

Strengthening Primary Care: The Canadian Experience

Brian Hutchison

Outpatient Care Delivery in the Russian Federation: Creating
a Platform for Improved Healthy Outcomes Symposium

Moscow
June 28, 2017



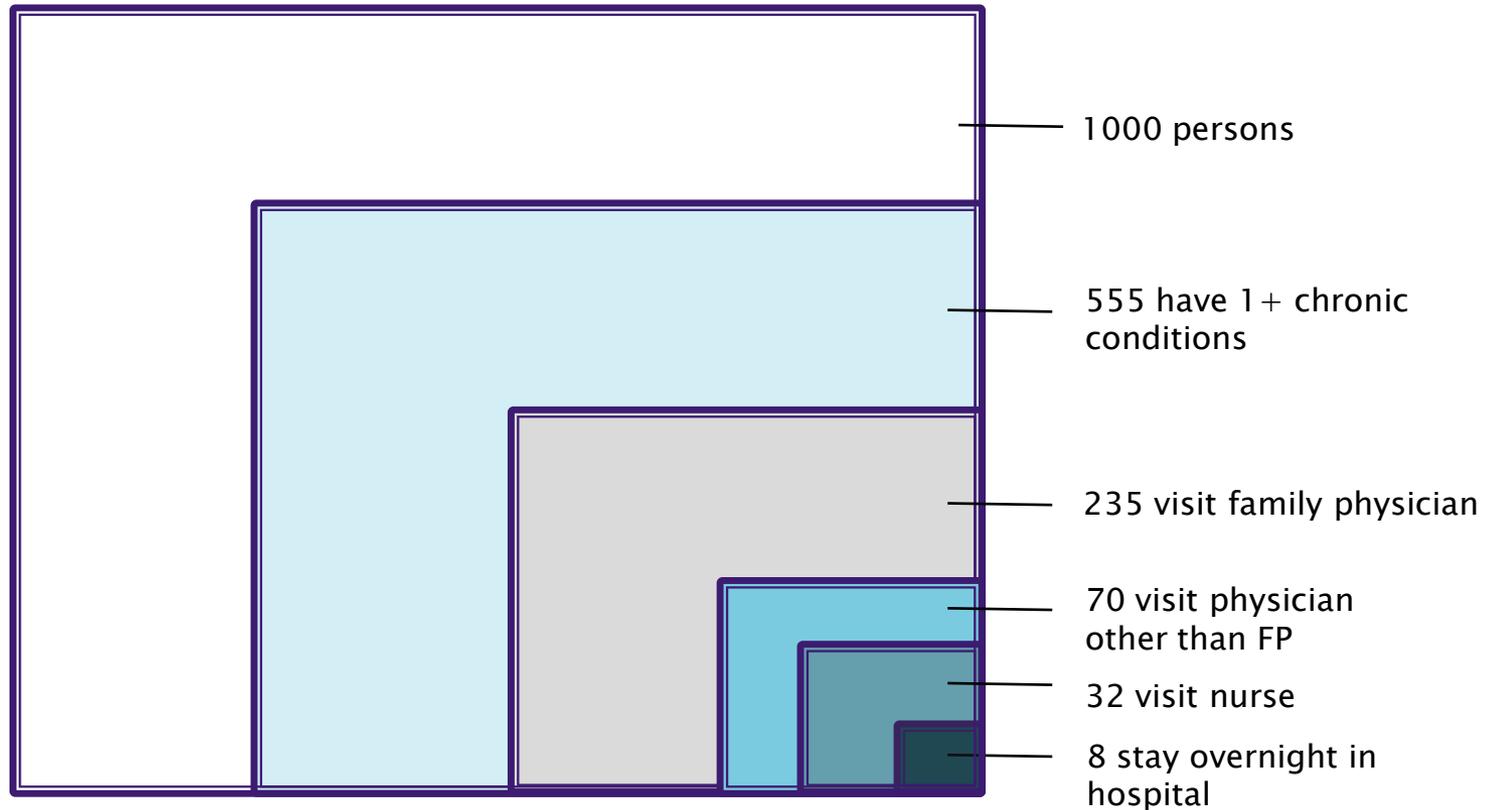


Principles of Canadian Medicare (Canada Health Act 1984)

- ▶ Universality
- ▶ Comprehensiveness
- ▶ Accessibility
- ▶ Portability
- ▶ Public Administration



Health Services Accessed Each Month in Canada (age 15+)



Stewart M, Ryan B. Ecology of health care in Canada. Can Fam Physician, 2015 May 1; 61 (5): 449-53.

