

A Hidden Health Care Success Story

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Tony Clement, Ontario's Minister of Health, has called for an "open and honest" debate about health care. At the same time, Mr. Clement withheld an important report that could improve health care in Ontario.

Why this contradictory behaviour?

Primary care reform is a major health care issue that has been simmering on the back burner for twenty years. By primary care, we mean the first health care provider people consult when they have a health problem. For most of us, that's our family doctor. Depending on the problem, though, the visit could potentially be with a nurse practitioner, social worker, or dietician.

That description of primary care highlights its first big issue. Who should be in the front line seeing the patients? Traditionally, the family doctor, operating as a solo practitioner or part of a small group, may have a nurse to help run the office, screen patients, take blood pressures, and draw blood samples. Otherwise, the doctor runs the show.

But that's not the only way to organize primary care. In an alternative model, the doctor is part of a team that includes a nurse practitioner, a social worker, and other health workers such as a dietician or occupational therapist. Nurse practitioners, a key player in the model, can deal with many of the problems that, in traditional practice, the doctor handles. These include management of chronic problems such as diabetes and high blood pressure, care of the healthy newborn, and patient education around issues such as stopping smoking.

A second key aspect of primary care reform is monitoring quality of care. For instance, the primary care team can keep track of whether patients have received needed preventative services (such as flu shots, or cervical cancer screening). A related issue is attention to broader influences on health including, for instance, housing, social isolation, and language and employment skills. These issues are particularly important in communities that are poorer, native, or largely newly immigrant.

Payment mechanisms represent a third important issue in primary care reform. Most primary care physicians in Canada are paid on a fee-for-service basis every time they see a patient. Primary care reform plans suggest physicians be paid through capitation, in which they receive a set amount for each patient, no matter how many times they see the patient in the course of a year. Another option is to pay doctors a yearly salary.

Ontario has 55 community health centres (CHCs), including two English-language CHCs and a French language CHC in Hamilton. CHCs capture three major elements of primary care reform: multi-disciplinary care, commitment to a broad definition of health services, and salaried payment of employees. Typically situated in poorer communities and run by community boards, the CHCs employ salaried physicians as part of a multi-disciplinary team.

Over 100 Ontario communities have expressed interest in sponsoring a CHC. But since the Conservatives took over in 1995, the government has approved only two new centres. Not only that, but CHC workers have not had a raise since 1992.

As a result, even existing CHCs are in danger.

In May of 2001, the Ontario Ministry of Health received the final report of a strategic review of CHCs. The review, which the Ministry had commissioned, was extremely positive about the accomplishments of the CHCs, and their service to Ontario communities. The report recommended major expansion of CHCs, with new resources to bring salaries to competitive levels.

What was the Ministry's response? First, they buried the report for 14 months. When they did release the report, it was on the Friday before the July 1st weekend when most Ontarians, including opposition MPPs who had been asking for the report for a year, were heading off for the long weekend. There was no press release, and the Ministry didn't even inform the authors of the report, or the centres themselves, that the document was finally public. Since its release, there is still no hint of action in response to the report's recommendations.

Why are the Tories so opposed to the CHCs? The CHCs are a model of

community involvement in health care, with the community boards playing a major role. The CHCs explicitly recognize that health care is only one determinant of how healthy we are, and that poverty, unemployment, poor nutrition, and inadequate housing are major causes of ill health. As a result, CHCs include programs addressing these issues.

But community involvement has given this government nothing but headaches. Last year, the public boards of the Community Care Access Centres that run home care in Ontario banded together to let the public know that the budget constraints planned by the government would mean major cuts in home care. Their predictions have come true. The Tories responded by eliminating the elected boards and replacing them with their own appointees.

Now, at least three elected boards of education in Ontario have refused to tow the Tory line on education cutbacks. Again, community governance has proved a problem for the government.

On top of that, government policies of cuts in welfare payments and a freeze on public housing have just compounded the health problems related to poverty, homelessness and inadequate housing.

Both the NDP and the Liberal opposition strongly support CHC expansion. Given the Tories philosophical opposition, it appears that the CHC route to primary care reform will have to wait for a change in government.