



Adapting the medical home concept to Canada

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The past decade has been marked by a global awakening to the important contribution primary care makes to better health outcomes. Research clearly shows that the better the access to primary care—especially to family doctors and interprofessional teams—the better the health of the people and the more cost-effective the system.¹⁻⁴

In 2000, the federal government committed \$800 million to a Primary Health Care Transition Fund. The goals included improving access; establishing multidisciplinary teams; increasing the focus on prevention, health promotion, and chronic disease management; and enhancing coordination between health services. The Romanow Commission⁵ and the 2003 First Ministers' Accord⁶ supported these goals, emphasizing the need for a more patient-centred system, electronic medical records, and incentives to secure sustainability. In 2004, the 10-Year Plan to Strengthen Health Care extended funding through 2014.

Most provinces have since introduced primary care initiatives that are helping to transform health practices and enhance access for patients (eg, family health teams in Ontario, primary care networks in Alberta, and family health groups in Quebec). These initiatives are all worthwhile; what's missing is a common template defining the core elements needed to ensure that each model is truly patient-centred and meets the reform goals.

Enter the patient-centred medical home, initiated in the United States in 1967, and now being embraced internationally to improve quality of care and health outcomes. We have an opportunity to adapt this concept to advance Canada's primary care initiatives. In fact, progressive models of primary care here are already providing the benefits associated with having patient-centred medical homes.⁷

Recently, a CFPC discussion paper⁸ invited feedback on the proposal that we adapt the concept of the medical home to fit our Canadian reality. Canadians would welcome a one-stop primary care centre where all their health care needs could be provided for or coordinated—a central “hub” or home-base for all medical care and information.

The CFPC paper does not propose renaming any of the recently introduced models of care, and it recognizes that many primary care practices already embody the core elements of a primary care medical home. But it recommends that Canada superimpose the concept of a patient-centred medical home onto what we already have in place and build from there. It proposes that we define the core elements and enablers of medical homes so that all Canadians can understand what to look for in practices that could serve as their medical homes; all primary care

practices can strive to incorporate the core elements that will make them patient-centred medical homes; the system will understand what support medical homes will require; and there can be ongoing evaluation of our efforts.

Although the term *medical home* is already being used across Canada to describe many new practice models, it is being introduced without a “Made in Canada” understanding of what it means. By defining a patient-centred medical home that meets the needs of our population and fits with the practice models emerging in Canada, we have an opportunity to transform primary care from an approach still defined mostly by system priorities into one that is truly patient-centred. We should not let this opportunity slip by.

Many patients across Canada have family doctors whose practices provide access to all needed health care. Many however do not. The CFPC recommends that all Canadians should have the advantage of patient-centred medical homes that include the following core elements:

- Each patient has a personal family physician.
- Patients have access to nurses or nurse practitioners and other health professionals as needed, either in the practice or through formal links to other settings.
- Health professionals work as well-coordinated teams; each offers unique skills to ensure optimal patient benefit.
- Systems are in place to ensure timely appointments with the family doctor and other members of the care team.
- Arrangements for and coordination of all other medical services are carried out through the medical home.
- Electronic medical records are in place to facilitate appropriate information storage and sharing.

It will require ongoing support from our health system to ensure implementation of the electronic records, recruitment and retention of health professionals, and ongoing research and evaluation essential to achieving the medical home vision. If governments do not sustain their commitments to primary care and do not embrace concepts like the patient-centred medical home, Canada—which is falling substantially in global rankings of many health outcomes—might never again become a world leader in health care. 🌱

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