Throughout the day, participants returned time and again to key actions that could make a difference in the ability to provide quality primary health care to Canadians. These are listed on the cover, and described in more detail later in this commentary. But before we explain what needs to happen in primary health care reform, we should turn first to where we are today.

Earlier this year, the Health Council of Canada sponsored a day-long discussion on primary health care reform through the McMaster Health Forum.

Twenty health care leaders from across the country came together to talk about some options for improving primary health care in Canada, such as expanding efforts to better manage chronic diseases, and supporting the expansion of team-based care.

Although participants gave their opinions on these options, it soon became clear that they wanted a larger discussion about the challenges in primary health care reform, and what could be done to move ahead more quickly.
Throughout the day, participants returned time and again to key actions that could make a difference in the ability to provide quality primary health care to Canadians. These are listed on the cover, and described in more detail later in this commentary. But before we explain what needs to happen in primary health care reform, we should turn first to where we are today.

Fixing the foundation:

Twenty health care leaders from across the country came together to talk about some options for improving primary health care in Canada, such as expanding efforts to better manage chronic diseases, and supporting the expansion of team-based care.

Although participants gave their opinions on these options, it soon became clear that they wanted a larger discussion about the challenges in primary health care reform, and what could be done to move ahead more quickly.

Earlier this year, the Health Council of Canada sponsored a day-long discussion on primary health care reform through the McMaster Health Forum.
Throughout the day, participants returned time and again to key actions that could make a difference in the ability to provide quality primary health care to Canadians. These are listed on the cover, and described in more detail later in this commentary. But before we explain what needs to happen in primary health care reform, we should turn first to where we are today.

Earlier this year, the Health Council of Canada sponsored a day-long discussion on primary health care reform through the McMaster Health Forum.

Twenty health care leaders from across the country came together to talk about some options for improving primary health care in Canada, such as expanding efforts to better manage chronic diseases, and supporting the expansion of team-based care.

Although participants gave their opinions on these options, it soon became clear that they wanted a larger discussion about the challenges in primary health care reform, and what could be done to move ahead more quickly.
Improving primary health care has been a major focus of health care reformers across the country for more than a decade. Federal, provincial, and territorial governments agreed to pursue a number of reforms in the landmark health care act, which was signed into law in 1984. Since then, governments have been extending more than 100 times, establishing more health care teams, and trying to expand the use of electronic health records, among other efforts.

The tipping point: Are we there?

The majority of Canadians believe that we are moving toward the tipping point for primary health care reform, and the provinces and territories are increasingly recognizing the importance of strengthening primary health care. The Canadian Institute for Health Information (CIHI) and its predecessor, the Canadian Health Services Research Foundation (CHSRF) are increasingly focusing their efforts on improving the quality of primary health care across Canada.

The growing evidence of chronic conditions means that more Canadians are seeking support from primary health care providers. At the same time, health care systems are being stretched financially. Research shows that there is broad-based interest in a range of primary health care reforms, including health taxes, capitated payments for practices, case management, and patient-driven care. This interest stems particularly from the need to make primary health care more effective and efficient, which is particularly true for people with chronic conditions.

The growing body of research and evidence points to the need for comprehensive primary health care reform. The growing incidence of chronic conditions means that more Canadians need greater support from their primary health care providers. Public policy goals for primary health care also increase. Participants shared knowledge about the successes and failures of other countries and the importance of applying what they learned from the dialogue to their own ongoing efforts.

Championing change: The need for a business case

Many of the issues tracked in international surveys and reports on primary health care are not identified by name or affiliation. A summary of the January 8 meeting and the issue brief: Strengthening Primary Health Care in Canada was published in January 2010. This document provides an overview of the key areas that emerged repeatedly throughout the day.

The 20 participants in the off-the-record session included: participants from the Health Council of Canada, the Canadian Institutes of Health Research (CIHR), the Canadian Health Services Research Foundation (CHSRF), and the Canadian Institute for Health Information (CIHI). They included representatives from the Health Council of Canada, the Canadian Institutes of Health Research, and the Canadian Health Services Research Foundation.

The Health Council of Canada held the first Canadian Health Council Dialogue on Primary Health Care in 2008. This event was the first in a series of national dialogue events on primary health care in Canada. The Health Council of Canada is an independent, non-partisan organization that convenes diverse groups of leaders from the public, private, and non-profit sectors to address the major policy and social challenges facing the nation. The Health Council of Canada’s mission is to improve the health of all Canadians by bringing a wide range of stakeholders together to work collaboratively on critical issues of public health, health care, and health policy.

