manser (2017). *Military Families Access to Primary Health Care Services for Military Families – MFRC Environmental Scan and Subject Matter Expert Survey Results.* Ottawa, ON: Military Family Services.

Military Family Services
Canadian Forces Morale and Welfare Services
Department of National Defence / Government of Canada

April 2017

Abstract

Military Family Services (MFS) conducted an environmental scan and survey of Military Family Resource Centre (MFRC) Subject Matter Experts in order to:

- Map out the access to primary health care needs of military families;
- Prioritize requirements to enhance access to primary health care services;
- Develop an effective communication strategy that accurately addresses family needs; and
- Highlight any gaps or inconsistencies in care provision.

Results revealed that though primary health care for military families has been a top priority, the situation does not appear to be as severe as once believed. Less than half of MFRCs report that they receive requests from families seeking support in finding a physician on a weekly basis, and one-third of MFRCs receive these requests rarely, if ever, or less than a few times a year. The primary reason families seek a physician referral is due to new posting to the area, followed by seeking general health care. Beyond these, the most common reasons were to acquire a referral to specialists of any sort.

Although there is a perceived shortage of family physicians in 66% of MFRC locations, only 10% are perceived to be a shortage that is specific to military families; the remaining see the shortage as systemic to the entire geographical military and civilian community.

Education and outreach are both areas that need improvement in order to meet an effective national minimum standard of service. Currently, health care information that is available to families at a local MFRC can vary greatly, from direct contact with physicians to a significant lack of knowledge of local health care resources. The most common form of information for families is provision of a contact list for walk-in clinics (84%), while only 35% of MFRCs have a doctor referral program. This sort of intensive program may not be applicable to every location, but a minimum standard of service that should be expected.

Currently, only 58% of MFRCs perform outreach to the local community and less than half provide education or support regarding extended health care coverage or other related benefits.

Programs and services could be greatly enhanced with a strong, consistent outreach program and enhanced educational awareness for both MFRC staff and families regarding the spectrum of health care resources available locally. Further research is required to determine primary health concerns of military families in order to determine whether other measures need to be taken to support military families.

Résumé

Les Services aux familles des militaires (SFM) ont mené une analyse du contexte des centres de ressources pour les familles des militaires (CRFM), ainsi qu'un sondage auprès d'experts en la matière afin de :

- recenser les points d'accès par lesquels les familles des militaires obtiennent des soins de santé primaires;
- établir des priorités en vue d'améliorer l'accès aux services de soins de santé primaires;
- élaborer une stratégie de communication efficace qui répond exactement aux besoins des familles;
- déceler toute lacune ou incohérence dans la prestation des soins.

Les résultats ont révélé que malgré le fait que les soins de santé primaires auprès des familles des militaires aient été mis en tête des priorités, la situation ne semble pas aussi grave qu'on l'aurait cru auparavant. Selon les données recueillies, moins de la moitié des CRFM reçoivent des demandes d'orientation vers un médecin de famille sur une base hebdomadaire et le tiers n'en reçoivent que quelques-unes, voire aucune, par année. Les nouvelles affectations sont le facteur principal pour lequel les familles cherchent un médecin de famille, suivies par l'obtention de soins de santé habituels et les recommandations vers un spécialiste.

Bien que l'on perçoive une pénurie de médecins de famille dans 66 % des localités où se trouve un CRFM, on considère que cette situation ne touche particulièrement les familles des militaires que dans 10 % des cas et que la proportion restante vise la communauté militaire et civile locale dans son ensemble.

L'éducation et la sensibilisation sont deux volets qui doivent être améliorés si l'on désire répondre à une norme minimale de service à l'échelle nationale. À l'heure actuelle, l'information en matière de soins de santé à la disposition des familles varie grandement d'un CRFM à l'autre. En effet, dans certains, il est possible d'avoir un contact direct avec un médecin, tandis que dans d'autres, le personnel est très peu renseigné sur les ressources locales. Les listes de cliniques sans rendez-vous sont la forme d'information la plus souvent fournie (84 %), et aussi peu que 35 % des CRFM ont un programme d'orientation vers des médecins. Ce type de programme intensif pourrait ne pas convenir à tous les CRFM, mais il faut tout de même atteindre un niveau minimal de service.

Actuellement, seulement 58 % des CRFM proposent des services d'approche avec la communauté locale et moins de la moitié offrent de l'information ou du soutien quant aux prestations de soins médicaux complémentaires et aux autres avantages connexes.

Les programmes et les services pourraient être grandement rehaussés au moyen d'une stratégie d'approche fiable et uniformisée ainsi que d'efforts de sensibilisation accrus auprès du personnel des CRFM et des familles par rapport aux ressources locales en

soins de santé. Un examen approfondi est nécessaire pour recenser les besoins des familles des militaires en matière de soins de santé primaires et ainsi déterminer si des mesures supplémentaires sont requises pour y répondre adéquatement.

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1. Introduction

The role of the Canadian Armed Forces (CAF) is to defend Canada both at home and abroad. Families of these military members are proud to provide support at home and are truly the strength behind the uniform. However, these families also face challenges that the average Canadian rarely deals with, one of the most impactful of which is relocation often across provinces. Relocations occur at the discretion of the CAF in response to its organizational and operational needs, not necessarily at the convenience of the family.

