

Policy Priorities for Primary Healthcare Improvement: A National Conversation

Kevin Barclay and Laura Fletcher

Primary care is the foundation of a nation's healthcare system – it is well documented that countries with a strong primary care system have better population health and lower healthcare costs.

Despite initiatives such as Health Canada's \$800 million Primary Healthcare Transition Fund (Health Canada 2007), the development and performance of Canada's primary healthcare sector have lagged in comparison with those of other wealthy industrialized countries (Schoen et al. 2006, 2007), particularly in areas such as access, quality and the use of research to inform practice and policy. In her recent commentary on the state of primary healthcare in Canada, Barbara Starfield noted that "Canada seems to have stalled in its commitment to strengthening primary care. One reason for this lack of movement may be the poor investment in primary care research and evaluation. In this regard, Canada is probably at least 10 years behind" (Starfield 2008: 59).

Clearly, there is a need for a national effort to define priorities for primary healthcare research in Canada, with a focus on stimulating evidence-informed policy and practice that will strengthen the healthcare system and improve the health of Canadians. For example, the Primary Healthcare Transition Fund contributed to 68 projects and project envelopes within the provinces and territories. Some were successful, and some less so; yet insufficient efforts have been made to learn from these initiatives.

"Canada seems to have stalled in its commitment to strengthening primary care ... Canada is probably at least 10 years behind."

The Canadian Health Services Research Foundation (CHSRF), in partnership with a number of national organizations, researchers and senior decision-makers, decided to address these issues through the formation of the Canadian Working Group for Primary Healthcare Improvement (CWGPHI). The

purpose of the group is "to promote evidence-informed primary healthcare policy and practice for the benefit of Canadians" (CHSRF 2010).

The group's first step was to convene a national policy dialogue on primary healthcare improvement. CHSRF hosted a national symposium on primary healthcare on December 14, 2009, in Toronto, with the goal of promoting knowledge exchange across jurisdictions and encouraging pan-Canadian collaboration on improving primary healthcare as the foundation for an effective healthcare system. In attendance were 24 healthcare senior policy makers and decision-makers from almost every province and territory across Canada as well as 21 members of the CWGPHI. The primary objectives of the symposium were (1) to share new information on international and provincial indicators of primary healthcare performance and (2) to engage policy makers in a dialogue regarding the state of primary healthcare and to explore next steps in working toward primary healthcare improvement.

The symposium opened with a presentation of international comparisons of primary healthcare processes and outcomes by Jean-Frédéric Levesque (2009). Sponsored by the Commonwealth Fund, the study (Schoen et al. 2009) was significant because, for the first time, it provided Ontario and Quebec profiles along with profiles comparing Canada with other countries. On the whole, the study indicated that while Canada's performance, and that of Ontario and Quebec, is lacking on a number of primary healthcare indicators.

There was general consensus that the information presented helped confirm and quantify the perceptions that many of the participants brought to the meeting regarding the state of Canadian primary healthcare, particularly in comparison with other nations. Following a brief question-and-answer session, the policy makers in the group were asked to share their reflections and identify priority areas for primary healthcare improvement. Five main areas emerged after an active dialogue:

1. There is a need to enhance local coordination between primary healthcare and other healthcare sectors:

- Primary healthcare is the foundation of any healthcare system, and it needs to be better linked to other components of the system.
 - Family physicians and inter-professional primary healthcare teams need to be engaged and aligned with the broader healthcare system in order to enhance the effectiveness of primary healthcare and the system as a whole.
 - Administrators of provincial systems need to find ways to connect regions to each other and to primary healthcare resources within their catchments.
2. There is a need to enhance national coordination on primary healthcare improvement:
 - More coordination is needed on common primary healthcare features across all Canadian healthcare jurisdictions.
 - Citizens should be engaged and educated about how primary healthcare in Canada is provided, and patients should be guided to become equal partners in their care.
 3. There is a need to enhance communication and information technology within primary healthcare and between primary healthcare and the rest of the healthcare system. There needs to be a greater appreciation for the future benefits from up front investments in information technology
 4. There is a need to encourage the use of more inter-professional teams:
 - The yardstick should be moved forward in integrating other professions into the primary healthcare system.
 - Inter-professional education and training should be enhanced.
 5. There is a need to make changes on how we assess quality and on how we provide incentives for quality: the national community of researchers should be encouraged to lead the development of a common set of indicators that are meaningful in various Canadian contexts and useful in national and international comparisons.

Overall, participants reported that they found the policy dialogue valuable to their work. The opportunity to share ideas with colleagues from across the country and within their own provinces and territories was welcomed, recognizing that chances for this kind of reflection and exchange are rare. It was agreed that more dialogue is needed to create momentum on primary healthcare improvement, and participants expressed their commitment to be a part of this movement. As one individual commented, “It was good to know that across the nation there are stakeholders struggling with the same issues – and through more national forums like this, perhaps we could identify solutions and opportunities.”

CHSRF is responding to the desire expressed for effective dialogue on primary healthcare improvement – it has committed resources to support the CWGPHI’s 2010 work plan and will host its activities. CHSRF, along with its partners, will also

host Picking up the Pace, an event taking place November 1–2, 2010, in Montreal. Picking up the Pace will highlight primary healthcare innovations, with a focus on sharing the successes and challenges of implementation. Participants from across disciplines and the country will consider strategies for adapting successful and promising initiatives to other parts of Canada. Picking up the Pace promises to be a key event for advancing improvements in primary healthcare. **HQ**

References

- Canadian Health Services Research Foundation. 2010. *Canadian Working Group for Primary Healthcare Improvement*. Ottawa, ON: Author. Retrieved February 15, 2010. <http://www.chsrf.ca/research_themes/ph_e.php>.
- Health Canada. 2007. *Primary Health Care Transition Fund*. Ottawa, ON: Author. Retrieved April 17, 2008. <http://www.hc-sc.gc.ca/hcs-sss/prim/phctf-fassp/index_e.html>.
- Levesque, J.-F. 2009. *International Survey of Primary Care Doctors: How Canada and Provinces Compare?* Ottawa, ON: Canadian Health Services Research Foundation. Retrieved February 15, 2010. <http://www.chsrf.ca/research_themes/ph_e.php>.
- Schoen, C., R. Osborn, M.M. Doty, D. Squires, J. Peugh and S. Applebaum. 2009. “A Survey of Primary Care Physicians in 11 Countries, 2009: Perspectives on Care, Costs, and Experiences.” *Health Affairs* November 5: w1171–83.
- Schoen, C., R. Osborn, M.M. Doty, M. Bishop, J. Peugh and N. Murukutla. 2007. “Toward Higher-Performance Health Systems: Adults’ Health Care Experiences in Seven Countries.” *Health Affairs* 26: w717–34.
- Schoen, C., R. Osborn, P.T. Huynh, M. Doty, J. Peugh and K. Zapert. 2006. “On the Front Lines of Care: Primary Care Doctors’ Office Systems, Experiences, and Views in Seven Countries.” *Health Affairs* 25: w555–71.
- Starfield, B. 2008. “Primary Care in Canada: Coming or Going.” *Healthcare Papers* 8(2): 58–62.

About the Authors

Kevin Barclay, MA, is a senior advisor with the Canadian Health Services Research Foundation, in Ottawa, Ontario.

Laura Fletcher, MA, is the program delivery training officer with the Canadian Institutes of Health Research in Ottawa, Ontario.