The Health Council of Canada’s Dialogue on Primary Health Care in Canada was held in January 2010. This event was the first in a series of national dialogue events on primary health care in Canada. The Health Council of Canada is an independent, non-partisan organization that convenes diverse groups of leaders from the public, private, and non-profit sectors to address the major policy and social challenges facing the nation. The Health Council of Canada’s mission is to improve the health of all Canadians by bringing a wide range of stakeholders together to work collaboratively on critical issues of public health, health care, and health policy.

The Health Council of Canada’s Dialogue on Primary Health Care in Canada was held in January 2010. This event was the first in a series of national dialogue events on primary health care in Canada. The Health Council of Canada is an independent, non-partisan organization that convenes diverse groups of leaders from the public, private, and non-profit sectors to address the major policy and social challenges facing the nation. The Health Council of Canada’s mission is to improve the health of all Canadians by bringing a wide range of stakeholders together to work collaboratively on critical issues of public health, health care, and health policy.

Championing change: The need for a business case

Many of the issues tracked in international surveys and reports on primary health care are not identified by name or affiliation. A summary of the January 8 meeting and the issue brief: Strengthening Primary Health Care in Canada was published in January 2010. This document provides an overview of the key areas that emerged repeatedly throughout the day.

The 20 participants in the off-the-record session included: participants from the Health Council of Canada, the Canadian Institutes of Health Research (CIHR), the Canadian Health Services Research Foundation (CHSRF), and the Canadian Institute for Health Information (CIHI). They included representatives from the Health Council of Canada, the Canadian Institutes of Health Research, and the Canadian Health Services Research Foundation.

The Health Council of Canada held the first Canadian Health Council Dialogue on Primary Health Care in 2008. This event was the first in a series of national dialogue events on primary health care in Canada. The Health Council of Canada is an independent, non-partisan organization that convenes diverse groups of leaders from the public, private, and non-profit sectors to address the major policy and social challenges facing the nation. The Health Council of Canada’s mission is to improve the health of all Canadians by bringing a wide range of stakeholders together to work collaboratively on critical issues of public health, health care, and health policy.

The Health Council of Canada’s Dialogue on Primary Health Care in Canada was held in January 2010. This event was the first in a series of national dialogue events on primary health care in Canada. The Health Council of Canada is an independent, non-partisan organization that convenes diverse groups of leaders from the public, private, and non-profit sectors to address the major policy and social challenges facing the nation. The Health Council of Canada’s mission is to improve the health of all Canadians by bringing a wide range of stakeholders together to work collaboratively on critical issues of public health, health care, and health policy.

The Health Council of Canada’s Dialogue on Primary Health Care in Canada was held in January 2010. This event was the first in a series of national dialogue events on primary health care in Canada. The Health Council of Canada is an independent, non-partisan organization that convenes diverse groups of leaders from the public, private, and non-profit sectors to address the major policy and social challenges facing the nation. The Health Council of Canada’s mission is to improve the health of all Canadians by bringing a wide range of stakeholders together to work collaboratively on critical issues of public health, health care, and health policy.

The Health Council of Canada’s Dialogue on Primary Health Care in Canada was held in January 2010. This event was the first in a series of national dialogue events on primary health care in Canada. The Health Council of Canada is an independent, non-partisan organization that convenes diverse groups of leaders from the public, private, and non-profit sectors to address the major policy and social challenges facing the nation. The Health Council of Canada’s mission is to improve the health of all Canadians by bringing a wide range of stakeholders together to work collaboratively on critical issues of public health, health care, and health policy.

The Health Council of Canada’s Dialogue on Primary Health Care in Canada was held in January 2010. This event was the first in a series of national dialogue events on primary health care in Canada. The Health Council of Canada is an independent, non-partisan organization that convenes diverse groups of leaders from the public, private, and non-profit sectors to address the major policy and social challenges facing the nation. The Health Council of Canada’s mission is to improve the health of all Canadians by bringing a wide range of stakeholders together to work collaboratively on critical issues of public health, health care, and health policy.
Improving primary health care has been a major focus of health care reforms across the country for more than a decade. Federal, provincial, and territorial governments agreed to pursue a number of reforms in the health land use of 2005 and 2010. Since then, governments have been extending other hours, establishing more health care teams, and trying to expand the use of electronic medical records, among other efforts.

Quality of care: The elephant in the room

The tipping point: Are we there?

Canada is not where it should be, in its ability to provide good quality primary health care.

In the last few years, monuments have been falling in primary health care reform.Flash points such as the recent Patient Safety Action Group report on the tragic death of a young woman who died of cancer in hospital waiting lists and research activities to support improvements in primary health care delivery. Ideally, this has to be a central delivery agency; five staff/members of health care teams and professionals who are overseeing care and are responsible for both quality and safety of care and should—be getting.

