

Subject: Follow-up of FONVCA resolution of May 16th/2012 emailed to M&C on June 1/2012

From: Corrie Kost <corrie@kost.ca>

Date: 27/02/2013 10:05 PM

To: Mayor and Council - DNV <Council@dnv.org>

CC: 'FONVCA' <fonvca@fonvca.org>

Your Worship & Members of Council,

At the FONVCA meeting of Feb 20/2013 a motion was passed to refresh the attached request (first emailed to Mayor & Council on June 1/2012).

In reply to the original FONVCA request of June 2012 it was stated that it had arrived too late for inclusion in the agenda of the UBCM (Union of BC Municipalities) for their meeting of 2012.

The FONVCA Feb 20/2013 motion read:

"FONVCA write to Mayor & Council to encourage Council to bring to the UBCM (Union of BC Municipalities) a resolution asking the BC Government to pass legislation changing the fee schedule to create financial incentives for home (medical) visits."

Yours truly,

On behalf of FONVCA

Corrie Kost

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— Attachments: —

letter-to-council-item-3F-w-attachment.pdf

29.3 KB

June 1/2012

Your Worship & Members of Council,

At a regular FONVCA meeting of May 16th 2012, as a result of correspondence from a local resident (redacted version attached) the issue of health/home care was discussed.

The following motion was passed unanimously by those members present that:

“FONVCA write to Mayor & Council to encourage Council to bring to the UBCM (Union of BC Municipalities) a resolution asking the BC Government to pass legislation changing the fee schedule to create financial incentives for home (medical) visits.”

During discussion of this issue, attendees were encouraged to individually, through their respective association, to **also** back the Ombudsman’s report ^(1,2)

We have an opportunity, at the local level, to make a difference on an issue which, sooner or later, impacts us all, and ask our local municipal council to continue the dialogue, via the UBCM, with the Provincial Government.

Yours truly,

Diana Belhouse,
FONVCA Chair Pro-tem
Tel: 604-987-1656

1. http://www.carp.ca/2012/02/24/wp-content/uploads/2012/02/BC-Seniors_Report_Volume_1.pdf
http://www.carp.ca/2012/02/24/wp-content/uploads/2012/02/BC-Seniors_Report.pdf
2. <http://www.carp.ca/2012/02/24/bc-ombudsmans-delivers-trenchant-new-report-government-responds-with-seniors-action-plan-2/>

I have had recent experience with Vancouver Coastal Health and the problems with accessing services and the confusing duplication of jurisdictions which provide those services.

There is the Lions Gate Hospital Outreach program of dieticians, physiotherapists, occupational therapists, pharmacists, and social workers, all duplicated by Community Care Services, and the Geriatric Outreach Program. The wound care nursing is part of one of these programs - but try and get help once they decide the patient is healed – you have to start all over with the “Case Manager”. Big problem here: lack of shared information about the patient’s condition.

So my first recommendation is this: the whole system needs a thorough review to stop unnecessary duplication and make it more efficient and less costly (e.g. reduce high administrative salaries) and that the DNV Mayor & Council send a resolution to the UBCM asking the Provincial Government to do this.

This all started for me last spring when I tried to find out about the day-care offered one or two days a week to people with Alzheimer’s or various degrees of dementia. I learned there’s a year long waiting list and cost is determined by the patient’s last income tax return, with some paying very little and others considerably more. Volunteers are used in these programs – one at West Van Seniors Centre, the other at Mahon Park at the Margaret Fulton Centre.

The second big concern I have is the virtual impossibility of getting a doctor to make house calls, even though patients cannot go to their Dr’s office.

Three weeks before my husband died, I finally was able to access a retired doctor, one of five who makes house calls for elderly home bound patients. He has 280 patients under his care and told me most G. P.’s won’t do this because it’s not paid well enough, or they simply are not interested.

I should explain that I had home care 24/7 for my husband and went the private route for everything. Coastal Health would have charged 50% more because we had saved enough to cover home care costs.

I had hand rails installed all through the house, special bathroom & bath equipment, wheelchair, transfer chair, walker, finally an electric lift in the bedroom, hospital bed etc. and private physiotherapy, message therapy, diabetic foot care etc. who came to the house.

For those of you unfamiliar with this, I should mention it is possible to borrow some equipment for a donation from the Red Cross for a 3 month period. Otherwise you must rent it or buy it. Only a physiotherapist can arrange for you to access the Red Cross.

Second Big Question: Why is our government not doing anything about the problem of the lack of doctors making house calls?

The Community Charter s.8(3)(i) allows municipalities to regulate, prohibit, and impose requirements relating to public health. Regional districts may, under section 523 of the Local Government Act regulate and prohibit for the purposes of maintaining, promoting, or preserving public health and can undertake measures considered necessary for these purposes.

Section 2(1) of the Public Health Bylaws Regulations establishes that bylaws relating to the protection, promotion, or preservation of the health of individuals are subject to concurrent authorities. So before such a bylaw can be adopted it must have been submitted to the Minister of Health Services and the regional health board or medical officer for approval.

So it is possible for a municipality to have some say over the way our local health system is managed.

The government is really encouraging home health care to take the burden off acute care hospital beds, but it is NOT making it happen.

This is a problem which affects the quality of life for all of us – and quality of life is a major consideration for community associations.

My second recommendation therefore is that FONVCA ask the DNV Mayor & Council to bring to the UBCM (Union of BC Municipalities) a resolution asking the BC Government to pass legislation changing the fee schedule to create financial incentives for home visits.

I could say a lot more but time is of the essence. I was given an excellent article about the recent Ontario experience which pointed out the lack of training for family medicine residents to do house calls, that doctors in rural areas are more likely to do house calls, the need for medical leaders who want to change the culture of family medicine to value house calls for the elderly infirm; and that medical school stress this aspect of medical care.

So please think about this. I am not a single voice crying in the wilderness. This concerns all of us –we're all getting older, baby boomers too – Let's ask DNV to lead the way via the UBCM this fall.