



# Leadership

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Dear Colleagues,

Shortly after this issue of *Canadian Family Physician* is published, Canadians will elect those who will govern our country for the next 4 years. We were pleased to keep you informed by posting the positions for the 4 federal parties regarding health care on our election website (<http://election2015.cfpc.ca>). For context, we compared these to 23 priority areas identified in our 2013 Report Card.<sup>1</sup> Your College dedicates sustained energy in carefully selected key areas of health policy and government relations. While members recognize that our primary mandate is in the area of education and continuing professional development, they have also indicated there is a need for a family medicine lens looking at health care policy and issues affecting people living in Canada.

### Need for federal leadership in health care

Over the past few years, we have been concerned by what we believe to be insufficient federal leadership in health care. For example, it was important to note the potential effects of recent decisions on future federal transfers.<sup>2</sup> Although funding for health care is administered provincially, the federal government, in collaboration with the provinces and territories, should play a role in setting and monitoring national standards in key priority areas to support providers and organizations charged with collecting data and measuring population outcomes.

Our *From Red to Green* document was released as a follow-up to the Report Card.<sup>3</sup> It focused on 2 specific areas—home care and child and youth health—with specific, actionable recommendations to improve health care. The CFPC supports the Canadian Medical Association's call for a national seniors strategy, but also recognizes that "Early childhood development interventions (such as education and care, parenting support, and poverty reduction) yield benefits throughout life that are worth many times the original investment."<sup>4</sup> We also support a national pharmacare strategy. These areas require funding up front, yet there is good evidence that they result in better health, better care, and a good return on investment.<sup>5</sup>


The College had an opportunity to interact with Dr David Naylor, Chair of the Health Canada Advisory Panel on Healthcare Innovation, and his team. There is considerable innovation already taking place in family practice, as exemplified by family health teams in Ontario or primary care networks in Alberta. Many of

the new models in family practice are living examples of the concept of the Patient's Medical Home, first introduced by the CFPC in 2011.<sup>6</sup> Some, such as the Taber model of care, have produced favourable results in utilization and patient outcomes.<sup>7,8</sup> Investments are required to scale up such innovation.

We look forward to collaborating with the newly elected government to make sure everyone has his or her own family physician, and that the Patient's Medical Home is a reality for everyone in Canada.

### Update on Governance 3.0

This is a brief reminder that the board-approved motion for moving toward a smaller, skills-based board of 11 directors will be coming to you at the Annual Meeting of Members on Thursday, November 12, 2015, during Family Medicine Forum, which runs from November 11 to 14 in Toronto, Ont. Information about the proposal can be found at [www.cfpc.ca/Proposed\\_Board\\_Restructuring](http://www.cfpc.ca/Proposed_Board_Restructuring).

We have held a number of videoconferences over the past several months and welcomed and responded to e-mail comments from you. Feedback from Chapters, sections, and other stakeholders has been supportive, and suggestions have been taken into consideration. We look forward to meeting with you and hope that you will support the proposed direction at the Annual Meeting of Members. 

#### Acknowledgment

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Cet article se trouve aussi en français à la page 919.