Frequent relocations, especially across provinces, mean that military families must constantly re-establish essential services such as health care, child care, education and employment. In fact, 44% of CAF spouses find it extremely difficult to re-establish medical services after relocation[1]. Results from the Quality of Life Survey of Canadian Armed Forces Spouses showed that 24% of military spouses reported not having a family physician for themselves and 17% did not have a family physician for their children and that posting turbulence (being moved more often and remaining in one place for less time) may be the cause of these results[2].

There is an assumption among the general population that families of active military members receive primary health care through the CAF medical services. This is an inaccurate assumption. CAF families access services through provincial and territorial health care systems just like any other civilian Canadian citizen. Finding new family physicians when they transition to a new location has been identified as a common challenge for military families. Without a family physician, they face lengthy wait times for immunizations and preventative care, prescription refills, and access to other specialist care such as referrals to special needs and mental health specialists.

As part of the Operating Plan 2014-2016, Military Family Services (MFS) committed to developing a Primary Health Care Access Strategy for the Military Family Services Program (MFSP) as priority number one in order to enhance military families' awareness, access, and use of provincial primary health care services.

To address this first priority MFS began by approaching each provincial authority to raise awareness of the military lifestyle and attempt to address one of the challenges that military families were faced with: a 90-day waiting period for a health card when moving to a new province. All provinces have now agreed to waive this 90-day waiting period for military families.

[1] Wang, Z., & Aitken, N. (2015). *Impacts of Military Lifestyle on Military Families – Results from the Quality of Life Survey of Canadian Armed Forces Spouses.* DGMPRA Technical Report. DRDC-RDDC-2016-R012. Ottawa: Defence Research and Development Canada.
[2] Ibid.

MFS also took steps to increase physicians' awareness that military families do not usually have immediate access to a family doctor when they relocate to a new posting. MFS partnered with the College of Family Physicians of Canada to develop and release an educational document entitled "Family Physicians Working with Military Families" which provides a general information piece on military families as well as encouraging practical applications within a family medical practice.

In addition to educating physicians on the unique characteristics of military families, MFS also created education pieces for military families through the national CAFconnections.ca website (formerly known as familyforce.ca). Information included considerations for provincial differences within the health care system, various and multiple points of access for primary health care within each province / territory (beyond simply a family physician), instructions on how to obtain a new provincial health card, etc. The website also provides general advice on easing into a transition period by taking proactive steps prior to their posting. Such advice includes informing their current physician of their move and requesting a copy of their medical record prior to departing, seeking recommendations for specialist referral in their new location, etc.

Further, MFS partnered with Calian Health to offer the Calian Military Family Doctor Network. The program helps to leverage physicians associated with Primacy Clinics, located across Canada, to improve access to primary health care for military families. They also help to raise awareness in their local walk-in clinics for families in the interim.

In conjunction with these national efforts, individual Military Family Resource Centres (MFRCs) stood up or continued to offer assistance to families seeking a family physician through a variety of information and referral programs and services.

Inconsistency of services across MFRCs, however, is one of the most common complaints from military families. Services offered in one location may not be offered at another, causing confusion and frustration. In an effort to help remedy that complaint, the MFS national Primary Health Care Access Strategy must take into consideration local needs and approaches as well as provincial health care system differences (e.g. wait times, services, physician availability, etc.). To do this, an environmental scan of the current local situation was required to gain a better understanding of local needs, current programs, challenges, strengths and levels of community engagement.

In fall 2016, MFS conducted this environmental scan and survey of MFRC Subject Matter Experts in order to:

- Map out the access to primary health care needs of military families;
- Prioritize requirements to enhance access to primary health care services;
- Develop an effective communication strategy that accurately addresses family needs; and
- Highlight any gaps or inconsistencies in care provision.

2. Methods

An online survey was developed in order to gain a better understanding of local situations from a national perspective. The focus of the survey was on the frequency of requests for family physicians, perceived status of availability of local health care professionals, perceived need to address health care concerns specific to military families, and local outreach and referral methods.

An initial “invitation to participate” email was sent to Executive Directors of all 32 MFRCs in Canada in September 2016 requesting that the survey be completed by the most appropriate staff who works directly with referring families to primary health care providers. A follow-up reminder was sent out 1 week later. Focus was specific to Canadian family support as OUTCAN families have access to a separate health care system of support.

The survey remained open for 2 weeks, after which data was compiled and analysed.

In total, there were 29 respondents from the 32 Canadian locations. The 91% response rate was exceptional, considering it was online, and the average response rate for online surveys is closer to 20-30%. Preference would have been for 100% response rate, in order to gain a true national perspective. However, given response rates, the content reflected in this report does not include information from the following locations: Montreal, North Bay and Toronto.

All qualitative comments in this report are taken directly from the surveys, and any errors or apparent errors in the transcribed material do not arise from transcription but rather from being reproduced exactly as spelled or presented in the original source.

3. Results

3.1 Requests for family physician

MFRCs were asked to identify how often families sought their support in finding a local physician over the past year. The exact number of families making requests was difficult to capture as most MFRCs provided estimates. Even exact numbers would have to be analysed per capita in order to provide an accurate comparison.

Less than half of MFRCs reported that they receive weekly requests for support from families in finding a physician, while 56% of MFRCs receive requests for support in finding a family physician once a month or less. Figure 1 breaks down the frequency of requests by the percentage of MFRCs.

