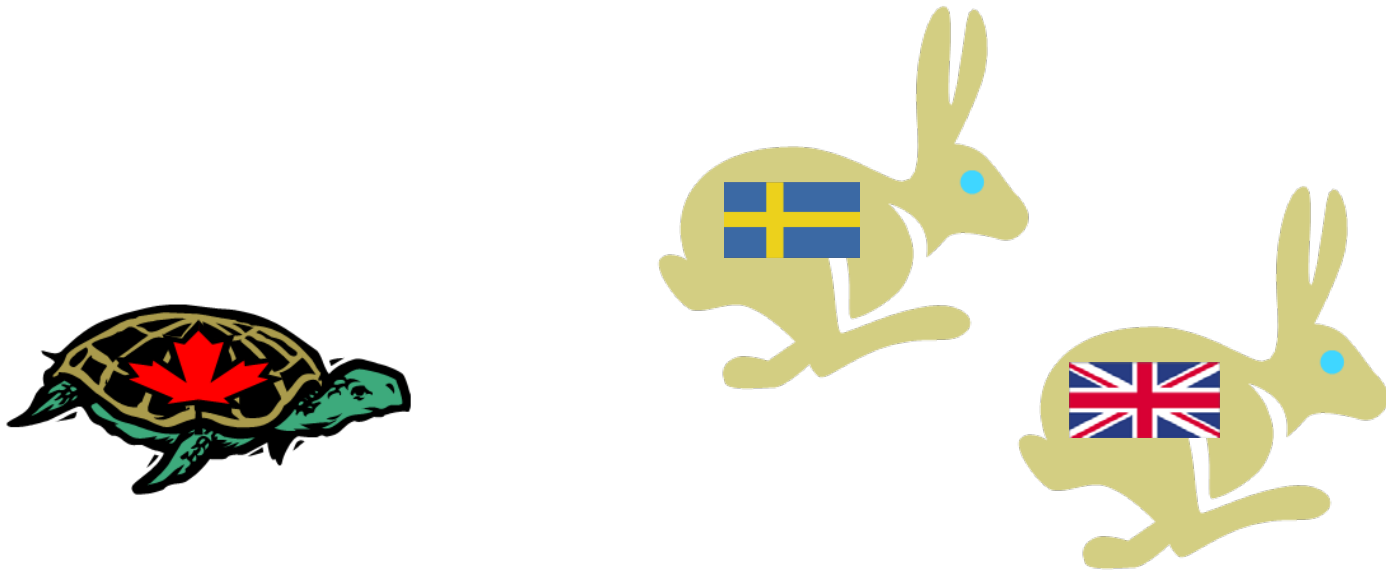


Why does Canada's Primary Health Care lag other Countries?



CIHR Primary Health Care

January 18, Toronto

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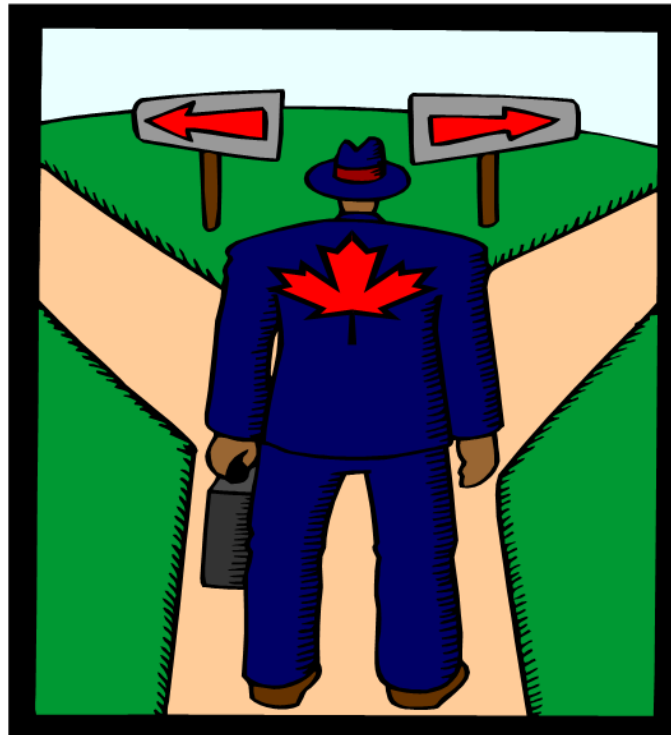
Outline

- Where is Canadian PHC?
- How did we get here?
- Where are we going?
- Where should we be going?



Delivering health services without adequate primary health care is like pulling your goalie in the first period. You score lots of goals but lose every game.

How did we get here?

