



# TELUS WECARE PROPOSAL

---

BY ANNE NGUYEN



**Introduction...3**

**Haisla...4**

**Project...4**

Creation...4

Application...6

Expansion...6

**Structure...6**

**Indigenous Business Strategy...7**

**Models for Success...7**

First Nations Health Authority...7

**Risk...8**

Financial Risk (High)...8

Competition (Medium to High)...8

Reputational Risk (Low to Medium)...9

**Process Diagram...10**

**Conclusion...11**

**Bibliography...12**

# Introduction

TELUS is a world-renowned telecommunications company offering a wide range of wireless, data, IP, voice, television, entertainment and video services. Our drive for social impact has inspired our team to donate more than \$820 million and 1.6 million days of service. Our commitment to social change is also reflected in our business strategy.

There is a shortage of BC family doctors because there aren't enough doctors to replace the ones who are retiring (BC Family Doctor, 2021). New physicians avoid family practice because of outdated working conditions and poor support. As a result, many British Columbians do not have family doctors (Zeidler, 2019).

TELUS Health MyCare app makes healthcare accessible by allowing customers to

- Book video appointments with medical professionals anywhere and anytime
- Get prescriptions or referrals through the app after their appointments
- Diagnose their symptoms through our AI Symptom Checker
- Monitor their health through our Healthchecker and Monitor

We want to improve healthcare accessibility by focusing on Indigenous health. According to *In Plain Sight (IPS)*, a report that reviewed racism in the BC health care system, 84% of Indigenous participants experienced discrimination, which discouraged them from seeking medical attention (Turpel-Lafond, 2020).

**We propose collaborating with the Haisla Nation on WeCare, a cultural safety training program for TELUS Health MyCare app's medical practitioners.**

# Haisla

TELUS has a strong relationship with the Haisla built on past collaboration and respect. The Haisla Nation consists of 1700 people with 700 of their members living in Kitamaat village. Their village is located near the Douglas Channel in Northern BC.

Our partnership with the Haisla began in 2017 when they became connected to TELUS PureFibre network. In 2020, TELUS introduced Haisla to Vidflex, a video-streaming platform where they can live stream community meetings and host language learning sessions.

# Project

Our partnership with the Haisla on WeCare will follow three phases

## CREATION

Collaborate with the Haisla on WeCare's format, content, structure, and delivery

## APPLICATION

Our practitioners will provide primary care to the Haisla through the TELUS Health app after completing WeCare. We will use patient feedback to debug and improve WeCare

## EXPANSION

After WeCare has been perfected, we will partner with other Indigenous Nations to train TELUS medical practitioners and provide culturally appropriate healthcare to their Nation.

# Creation

In 2021, TELUS gave a \$200,000 grant to the Centre for Wise Practices' Virtual Hub. The centre's goal is to create a virtual hub that closes the health gap for Indigenous people.

### The virtual hub is designed to

- Support Indigenous healthcare workers.
- Educate non-Indigenous healthcare workers on Indigenous ways of thinking about health and ceremony.

Indigenous organizations like the Assembly of Seven Generations have successfully leveraged the hub to communicate health information through an Indigenous lens.

We propose using the virtual hub for WeCare. We will build upon the virtual hub and incorporate Haisla's healthcare practices into WeCare. We also want to educate our practitioners on Haisla's health practices, so they can effectively treat Haisla's community members.

Our partnership with the Haisla will act as a pilot to determine the project's scalability and expansion to other Indigenous Nations. Our overarching goal is to create an inclusive cultural training program with Indigenous Nations across Canada.

WeCare's purpose is to train practitioners to provide culturally appropriate care for all Indigenous people. As the project expands, we must collaborate with each Nation involved with the program because they have their own health practices.

