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Radical Action on Primary Health Care? Lessons from Canada

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Primary Care Reform (PCR)

- Ostensibly, at centre of the reform debate
- Grand ideas, much talk, limited action
- Considerable consensus on policy, at least on surface
- Real problem is one of implementation
- Revolution versus reform
- A long journey with many stops along the way







The Romanow Royal Commission in Canada, 2001-2002

- Incremental, step-by-step plan for PCR
- Build on best within system while changing/eliminating the worst
- Get order of implementation right
- Make sure proper governance, legislative and regulatory structures and rules in place



Why?

- Need to walk before we can run
- Need to avoid impossibly high bar
- Need to work with at least some of what we have: vilifying not helpful
- Need to be strategic in terms of reform implementation as there will be opposition



Philosophy To Stay Sane By

- “The journey is more important than the destination.”
- Accept that immediate reforms will be incremental but part of much larger vision and game plan.
- Over time, the accumulation of successful reforms will transform entire system
- “No gain without pain” + perseverance



Some Short-Term Objectives

- Earlier and improved diagnosis
- More co-ordinated continuum of care
- More permanent/ongoing relationship with patient
- More efficient use of resources (critical for governments)
- 24/7 access



Longer-Term Objectives

- Use expertise/skills of full range of health providers through teams or networks
- Combine high quality medical services with prevention, protection & promotion
- Shape services to better target those most in need
- Enable more direct participation in healing communities as a whole



Primary Health v. Primary Health Care (What Do We Mean?)

- Narrow: the diagnosis, treatment, and management of health problems with services largely delivered by physicians
- Broad: primary care + the broader determinants of health including sickness prevention and health promotion activities provided, in a coordinated way, by a range of providers



To Begin: Four Steps In Order of Priority

- 1. Improve continuity and coordination of care
- 2. Earlier detection and action on diagnosis
- 3. Better information and analysis on needs and outcomes
- 4. New and stronger incentives to practice good primary health care



Supporting Public Health Infrastructure

- Immunization
- Infectious disease control
- Tobacco-control
- Obesity
- More particular targets (e.g. FAS)



General Barriers to PCR

- Ongoing focus on hospital care
- Increasing professional specialization and protection of scope of practice
- Fragmented service delivery
- Lack of dependable health information
- Limited control by patients/users over their own care
- Inadequate funding for 3 Ps



Particular Barriers: Canada

- *Canada Health Act* privileging of medically necessary hospital and physician services
- Shift from focus on long-term reform to concerns about more immediate issues (federal transfers, wait times, etc.)
- Patchwork of provincial HHR rules, regulations and policies
- Complex governance issues re: addressing Aboriginal health challenges



Provincial Experimentation in Canada & Current Trends

- Team approach to service delivery
- Commitment to 24/7 access (but limited)
- Very incremental experimentation with mixed remuneration for physicians
- Greater emphasis on protection, promotion & prevention (Departments and RHAs)
- Toying with idea of patient registration



PCR & Aboriginal Health

- Australia and Canada face similar challenges: third world in first world
- Extremely poor health outcomes relative to rest of population
- Would benefit from targeted approach
- But narrow approach to PCR will fail: must involve determinants of health
- And requires self-determining role



New Approach Recommended in Romanow Report

- Aboriginal health partnerships contracting with two orders of government & RHAs
- Think of primary care HMOs providing broad range of health & illness services:
 - Direction by community leaders
 - Activist Aboriginal health professionals
 - Combine Western and Aboriginal healing
 - “Roster of the willing”
 - Funded on basis of registered population



CONCLUSION

- Primary care reform in large sense is difficult and complex
- Requires vision with strategy for a practical, step-by-step plan
- Requires patient investment: generation or more
- Transformative aspect is long-term cumulative effect of reform

