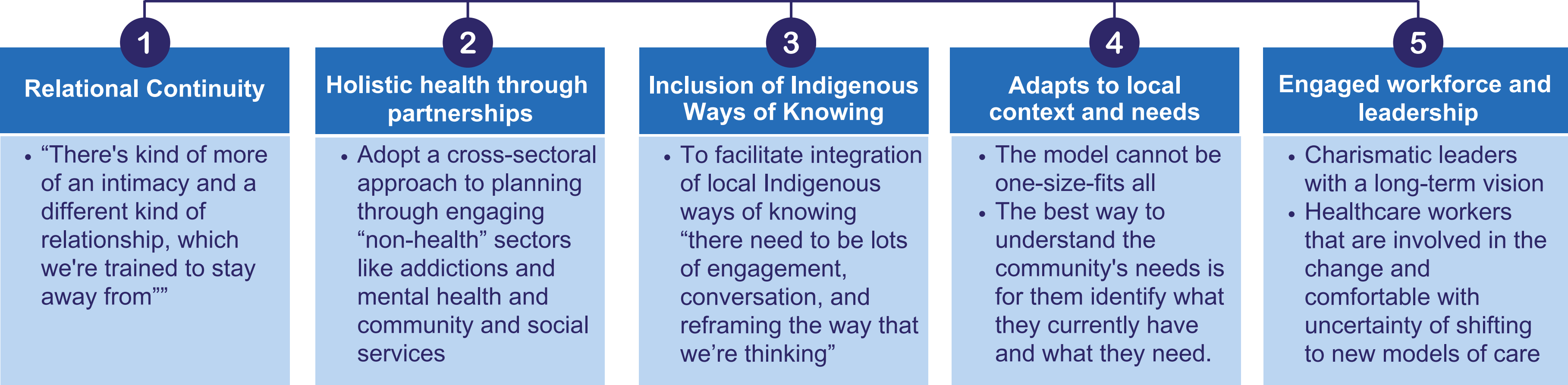


Five main themes emerged when participants were asked what to consider if adopting the model for Indigenous-focused PHC delivery:



What are some concerns about the model?



Availability and distribution of resources

“until a client exists and is attached to a doctor, they don't exist, and then no doctor gets money for you, and then you're in an emerg department, so you're expensive, and your health outcomes are not great.”



The model perpetuates inequities due to how funding is delivered

“Why is it okay that some people can have this really super fancy, well-resourced health home?... if you want to use a hotel analogy, why did some people get to be at the Ritz and other people are at the Motel Six?”



The model is not situated to address upstream determinants of health

It's crucial to design an Indigenous PMH that addresses not only individual needs but also community needs, encompassing physical, structural, social, spiritual, and cultural determinants of health.



Emphasis on measurement and short-term outcomes

Western PMH models can be very focused on who is paying for it and what is being measured, versus the process required to deliver PHC that meets the needs of local communities.



Implementation models may conflict with Indigenous worldviews

Current models that support the development and implementation of a Western medical home model may not align with Indigenous worldviews and values.