



## Reinventing primary health care

### *Physicians have a pivotal part to play*

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What does it take to improve primary health care and what part do family physicians play? Our study of organizational change in the Alberta health care system<sup>1</sup> shows that, when family physicians actively participate in reform, effective changes happen (our team includes health care decision makers and practitioners as well as family physicians). This editorial is from organizational and health researcher members of the team rather than from practitioners whose roles are at the core of the arguments put forward. Our intent is not so much to convince family physicians that they are pivotal to reinventing primary health care (they probably recognize this already) as to suggest positive contributions

they can mention when talking with health care managers, policy makers, and perhaps with other providers and patients as well.

Over the past decade, provincial and national submissions, commissions, and forums have called for primary health care reform. Yet little change has been identified, and family physicians are often blamed for the lack of progress. Reimbursement mechanisms, professional turf issues, structural barriers, and lack of resources or capacity are almost always noted when doctors are identified as roadblocks to reform. Instead, we found that the role of physicians in altering the face of primary health care warrants deeper reflection, attention, and recognition.

A recent study<sup>2</sup> suggests that little has changed in primary health care; however, we see many examples of how physicians' participation is critical for innovation. In our 3-year study of primary health care innovation, we find that family physicians *are* playing critical roles in developing innovative solutions to long-standing problems. As one (nonphysician) respondent emphasized: "If physicians aren't engaged in the primary health care strategy, the strategy is not going to move forward."

Our study of organizational change in the Alberta health care system includes investigating how Calgary Health Region (a large regional health authority combining both rural and urban health care services and populations) is implementing changes to primary health care. We use a qualitative longitudinal case study approach, following changes in real time.<sup>3,4</sup> Our research purposefully investigates specific changes over time and examines current changes as they occur. Through this "constant watching" we are learning how the structural changes introduced by health service organizations combine with the social, cultural, and political issues that also emerge during change to affect its processes and effectiveness.<sup>4</sup>

### How do we reform primary care?

Our research shows family physicians are making an important contribution to health care reform as part of their daily work. We identify four critical ways family doctors are participating:

- taking on leadership roles jointly with health care executives;
- working more collaboratively with other health care providers;
- partnering with health promotion agencies (eg, educational and social services agencies); and
- providing hands-on medical care.

**Joint leadership.** Taking on leadership roles with other health care providers is a key aspect of family physician participation. Even though family physicians are not officially part of the regionalized system in Alberta, they *are* working in partnership

with health care decision makers to lead and support innovations in primary health care. For example, a family physician and a regional manager jointly lead the Regional Primary Care Initiative. Evidence shows that physicians are taking active leadership roles at all levels of service planning and activity. Physician leaders receive release time and remuneration from their practices and from the region for their leadership roles, and they jointly decide priorities and allocations for primary care initiatives.

"Physicians are at the table as collaborating partners. That's when and partly why it works" (manager respondent). It is physicians themselves who are taking the initiative to make these partnerships work at the point where services are delivered. The partnerships we observed are based on the same principles as "strategic alliances": autonomous entities formally agreeing to work together with other health providers for a particular purpose. Such alliances are seen in the literature as breakthroughs in best practice.<sup>5,6</sup>

**Working together with other health care providers.** Family doctors are working with other providers to develop, implement, and evaluate new treatment plans and service delivery options, including research into the benefits of shared-care arrangements and alternative funding.

You don't have a relationship with the health authority, you have a relationship with care providers within the health authority;...we're at our best when working together, building trust and capacity—that's happening in our shared-care programs (physician respondent).

Several new shared-care programs for home care, mental health, and chronic care are examples of enhanced collaborative action. Many family physicians are trying new working arrangements, not only with each other but also with other health care practitioners. Our examples include physicians developing and providing diabetes treatment and prevention support through teams that include nurses and dietitians; sharing care responsibilities

with nurse practitioners; working with home care nurses dedicated to agreed-upon family practices and their patients; and using technological advances, such as telephone information lines to extend after-hours advice and support.

**Partnering with social service and educational and community representatives.** Examples from our study show physicians participating in broad and integrated health collaborations and networks.

We began to look at the major principles within a primary health care–focused system: coordinated service delivery, multidisciplinary teams, community input. ...The Southern Alberta Children and Youth Health Network is one intersectoral space where we work across all the boundaries, and the physicians are there working through issues alongside everyone else (manager respondent).

Physicians contribute to the resource base and develop new protocols for integrated community-based and telehealth services. Family physicians have always provided broad-based health promotion and disease prevention to their patients. What we see is their willingness to enlarge this activity to a more population-based focus and collect data about their practice populations as a whole, as well as track individual patient information and needs.

**Continued provision of high-quality primary care.** Providing high-quality care is perhaps the most important way family physicians participate in health care reform. By providing care, family physicians stay in touch with patients and maintain up-to-date knowledge about what patients need.

## Conclusion

Primary health care reform is moving forward through the dedicated and consistent efforts of family physicians who take on leadership roles, engage in new working relationships, and partner

with other aspects of our social system. At the same time, they provide medical care for their patients. By paying more attention to the efforts of family doctors, we can all learn more about effective primary health care reform. ❁

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