

# Wellness Wheel Mobile Outreach Clinic: A Community-Led Care Model Improving Access to Care in Indigenous Communities

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## THE INNOVATION

Chronic diseases disproportionately affect indigenous people in Saskatchewan, with high rates of HIV, hepatitis C, and diabetes. Concentration of health care services in urban centers and minimal in-community health care service delays access to diagnostic testing and treatment for those residing in remote indigenous communities.

Wellness Wheel clinics addresses this gap by establishing a collaborative relationship with community health care teams, strengthening linkage with an urban center hub, and enhancing in-community health care services.

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## WHO & WHERE

Wellness Wheel clinics operate through local health centers in Saskatchewan indigenous communities utilizing a hub-and-spoke model. The Wellness Wheel clinical team includes family physicians (FPs), specialist physicians (nephrology, internal medicine, dermatology, and infectious disease), registered nurses (RNs), and support staff. Visiting clinicians collaborate with community health care teams, community health directors, and community members to identify needs and provide care.

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## HOW

**Implementation** Advocacy by people with lived experience of substance use and hepatitis C highlighted the need for more in-community health care services. These peers worked with indigenous leaders to develop a partnership with a clinical team based in the nearest urban center. Industry and local indigenous government funding supported clinics' development and implementation. Band council resolutions enacted by chief and council enhanced support and acceptability of clinics.

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Due to remoteness and inability to provide daily or weekly in-community care, the hub-and-spoke care model was adopted. This care model promotes health and disease prevention.

**Delivery** Guided by recommendations in The Truth and Reconciliation Commission of Canada's Final Report (2015), the visiting clinicians acknowledge historic trauma as a principal determinant of indigenous health and strive to deliver culturally safe care grounded in indigenous ways of knowing and the Cultural Responsiveness Framework. Supplemental Figure 1 illustrates the organizational structure of Wellness Wheel. An RN, FP, and a specialist travel to each community delivering 1 clinic each month. Phlebotomy, screening tests, counseling, education, on-the-spot specialist referrals, and diagnostic and acute care referrals are provided. Visiting RNs manage clinics' delivery, arrange medical supplies, transport specimens collected to laboratories on clinic days, follow-up results, and coordinate prescriptions. The visiting RNs liaise with community health care teams and visiting clinicians to support individuals in the community and coordinate care as needed between on-site clinic days. Partnering with communities, visiting clinicians offer harm reduction, support capacity building in HIV, Hepatitis C virus (HCV) and other chronic diseases and support local health events.

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## LEARNING

RNs are ideal as an accessible central contact and ensured that important information is delivered to patients, care providers, and community decision makers. Continual community engagement and open communication creates mutually respectful, trusting relationships and enhances case management.

Partnership helps communities leverage additional federal funding. Shared decision making allows for solution-oriented approaches and utilization of existing infrastructure. Commitment, humility, flexibility, and creative problem solving allows visiting clinicians to address logistics and infrastructure challenges.

Delivery of clinics in community helps visiting clinicians establish partnerships with community health care teams, strengthens the link to the urban hub and develops work standards. In-person clinics instill trust, facilitate client-provider communication, enhance care adherence, and reinstate the human element in medical care

**Supplemental items, including affiliations, key words, figure, conflicts of interest, and submitted dates available at <https://www.AnnFamMed.org/content/18/5/466/suppl/DC1>.**