How Does Canada's Health Care System Perform?

Comparators:

- ▶ Australia
- ▶ France
- ▶ Germany
- ▶ Netherlands
- ▶ New Zealand
- ▶ Norway
- ▶ Sweden
- ▶ Switzerland
- ▶ UK
- ▶ US



International Comparisons

Compared to the 11-country average, Canada has lower:

- ▶ Total health expenditures per capita (-15%)
- ▶ Annual growth in total and government health expenditures 2005-2015 (-10%, -25%)
- ▶ Hospital beds and hospital days per capita (-34%, -31%)
- ▶ Long term care beds (-21%)
- ▶ MRI units and CT scanners (-41%, -40%)
- ▶ Physicians and nurses (-23%, -20%)

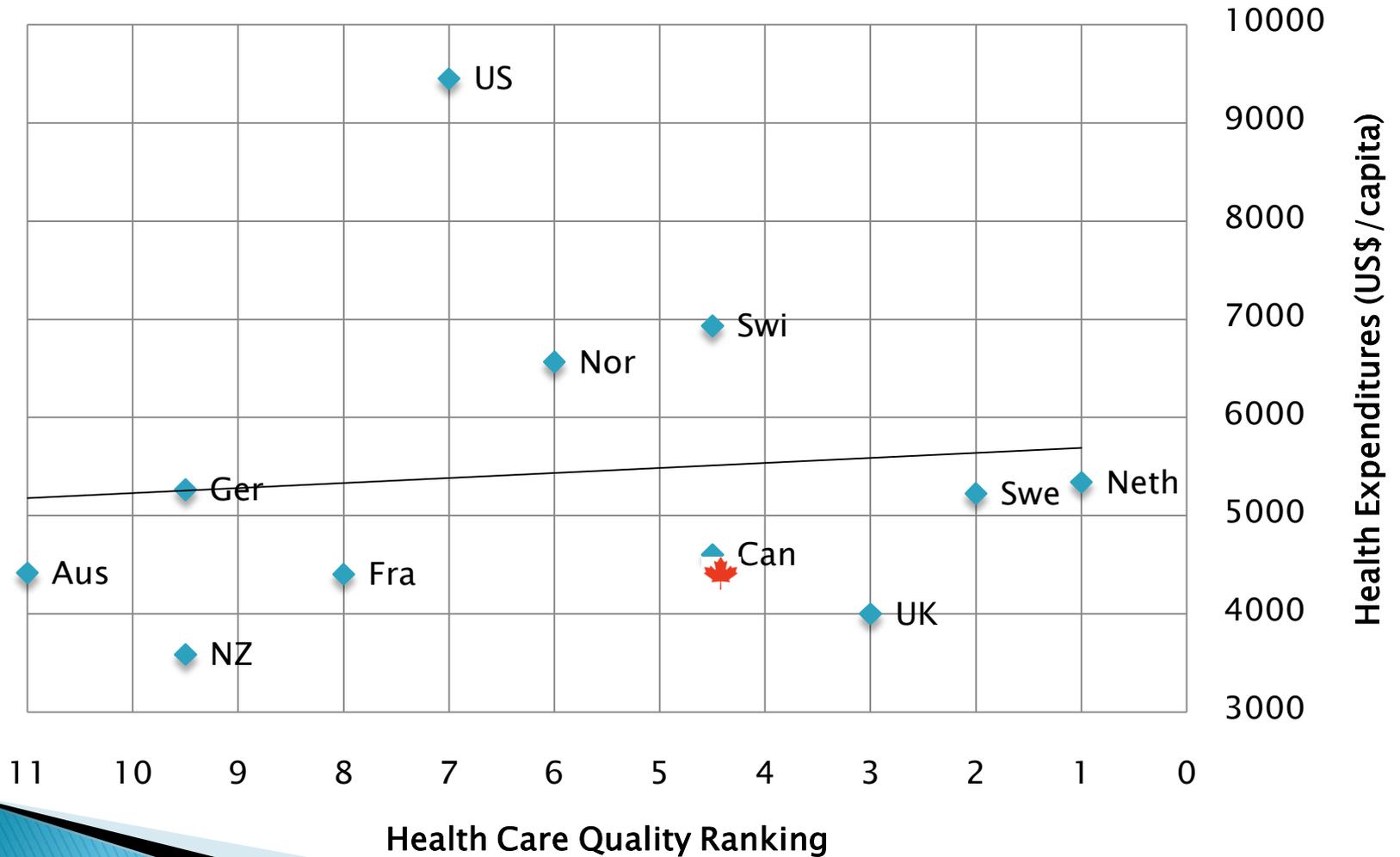
International Comparisons

Compared to the 11-country average, Canada has higher:

