

Research *focus*

*Making Canadian Research Meaningful to Better Serve Military Families
Issue 5 – April 2017*

Military Families: Access to Primary Health Care

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 relocationⁱ. 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 childrenⁱⁱ.

In 2016 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.

Requests for Family Physicians

MFRCs were asked to identify how often families sought their support in finding a local physician over the past year.

31% of MFRCs receive requests from families seeking physicians rarely or less than a few times per year.

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.

The most common reasons families are seeking support to find a physician include:

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

Service Shortages

Accessing timely and regular health care is not a challenge unique to the military family. In 2013 15.5% of Canadians reported that they did not have a family physician. This generalized shortage is all too common in military communities. Three MFRCs identified a shortage that was specifically impacting military and Veteran families more than the general community.



Education and Awareness

Approximately 35% of MFRCs reported having a doctor referral program and half of those are currently using the Calian Military Family Doctor Network for family referral. While 42% maintain a contact list of local Family Physicians accepting new patients, 84% provide a list of local walk-in clinic locations.



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 educate 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.

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 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 benefits and services that support the transitioning members / Veterans and their families.

However less than half of MFRCs offer education on these benefits and programs 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.

New Insights

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.

MFRCs recognise the challenge of accessing health care is not unique to military or Veteran families. MFRCs do recognise the cumulative impact of continually having to locate a family physician with every posting. Without an initial contact into the health care system upon arrival in a new community, military families can face lengthy wait times for referrals, prescription refills and other specialist care. Families can also miss periodic health assessments, routine screenings, immunizations and preventive care. The access challenge remains more pressing for newly posted military families who suffer from either chronic health conditions and/or illness and injury.

The focus of the Military Family Services Program 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.



Implications for Service Delivery

The level of support given to military families as they try to access primary health care services varies greatly across MFRCs. 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.



- 1. 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.
- 2. Consistent national and local outreach is required to increase the number of physicians willing to take on military families.** 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 distributor. In order to
- 3. Training of frontline staff is required 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.).
- 4. Focused effort is required on 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

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.

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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.

Sources

ⁱ 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.

ⁱⁱ Ibid.

Research Focus: Making Canadian Research Meaningful to Better Serve Military Families
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Catalogue No. 5390-5-MFS-04-2017
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