

Family Doctor (1. occasional; 3. complex & chronic; 1. Seniors)

Occasional Users	Complex & Chronic	Seniors
Being your own advocate (≈0:30)	Knowledge of specialists and how to connect ⇒ Your family doctor is your gateway where you want to go (≈14:00)	Team-based care ⇒ Communication between specialist and GP as patient might not be prepared to see information (≈18:00)
System (responsiveness to needs and context) ⇒ Treating the whole family (≈1:20) ⇒ Integrating Eastern and Western medicine (≈2:10)	Hospital privileges ⇒ Specialists, but not GP (example at ≈15:05)	Communication (access to up-dater or navigator) (≈18:10) ⇒ Someone who can explain and treat with respect ⇒ Access to EHR
Transition to other care ⇒ Having a healthcare navigator, so not stuck on an island and floating around (≈3:10-3.23)	GP's knowledge of after care for critical care ⇒ 2 critical conditions that GP should be aware of	Continuity of care (appropriate and timely) ⇒ Appropriate and timely care ⇒ Trust and confidence (≈19:30)

Specialty Care (2. occasional; 1. complex & chronic; 2. Seniors)

Occasional Users	Complex & Chronic	Seniors
Referral process (≈4:39)	Navigating to other care (≈9:30)	How to choose access (idea of navigator – like other groups) (≈20:30) ⇒ Rural physicians are generalists, they are different animals (≈20:40)
Transitioning team ⇒ Make process smoother (≈6:15)	How long does it take to get there? (≈10:00) ⇒ Playing catch up with specialists who are equipped to deal with your care (≈10:30)	Tele-Health (especially for specialist 10min appointments in rural areas) ⇒ Avoid to travel from rural area for 10 minute specialist appointment (≈21:30)
Being your own advocate ⇒ Also mentioned under family doctor (≈6:30?)	Communication between specialist and family doctor (≈10:40)	Outreach (be more creative in how to access care with language and cultural barriers) (≈21:40)

Group-specific priority area

Occasional Users	Complex & Chronic	Seniors
Online Research	Emergency Department	Health Link
<p>Guideline</p> <ul style="list-style-type: none"> ⇒ Navigate information (≈7:50; ≈8:20) 	<p>Get out faster</p> <ul style="list-style-type: none"> ⇒ Often entry point (≈11:30) ⇒ It's busy, it's loud, it's hectic (≈11:40) ⇒ Discharged with follow-up care that is appropriate (≈11:55) 	<p>Valuable (convenient and accessible for those who don't have our privileges)</p> <ul style="list-style-type: none"> ⇒ What is Health Link & not having a cell phone (≈22:00) ⇒ How to make number convenient and accessible for those who don't have our privilege? (≈22:30) ⇒ Takes strain from ER (≈24:00)
<p>Hub (≈8:40)</p>	<p>People with disabilities</p> <ul style="list-style-type: none"> ⇒ Not everybody is 'body abled' when they come to the ER (≈12:44) 	<p>Limitations (cannot connect to specialists)</p> <ul style="list-style-type: none"> ⇒ Lack of personal connection ⇒ Can't contact specialists (≈23:40)
<p>Social media</p> <ul style="list-style-type: none"> ⇒ Access to online support network (≈8:50) 	<p>Shift changes</p> <ul style="list-style-type: none"> ⇒ Transferring information about illness, but not what the patient is about (≈13:35) 	<p>You have to make your case to get the info you need (≈25:00)</p>