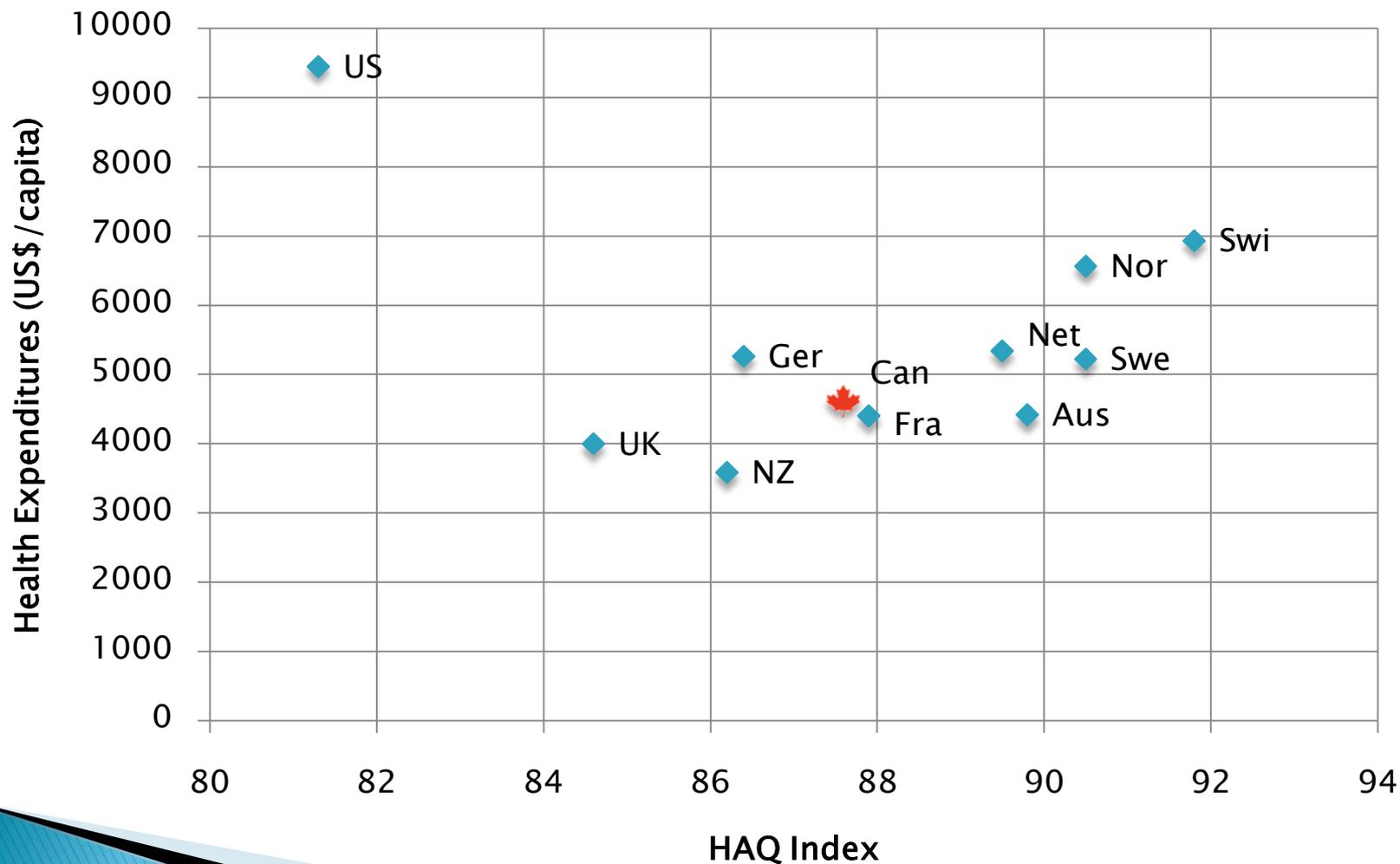
- ▶ Pharmaceutical expenditures per capita (+19%)
- ▶ GPs per 1000 population (+12%)
- ▶ Physician visits per year (+31%)



