



Back to the future: access to quality

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International studies have recently reported that Canadians have lower levels of satisfaction with their access to medical services relative to those in other countries, and Canada has declined in world rankings of the quality of health outcomes in several areas of care.^{1,2} Macinko et al³ have clearly demonstrated that the best population health outcomes occur where people have access to personal, first-line physicians who provide their care continuously over the years. While first-contact care should be provided whenever possible by a person's family physician, the CFPC supports team-based care and encourages continuity not only in the patient-doctor relationship but also in the relationship between the patient and other health professionals (nurses, physician assistants, pharmacists, etc) who work together with family physicians.

The CFPC recently introduced Canadians to the concept of the Patient's Medical Home (PMH). The PMH incorporates a range of goals and recommendations—including several about doctors working more effectively both with one another and with allied health professionals—that could help transform our health system, restore Canadians' confidence and satisfaction, and re-establish Canada as an international leader in health care. Many provinces and territories have already embarked on this journey of transformation, implementing new primary care models that include some, although not yet all, of the components of the PMH (eg, Ontario's family health teams [FHTs] and family health organizations [FHOs], Quebec's family medicine groups, Alberta's primary care networks). The goals and recommendations of the PMH provide markers for continuous quality improvement that all of these practice models can use to guide them toward their ultimate destination: timely access to care and high-quality outcomes for the populations being served.

Evidence of the effectiveness of PMH types of family practices is emerging. Kralj and Kantarevic⁴ reported that, with the introduction of FHT and FHO models, more than 2 million more Ontarians have found family physicians; emergency room visits by patients from these practices for nonurgent and semiurgent problems have decreased; management of chronic diseases like diabetes has improved; and more of these practices are hitting targets for preventive measures like immunizations, Pap smears, colorectal cancer screening, and mammograms. These practices are also cost effective.⁴ The future health of our population and health care system across Canada might well depend upon whether FHT, FHO, and other PMH types of practices continue to be encouraged and supported.

The following are some of the key markers of the PMH practice model. Further details can be found in the complete paper, *A Vision for Canada: Family Practice—The Patient's Medical Home*.⁵

- It is person-focused and patient-centred, including self-management programs, patient access to their records, and patient participation in monitoring the effectiveness of practice management strategies.
- It ensures every person in the practice has his or her own family physician *and* access to a team (on site or networked through the community) including nurses and other health professionals committed to working together.
- It delivers timely access to appointments in the family practice setting, appropriate after-hours coverage, and advocacy on behalf of each patient for timely referrals to other medical specialists and hospital- and community-based diagnostic and treatment services when needed.
- It offers each patient a comprehensive menu of family practice services delivered by his or her personal family physician and the other members of the team.
- It provides continuity of care, relationships, and information over many years—proven to be one of the most important contributors to better health outcomes.
- It has priority programs focused on prevention, public health, and the management of chronic diseases.
- It maintains the best possible patient records. (Every practice should have electronic medical records by 2022.)
- It provides an optimal setting for community-based research and for teaching family medicine and other health professional students and residents in order to ensure a vibrant present and a secure future.
- It institutes a continuous quality improvement program to monitor and enhance performance and outcomes.

Achieving the PMH vision will require the dedication, collaborative spirit, wisdom, and action of family physicians, nurses, other health professionals, and the patients they serve. But that alone will not suffice; governments at all levels must acknowledge and support the importance of primary care and family practice as the backbone of our health care system. If we take this journey together, we can arrive at a future in which the people of Canada will recognize family practices—led by the PMH model—as world-class centres that provide access to quality. 🌱

References

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