

Health Council of Canada applauds B.C. plans for primary health care reform

TORONTO, ON - July 5, 2010 -- The Health Council of Canada applauds the British Columbia Ministry of Health Services and the B.C. Medical Association on their June 24, 2010 announcement of \$137 million toward integrated primary and community care that will connect every resident with a family doctor by 2015, starting with the province's most vulnerable citizens – high needs patients, frail seniors and patients with chronic diseases.

Reporting nationally, the Health Council has made the case based on research evidence and frontline experience, for many of the types of reform B.C. will put into action. In ***Beyond the Basics*** (2010), the Health Council shows that for Canadians with chronic conditions – one of the priority patient groups for B.C. – having a regular doctor does not guarantee the safest or most supportive medical care. Rather, doctors need also to provide the basic elements of good primary care, two of which are knowing their patient's history and helping to co-ordinate other aspects of patients' care.

"Co-ordination is key, and this is where collaborative health care teams also have a critical role to play," said John G. Abbott, CEO of the Health Council of Canada. Like the proposed B.C. initiative, the Health Council's report, ***Teams in Action*** (2009), finds clear advantages in the shift to team-based care, suggesting this should be the standard of care in particular for the growing number of Canadians with chronic conditions.

In ***Helping Patients Help Themselves*** (2010), some obvious gaps to be filled in order to better manage complex chronic care patients include asking patients about their goals for their own care and referring them to community services that might help them reach those goals. B.C. is ready to close such gaps through enhanced care planning. "The B.C. announcement talks about 'an individualized and co-ordinated personal medical health-care plan linking together various health professionals to provide better quality care,'" said John G. Abbott. "These are the types of approaches that our work supports," he added.

In a recent day-long discussion on primary health care reform hosted by the Health Council through the ***McMaster Health Forum***, participants called for four things: re-affirming primary health care as the foundation of Canada's health system; ensuring appropriate management structures are in place between health ministries and primary health care providers; linking funding agreements with physicians and others to public policy goals for primary health care; and, finally, paying attention to change management so that physicians and primary health care teams are supported in their efforts to strengthen primary health care across Canada. On this last point, it is not expected that family doctors will work harder or longer to care for the yet unassigned 250,000+ British Columbians, but rather that they will take advantage of supports to help increase capacity within their practices. Some such innovations may be group consultations for patients with chronic conditions and the broader use of nurse practitioners. "B.C. is paying attention to all of the necessary elements in their drive to strengthen primary health care and help ensure the system delivers even better quality in future years," said John G. Abbott. "The Health Council will watch and learn from B.C.'s leadership, as I am certain many government health care decision-makers will, not only in Canada, but internationally."

Background

The Health Council of Canada, created by the 2003 *First Ministers' Accord on Health Care Renewal*, reports on the progress of health care renewal in Canada and highlights best practices nation-wide. Councillors are appointed by the participating provinces, territories and the Government of Canada. To download reports and other Health Council materials, visit www.healthcouncilcanada.ca.

In a June 30, 2010 *Globe and Mail* update, *Second Opinion: We need more primary care, not more physicians*, André Picard sees value in the opportunity for B.C. and all of Canada to better provide preventive health care through multidisciplinary, team-based care particularly to patients with chronic illnesses. He concludes in support of the B.C. announcement to expand the provision of primary care, "What every Canadian needs is timely access to a primary care provider; what each of us needs is a care co-ordinator, both when we are well and when we are sick.....That primary-care provider does not have to be a doctor. It can be a nurse-practitioner. And the care co-ordinator need not be a doctor: It can be a nurse, a dietician, or a physiotherapist, depending on a patient's situation."

-30-

For further information or to arrange an interview, please contact:

Christine Pierroz, Director, Communications, ph. (416) 480-7087, cpierroz@healthcouncilcanada.ca

Live links for:

Beyond the Basics: The Importance of Patient-Provider Interactions in Chronic Illness Care

http://healthcouncilcanada.ca/en/index.php?option=com_content&task=view&id=237&Itemid=29

Teams in Action: Primary Health Care Teams for Canadians

<http://www.healthcouncilcanada.ca/teamsinaction.pdf>

Helping Patients Help Themselves: Are Canadians with Chronic Conditions Getting the Support They Need to Manage Their Health?

http://www.healthcouncilcanada.ca/docs/rpts/2010/AR1_HCC_Jan2010.pdf

(McMaster Health Forum) AT THE TIPPING POINT: Health leaders share ideas to speed primary health care reform

http://www.healthcouncilcanada.ca/docs/rpts/2010/HCC_Commentary_pages2_052510.pdf

(Globe and Mail update) <http://www.theglobeandmail.com/life/health/we-need-more-primary-care-not-more-physicians/article1625000/?cmpid=rss1>