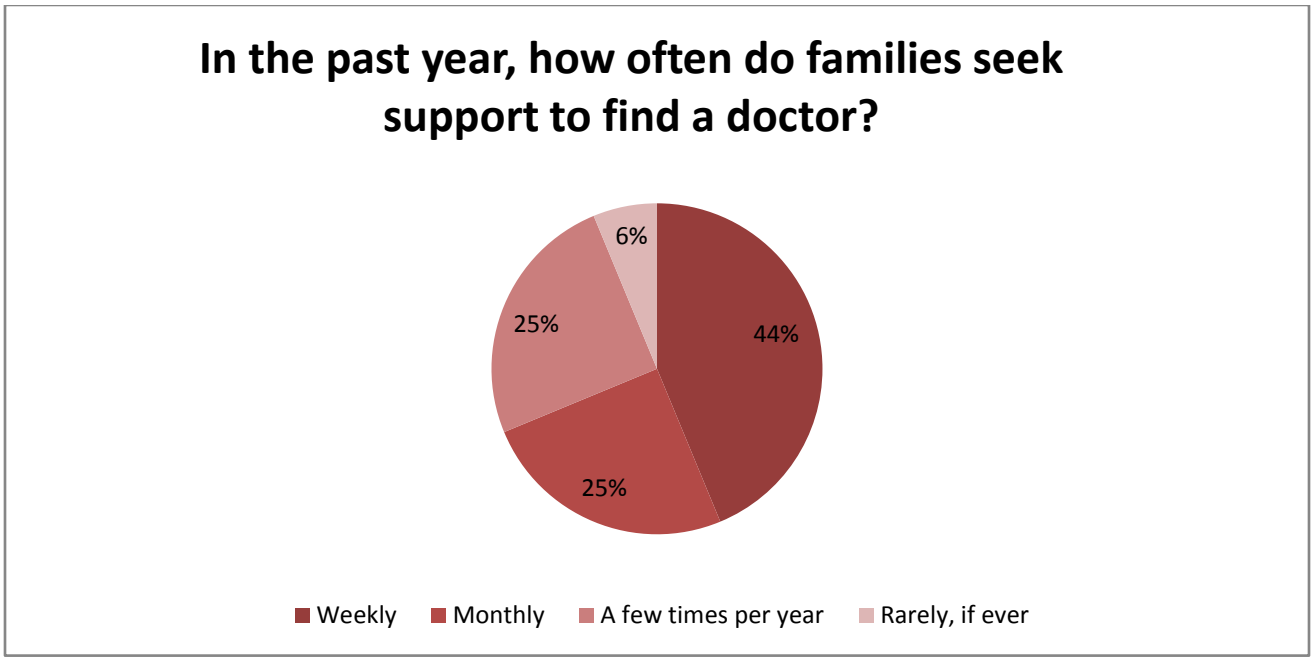

Figure 1: Frequency of request for support in finding physicians

The most common reasons families are seeking support in finding a physician are listed as follows, ranking from most common to least common:

1. Newly posted to the area
2. General health care
3. Cannot get appropriate primary health care services through other means (e.g. walk-in clinic, nurse practitioner, etc.)
4. Special needs in family
5. Require specialist referral / specialized physical health care needs
6. Pregnancy
7. Require specialist referral / specialized mental health care needs

8. CAF personnel transitioning to Veteran status
9. Require prescription refill
10. Unknown

Other remarks that were made as reasons for seeking referral to physician included: "*families that require children to be immunized before attending school or child care facilities*" and "*require doctor referral prior to submitting extended health care claim to insurance company*". Figure 2 depicts reason by frequency of identification by MFRCs.