### **We chose the Haisla for our pilot because**

- TELUS has a strong relationship with the Haisla Nation based on past collaboration
- Located in rural BC and will benefit from having another platform for telehealth
- Easier to collaborate virtually because the Haisla are connected to the TELUS PureFibre network
- Majority of the Haisla are between the ages of 50-59 (Statistics Canada, 2020)
- Haisla Council has a goal devoted to community health (Haisla Nation, 2017)
- A relatively small population (1700 people) preferred for a pilot program

### **Our team for this project includes representatives from**

- TELUS Health administrators
- TELUS Health medical practitioners
- TELUS EAGLES, our Indigenous team member resource group
- TELUS members who worked with the Haisla in the past on previous TELUS projects

### **To ensure MyCare is respectful and inclusive, we want to collaborate with**

- Haisla community members: To understand their experience in healthcare
- Elders
- Haisla's Wellness Team
  - » Nurses
  - » Community Health Representative
  - » Alcohol & Addictions Wellness Worker

TELUS has an established working relationship with the Haisla, but they haven't worked with TELUS Health. Additionally, WeCare members may not be familiar with Indigenous health and Haisla health practices. To establish trust and communication between the Haisla and WeCare members, we will host an educational conference. The conference will give the Haisla and our team the opportunity to connect and learn from each other.



## The conference will include

- Haisla cultural health practices workshop run by Elders
- Haisla's community health goals workshop run by Haisla's Wellness Team
- Indigenous experience in healthcare workshop run by Haisla community members
- TELUS' reconciliation plan and Indigenous business strategy workshop run by TELUS
- Potential site visit to Kitamaat Village
- Icebreakers and social activities

We will select TELUS Health MyCare medical staff to participate in our pilot once our training program is finalized. They will provide virtual primary care to the Haisla Nation when their training is complete.

## Application

During the Application phase, patients will be encouraged to provide feedback on their appointment through the app. Their feedback will help us improve and perfect WeCare before expanding to other Indigenous Nations.

## Expansion

We will create a final report on WeCare once the program has been perfected. The final report will include

- Successes
- Areas of development
- Development journey with the Haisla
- Determine whether to expand to different Nations

## Structure

Haisla's Elders and healthcare workers will be paid as consultants because they have specialized knowledge on Haisla's health needs and cultural practices. The Haisla will be involved in all aspects of WeCare from Creation to Application. To ensure Indigenous voices are respected, we will have a project management process that emphasizes user involvement and continuous interaction between the Haisla and TELUS like **Rapid Application Development (RAD)**.

The Haisla executive team will be contracted until we have debugged and perfected WeCare. They will have the option to stay on the team as consultants during the Expansion phase. Their experience will make the expansion stage smoother because they can guide the next Indigenous Nation through the Creation and Application phase.

Haisla physicians and nurse practitioners can join our TELUS Health MyCare staff. Working for TELUS will not take them away from their practice because

- Staff work remotely
- Medical practitioners only required to work a minimum of 8 hours/week

Haisla patients do not have to pay to use TELUS Health MyCare because doctor appointments are covered by BC's Medical Service Plan (MSP). As a result, they will get free and culturally appropriate primary care from TELUS. We will generate revenue from this project because we can charge each doctor's appointment to MSP.

## Indigenous Business Strategy

In 2021, we collaborated with elders, TELUS team members and communities to create a reconciliation strategy that incorporates

- The United Nations Declaration on the Rights of Indigenous People
- Truth and Reconciliation Commission's 94 Calls to Action
- 231 Calls for Justice from Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls

### **We are committed to a friendlier future by**

- Connecting Indigenous communities to TELUS PureFibre network
- Developing programs that improve Indigenous people's access to healthcare, education and affordable technology
- Ensure culturally appropriate customer experiences for Indigenous people
- Support Indigenous economic development through TELUS' businesses

## Models for Success

### First Nations Health Authority

The First Nations Health Authority (FNHA) offers virtual care through their Virtual Doctor of the Day program (VDD), which is available to Indigenous people and family members who are not Indigenous (First Nations Health Authority, 27).

