If you are looking for promising practices used in northern, rural, and remote communities in Canada to improve access to safe, high-quality, team-based primary care, then this promising practice will be of interest to you.

A key strategy to promote retention within Ongomiizwin Health Services (OHS) has been to offer physicians permanent part-time positions.

- Ongomiizwin Health Services has been successful in recruiting and retaining physicians.
  - average retention rate of six years versus six months
  - significantly reduced vacancy rates
    - to an average of 20 percent overall (down from 70 to 80 percent)
    - from zero to five percent in three out of three hospital sites
- Committed leadership and recruitment of physicians that can commit to providing regular services in the north are two cornerstones to the success of the permanent part-time physician initiative.
- OHS physicians have shared that the permanent part-time physician approach helps to create consistency for patients. “Even though 18 of us make up eight full-time-equivalent (FTE) positions, it feels like a tight practice group that shares accountability and offers consistency to our clients.” (OHS physician)
- Although the retention and vacancy rates have improved remarkably, like all rural and remote sites, OHS continues to encounter challenges.

Serving northern Manitoba and the Kivalliq, Qikiqtani and Kitikmeot regions of Nunavut, OHS is a robust interprofessional health service agency led by a team of Indigenous and non-Indigenous health professionals.

OHS has had some success in recruiting and retaining physicians practicing in rural and remote communities, but has also struggled with severe past shortages. For several years, in fact decades, physicians were expected to live in northern and remote communities on a full-time

Some of these challenges were outside of the immediate locus of control and would take years to reconcile. We started by modernizing the antiquated “employment” model and onboarding the right fit for our practice environment. We accepted the fact that we could not recruit and retain full-time physicians and we didn’t want an inconsistent model that was serviced by non-

- Engaged, supported and dedicated physician community of practice.
- Secured funding for travel and logistical coordination.
- Culturally and clinically competent practitioners.
- Communities have consistent clinicians and options for provider of choice.
- Key investment in upfront provider travel costs prevents downstream exponential costs of transporting patients.
    - “Paying for more travel, almost weekly per provider, may cost more upfront but it is worth the investment because the downstream costs of transporting patients out would be significantly more.” (First Nations and Inuit Health Branch partner)

Although the retention rate and vacancy rates have improved remarkably, like all rural and remote sites, we continue to encounter challenges. We are seeing high levels of physician burn-out and dissatisfaction, especially in high-volume, low-resource communities. Support is needed from health system leadership in a few key areas:

- Additional FTEs.
    - Teams are under-resourced at baseline to meet the basic needs of community.
    - A review of health human resources based on the rights of communities to access primary and emergency care.
    - A significant investment in primary care in communities.
- After-hours and weekend coverage.
    - The on-call, over-the-phone support systems and in-community weekend coverage are under-resourced and overburdened.
    - An investment is needed to expand the number of physicians providing over-the-phone call coverage and weekend in-community service to larger fly-in communities.
- Specialist support.
    - The wait times to access some specialties are too long.
    - Expansion of support for itinerant visiting specialists, virtual care, eConsult and rapid access to consultative expertise will be important.
- Tertiary care support.
    - Teams are increasingly frustrated that referral centres can’t help when they are needed. This can be due to health system overload, poor coordination (for example the run around) or lack of patient transport services.
- Transportation support.

- The air medevac system suffers from inconsistency, dyscoordination and poor access to planes and pilots overnight.
- Setting expectations for service delivery from private air medivac carriers will be critical.

We remain committed to working with our health system partners to ensure we close the significant gaps in access to physician services for Indigenous patients in Manitoba.

Additional travel cost are estimated at $500,000 per year. Other administrative and leadership costs in-kind to program support.

To learn more about the permanent part-time physician approach, contact Melanie Mackinnon at melanie.mackinnon@umanitoba.ca