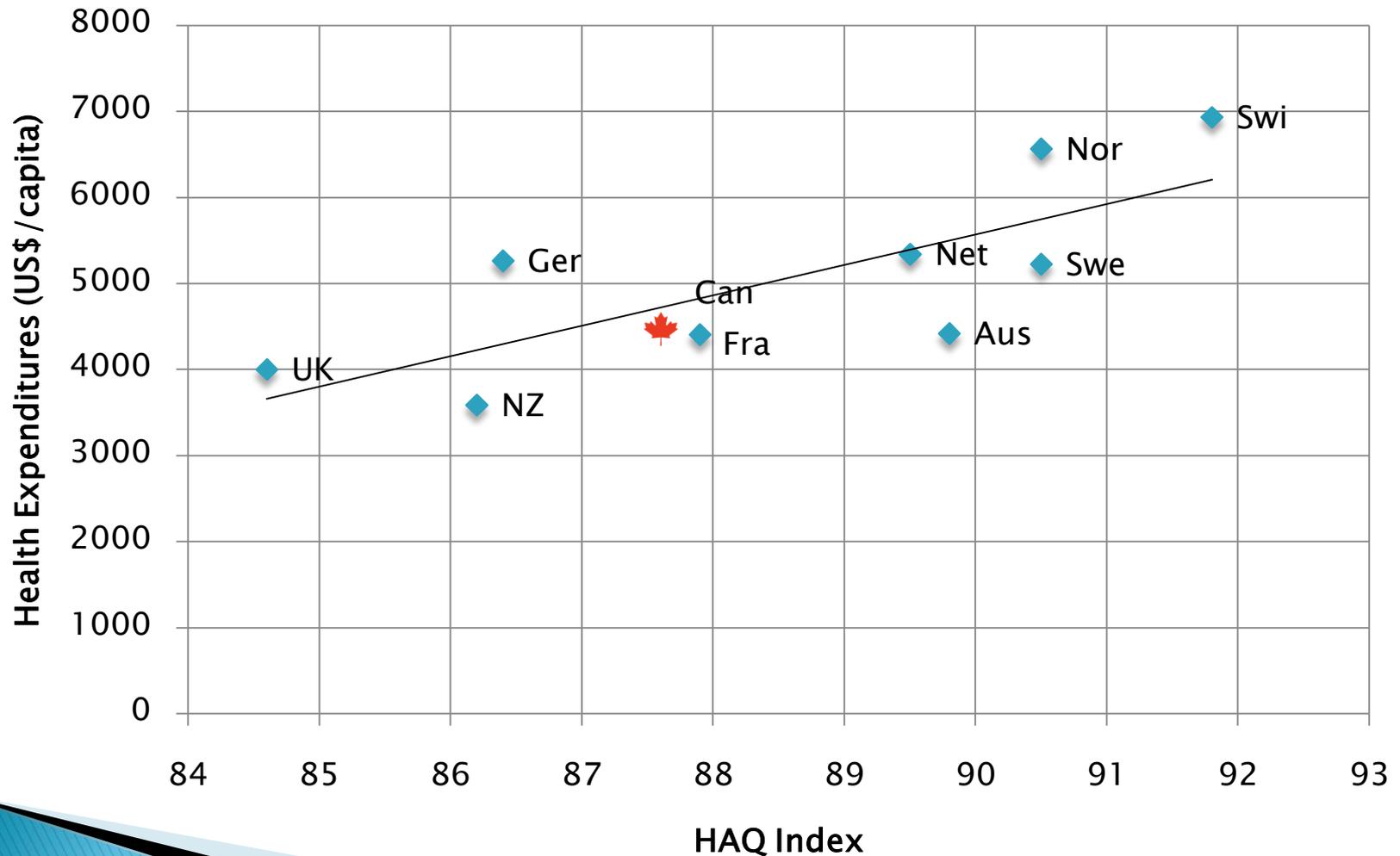
Health Expenditures Per Capita vs. Health Care Quality Ranking



