



Renewing Primary **Health Care for Patients**

January 2003

How Primary Health Care
Transition Funding will
Strengthen Patient Access to
High Quality Comprehensive
Care in British Columbia

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Preface

This paper is intended to provide an overview of BC's initiatives under the Primary Health Care Transition Fund. It is anticipated that this funding will facilitate a significant opportunity to strengthen the delivery and integration of Primary Health Care in BC.

The experience that is gained from the various initiatives supported by this fund will complement the learning from the Primary Care Demonstration Projects, established under the previous Health Transition Fund. This knowledge, in turn, will provide a valuable resource as the Ministry, within the context of a regionalized health delivery system, formulates a strategic direction for Primary Health Care in the province.

What is Primary Health Care?

Primary health care is the foundation of Canada's health care system. For most British Columbians, it is the first and most frequent point of ongoing contact with the health care system.

Whether it is a visit to the family doctor or from a home care worker, a trip to the pharmacist, mental health counselor or school nurse, primary health care is where new health problems are addressed, and where patients and providers work together to manage ongoing problems.

The goal of primary health care is to keep people healthier, longer, by preventing serious illness and injury through education and timely treatment of short-term or episodic problems. It also works to help patients manage chronic health illnesses appropriately, so they don't develop unnecessarily into medical crises.

Why is Primary Health Care Important?

Although it can take many forms, primary health care is usually the point in the health system where short-term health issues are resolved, and where patients with more profound illnesses or injuries are linked to specialized services.

Primary health care is also where the majority of chronic illnesses are managed, and the point where health promotion and education efforts are shown to be most effective. Research on heart disease and diabetes, for example, has shown that years can be added to people's lives by simple interventions such as healthy lifestyles, early intervention, monitoring and patient self-management. Yet despite the evidence, primary health care services continue to be undervalued compared to high tech treatment services.

To be sustainable and affordable within a publicly funded health care system, primary health care must make the best use of health information, evidence and resources.

At the same time, high-quality primary health care has the potential to contribute significantly to the sustainability of the health care system as a whole.

What are the Challenges for Primary Health Care?

There is growing recognition among patients, providers and governments that our current methods of delivering primary health care are failing to keep pace with evolving patient needs.

In British Columbia the most common place to receive primary health care is in a family doctor's office, where the doctor usually works alone and is paid for each service he or she provides. This is much as it was 40 years ago, when Medicare was introduced in Canada. But our population and health needs have changed significantly - changes that are challenging our current primary health care system.

We're aging

In British Columbia, as in the rest of Canada, the population is aging. The 2001 Statistics Canada census found that, across Canada, the group to increase at the fastest pace was that aged 80 and over. From 1991 to 2001, their numbers soared 41.2 percent to 932,000. The number of people aged 80 or over is expected to increase an additional 43 percent from 2001 to 2011, during which time it will surpass an estimated 1.3 million.

Advanced age often brings a need for an increase in health care, particularly primary health care, whether it's for ongoing management of a chronic condition such as heart disease or diabetes, or for recovery from acute problems, such as broken bones or influenza.

The changing demographics of our province are having a profound impact on our health care system. Currently, 70 percent of health care dollars are spent treating patients with chronic illnesses.¹

We don't have strong links between our hospitals, community services and primary health care providers

Research has shown that if patients (or their families) receive follow-up care, ongoing information and support after being discharged from hospitals or leaving the emergency room, they are less likely to be readmitted to hospital.²

Research has also shown that community programs, such as diabetes clinics, have a better chance of success if the patient's family physician can work in concert with the nurses and nutritionists who help patients control their blood glucose and maintain a healthy lifestyle.³

¹ Vancouver Richmond Health Board, *Primary Health Care Renewal—Strategic Initiatives, 2001*, Vancouver Canada.

² Rich M, Beckham V, and Leven C, 'A Multidisciplinary Intervention to Prevent the Readmission of Elderly Patients with Congestive Heart Failure', *New England Journal of Medicine*, 2001; 333: 18: 1190-1195.

