

Creative solutions to improve access to care

Carrie Bernard MD MPH CCFP FCFP



Lately, many people in this country have considered what it means to be Canadian. Most agree a commitment to universally accessible health care is a defining characteristic; a commitment that makes us proud. At the same time, news headlines abound regarding cracks in the health care system, often relating to patient access to family doctors.¹

Creative solutions to address the problem of health care access are already being put into practice. The CFPC has long championed team-based care, where all professionals work at the top of their scope in coordinated teams.² The Patient's Medical Home vision has been promoted across the country, with increasing uptake in provinces such as Prince Edward Island.³ I have over 14 years of experience working with a family health team in Ontario. In our team, tasks are carried out by the professional whose expertise most closely matches the need, leading to streamlined care of patients, larger rosters, and access to primary care for more patients. Family physicians counsel patients with diabetes, but this occurs after foot care, blood pressure monitoring, and immunizations are completed and summarized in the patient's medical chart by a registered practical nurse working in the adjacent room. In this model, family doctors work with a team to manage chronic diseases, palliative care, and the on-call urgent care clinic, allowing them to provide direct care or act as a consultant as appropriate. I find it hopeful that growing access to teams is a priority in Canada, enabling family physician care to increase in a sustainable manner.

In addition to championing the team-based care model, the CFPC supports family physician training to address specific care access gaps in the community.⁴ A colleague on the CFPC Board of Directors, Dr Yan Yu, is using this model to address lengthy wait times for children's mental health services in Alberta. His virtual care clinic⁵ is a collaborative effort between family doctors who receive advanced mental health training, and child psychiatrists who act as consultants. The family physicians in the clinic continue to work in comprehensive care and gain fulfillment by adding specialization to their routines and in knowing they are reducing

the burden for colleagues struggling to help children waiting for psychiatric care. The clinic has helped over 400 patients in Alberta and the Northwest Territories since May 2024. Such creativity is yet another way family physicians are part of the care access solution.

Another more indirect avenue for improving access to care is political advocacy. The CFPC made reducing the administrative burden for family physicians a top priority, promoting the necessity of decreased paperwork, thereby leading to more patient care. This mantra resonated across Canada and many provinces created their own targeted campaigns. In 2020, Nova Scotian doctors identified 45 actions to reduce red tape in primary care. These initiatives included simplifying documentation, processes, and, in some cases (eg, sick notes), limiting the use of forms by employers. In January 2025, Nova Scotia's Minister of Service Efficiency announced that nearly 425,000 hours of red tape had been cut for doctors; hours now spent caring for patients.⁶

As media outlets report on issues we have highlighted for years, it is wonderful to see that solutions are on the way. Have you initiated a creative solution to improve patient access to care? Drop me a line to tell me about it: cbernard@cfpc.ca.

References

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