Health Expenditures Per Capita vs. Health Access and Quality Index



Health Expenditures Per Capita vs. Health Access and Quality Index*



*without US

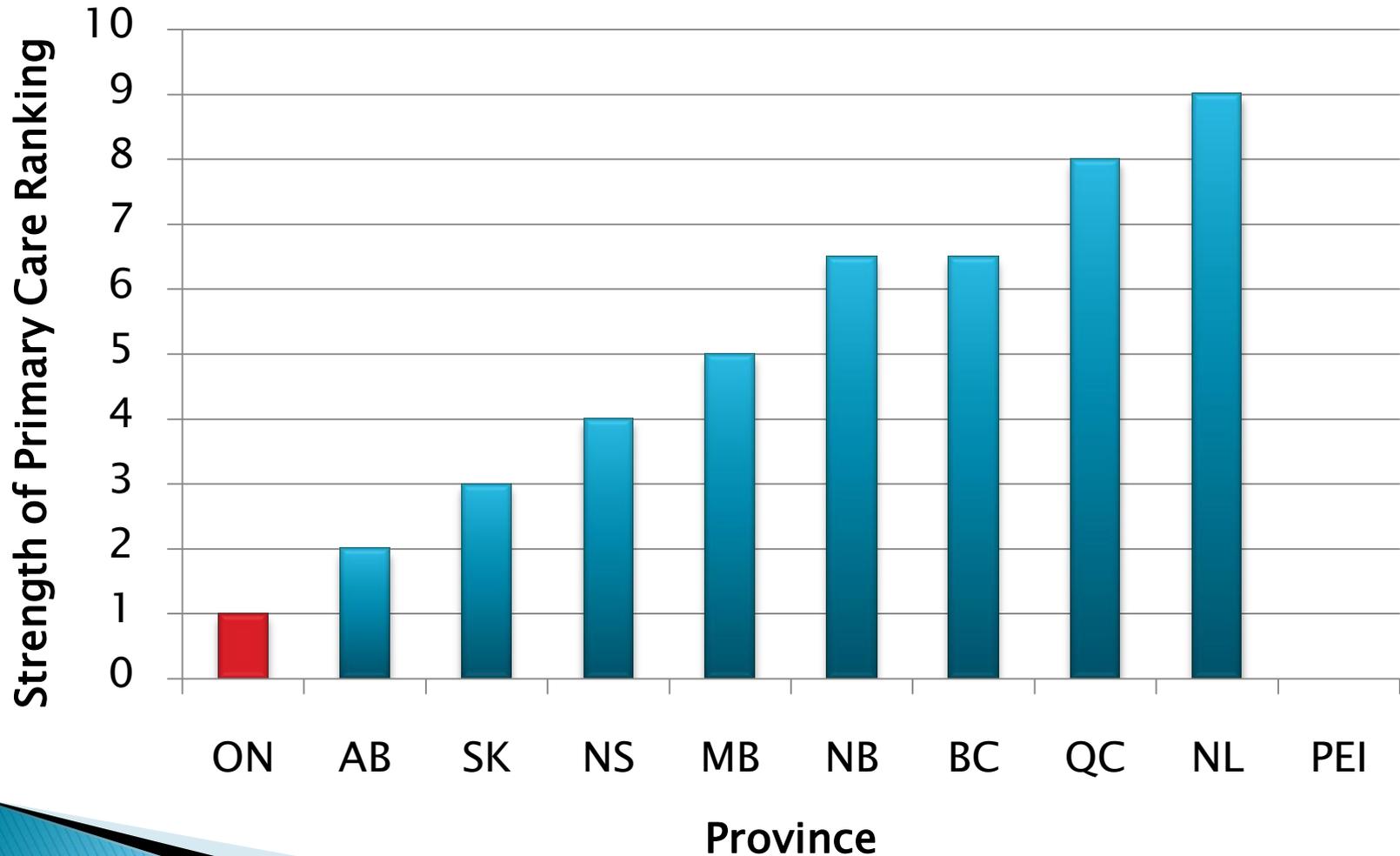
2003 First Ministers Health Accord

\$17.3 billion in federal funding over three years targeting:

- primary care
- home care
- catastrophic drug coverage
- diagnostic equipment
- electronic patient records