VDD doctors are hired by a committee and preference is given to doctors with (First Nations Health Authority, 2022)

- Indigenous ancestry
- Positive work relationships with Indigenous communities and patients
- Experience in rural medicine

One-third of VDD doctors are Indigenous and all doctors are trained to provide culturally safe care (Hunt, 2021).

VDD appointments are 45 minutes to an hour, which is unusual in BC walk-in clinics. (Louie, 2021) Family doctors are paid per appointment, so doctors may shorten appointments to maximize profit (Brcic, 2014). FNHA understands that Indigenous people have greater health needs and require more time with their physicians (Louie, 2021). As a result, VDD doctors are encouraged to spend more time with patients during appointments. Another benefit of VDD's appointment structure is that it fosters trust between the physician and patient.

TELUS should adopt VDD's hiring practices and appointment structure for WeCare. Indigenous patients would feel safer and more willing to use TELUS Health MyCare if they have an Indigenous practitioner. 82% of IPS respondents ranked Indigenous representation in healthcare as, "very important," (Turpel-Lafond, 2020). We can also foster trust with our Indigenous patients and effectively treat them if we encourage our doctors to take their time with Indigenous appointments.

## Risk

### Financial Risk (High)

WeCare is an expensive program because it has high input costs and low marginal profit. TELUS receives \$30/appointment under BC Medical Service Plan's fee-for-service model (Judd, 2022).

#### **Below is the input cost breakdown for each First Nation collaboration**

- Cost of hiring Nation representatives as consultants
- Cost of training TELUS Health MyCare practitioners
- Cost of Creation and Application phase

#### **TELUS can only make a profit if the**

Number of Appointments x Marginal Profit > Input Cost and Marginal Cost

Therefore, WeCare's profitable success is dependent on providing quality care and fostering trust, so many Indigenous patients continue to use our services. Thereby increasing the number of appointments we can charge to MSP.

### Competition (Medium to High)

WeCare may flop because we're competing against FNHA's Virtual Doctor of the Day. Both programs offer similar services like

- Mental health counselling
- Diagnosis on symptoms



- Prescriptions and referrals

FNHA is already established in the Indigenous health space and partnered with over 200 First Nations communities in BC. As a result, BC Indigenous people may opt for FNHA services instead of TELUS Health MyCare. Losing our customer base will increase our financial risk because we require a lot of appointments to make a profit on this project.