³ McCulloch D, Price M, Hindmarsh M, and Wagner E, 'Improvement in Diabetes Care Using an Integrated Population Based Approach in a Primary Care Setting', *Disease Management*, 2000; 3:2: 75-82

A final key element to maintaining good health is helping people to develop a sense of confidence in their ability to manage their own health conditions. Clinical research shows that support for self-management of certain chronic illnesses can significantly reduce the number of visits to specialists and emergency departments, as well as how often and how long a person is hospitalized for their chronic condition.⁴

Despite knowing the importance of patient-caregiver linkages and information sharing opportunities, they don't always occur. Often family physicians and their patients are unaware of the services that are, or could be, available to them. It may be that they are unclear on how to access these services or frustrated by the time required to find them. In addition, systemic barriers, such as provider payment and administrative systems, often discourage the very linkages needed to provide good, comprehensive primary health care, and to achieve better health outcomes.

We're losing confidence in our system

As family doctors become increasingly frustrated with the shortcomings of our current primary health care system, many are choosing to opt out of full-service family practices.⁵ This growing trend toward walk-in clinics and limited medical practices is leaving an increasing number of patients, in particular people living with chronic illnesses, without access to a regular family doctor who is familiar with their particular circumstances and health needs.

This trend toward more episodic or fragmented care is not only bad for patients, it's bad for the health system. "Orphaned" patients without access to a family doctor often do not receive the primary health care services that can prevent or control escalating medical situations. This, in turn, puts more pressure on our emergency rooms and acute care facilities.

Patient uncertainty about how and when they will receive care also contributes to an overall loss of confidence in the system's ability to meet the public's health needs.

Our rural and remote communities face particular challenges

As with other Canadian jurisdictions, British Columbia is facing challenges in finding health professionals willing to work in rural or remote areas of the province. While successful training, recruitment and retention strategies have the potential to increase the supply of providers in these areas, they alone will not address the availability and access problems faced by providers and patients alike.

⁴ Holman H, and Lorig K, 'Patients as Partners in Managing Chronic Disease', *British Medical Journal*, 2000; 320: 526-527.

⁵ The College of Family Physicians of Canada, *Initial Data Release of the 2001 National Family Physician Workforce Survey*, October 2001.

Innovative ideas and strategies, such as telemedicine, nurse first call and shared care, are needed to overcome the barriers to patient access to primary health care providers.

Our resources are limited

Despite annual health care funding increases, pressure for more health care dollars continues to grow. British Columbia now spends more than \$10 billion dollars of its \$25 billion annual budget on health care expenditures. Private expenditures for health care services, such as employee benefits and co-payments, are estimated to be an additional \$3 billion per year.

How Does Renewal Link to Government's Goals for the Health System?

The British Columbia government has committed to create a more accountable health care system through the development of such tools as performance agreements with its six Health Authorities. New emphasis is being put on developing “evidence-based indicators” that will help governors and administrators measure health outcomes and evaluate where dollars are, or are not, being spent appropriately.

British Columbia developed a Primary Health Care Renewal Framework for the Primary Health Care Transition Fund that is guided by the overarching goals the provincial government has established for all aspects of the health care system.

The Government of British Columbia’s goals for the renewing the health care system are:

- **High Quality Patient Care**

Patients receive appropriate, effective quality care, at the right time, in the right setting.

- **Improved Health and Wellness**

The public has access to protection, promotion, and prevention services to support them in their pursuit of better personal health.

- **A Sustainable, Affordable Public Health System**

A planned, efficient, affordable and accountable public health system in which governors, providers and patients take responsibility for the provision and use of health services.

The British Columbia government has capped provincial funding to health care for the next three years. It has directed Health Authorities to redesign health services to better support the goals described above, while achieving balanced budgets by 2003/04. To assist Health Authorities in this task, government has undertaken patient care renewal initiatives in certain key areas:

- Improving Accountability
- Setting Standards and Guidelines

- Ensuring an Equitable Funding Formula
- Renewing Primary Health Care
- Renewing Home and Community Care
- Renewing Mental Health Care
- Strengthening the Ambulance Service

As people are supported to better manage health problems and chronic conditions in community and home settings, the pressure on acute care and emergency rooms is reduced. This frees up expensive hospital services for people who need that level of intense care, and potentially, allows more funds to be redirected to developing comprehensive primary health care programs. These community-based programs, in turn, help populations to become healthier and less reliant on hospital services.