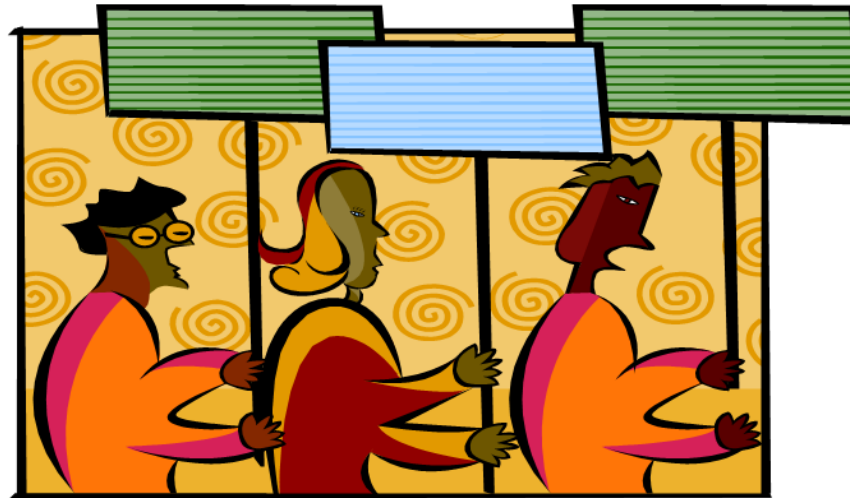


The original vision for Medicare -- Swift Current, Saskatchewan 1945

- ***Prepaid funding*** Services available on a universal basis, with little or no charge to users.
- ***Integrated health care delivery*** with acute care, primary care, home care, and public health.
- ***Group medical practice*** with doctors working in teams with nurses, social workers and other providers. Overall public health view of the system.
- ***Democratic community governance*** of health care delivery by local boards.

What happened to the vision?

- Despite the Swift Current Region's success, Saskatchewan MDs in the 1950s wanted independent practice and did not want to negotiate with regional authorities
- 90% of doctors went on strike when the province simply legislated public insurance in 1962



What happened to the vision?

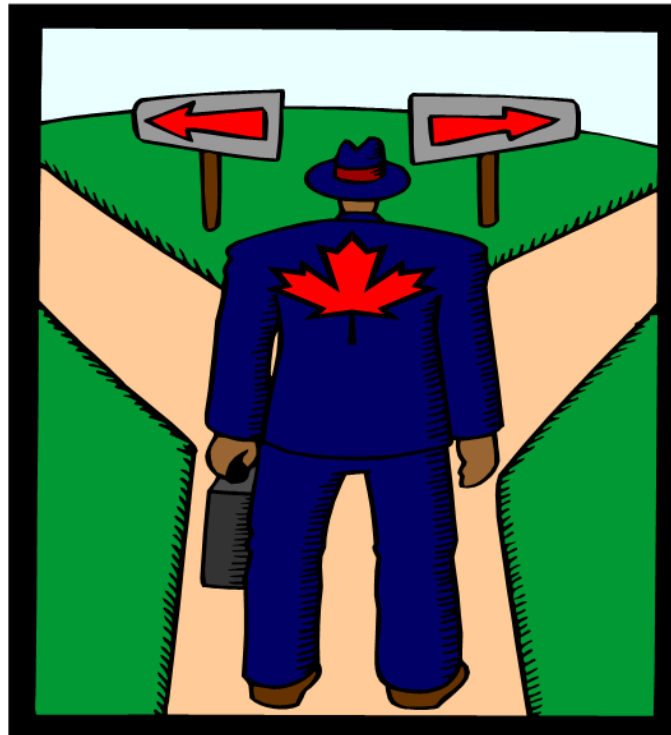
- Dr. John Hastings's 1972 Report recommended re-organizing the system using a Swift Current type of model but it's mainly ignored because the provincial medical associations say no
- Some new models are established and are screaming successes, but they don't spread
 - Sault Ste Marie Group Health Centre
 - Saskatoon Community Clinic

What are the barriers to better primary health care?



- Provincial governments negotiate their PHC policies behind closed doors with provincial medical associations which have been – until recently dominated by the “old boys” who are mainly specialists
- Evidence has been kept out
- The resulting institutions and organizations mainly haven’t worked
- But there is light and hope!

Where are we going?



It depends upon our values

- Definitions **DO** matter
 - They reflect different visions and values for Medicare and health care delivery.
 - Is health care largely a public good or is it largely a private commodity?
 - Is health care primarily focussed on individual needs or on populations
 - Is health care primarily owned by doctors or Canadians and their communities?
 - “It’s not your money Doris! It’s ours!” (OMA director)

Where should we be going?

- Reform of private practice
 - FMGS, PCNs, PINs, FHGs, FHTs, FHOs, CCMs??????
 - Better use of evaluation
 - Establish PHC divisions?
- A full network of CHCs to provide a quasi public sector delivery system
 - Individual/family care for the hard-to-serve
 - Disaster and outbreak response
 - Community engagement

What does all this mean for Canada in 2010?

- Let's talk about the real issues
- Let's do health care politics differently
 - Sunshine is the best disinfectant
 - Policy oriented learning vs. KT/KE

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