Romanow Report Brief

Primary Health Care

There has long been agreement in Canada that primary health care needs reform. But in his report on the Royal Commission on the Future of Health Care in Canada, Roy Romanow suggests that the search for a "perfect" model for primary care has prevented any meaningful reform at all. "Ideal approaches are not always practical in the real world, primarily because they require too many changes at the same time," the report says.

Romanow defines primary health care as a mix of high-quality health care for individuals (medical and nursing care, for example) and services for communities (such as clean water programs, or anti-smoking campaigns). Good primary health care is based on interdisciplinary teamwork, with care available to all, 24-hours a day, seven days a week.

Currently, primary care in Canada is out of balance, concentrating on the entrenched practice of workers with particular skills being assigned to cure people when they are ill. There is not enough focus on broader efforts to prevent illness and injury and keep the population as a whole healthier.

Primary health care will never be a case of one size fits all, Romanow says. There is no single right model — instead, good primary health care is tailored to the needs of different communities. However, he gives four essential building blocks that must be basis of all potential primary care models. They are:
1. Continuity and coordination of care
2. Early detection and action
3. Better information needs and outcomes
4. New and stronger incentives

Continuity and coordination are needed to transform health care from a series of isolated services into linked events that to improve the individual's well-being. Early detection and action blends public health measures such as screening or immunizing against disease with health-promotion measures, like controlling obesity or encouraging exercise. Better information will make for both more informed decisions about care by patients and better knowledge of community needs for health-system planners.

Incentives are needed to win public and professional support for changes. Ultimately, a better primary care system should ensure Canadians greater health and more efficient service, both as individuals and members of healthy communities. Professionals may find their work is less draining, but also more rewarding.

With an eye to kick-starting change to the primary care system, Romanow calls for the creation of a primary care transfer fund of $1 billion in 2003/04, followed by a further $.5 billion the next year, and matched by provincial and territorial funding. It would be used to train health-care providers to work in multi-disciplinary teams, to help cover the switch to new types of centres and new forms of compensation for health workers and help gather the information that is crucial to the goal of improving health care delivery and its results. Provinces and territories would receive the money only if they make commitments to move forward with permanent primary care reform based on the four building blocks. Short-term and experimental programs cannot work the profound change needed; certainty and stability of funding are necessary if primary health care is to transform the system.

To make sure primary health care gets on the right track, Romanow calls for a national summit for the exchange of ideas on the way primary health care is delivered and where remaining barriers and ways to overcome them can be identified.

Finally, Romanow's proposed health council of Canada would be responsible for leading the change in primary health care, by assessing evidence on effective approaches; setting targets for public-health achievements and measuring success or failure in reaching them, and above all by reporting to Canadians on whether primary health care is providing better access, better integration and better health.