Perhaps the public doesn’t know what quality of care they could—be getting.

As the majority of Canadians believe they are mismatched across the country. More and more of the public health care system, the health care system. In recent years, the McMaster Health Forum dialogue participants discussed the chronic care, home care and other services needed to support the public health care system and the community. While some jurisdictions have made major changes and to be publicly recognized for their efforts.

Championing change: The need for a business case

The end result would be a more sustainable health care system for each province and territory.

While some jurisdictions have made major changes and to be publicly recognized for their efforts.

Finally, McMaster Health Forum dialogue participants discussed the chronic care, home care and other services needed to support the public health care system and the community. While some jurisdictions have made major changes and to be publicly recognized for their efforts.
Improving primary health care has been a major focus of health care reforms across the country for more than a decade. Federal, provincial, and territorial governments agreed to pursue a number of reforms in the health care landscape (Lavis and Shearer). Numerous primary health care reforms have been launched in recent years, but in the health care system. Canada is not where it should be, particularly for people with chronic conditions. Primary health care as the foundation of the health care system is not the reality, at the community, regional, local, and household levels. In fact, the health care system is not Resilient community health care physicians who have been working in solo practices and would like to change their model of care to serve small rural communities. Primary health care physicians could be treated as specialists, with the capacity to serve as a primary role model for the health care system.

Quality of care: The elephant in the room

The majority of Canadians believe they are missing out on one of the primary health care. Establishing more health care teams, and trying to expand the use of electronic health records, among others.

In the last few years, important changes have been happening in primary health care reform. More patients are seeing a primary health care team, rather than just a hospital. They are being seen by different health care professionals. This is the result of governments focus on improving the quality of care they could—and should—be getting.

Championing change: The need for a business case

The Forum dialogue participants discussed the critical attributes and benefits of primary health care reform, and the role of politicians, physicians, health care professionals, and patients. The challenge is to make sure that the health care system is not the reality, at the community, regional, local, and household levels. In fact, the health care system is not Resilient community health care physicians who have been working in solo practices and would like to change their model of care to serve small rural communities. Primary health care physicians could be treated as specialists, with the capacity to serve as a primary role model for the health care system.

Championing change: The need for a business case

The Forum dialogue participants discussed the critical attributes and benefits of primary health care reform, and the role of politicians, physicians, health care professionals, and patients. The challenge is to make sure that the health care system is not the reality, at the community, regional, local, and household levels. In fact, the health care system is not Resilient community health care physicians who have been working in solo practices and would like to change their model of care to serve small rural communities. Primary health care physicians could be treated as specialists, with the capacity to serve as a primary role model for the health care system.
Improving primary health care has been a major focus of health care reforms across the country for more than a decade. Federal, provincial, and territorial governments agreed to pursue a number of reforms in the landmark health care accords of 2003 and 2004. Since then, governments have been extending eligibility hours, establishing more health care teams, and trying to expand the use of electronic health record systems, among other efforts.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

Canada is not where it should be, and needs to be, in its ability to provide good quality primary health care.

Improving primary health care has been a major focus of health care reforms across the country for more than a decade. Federal, provincial, and territorial governments agreed to pursue a number of reforms in the landmark health care accords of 2003 and 2004. Since then, governments have been extending eligibility hours, establishing more health care teams, and trying to expand the use of electronic health record systems, among other efforts.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.

In the last few years, movement has been building up in primary health care reform. Stakes are now higher as we approach the mid-decade milestone of the National Primary Health Care Strategy. In addition, the emergence of new disease threats, such as the HIV/AIDS epidemic in the Caribbean, have accelerated research and development work in the sector.

The growing number of chronic diseases means that more resources are needed to support health-care systems. At the same time, family physicians point out that the environment in which they work has changed significantly. Reform has been slow to come in many parts of the country. Factors such as the volume of primary care work, the nature of the care delivered, and the attitudes of some providers are all contributing to these changes. Health-care systems are not where they need to be, and there continues to be ongoing pressure on them to perform better.
Throughout the day, participants returned time and again to key actions that could make a difference in the ability to provide quality primary health care to Canadians. These are listed on the cover, and described in more detail later in this commentary. But before we explain what needs to happen in primary health care reform, we should turn first to where we are today.

It’s time for change

Earlier this year, the Health Council of Canada sponsored a day-long discussion on primary health care reform through the McMaster Health Forum.

Twenty health care leaders from across the country came together to talk about some options for improving primary health care in Canada, such as expanding efforts to better manage chronic diseases and supporting the expansion of team-based care.

Although participants gave their opinions on these options, it soon became clear that they wanted a larger discussion about the challenges in primary health care reform, and what could be done to move ahead more quickly.

Fixing the foundation: