



Margie's Muffins: Margie Wiebe at Work in the North

Maybe it's the muffins that make the difference. In June of 2004, Margie Wiebe brought fresh baked muffins to her interview for the job as a Primary Health Care (PHC) Coordinator for the Northern Health Authority of British Columbia.

The newly created role of PHC Coordinator was a daunting task. Coordination of the disparate elements of the health care system would require getting people working together in new and creative ways. The desire was to build teams of physicians, health professionals and community members to provide integrated care for chronic diseases, using best practice guidelines. The goal was to improve patient care as measured by patient experience.

Margie explained to the interviewers that for her, sharing food together was always the most effective way of starting to work together, and it wasn't just an idea she admired, but a reality she practised. She got the job. Today, the results of Margie's work and the success of the community-based teams practising primary health care are evident throughout the district.

Margie Wiebe and her family moved to the bustling town of Quesnel in 2003. She has come to love the Cariboo-Chilcotin. Like any community in British Columbia, Quesnel has its health challenges including a burgeoning population with chronic diseases. Over 300,000 people currently live in the area served by the Northern Health Authority. It has the highest projected growth rate of seniors in BC, and thirteen percent of the population is Aboriginal, the highest proportion in the province. Close to 6000 people work for Northern Health in over two dozen acute care facilities, 14 long-term care facilities, numerous public health units and countless offices providing specialized services.

Margie was working as an acute care nurse at G.R. Baker Memorial Hospital when she was attracted to the PHC Coordinator opportunity. She has an advanced practice certificate in primary care clinical nursing and saw a chance to use some of her training, and her untested but developing skills in primary health care.

Margie Wiebe is one of eight PHC Coordinators and she took up her challenge with enthusiasm. Margie started setting up meetings – and she always brought muffins or other food to share. She laughs at the memory, "When I started I didn't really have a clue what was going on; but I was up for what was new and interesting." She has found the job to be largely one of organizing, and helping others envision their goals and then take the necessary actions to achieve them. She is grateful for the support and encouragement of shared experiences with the other Coordinators. Judy Huska, Manager of Health Service Integration, describes Margie's approach as gentle but persuasive. "She is respectful of others and builds on people's strengths. She is a facilitator. She gets the job done."

The impending crisis in managing chronic diseases provided an obvious place to begin. Building on the Diabetes Collaborative toolkit, Margie began by introducing local doctors and their staff to the concepts and tools that are part of the Expanded Chronic Care Model. She describes it as more than a model. "The expanded chronic care model is our roadmap so we know which direction to take. It helps us move things forward in a constructive way."

All the seventeen physicians in the community decided to use the model to improve health outcomes for people with chronic diseases in Quesnel – starting with Diabetes, CHF and expanding to include kidney disease, hypertension, and depression. They determined to reach or exceed the targets set in the CHF and Diabetes Collaboratives. Margie helped the doctors with their plans and within one year, every general practice doctor had patients registered on the CDM Toolkit. As well, approximately 1300 patients were identified and introduced to the techniques of self-management. All the doctors report improved results.

The doctors and their patients are describing successes instead of struggles. In addition to hiring the PHC Coordinator (Margie herself), Margie lists the elements of the 'Tipping Point' as:

- one dynamic local diabetes Nurse Educator with a passion for CDM, and with the experience and legitimacy to inspire interest & enthusiasm
- one key GP who is innovative, willing to try new things, willing to share his success and inspiring to his colleagues
- a current system that is so clearly not working that everyone recognizes the need for change
- the emergence of the BCMA Diabetes Collaborative
- the establishment of a steering committee of key stakeholders interested in primary health care and committed to evidence based change

Expanding into the community and working with that steering committee of medical professionals and community leaders, Margie next helped identify a major health goal for all citizens: to increase physical activity. She coordinates Active Living pedometer programs such as "Walk to Whistler" in the GP's offices, "Walk across Canada" in the schools and community. The Parks and Recreation Departments are involved and the Quesnel City Planning Department is developing more walking trails and public policy changes to facilitate access and activity.

Margie spends a great deal of her time communicating and counseling people using the PDSA model for improvement – Plan, Do, Study, Act. She tries to get people to identify one change that they can make and accomplish. "I deliberately start everything quite small and only encourage it to grow after the first cycle when we know what works, and what needs adapting."

Starting from small successes, primary health care in Quesnel has grown quickly with creative initiatives from many different sources. Bringing together health care practitioners, teachers, and local business people, Margie has helped develop Healthy Eating initiatives in schools and grocery stores. A local fitness facility, Curves, provides free membership to any patient who brings in a doctor's prescription for healthy activity. Margie helped realize this plan. She works on other key primary health care initiatives such as Shared Care and SharePoint, databases for physicians, ActNow BC, a provincial 2010 Olympics program, and the BC NurseLine, for self-management support. Margie is also working with West Fraser Mill to implement the Healthy Heart Society's hearts@work toolkit into the workplace.

Just about everyone you can think of with an interest in primary health care in Quesnel has become involved in the process of change; family practice doctors, their MOAs and office staff, the public health nurse, home care providers, the Aboriginal CDM nurse, the optometrist, the pharmacist, community physiotherapist, officials at the school district, Caribou Health and Family Services, Mental Health services and the Quesnel Recreation center. Margie searches for 'readiness' in people. "Do they come to the meeting? Are they present and asking for assistance? Do they come back?" She works with those who are prepared for change.

Her methods of motivation include more than muffins. She practises what she describes as 'appreciative inquiry'. She believes people are much more interested in doing something if it is their idea – or they believe it is. Margie's father was a salesman and she chuckles as she finds herself using some of his techniques. "Listen to people, find out what they want, and help them get that."

Margie is also ensuring that the programs they develop in Quesnel are sustainable. She promotes a “buy in” versus “join in” philosophy – many people join an organization but take no action. When they actually “buy in”, they begin to do the work it takes to make improvements. By working as a team, she also encourages embedding and building on successful changes to maximize services, ensuring continuity and developing community partnerships.

Judy Huska says Margie, like all the Primary Health Care Coordinators, is making a difference, “The data shows that people are better served. Using the measures from the diabetes guidelines, the quality of care is improved.”

Margie shares some other lessons she has learned from her experience as PHC Coordinator: “Involve a team, develop clear aims and measures, PDSA, be willing to learn from each other and try new ideas, look at graphs early and regularly, dream big, test small, and start today.”