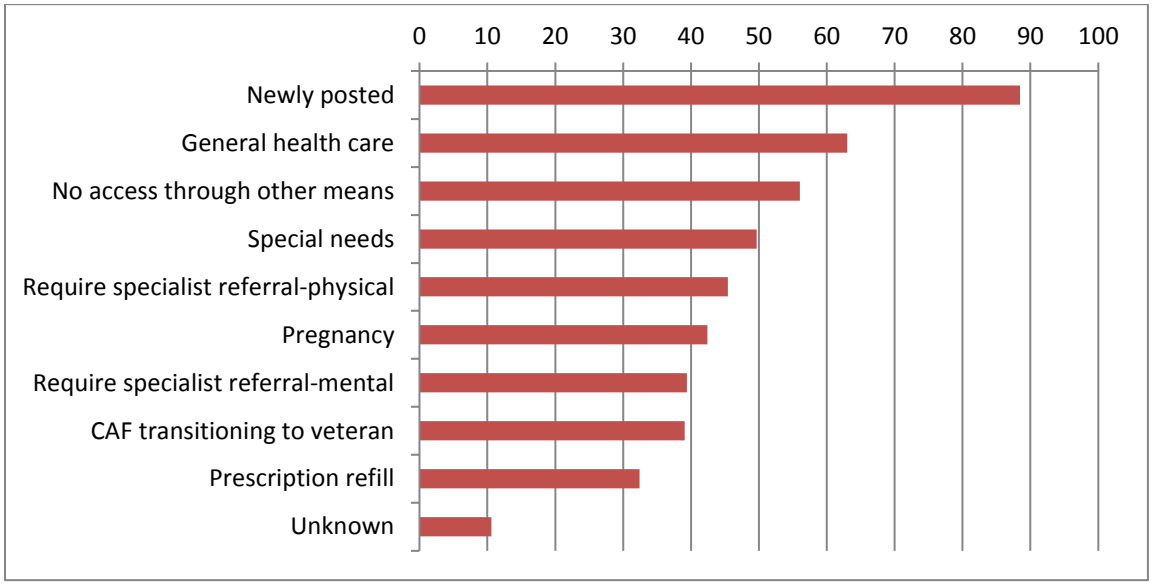

Figure 2: Most common reasons CAF families seek support in finding a physician

3.2 Local primary health care services shortages as perceived by MFRCs

MFRCs were asked if they believed there was a shortage of primary health care services in their area, and if so, whether the shortage was specific to military and Veteran families or rather was a reflection of a general systemic shortage in the area impacting all residents.

Responses are shown in Figure 3. Only 10% of MFRCs, or three (3) identified a shortage that was specifically impacting the families of military members and Veterans. Appendix A details the perceived shortages by location.

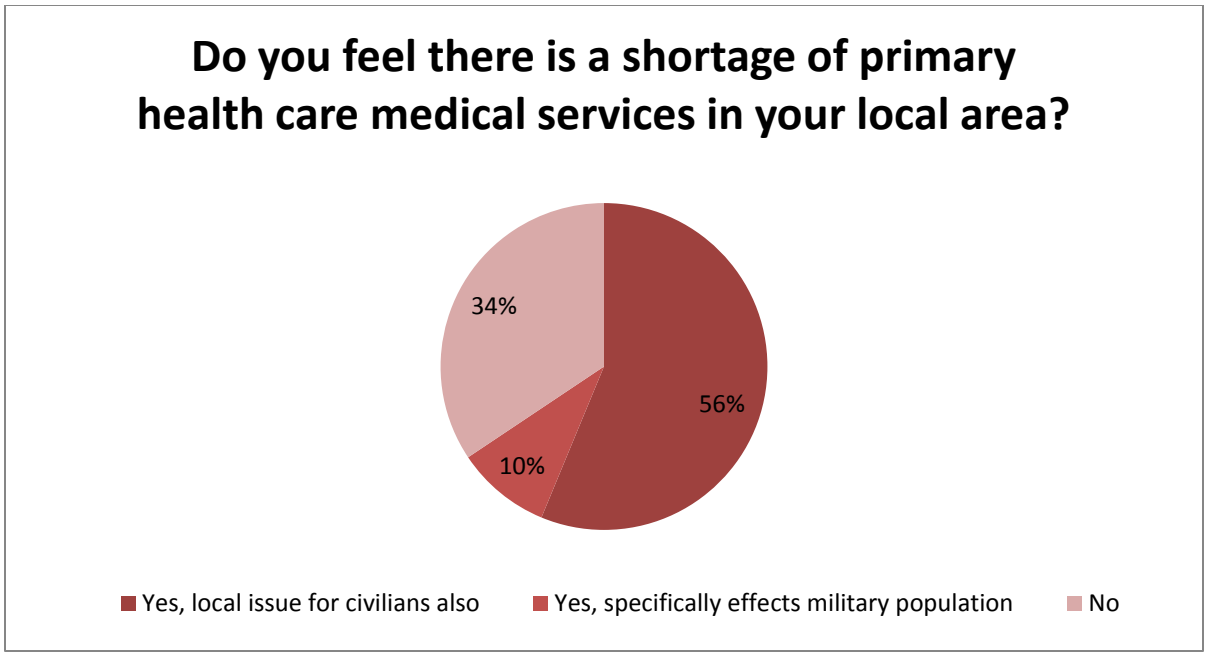

Figure 3: Perceived shortage of local primary health care services

Of those three (3) MFRCs who identified the need to be specific to the military population, all commented that this was due to the transient nature of the military lifestyle.

3.3 Points of access for primary health care

Primary health care can be accessed a variety of ways varying provincially, and includes much more than solely general practitioners or family physicians and walk-in clinics. One solution to ease access to primary health care is to educate families on the different types of care that are available to them that may meet their needs beyond that of direct family physician care. As such, MFRCs were asked to identify which types of primary health care access points were available in their community from a provided list of the following most common types:

- Family physicians
- Nurse practitioners
- Walk-in clinics
- Private medical clinics
- Emergency medical centres
- Family medical academic sites
- Pharmacists authorized to prescribe medication/vaccinations
- General medical and/or surgical hospitals
- Home health care services

The responses to this question varied greatly, with many blank or unknown responses, and as such, could not be analysed or interpreted with any confidence.

3.4 Outreach to the medical community

Providing families with information regarding local medical resources is important, and is something that almost half of MFRCs do on a regular basis. In order to have an effective, direct referral program and/or provide families with the most accurate information, outreach to local medical resources in the community is required. MFRCs were asked if they perform outreach to the local medical community. Results are shown in Figure 4.