In this way, Primary Health Care Renewal initiatives can play a major role in helping Health Authorities to build capacity, strengthen the quality of care delivered in their regions, and contribute to sustainability.

What is Primary Health Care Renewal? How Does it Meet Today's Challenges?

In British Columbia, Primary Health Care Renewal is a multifaceted strategy designed to strengthen access to primary health care services, increase provider and patient satisfaction, and achieve measurable improvements in health outcomes.

It is centred on a strategic partnership between British Columbia's Health Authorities and the Ministries of Health and on providing the resources to help Health Authorities develop and deliver a more comprehensive and accessible range of primary health care services in their regions.

Primary Health Care Renewal represents an opportunity to move away from a "one-size-fits-all" delivery model toward a more responsive, customized range of models that meet the specific needs and circumstances of providers and patients.

For example, while a physician working independently remains the most common model of primary health care delivery, evidence indicates there are a range of delivery models that may more appropriately meet the challenges facing some patients, providers and administrators.^{6 7}

British Columbia's "menu" approach to Primary Health Care Renewal is geared to supporting Health Authorities to engage various providers at levels that suit their degree of interest-whether they envision relatively simple enhancements to their practice, or larger visions of service renewal.

⁶ Wagner E, 'Chronic Disease Management: What Will It Take to Improve Outcomes for Chronic Disease', *Effective Clinical Practice*, 1998; 1: 2-4

⁷ Hills M, 'Primary Health Care: A Preferred Health Service Delivery Option for Women', prepared for the Minister's Advisory Council on Women's Health, January 31, 2002.

What is the Primary Health Care Transition Fund?

The Primary Health Care Transition Fund is an \$800 million Health Canada initiative designed to facilitate systemic, long-term renewal by supporting Canada's provinces and territories in their efforts, over the next four years (2002-2006), to improve their delivery of primary health care services.

The fund has two components: National and Provincial/Territorial.

The National component is 30 percent of the fund, or about \$240 million, which will be used to support common approaches to Primary Health Care Renewal, and improve primary health care for priority populations.

The 70 percent Provincial/Territorial component, or \$560 million, is designed to help provide provinces and territories with the funding needed to help advance reforms, and is allocated on a per capita basis.

British Columbia's share of the 70 percent Provincial/Territorial component is approximately \$74 million. The majority of this time-limited, transitional funding will be provided to British Columbia's Health Authorities to assist them in accelerating and expanding sustainable primary health care initiatives that are appropriate for their local and regional challenges. A portion of the fund will support province and system-wide initiatives.

Common Objectives

To access the Primary Health Care Transition Fund, the British Columbia Ministries of Health submitted a proposal to the federal government that focused on the province's intention to work collaboratively with its Health Authorities to make changes to the delivery and outcomes of primary health care services.

While the British Columbia application indicated that Health Authority-led initiatives would vary from region to region, it made clear all would share a commitment to the common objectives agreed to by both federal and provincial/territorial levels of government when developing the fund. These Provincial/Territorial common objectives include:

- increasing the proportion of the population having access to Primary Health Care Organizations accountable for the planned provision of a defined set of comprehensive services to a defined population;
- increasing the emphasis on health promotion, disease and injury prevention, and management of chronic diseases;
- expanding 24/7 access to essential services;
- establishing interdisciplinary primary health care teams of providers, so that the most appropriate care is provided by the most appropriate provider; and
- facilitating coordination and integration with other health services, e.g. in institutions and in communities.

Key Components of the British Columbia Application for Funding

British Columbia's funding proposal to Health Canada is premised upon a strategic partnership with the Health Authorities to develop, implement and manage primary health care renewal initiatives.

British Columbia's Primary Health Care Transition Fund Framework is based on flexibility and accountability at the local level, i.e. maximizing participation of Health Authorities and health professionals by ensuring various levels and types of engagement can be supported and properly evaluated.

It also emphasizes sustainability, i.e. using dollars to facilitate long-term systemic improvements to the delivery of primary health care.

