# Solving the access problem

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Canada has a primary care access problem. A recent Nanos Research poll conducted on behalf of the CFPC found that 82% of patients surveyed had a family physician, and almost all of those surveyed were happy with the care they received and their ability to access their family physician.[1] But that also implies that 18% of Canadians—more than 6 million people—are unable to access the most crucial component of a well-functioning health care system: comprehensive, longitudinal care provided by a family physician and their team. Canadians deserve access to high-quality primary care, especially as we begin to reckon with the substantial backlog of care arising from the COVID-19 pandemic.

This lack of access and demographic shifts preferring immediacy have led to a proliferation of for-profit virtual walk-in clinics that provide episodic care largely without physical examination or follow-up, and without the longitudinal, relational care that we know improves the health of Canadians and the efficiency of the health care system. If I can order a kitchen gadget online and have it arrive the next day, or order a rideshare in seconds and have an up-to-the-second estimate of its arrival on my smartphone, then why should the same not apply to seeing my family physician?

Another important demographic shift is occurring simultaneously: Canadians are getting older (those older than 75 years are expected to double in number over the next 20 years),[2] and medical care itself is becoming more complex, with the suite of care options for any particular condition ever increasing.

Both of these trends put further pressure on access to care, but family physicians are up to the challenge. The status quo remains in many parts of the country only because we are often hampered by legacy systems, structures, practices, and payment models. The CFPC is advocating for governments to understand what the future of family practice can and should be. Our vision is the Patient's Medical Home, and our slogan is "access done right,"[3] emphasizing that primary care access should be embedded in comprehensive, longitudinal, virtual-care-enabled, team-based family practice. In many cases, it means changing funding models to de-emphasize volume and instead incent the best care for complex patients within complex systems. As Dr Sarah Newbery, Associate Dean of Physician Workforce Strategy at the Northern Ontario School of Medicine, recently remarked at an Annual Leaders' Forum planning meeting, "the value proposition [of family physicians] is not just in complexity of individual care, but [in the] integration of a complex system."

We are also enhancing our training standards to enable family physicians to take on those complex care and care integration roles within their communities: the recently published Outcomes of Training project report[4] outlines the ways we are planning to prepare family physicians of the future. I encourage all to read our vision, and there will be more to come on this front in the coming months.

Practice models need to change to enable team-based care within the Patient's Medical Home vision. Effective care for future Canadians will mean structuring clinics and clinical networks so that the right professionals are providing the right care at the right time. It means having counselors and psychologists available to provide counseling to those with major depressive disorder; it means having physician assistants provide well-baby checkups; it means having nurse practitioners paired with dietitians to provide routine diabetes care; it means having registered nurses provide follow-up telephone visits. Most importantly, it means enabling family physicians to do what they do best: treat patients with complex needs and integrate their care within a complex system that includes long-term, hospital, home, and community care, all while serving as a resource to their team.

Canada has a primary care access problem, but with the help of governments, funders, and other health care professionals, family physicians can solve it.

**References**

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