Strength of Primary Care: Provincial Ranking



Ontario's Primary Care Reform Strategy

- ▶ Collaborative policy development with major stakeholders
- ▶ Multiple organizational and funding models
- ▶ Voluntary participation of patients and health care providers
- ▶ Increased physician income and enhanced infrastructure

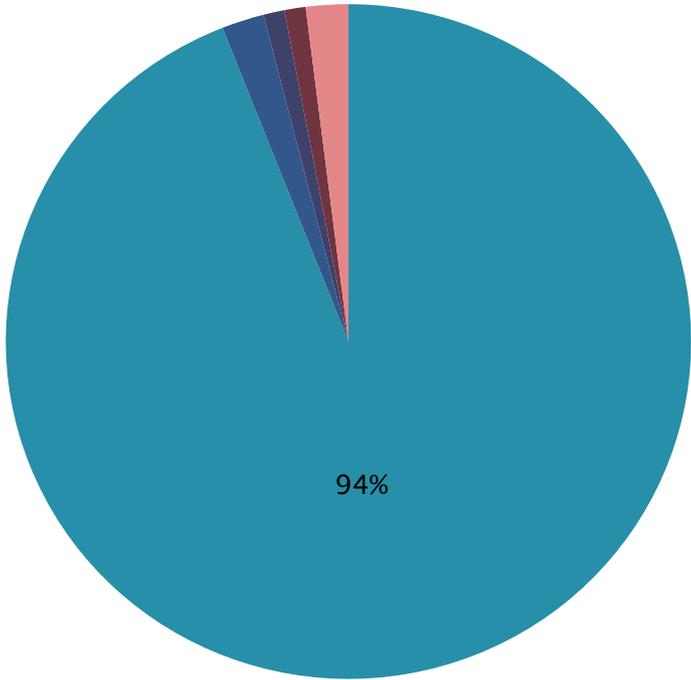


Ontario's Key Policy Initiatives

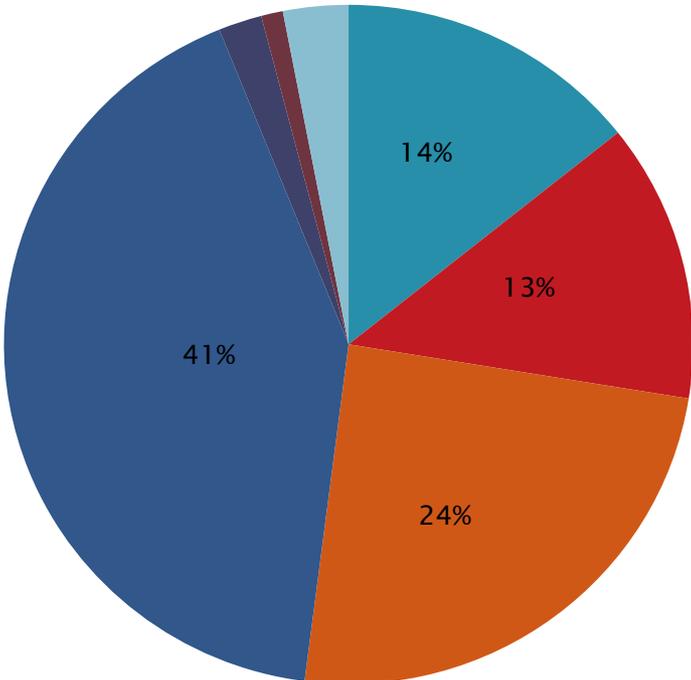
- ▶ Innovative organizational and payment models

Distribution of Ontario Family Physicians by Payment Model

2002



2017



- Traditional FFS-Comprehensive Care
- Traditional FFS-Focused Practice
- FFS-Based Blended Payment
- Capitation-Based Blended Payment
- Salary
- Salary-Based Blended Payment
- Other
- Capitation

Ontario's Key Policy Initiatives

- ▶ Innovative organizational and payment models
- ▶ Primary care teams
- ▶ Voluntary patient enrollment
- ▶ Expanded pool of primary care providers
- ▶ Adoption of electronic medical records
- ▶ Linking unattached patients to primary care providers
- ▶ Performance measurement and feedback
- ▶ Quality improvement training and support
- ▶ System integration initiatives

Features of High-Performing Primary Care Systems

- ▶ Patient registration with a primary care provider
- ▶ Absent or minimal primary care user charges
- ▶ Primary care gatekeeping
- ▶ Local primary care governance
- ▶ Alignment of payment systems for primary care physicians with health system goals