Finally, the British Columbia proposal requires that all Primary Health Care Transition Fund initiatives will be consistent with the following key principles:

- providing quality of care for each patient;
- supporting full-service family practice;
- emphasizing evidence-based practice, outcome measurements and information sharing;
- providing comprehensive care, particularly with respect to patients with complex and/or chronic disease; and
- offering maximum choice and flexibility for patients and providers alike, providing patient health outcomes are achieved.

Who is responsible for Primary Health Care Transition Fund Initiatives?

British Columbia is approaching primary health care renewal within the context of a regional health care delivery system.

It is expected Health Authorities will adopt or adapt strategies and initiatives as they feel appropriate for the needs of their specific populations, or develop their own initiatives within certain accountability guidelines and criteria.

The Role of the Health Authorities

- develop and implement primary health care renewal strategies, within the context and requirements of the Primary Health Care Transition Fund;
- work with primary health care providers, patients and communities to identify potential improvements to the delivery of primary health care services in their region;
- work with primary health care providers to deliver, manage and participate in the evaluation of renewal initiatives; and
- strengthen linkages between primary health care and specialized services so patients benefit from improved access to medically necessary care at all stages of life.

The Role of the Ministries of Health

- administer British Columbia's share of the Primary Health Care Transition Fund;
- participate in national and inter-jurisdictional approaches to Primary Health Care Renewal, and initiatives to improve primary health care for priority populations;
- develop policy, standards, and accountability for the use of the fund;
- coordinate system-wide initiatives (at a provincial level); and
- monitor and evaluate progress and outcomes in conjunction with the Health Authorities.

What Types of Initiatives Will Be Supported by the Primary Health Care Transition Fund?

In developing its proposal for funding to the Primary Health Care Transition Fund, British Columbia focused on three general strategies. These strategies build on past successes and provide options to move forward in areas health practitioners and Health Authorities have identified as important for the renewal of primary health care in the province. The three strategies are:

- Supporting a Range of Practice Models
- Improving Health Outcomes
- Professional and Organizational Development, Evaluation and Evidence

Together, these strategies provide a *Framework for Renewing Primary Health Care for Patients* in British Columbia.

Supporting a Range of Practice Models

Included within this strategy are initiatives which build upon existing innovations being adopted by some health care providers as they work to enhance patient access to comprehensive, sustainable services.

Because different health problems require different service responses, it is important that primary health care renewal initiatives reflect and respect diversity, both in terms of provider approaches, and population health needs.

Providing choices for patients, and flexibility for providers with respect to models of care, resource allocation and organizational structure are key elements to supporting a range of practice models. Some examples that Health Authorities may choose to undertake include:

Patient Care Networks

Networks typically include primary health care providers who, while not located at the same site, are electronically and operationally linked in order to rationalize and expand the clinical services they offer to their patients (e.g. on call, urgent and drop in care), or to allow for the development of new capacities (e.g. participation in

chronic disease management programs and shared care arrangements with specialists).

This may mean practitioners work overlapping shifts to allow extended hours of opening, or schedule appointments to accommodate unplanned, urgent visits by patients, or create opportunities for patients to participate in chronic disease management programs.

Many formal and informal networks and affiliations already exist among primary health care providers in British Columbia. The Primary Health Care Transition Fund may be used either to enhance existing networks or encourage the establishment of new ones - for example, by creating an inventory of practitioners within a region who have expressed an interest in becoming part of a network, and helping to link them together.

Shared Care Arrangements

The ongoing management of complex chronic illness by family physicians often requires timely access to expert help from specialist colleagues.

Shared care arrangements allow participating specialists to spend some of their time helping family doctors and other primary health care providers to develop the skills needed to safely manage a greater range of more complicated illnesses.

For example, a shared care arrangement with a psychiatrist would allow a network of primary health care doctors to better manage care to people with severe mental illnesses, typically a high-risk population.

In a number of Canadian centres, family physicians are developing new relationships to share the care of complex cases. Several pilot projects using this model have been conducted in British Columbia, and the Primary Health Care Transition Fund can be used to support continued development of these shared care arrangements on a regional or inter-regional basis.