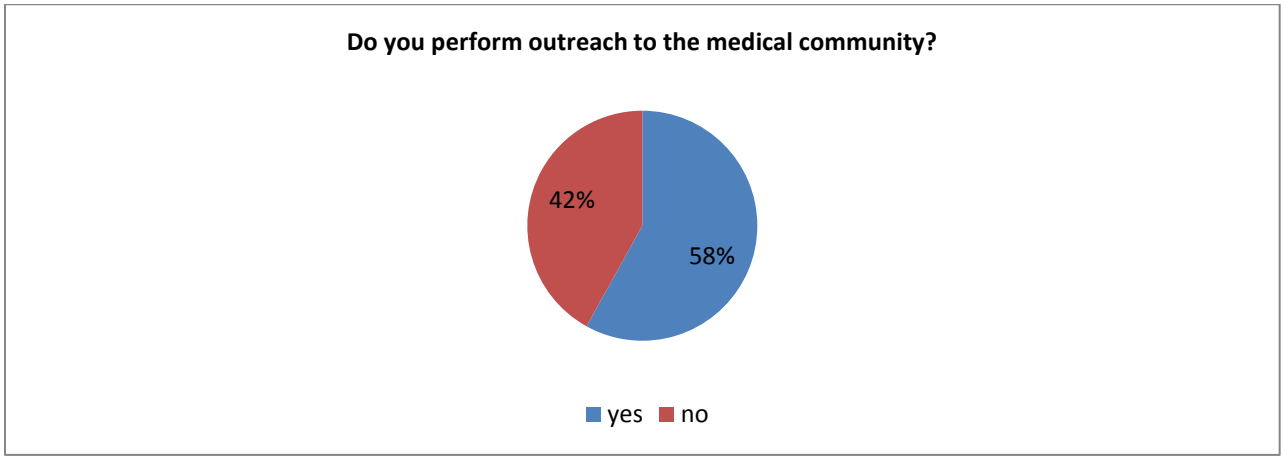

Figure 4: Outreach to the local medical community

When asked what is required in order to be more effective in their outreach efforts to the local community, the most common response was to have more physicians taking on new patients. Other responses included access to CAF physicians for families, a letter/resource that could be used to encourage and educate physicians in accepting military families as new patients, and educating provincial governing bodies (e.g. Schools of Medicine).

3.5 Education and awareness

There are some education and awareness initiatives that can be offered to families to empower them to take responsibility for their medical care while also assisting other families. For example, 58% of MFRCs state that they inform families to notify their physician prior to being posted out, in order to make space for an incoming family or expedite the provincial waitlist. Seventy-one percent (71%) of MFRCs advise families to request a copy of their medical records to bring with them to their next posting.

Regarding direct referral to primary health care, 35% of MFRCs reported having a doctor referral program, while 42% maintain a local contact list of Family Physicians

accepting new patients and 84% provide a list of local walk-in clinic locations. Half of the MFRCs who have a successful doctor referral program are currently using the Calian Military Family Doctor Network for family referral. Figure 5 summarizes the medical referral initiatives offered through MFRCs.

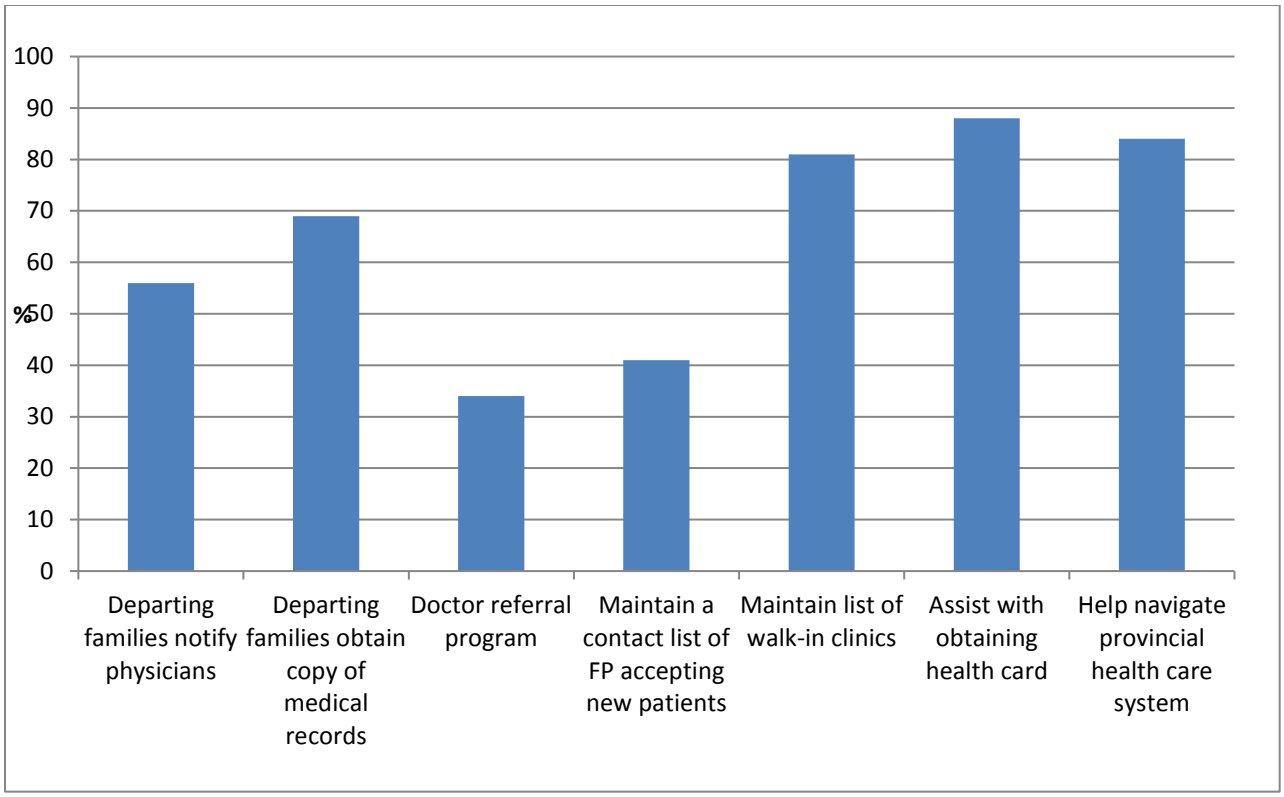

Figure 5: Medical referral and assistance services offered through Military Family Resource Centres

There are many extended health care benefits offered to military families. Health, drug and long term disability benefits are available to military families through Sunlife, and dental benefits are available through Great West Life. Families have access to services through the Canadian Forces Member Assistance Program (CFMAP) which is a 24/7 confidential service to help members and their families with personal concerns affecting their wellbeing and/or work performance. Some may have additional access to Veterans Affairs Canada or Director Casualty Support Management (DCSM) benefits and services available to them. These two organizations support the transitioning members and their families and/or Veterans who may or may not be ill/injured.

MFRCs were asked if they provide guidance to families to navigate their various health care benefits and coverages. Their responses are summarized in Figure 6.

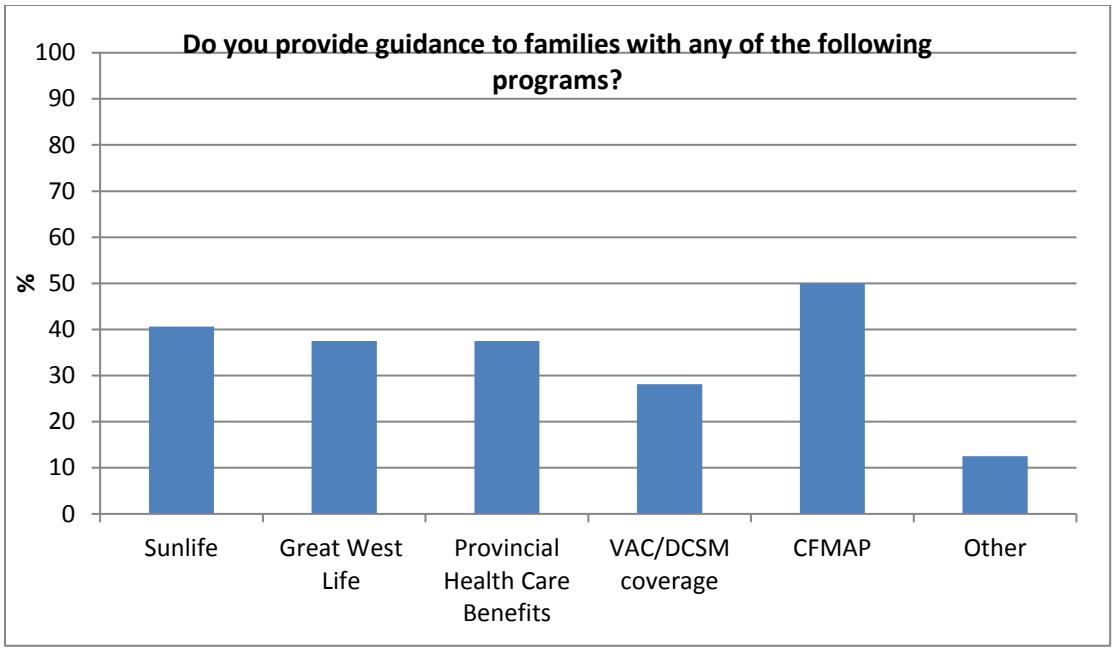

Figure 6: Provision of guidance to benefits programs for military families

It is clear that less than half of MFRCs offer this guidance to families. In order to determine if this was due to a lack of training in any one of the above benefits programs, MFRCs were asked if they would be interested in further training in any or all of the above benefits programs. Less than 50% of MFRCs were interested in further training as outlined in Figure 7.

