

What Primary Health Care (PHC) Should Be:

A **PHC system** involves health professionals working together, delivering care within the context of the broader determinants (e.g., education, environment, other socio-economic factors) that affect the health of individuals, families and their communities.

A **PHC system** coordinates and integrates services to respond to the health status of the population. It includes illness prevention, health promotion, diagnosis and management of health concerns. It encourages the use of health professionals from the most appropriate health disciplines to maximize the potential of all health resources.

Adp: Mable & Marriott, "Sharing the learning- The health transition fund synthesis series: Primary health- care," Health Canada, 2002.

“Interdisciplinary collaboration must be a part of the vision.”

Working Together

At the simplest level, health professionals consult their patients/clients and, when appropriate, each other about the services needed by their patients/clients. In more complex situations, primary health care professionals work more closely, identifying what services are needed, who will provide them and what adjustments need to be made to the health management plan. The number and type of service health professionals depend on the nature of the health issue and the availability of resources. This is a dynamic process that responds to changing needs.

Services can be provided in a variety of settings. Quality primary health care is a priority for individuals and their families, no matter where they live in Canada. A shared vision for primary health care, guided by strong principles and values and supported by effective infrastructure and funding, will deliver the kind of health care Canadians have in mind. Interdisciplinary collaboration must be a part of that vision.

What Primary Health Care is:

PHC reflects the first level of the health system and is directly accessible to individuals and communities. Ideally, it provides a comprehensive range of generalist services by various disciplines that include not only GPs and nurses, but also allied health professionals and other health workers.

PHC services involve continuity of care, health promotion and education, integration of prevention with sick care, a concern for population as well as individual health, community involvement and the use of appropriate technology. PHC services are operated at the level of communities.

PHC is characterized by a holistic understanding of health as well being, rather than the absence of disease. The presence of good health is dependent upon multiple determinants; (housing, education, public works, industry, agriculture, communication, etc.) This means that effective PHC must be locally based, in proximity to the places where people live and work. To be universally accessible, PHC services must also be free from financial barriers.

As the first level of health care services, PHC services need to be well integrated with the secondary and tertiary health care sectors, in order to provide continuity of care for people throughout all levels of the health care system.

EICP - Steering Committee Approved Principles and Framework, September 22, 2005.

What is Population Health?

A population health approach is a consistent and rational way to set priorities, establish strategies and make investments in action to improve the health of the population. Health professionals, planners and leaders work with members of the community to assess needs and health problems in a community. PHC professionals balance the mandates derived from population health needs analysis with the needs of individual patients who come for care. Services are provided in a holistic fashion across the continuum of care, including health promotion and prevention, treatment, referral, therapy, supportive care and palliation. Programs and services are tailored to address the determinants that influence patient/client

health. Services are evaluated to assess their impact on the health of the population and the health of patient/clients and families.

EICP - Steering Committee Approved Principles and Framework 092205.

Mental Health & Primary Care

Mental health is an integral element of primary health care and patients regularly turn to primary care providers for support, treatment and access to specialized mental health resources. Due to lack of awareness and co-ordination, however, they may not gain access to the broader range of specialized services available in their community. Yet there is evidence that providers who work in collaborative care arrangements are in a better position to provide appropriate, effective care.

Collaborative arrangements include shared office space, or formal networking among specialists and primary care providers from a number of disciplines and sectors. In addition to providing treatment and rehabilitation services to Canadians with mental disorders, care providers working together tend to encourage the concept of mental “wellness”, through education and prevention programs.

By engaging the key players in mental health and primary health care, the CCMH Initiative has strived to develop strategies that promote and advance collaborative mental health involving primary care practitioners, mental health care providers, consumers, families and communities.

A Healing Relationship: Primary – Secondary - Tertiary Health Care

Health care and its provision can be thought of along a spectrum of services.

Primary Health Care is the first level of contact with the health system, often provided by general practitioner physicians.