## Reputational Risk (Low to Medium)

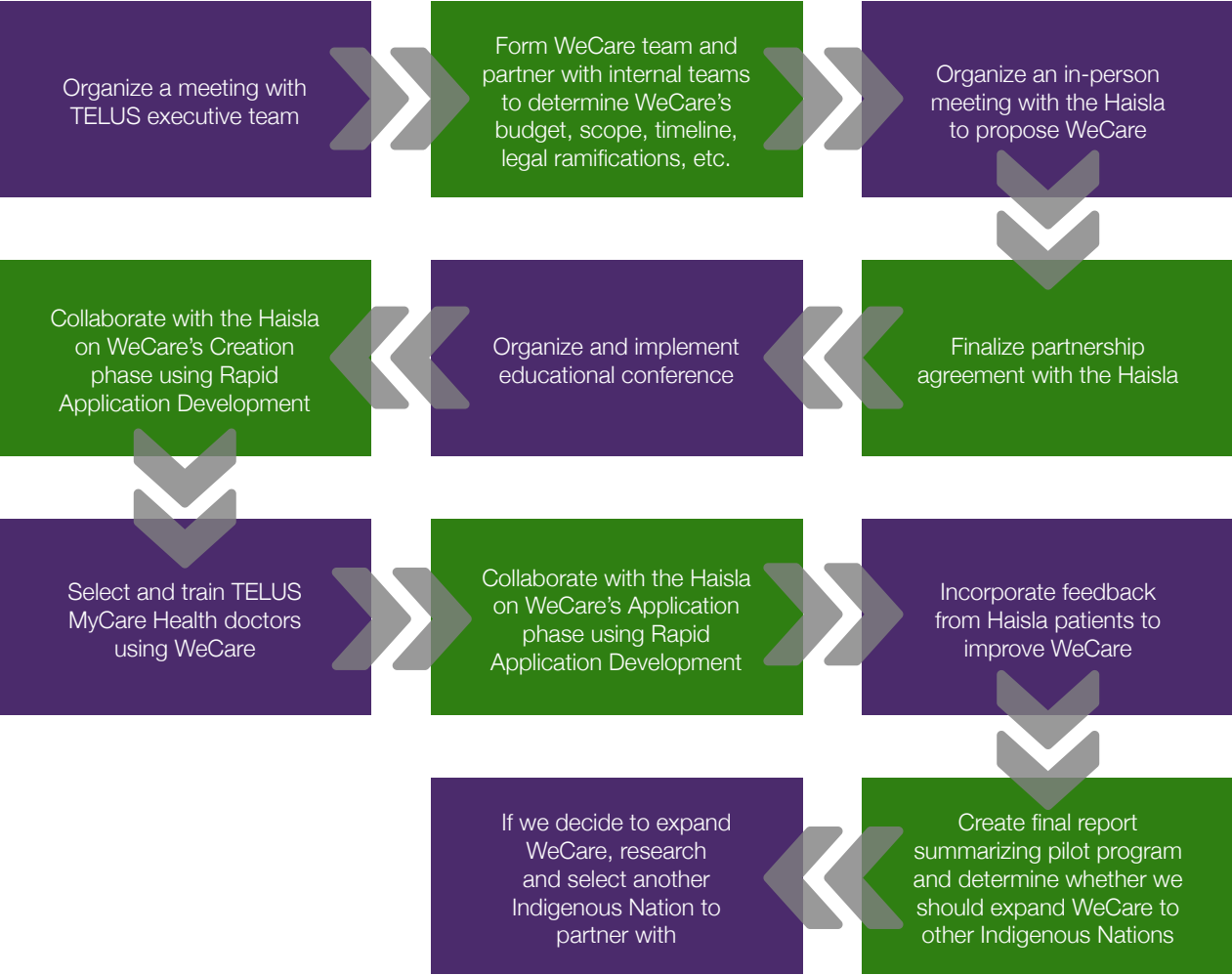
Relations with the Haisla are unlikely to sour because TELUS has worked on projects with the Haisla in the past. We can leverage the connections and goodwill we have established for WeCare. However, the Haisla have not worked with TELUS Health, so there may be friction.

They may refuse to work with us if TELUS Health MyCare incurs negative PR. In the news recently, a woman detailed her poor experience with the TELUS Health app (Judd, 2022). The patient was exercising and wearing a sports bra as a top before the appointment and the doctor refused treatment because she was too, “exposed,” (Judd, 2022)

“You’re expecting to be seen by someone without judgment and that’s what I was expecting on this call. Someone could be from any background or any religion but as a medical professional you have to leave that and accept people how they are” (Judd, 2022).

Stories like these harm TELUS’ credibility because we want to provide respectful care to everyone, especially to Indigenous people who have faced discrimination, harmful stereotypes and abuse by healthcare professionals.

# Process Diagram



# Conclusion

TELUS is committed to a friendlier future by making healthcare more accessible for our customers. Indigenous people have inequitable access to primary care due to discrimination (Turpel-Lafond, 2020). As a result, First Nations people rely heavily on Emergency Department (ED) for preventable health issues (Turpel-Lafond, 2020).

TELUS will close the health gap by collaborating with the Haisla to create WeCare, a cultural safety training program for TELUS Health MyCare app's medical practitioners.