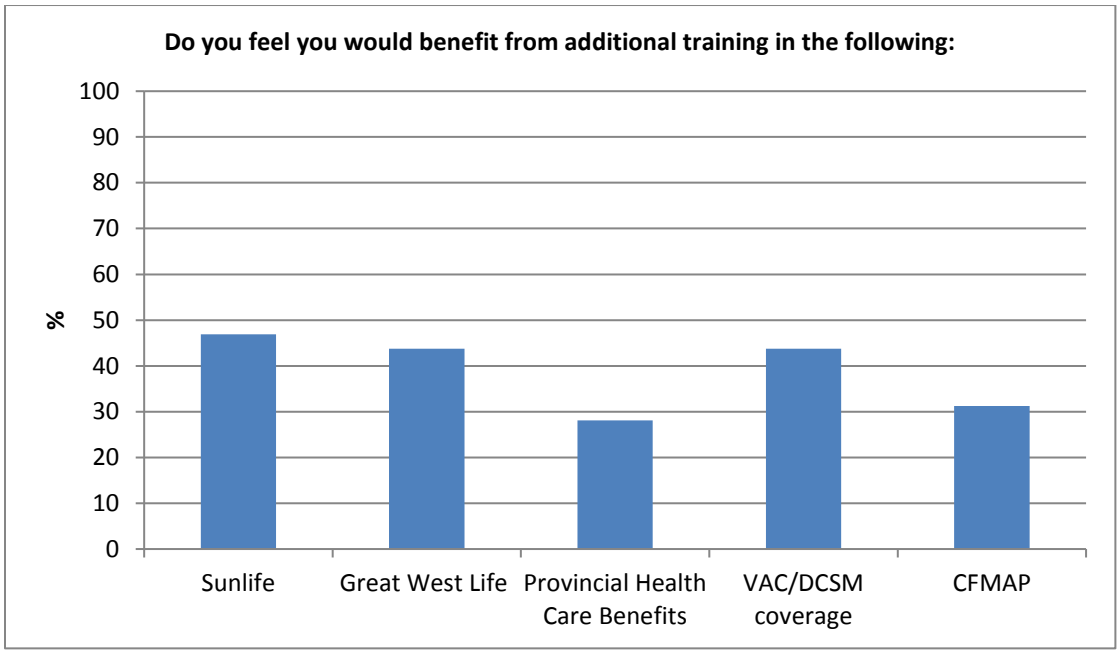

Figure 7: General interest in addition training on health care benefits

4. Discussion

Though health care for military families has been a top priority for MFS, the situation does not appear to be as severe as once believed, or else it has been improving. Less than half of MFRCs report that they receive requests from families seeking support in finding a physician on a weekly basis, and one-third of MFRCs receive these requests rarely if ever or less than a few times a year. It is possible that the local community sufficiently meets the needs of those families. Alternatively, it may also be the case that families are unaware that MFRCs can support them in this capacity, since only 35% of MFRCs have a doctor referral program. Most MFRCs at a minimum offer a list of walk-in clinics to their families, which may be sufficient to meet family needs. Several locations do not foresee an issue for their families primarily due to the fact that the province and/or region itself does not have a doctor shortage issue, or the semi-isolated nature of the military posting allows for families to access CAF physicians.

While it may be of popular opinion that military families are at a severe disadvantage due to a shortage of primary health care services, only 10% of MFRCs indicate that this shortage solely impacts military families, as opposed to the whole geographic community. The most common response when asked about the cause of this issue impacting military families uniquely is the frequency of relocation specific to the military lifestyle. The need for a family physician upon relocation is intensified when there is a need for a referral to a specialist of some sort, for example, for family members with special needs, pregnancy, mental and physical health issues (the third through sixth most commonly identified needs).

There is potential to alleviate these issues through educational campaigns and partnerships with organizations that can provide support to families in these manners directly. Outreach both locally and nationally to potential partners in these key areas is necessary to provide better support to families.

As for the remainder of MFRC responses, 34% do not foresee a health care shortage in their area, while 56% agree that the shortage they experience is not specific to military families, but to local civilians as well. As such, this then becomes primarily a provincial issue predominantly outside of the scope of the MFSP as the issue is systemic to the general Canadian population as opposed to a unique challenge resulting from the military lifestyle and because health care is a provincially funded and directed service.

The focus of the MFSP with respect to accessing primary health care should be on enhanced information and referral – both to educate families on other options that may be available to them while they wait for a physician, and on outreach and education of health care providers within the local community.

Families should be educated to inform their physicians when they are leaving the practice and to ask for a copy of their medical records prior to their relocation. More than 40% of MFRCs do not currently encourage their families to do this. And

considering that not all families access MFRC services, it is quite possible that a large number of families have never been informed of these best practices.

Outreach and education of local health care providers is currently performed by only 42% of MFRCs in their local communities. Using such materials as the “Family Physicians Working with Military Families” guide (College of Family Physicians of Canada) to outreach into local communities would allow for consistent, quality language and resources for all health care providers, regardless of location. This consistency is an important step towards a national awareness campaign.

Several issues emerging from this research indicate that there is a lack of awareness of available health care options and services at the MFRC level. Many locations were unaware of the various local health services outside of family physicians and walk-in clinics. All of these other options (e.g. nurse practitioners, prescribing pharmacists, private clinics, medical academic sites, etc.) may help address some immediate medical concerns for families awaiting a physician if families were aware of their function.

However, not all MFRCs lack an outreach component or awareness of local services. Some in fact run very successful medical support and referral programs. Each location that runs a doctor referral program also performs outreach to the community and are connected with family physicians, either through direct contact or via the Calian Military Family Doctor Network. This indicates that both approaches can be a successful solution for local families, the latter of which is location dependent but the former could be executed at most locations to varying degrees, depending on local need.

Finally, there are other health care related services currently in place that can enhance the quality of life for the military family when accessed. Such programs include enhanced medical and dental benefits, CFMAP, VAC/DCSM benefits, and other provincial health benefits that vary by location. However, in order to be utilised, families need to know about the programs and how to access them effectively. Yet less than half of MFRCs (sometimes as few as 28%) currently provide information and support to families regarding these health related services and benefits. Almost half of MFRCs identified that there would be some benefit in receiving additional training on many of these health related services and benefits. With regular training MFRCs would be able to not only refer families to these services, but also be used as a reference point for the most up-to-date information on these services and identify alternative solutions to families seeking health care support of which they were otherwise unaware.

