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ISSUE BRIEF

H. Patient's Medical Home model of family practice

Resolved, that the Patient's Medical Home be adopted as the preferred model of integrated primary care, and that appropriate resources be allocated by all governments to support this model.

Sponsor: Artem Safarov, Director, Health Policy & Government Relations, College of Family Physicians of Canada

ISSUE

The Patient's Medical Home (PMH) is a family practice defined by its patients as the place they feel most comfortable—most at home—to present and discuss their personal and family health and medical concerns.ⁱ It acts as the central hub for the timely provision and coordination of a comprehensive set of health and medical services. Patients, their families, and their personal caregivers are encouraged to be active participants in the decision making around their ongoing care. The PMH acts as a home base for the continuous interaction between patients and their personal family physicians, who are the most responsible providers (MRPs) of their medical care.ⁱⁱ A team or network of caregivers, including nurses, physician assistants, and other health professionals will also work together with the patient's personal family physician to provide and coordinate a comprehensive range of medical and health care services required by each person.ⁱⁱⁱ

The PMH model is warranted by a growing need of timely access to comprehensive quality health care as the population of Canada ages and their primary care needs are becoming more complex. The fiscal pressures on the health systems also place emphasis on provision of effective preventative care in the community to limit the use of emergency rooms to true emergencies.

BACKGROUND

Primary care serves as the foundation for building a strong health care system. As the first point of contact for most patients, family physicians play an important role in caring for the health of people living in Canada. Approximately 80 percent¹ of what happens in health care takes place in the primary care setting, which typically means a patient in their family physician's practice. For some, navigating the health care system can be a complex and uncoordinated process. However, family physicians play a key role in guiding patients through their questions, engaging them in their health care decisions, and being part of their support system.

As multi-morbidity and complex health issues become more prevalent in the population, the need for increased support in primary care becomes even more essential. Primary care providers use the approach of preventative measures, chronic disease management, and encouraging self-care recommendations for their patients. Primary health care also aims to decrease delay and increase access to the health care system, while providing better health outcomes.

In comparisons to the OECD countries, Canada's system was shown to have several areas for significant improvement, including access to care, coordination of care and use of electronic tools.

In 2011, the CFPC presented the Patient's Medical Home (PMH) as a vision for the future of family practice in Canada. The goal of this initiative is for every family practice in every community across Canada to be able to offer readily available comprehensive, coordinated, and continuing care to their populations through a family physician and a nurse working with health care teams.^{iv}

This vision puts the needs of patients and their communities at the centre of care. The PMH is where patients can present and discuss their personal and family health concerns and receive a full spectrum of expert care. The PMH team is developed to meet the needs of its own patient community. Depending on those needs, teams may involve nurse practitioners, physician assistants and other health care professionals who work together in one centre or virtually.^v

The PMH reflects and responds to the changing needs of Canadians within the context of their own communities. The PMH supports the relationships between patients and family physicians and other health care providers as they develop and strengthen over time, enabling the best possible health outcomes for each person, practice population, and the community being served.

The PMH vision is supported by ten pillars, ranging from patient-centred care and team-based approaches to carrying out ongoing evaluations and serving as a site for education training and research. Each of the pillars also includes a comprehensive list of recommendations on how to achieve each goal.

1 Starfield, B. (1994). Is primary care essential?. *The Lancet*, 344(8930): 1129–1133.



CONSIDERATIONS

The PMH model is built on a strong foundation of empirical evidence that supports better health and better care for patients, as well as lower system costs. Literature showing the benefits of PMH can be found not only in a national context, but also in regional and community settings.

The physician-patient relationship is strongly correlated to patient engagement.^{vi} Patients with strong longitudinal relationships with their personal family physicians are more likely to adhere to treatment plans and experience better health outcomes.^{vii} This is why the CFPC advocates that every patient in Canada should have a personal family physician that will be the MRP for their care, and encourage patients to be part of their health-decision making process. Patient engagement and shared decision-making are some of the strategies discussed in the patient-centred pillar of the PMH.

Canadians who have regular access to team based care, a pillar of the PMH, are significantly less likely to require emergency medical services than those who are not connected to a health care team.^{viii} Costs can be saved from the unnecessary use of emergency medical services for those attached to a PMH practice. Patients also achieve better outcomes at a lower cost in clinics practicing a patient-centred medical home (PCMH) system compared to clinics not using the PCMH model.^{ix}

As there are many intricate components that make up the PMH, further considerations may need to be made when addressing the ongoing development of some areas. For example, as one of the pillars of the PMH, the use of Electronic Medical Records (EMRs) and electronic tools is strongly recommended. While there is effort and investment involved in switching to the new technology, the long-term benefits of the switch are undeniable as most physicians reported increased quality of patient care as they gained experience in the use of EMRs.

Collaborative care teams are also another component in the PMH. Inter-professional education, at the undergraduate, postgraduate and continuing education levels, is necessary to providing a greater understanding of the potential roles and responsibilities of health professionals.^x Health care teams that have a better understanding of their role tended to see higher positive patient health outcomes.^{xi} Governments can play a role in building better health care teams by appreciating the importance of inter-professional education, and providing educational institutions with funds to appropriately meet training needs.^{xii}

Governments, the public, family physicians, and other medical and health professions and their organizations, should support and participate in establishing and sustaining PMHs across Canada. Family Health Teams in Ontario and Primary Care Networks in Alberta are just some of the examples of innovative projects that should continue to develop with all the supports required. Family practices that are part of these initiatives align well with the principles of PMH. The more family practice models that are supported by PMH pillars, the more likely a robust and sustainable patient-centred health care system throughout Canada will be realized.



The investment and reform required to set up PMH-like practices is sometimes cited as an obstacle for the model's nationwide implementation. However, the system savings that can be achieved by keeping Canadians healthy and reserving high-cost hospital treatment to patients truly needing it should be a powerful driver of positive change.

NEXT STEPS

To ensure that the health care system meets the needs of people in Canada, strong support for primary care and family practices is critical.^{xiii} The PMH model requires the leadership of federal, provincial and territorial governments across Canada. This can be achieved by stable and adequate funding for primary care, as well as by implementing policies that recognize the importance of family medicine and primary care.^{xiv} Future government health care funding agreements should include clear accountability provisions with a requirement that each jurisdiction eligible to receive funds must meet explicitly defined targets, including those related to primary care and comprehensive family practice.

This support must include support for all members of the PMH team, and their clinical, research, and administrative responsibilities. Electronic Medical Records (EMRs), patient-centred practice strategies, home care, and pharmacare are all PMH priorities that also need support. All such supports contribute to an optimal setting for implementing, continuing, and improving the PMH.

PMH enjoys strong support from allied health organizations and CFPC looks forward to continuing its collaborative work with other health stakeholders to explore how the PMH model fits into their vision of our health system's future. We encourage others to connect with us to find joint avenues of work where we can support the principles of providing high-quality patient-centred care to all Canadians.

This brief was prepared by: Dima Omar, (Health Policy Analyst, CFPC), and Artem Safarov, (Director of Health Policy and Government Relations, CFPC).

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^{xiv} (CFPC, 2014b)