Interdisciplinary Practice

Interdisciplinary practice allows clinicians to develop and strengthen the natural links existing between family medicine and other health professionals such as nurses, social workers, pharmacists, occupational and physiotherapists, etc. Patients needing any or all of these services would benefit from a coordinated, comprehensive approach to their care.⁸

Although the full potential of interdisciplinary practice has yet to be realized in British Columbia, other Canadian jurisdictions (such as Saskatchewan) have integrated nurse practitioners working in concert with family physicians to provide primary health care in rural or other under-served areas.

⁸ Horrocks S, Anderson E and Salisbury C, 'Primary Care: Systematic Review of Whether Nurse Practitioners Working in Primary Care Can Provide Equivalent Care to Doctors', *BMJ*, April 2002, 324: 819-823

Access and Continuity in Rural and Urban Locations

- **British Columbia Health Guide Linkages**

Through the British Columbia HealthGuide handbook, 1-800 NurseLine and website, British Columbians have access to professional, reliable and consistent information and advice regarding the management of common illnesses, 24 hours a day, seven days a week.

Primary Health Care Transition Funding could be used to develop low-cost, collaborative strategies that expand public awareness and usage of these important services.

For example, doctor's offices and clinics not providing on-call services could be encouraged to refer after-hour callers first to the toll-free telephone NurseLine rather than the local emergency room. Provincial and regional opportunities to exploit the full potential of NurseLine to improve access and continuity for health care in specific geographic areas of the province may be pursued under the Primary Health Care Transition Fund.

- **Nurse First Call**

Primary health care renewal provides an opportunity to develop or extend the use of specially trained registered nurses as a first point of contact with the health system, particularly for people living in rural or underserved areas of the province.

The First Call program in British Columbia was initiated in 1998 as a pilot project to train and use RNs to manage minor, uncomplicated health problems in emergency rooms in 12 northern and rural communities. Initially protocols were developed and training was provided for nurses to manage limited types of commonly occurring non-urgent emergency room problems.

Health Authorities with small populations spread over large geographic areas could use the Primary Health Care Transition Fund to initiate, enhance or explore new ways to incorporate Nurse First Call into their local and regional integrated primary health care strategies.

Electronic Medical Summary

It is now the rule, rather than the exception, that patients will receive care from multiple providers in various care settings throughout their lifetime. But despite advances in information technology, critical information often does not follow a person as they move through the health system. If that person is elderly or confused when admitted to a hospital, for example, this lack of information could have devastating consequences.

Initially the focus would be on providing the demographic, laboratory, pharmacy and allergy information. Over time, the viability of expanding to other data, establishing linkages to other diagnostic information and health care facilities could be explored and developed.

Development of an Electronic Medical Summary - that captures vital medical information such as known allergies, current medications, recent procedures and diagnostic test results-is a key element of comprehensive, high-quality primary health care.

The Primary Health Care Transition funding presents an opportunity for the Ministry, Health Authorities and other stakeholders to determine the necessity of a standard Electronic Medical Summary, define the business requirements and work with those interested to develop and implement it. Health Authorities and professional associations will be given an opportunity and may wish to participate in planning and development activity.

Primary Health Care Organizations (PHCOs)

A fully developed PHCO is one that allows health care professionals to provide care to patients in innovative “group practice” settings that combine the following elements:

- an interdisciplinary team approach to primary health care delivery (in which each health care provider contributes to patient care according to their competencies and skills) to strengthen patient access to comprehensive, coordinated primary health care;
- extended hours of clinical services (tailored to local need and capacity) and 24/7 access to advice and care;
- quality assurance mechanisms (e.g. setting population health target goals, case-finding, use of clinical protocols, peer review, outcomes monitoring) and patient satisfaction monitoring through direct patient surveys;
- access to improved integrated patient health record data (e.g. electronic medical summaries, administrative and clinical information management systems) which enable the practice to evaluate effectiveness of the services provided, and to improve information-sharing on patient care/treatment among PHCO providers;
- education and professional development programs for both practitioners and patients (e.g. patient self-care, management of chronic disease, etc.); and
- integration with community-based services.

Improving Health Outcomes

Included within this strategy are initiatives that support providers in their efforts to improve health outcomes. While a wide range of health conditions are treated at the primary health care level, these initiatives focus on those problems which typically produce the greatest “burden of illness” for patients, providers and the public health system: chronic illness, frailty and end-of-life care.