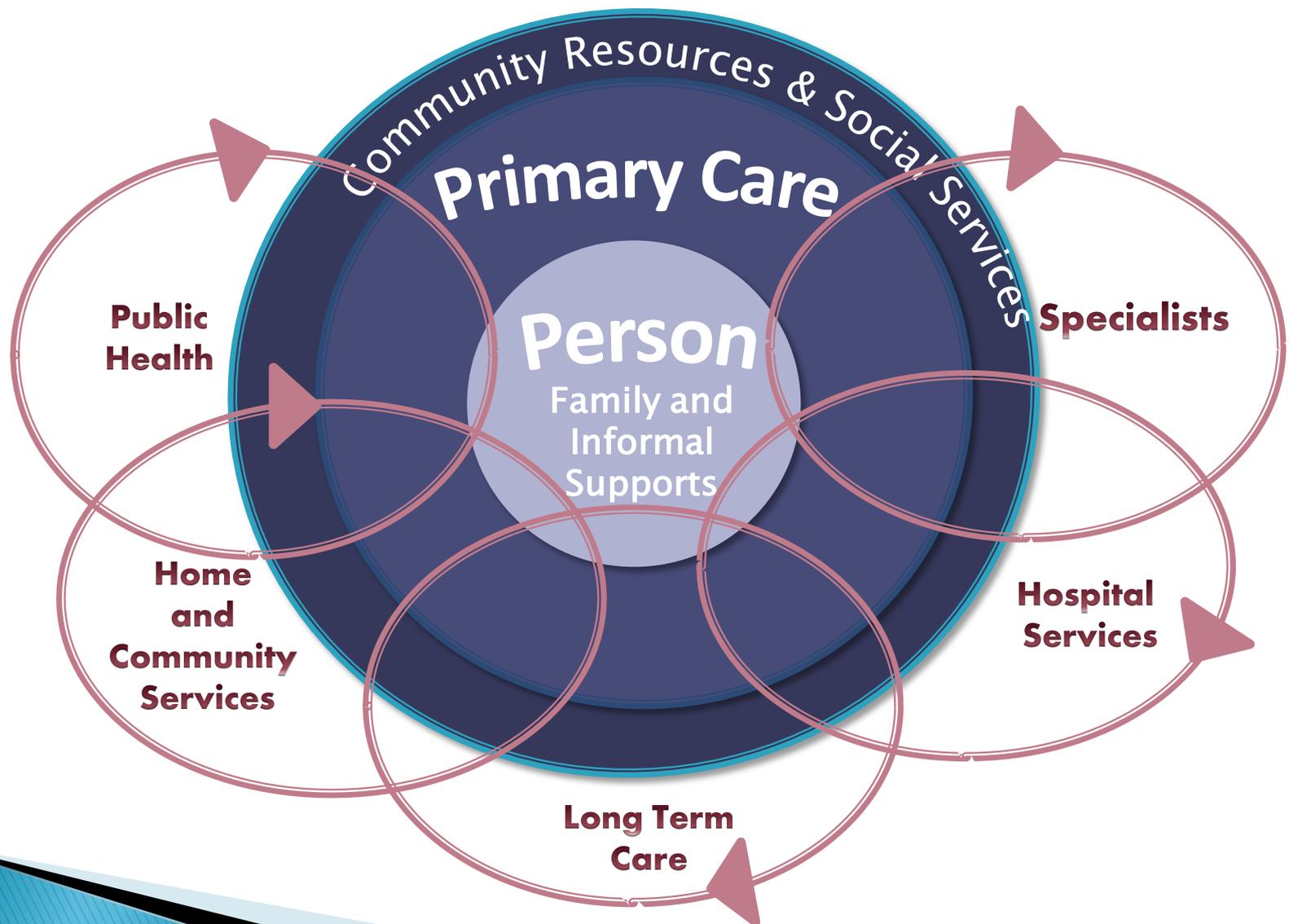


Features of High-Performing Primary Care Systems

- ▶ Interdisciplinary primary care teams
- ▶ Multi-functional electronic patient records
- ▶ Performance measurement, feedback and quality improvement support
- ▶ Integration/coordination with public health, community care, secondary and tertiary care
- ▶ Systematic approach to the evaluation and spread of innovation



Integrated Health Care



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