Effective responses at the primary health care level also diminish the need for services at other levels and in other sectors. The range and complexity of factors that influence health and wellbeing, as well as disease and

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illness, require health professionals from diverse health professions to work together in a comprehensive manner. For example, individuals need health information, diagnosis of health problems, support for behavioural change, immunization, screening for disease prevention and monitoring of management plans for chronic health problems. With a broad range of health professionals working together at the primary level, the combined knowledge and skills becomes a powerful system to enhance the health of the population served. To be effective, a PHC system is integrated with other services and sectors, e.g. secondary and tertiary health care, education, workplace, child welfare, and the criminal justice system.

Secondary Health Care refers to those services particularly provided by hospitals.

There is an acknowledged movement today to minimize hospitalization, where medically possible, not solely for less patient bed days but also to avoid unnecessary expensive ancillary services. Good primary health care (i.e., early interventions) and health promotion initiatives can minimize preventable hospitalization. Secondary health care can be provided by various disciplines within hospital settings.

Tertiary Health Care to those specialist services beyond the level of secondary services, for highly specific illnesses or disorders, and usually provided by the medical profession.

AH&MRC 1999; U of New South Wales Centre for Health Equity Training, Research & Evaluation (CHETRE) 2003-04.

Primary Health Care Transition Fund

In 2001 the federal government established a five-year \$800 million fund to strengthen primary care within the national health care system. The fund covered “transitional” costs incurred by primary health care initiatives designed to improve access, accountability and integration of services.

Examples of Projects funded through the Primary Health Care Transition Fund

Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP)

Initiative: The work of the EICP Initiative is focused on how to create the conditions for health professionals to work together in the most effective and efficient way so that they can produce the best health outcomes for individuals and their families—the patients, clients and consumers of our national health system. EICP Principles and Framework provide a vision for interdisciplinary collaboration in primary health care and are relevant to a variety of practice settings across the country, from primary health care organizations, such as community health centres, to health professionals working in public and private practice. They also include the structural and process elements required to support collaborative primary health care.

EICP Steering Committee Approved Principles & Framework 092205.

Canadian Collaborative Mental Health Initiative (CCMHI): A consortium of 12 national organizations (representing community services, consumers, families and caregivers, self-help groups, dietitians, physicians, nurses, occupational therapists, pharmacists, psychologists, psychiatrists and social workers) with a mutual interest in the mental health and well-being of Canadians, which has worked to enhance the relationship and improve collaboration among health care providers, consumers, families and caregivers; and to improve consumer access to prevention, health promotion, treatment/ intervention and rehabilitation services in primary health care settings.

Nova Scotia Primary Care Initiatives: Received \$17,000,000.

See also: Building a Better Tomorrow & Capital District Health Authority.

Romanow Recommendations for PHC

19: The proposed Primary Health Care Transfer should be used to “fast-track” primary health care implementation. Funding should be conditional on provinces and territories moving ahead with primary health care reflecting four essential building blocks – continuity of care, early detection and action, better information on needs and outcomes, and new and stronger incentives to achieve transformation.

20: The Health Council of Canada should sponsor a National Summit on Primary Health Care within two years to mobilize concerted action across the country, assess early results, and identify actions that must be taken to remove obstacles to primary health care implementation.

21: The Health Council of Canada should play a leadership role in following up on the outcomes of the Summit, measuring and tracking progress, sharing information and comparing Canada’s results to leading countries around the world, and reporting to Canadians on the progress of implementing primary health care in Canada.

Other primary care recommendations involve ones related to reducing tobacco use and obesity, adopting a national strategy to improve physical activity, a national immunization strategy and establishing a new Diagnostic Services Fund to improve access to medically necessary diagnostic services.

Commission on the Future of Health Care in Canada; Building on Values: The Future of Health Care in Canada – Final Report ~ Commissioner: Roy J. Romanow.