Quality Improvement Collaboratives

Quality improvement collaboratives bring together organizations and individual practitioners in an effort to improve care for people with a specific chronic illness.

Teams from each organization participate in periodic "learning sessions", where they examine strategies for improving care and refine plans for incorporating such strategies within their organizations. Learning sessions may be in person, virtual (through on-line courseware), or conducted by tele-course.

The collaborative model improves on traditional quality improvement programs by allowing organizations and practitioners to learn from each other's data and examples of system change in a rapid cycle model.

Although each collaborative focuses on a particular condition such as diabetes or depression, the critical elements for better care are the same for all chronic conditions. Organizations can use this common model to improve their treatment of other diseases, or to help better support patients who have more than one chronic condition.

Under the Primary Health Care Transition Fund, Health Authorities have the opportunity to support and encourage chronic disease management collaboratives in their regions.

Chronic Disease Patient Registry

A key element of effective chronic disease management programs is the ability to target initiatives proactively to patients suffering from particular conditions.

Research shows that actively helping patients to participate as partners in the management of their chronic condition can significantly improve their quality of life, reduce how often they need to visit a specialist or emergency department, and reduce how often and how long they are hospitalized for their condition.⁹

Another key component of effective chronic disease management is the development of confidential patient registries. Populations at risk need to be better described so that providers can target effective care strategies.

The Ministry is currently working to develop confidential patient population registries for people living with diabetes, asthma, hypertension, depression and congestive heart failure.

These registries will enable better targeting of initiatives on a provincial, regional or practice basis. Health Regions may choose to cooperate in the development and roll out of registry access in the context of their chronic disease management priorities and initiatives under Primary Health Care Transition Fund.

Clinical Practice Guidelines

Timely accurate decision support is a key element of modern medical practice. In British Columbia, the Guidelines and Protocols Committee of the Medical Services

⁹ Wagner E, 'Chronic Disease Management: What will it Take to Improve Outcomes for Chronic Illness', *Effective Clinical Practice*, 1998, 1:2-4.

Commission has developed validated guidelines for the care of a number of chronic conditions.

Primary health care practitioners, however, have indicated these guidelines are not always available to them in the most useful formats. In addition to other measures being taken by the Medical Services Commission to improve the sharing of guidelines and protocols, the Ministry would like to work with Health Authorities to develop strategies at the local level to help bring this important information into everyday use by clinicians.

Professional and Organizational Development, Evidence and Evaluation

This strategy supports access to professional development resources, expert resources and a global evaluation process that will lead to a process of continuous quality improvement in primary health care delivery. It is designed to enhance and support the specific initiatives identified under the previous strategies for implementation on a regional or provincial basis as well as to assist the Health Authorities to achieve their goals, objectives and chosen initiatives.

The strategy involves funding for, and participation by, Health Authorities in the ongoing engagement of providers, experts and stakeholders in Primary Health Care Renewal as a key component of success for the Primary Health Care Transition Fund. In addition, the Ministries of Health will actively work with Health Authorities and other stakeholders to ensure that any province-wide educational activity and the project's evaluation are relevant to regional needs, and meet the goals of improved patient care and sustainability.

Education

Past experience, in particular with the previous Health Transition Fund Primary Care Demonstration Projects, has shown that participants in Primary Health Care Renewal efforts need on-going support as they develop new models of care. Busy clinicians need easy and consistent access to information and support if they are to implement change at the practice level. Professional development, focusing on elements such as collaborative practice, team building and leadership, has been acknowledged as critical in successful continuing education programs for health professionals.

Through the funding under the Primary Health Care Transition Fund, the Ministries of Health and Health Authorities will be able to offer their primary health care providers enhanced education and professional development opportunities.

Evaluation

Health Canada requires that all initiatives undertaken through the Primary Health Care Transition Fund be evaluated and sustainable.

Under ministry leadership, a participatory evaluation approach is being developed which will involve all project stakeholders in defining evaluation questions, identifying appropriate data collection methods, and interpreting findings.

Information from the evaluation process will be provided back to project stakeholders on an ongoing basis in order to help them identify elements that are working well and those that need improvements.