5. Conclusion and Recommendations

The level of support given to military families as they try to access primary health care services varies greatly depending on location. One of the only consistent practices is support for families accessing the 90-day waiver for a provincial health card. The next most consistent practice is providing a list of walk-in clinics. Aside from those, MFRC services can range from full support in direct contact with a physician to little knowledge of any existing local services. Though these are two extreme opposite ends of the spectrum, a great deal more can be done to support families along the entire spectrum. The following recommendations are offered to enhance current programs and attempt to create a consistent service delivery model that will allow for flexibility to meet local needs while meeting a minimum expectation to families.

Recommendation #1:
Additional research to better understand primary medical concerns

Additional research is required to better understand primarily why military families seek medical support. It is clear that most often the reason is simply due to the fact that a family has recently been posted to a new location. However, some of the top ten reasons as identified in this Environmental Scan include referrals to specialists for a variety of reasons. If this is indeed a principal gap in services for military families, then research can direct program development to implement solutions.

Recommendation #2:
Consistent national and local outreach

A new “Family Physicians Working with Military Families” guide has been developed for the College of Family Physicians of Canada. Content was acquired primarily from MFS as the Subject Matter Expert. The aim was to raise awareness among family physicians on the issues facing military families through the College of Family Physicians of Canada as a resource distributer. In order to provide consistent national messaging to all family physicians and support MFRCs in their outreach initiatives, the same information should be shared (with proper reference to original authors) in a parallel document for MFRC distribution. This document should be customizable to local MFRCs to allow for direct local points of contact and relationships to be built.

Recommendation #3:
Front-line staff training

In order to guarantee a minimum baseline standard of services to families, there should be a set of criteria for specific health care information that must be made available at each MFRC. This should include the programs that have been mentioned in this environmental scan (e.g. services offered by Sunlife, Great West Life, provincial health

care benefits, VAC/DCSM coverage, CFMAP, etc.) as well as local services, in order to properly educate families on how they can address their own needs and/or enhance their quality of service. Most provinces now have a database in which newcomers add their name to a waitlist for family physicians. The role of the MFRC in these situations should be to engage families before and after relocation to ensure they have registered themselves on the provincial waitlist as well as informed their current doctor that they will be leaving in order to get copies of their health records and to open up their space to incoming military families. In addition, for those centres that identified a need for support and/or a shortage of physicians in their area, training on options that are available to them in order to enhance health care support while considering their local limitations would be a benefit. This could include awareness training on types of services offered provincially outside of physician care (e.g. nurse practitioner scope of practice, provincial medical hotline scope of practice, best practices in alternative solutions where the need is great, etc.).

Recommendation #4:
Family education and awareness

Considering the fact that health care access for families of military is bound by provincial legislation, our greatest asset is to not only increase awareness with family physicians through outreach, as mentioned above, but to also educate families on their options regarding health care access. Many provinces offer a variety of primary health care access points that families may be unaware of. Currently, ample information can be found on our national www.CAFconnection.ca website regarding provincial services, and should also be available on individual MFRC sites, many of which do not include health care information or contain only minimal information. There may be other local "tips and tricks" that would help families coming into the area. All of this information should be known and available through the local MFRC.

Families should also be encouraged to self-advocate and take ownership of their health care files when being posted. It would be beneficial to create a common thread of communication between military family patient and doctor in order to:

- Allow families a copy of their medical records prior to being posted out;
- Raise awareness among physicians to know that when a family departs from their practice, they can potentially open a space for a new family, either military or civilian without delay;
- Allow for current physicians to make referrals to any required physicians or specialists, refill prescriptions, update paperwork, etc. prior to a family departing.

With a stronger outreach campaign that allows for consistent information to be shared locally, and increased education and awareness on the parts of families, MFRCs and physicians, we can maximize the primary health care services that military families access within provincial limitations.

Appendix A: Perceived Challenges and Shortages by Location

MFRC	How challenging is it for families to access primary health care services in your area? 0 = Not Very Challenging through 10 = Very Challenging	Do you feel there is a shortage of primary health care medical services in your local area?	If yes, is the shortage specific to military and Veteran families?
Bagotville	10	Yes	No
Borden	0	No	
Calgary	8	Yes	No
Central Saskatchewan	1	No	
Cold Lake	8	Yes	No
Comox	2	No	
Edmonton	5	Yes	No
Esquimalt	10	Yes	No
Gagetown	10	Yes	No
Gander	2	No	
Goose Bay	0	Yes	No
Greenwood	3	No	
Halifax and Region	7	Yes	Yes
Kingston	7	Yes	No
London	7	Yes	Yes
Mainland BC	8	Yes	No
Meaford	8	Yes	No
Montreal	No response	No response	
Moose Jaw	1	No	
NCR	10	Yes	No
North Bay	No response	No response	
PEI	8	Yes	No
Petawawa	10	Yes	No
Shilo	1	No	
St John's	10	Yes	No
Suffield	1	No	
Toronto	No response	No response	
Trenton	10	Yes	No
Valcartier	7	Yes	Yes
Wainwright	5	No	
Winnipeg	1	No	
Yellowknife	2	No	