## **TELUS will ensure a collaborative and respectful partnership by**

- Using Rapid Application Development (RAD) to ensure continuous interaction between the Haisla and TELUS
- Hosting a conference to connect and share ideas between the Haisla and WeCare members
- Choosing diverse voices who are familiar with Indigenous health and culture to be apart of TELUS WeCare staff



# Bibliography

BC Family Doctor. (2021, November 14). *Recent media about the family doctor shortage*. Retrieved from BC Family Doctor: <https://bcfamilydocs.ca/family-doctor-shortage/>

Brcic, V. (2014, February 22). *How Doctors are Paid in BC*. Retrieved from Policy Note: <https://www.policynote.ca/how-doctors-are-paid-in-bc/>

First Nations Health Authority. (2022, February 27). *First Nations Virtual Doctor of the Day - Health Care Professionals*. Retrieved from First Nations Health Authority: <https://www.fnha.ca/what-we-do/ehealth/virtual-doctor-of-the-day/health-care-professionals>

First Nations Health Authority. (27, February 2022). *First Nations Virtual Doctor of the Day*. Retrieved from First Nations Health Authority: <https://www.fnha.ca/what-we-do/ehealth/virtual-doctor-of-the-day>

Haisla Nation. (2017, September 27). *Haisla*. Retrieved from About the Haisla: <https://haisla.ca/community-2/about-the-haisla/>

Hunt, M. (2021). Introduction to First Nations Virtual Doctor of the Day Service. (J. Moody, Interviewer)

Judd, A. (2022, February 7). *Global News*. Retrieved from 'He said I was too exposed': B.C. woman says doctor refused treatment over what she was wearing : <https://globalnews.ca/news/8601740/exposed-woman-dress-code-doctor-bc-virtual/>

Louie, K. (2021). Examining the First Nations Virtual Doctor of the Day service. (S. Slater, Interviewer)

Statistics Canada. (2020, January 14). *2016 Census Aboriginal Community Portrait – Haisla Nation*. Retrieved from Statistics Canada: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/infogrph/infogrph.cfm?LANG=E&DGUID=2016C1005614&PR=59>

TELUS. (2020). *Indigenous Connectivity Report*. Retrieved from TELUS: [https://assets.ctfassets.net/rz9m1rynx8pv/26Pv3ZzgH6TFDUY6E0u61w/fc27f21bf1fbc9098932d20537e3d983/TELUS\\_IndigenousConnectivityReport\\_digital\\_final.pdf](https://assets.ctfassets.net/rz9m1rynx8pv/26Pv3ZzgH6TFDUY6E0u61w/fc27f21bf1fbc9098932d20537e3d983/TELUS_IndigenousConnectivityReport_digital_final.pdf)

TELUS. (2021, November 10). *How digital technology supports the reclamation of Indigenous knowledge in healthcare*. Retrieved from National Post: <https://nationalpost.com/sponsored/news-sponsored/how-digital-technology-supports-the-reclamation-of-indigenous-knowledge-in-healthcare>

TELUS. (2021). *Indigenous Reconciliation and Connectivity Report 2021*. Retrieved from TELUS: [https://assets.ctfassets.net/rz9m1rynx8pv/5hoEK4oMR51B2LHko37ex5/4088beaec5cd97dc91f263ee50d0a9af/EN\\_2021\\_TELUS\\_IndigenousConnectivityReport\\_FINAL-ua.pdf](https://assets.ctfassets.net/rz9m1rynx8pv/5hoEK4oMR51B2LHko37ex5/4088beaec5cd97dc91f263ee50d0a9af/EN_2021_TELUS_IndigenousConnectivityReport_FINAL-ua.pdf)

Turpel-Lafond, M. E. (2020). *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care Summary Report*.

Zeidler, M. (2019, May 24). *Want more family doctors? Change how they work and get paid, says B.C. researcher* . Retrieved from CBC: <https://www.cbc.ca/news/canada/british-columbia/want-more-family-doctors-change-how-they-work-and-get-paid-says-b-c-researcher-1.5068894#:~:text=Currently%2C%20most%20family%20doctors%20in,%2460%20per%20hour%20or%20more.>