What are the Benefits of Primary Health Care Renewal for Patients?

High-quality care

Over the longer term, the patient benefits of improved primary health care will be demonstrated by:

- improved access to a variety of service delivery models and organizations that meet a person's health needs at the various stages of their life;
- improved access to primary health care treatment or advice, 24 hours a day, seven days a week;
- improved access to family doctors during extended hours or on an urgent basis, in addition to fewer "orphaned" patients in the province;
- a measurable, positive impact on patient outcomes, particularly for those suffering from chronic diseases through greater access to supports such as reliable self-management resources; and
- a measurable positive impact on patient satisfaction, and improved public confidence in British Columbia's health care system.

What are the Benefits of Primary Health Care Renewal for Providers?

Strong Supports for Full-Service Family Practice

For primary health care practitioners, the benefits of renewal initiatives will be demonstrated by:

- more opportunities to offer coordinated, comprehensive care to patients, through networks, shared care arrangements and interdisciplinary practice;
- more opportunities to enter into shared on-call arrangements, allowing for significant lifestyle improvements, particularly in underserved areas of the province;
- an improved ability to access, review and update important patient information to ensure it is accurate and complete, and to track patients for follow-up activities through patient registries;
- an improved ability to connect "electronically" with colleagues, community care workers and specialists, particularly for practitioners in rural and remote areas;

- the possibility of income predictability for practitioners within Primary Health Care Organizations or group practices exploring alternative funding arrangements, plus improved administrative flexibility to respond to new or emergent health needs;
- professional development and infrastructure support to make practice changes that will allow for ongoing quality improvement and improved outcomes; and
- a measurable positive impact on provider satisfaction, and improved confidence in the public health care system.

What are the Benefits of Primary Health Care Renewal for the Province?

A sustainable, affordable and accountable public health care system

For governors and administrators charged with responsible stewardship of British Columbia's health care system, the benefits of primary health care renewal will best be demonstrated by:

- a measurable reduction in pressure on acute and emergency services through improved delivery of comprehensive, integrated primary health care and better chronic disease management;
- improved management of chronic disease and better health outcomes through strengthened Health Authority involvement and leadership in primary health care renewal;
- enhanced linkages and working relationships among primary health care providers, health professionals and Health Authorities in the planning and development of successful renewal initiatives;
- consistent standards for reporting and analyzing data related to health status, service delivery, and patient population health outcomes, allowing Health Authorities and governments to make decisions based on common and reliable datasets; and
- improved accountability to, and acceptance by, the public and providers for health care expenditures, redesign initiatives and renewal activities.

The Need for Ongoing Stakeholder Engagement

The ongoing engagement of providers, experts and stakeholders is critical to the success of primary health care renewal efforts. While British Columbia's Health Authorities implement and manage specific initiatives over the next four years, the Province will work with them to maximize both formal and informal engagement opportunities.

As an example, British Columbia will sponsor a major conference for stakeholders, profiling provincial, national and international primary health care innovations in areas such as Chronic Disease Management, Shared Care and Continuous Quality Improvement. One of the objectives of the conference will be to develop consensus on

common elements of successful programs and the professional development needed to support them.

In addition, formal and informal committees with representatives of physicians, nurses, other health care professionals, stakeholder organizations and the Health Authorities have been established to provide input into the direction, planning and implementation of primary health care renewal initiatives in British Columbia.

Conclusion

The Primary Health Care Transition Fund presents a significant opportunity to make fundamental changes to the way primary health care is organized and delivered in British Columbia.

The Framework for Renewing Primary Health Care for Patients in British Columbia is designed to provide Health Authorities with a flexible framework of options to help strengthen access to primary health care services, increase provider and patient satisfaction, and achieve measurable improvements in health outcomes.

Over the next four years, primary health care renewal initiatives will be one of the key elements in health service redesign undertaken by Health Authorities as they work to meet the provincial goals of high-quality patient-centered care, achieved within sustainable budgets.

APPENDIX 1

Health Authority PHCTF Contacts

British Columbia's Health Authorities are responsible for the planning, development and management of primary health care renewal initiatives in their regions. Each Health Authority has designated lead responsibility for primary health care renewal within their region. The contacts for the Health Authorities are:

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