

What are innovative and collaborative primary care models worldwide?

This synopsis explores the different primary care models that have been implemented across the world. Pressure to reform health care systems is at an all-time high due to rising costs and the increasing fragmentation of care. Different strategies to redesign primary care have been introduced in several jurisdictions in order to solve the issues of their respective health systems. A search from 2000 to present of peer reviewed and grey literature in western countries guided this review.

Current Context

Major initiatives to reform the primary care system have been launched in several provinces in **Canada** over the past decade. These strategies have been focused on **improving and strengthening the infrastructure of primary care**, as well as establishing several **funding models to improve performance** and health results.

In **Ontario**, reforms have been focused on the introduction of new team structures:

- **Community Health Centres** generally serve rural, low-income minority populations. Physicians are reimbursed by salary and practices are likely to have a multidisciplinary team.
- **Family Health Networks** serve the general population and physicians are paid on a blended funding model that is based on capitation with additional financial incentives.
- **Family Health Groups** give physicians the responsibility for a panel of patients and have relatively few interdisciplinary care clinicians. Physicians are reimbursed on a fee-for-service basis with bonuses.
- **Family Health Teams** are similar to the Family Health Network approach, but adds multidisciplinary clinicians to the model in order to assist family physicians and expand their scope of the practice.

Alberta has introduced the **Primary Care Networks** as the main model for primary care delivery. The networks are physician-led local primary care clinics that cover a specific geographic area. The goal is to improve access to family physicians and other frontline health care providers in Alberta. **Family Care Clinics** were established in order to provide primary care to Albertans who do not currently have a family physician, and who have complex chronic conditions or addiction and mental health needs.

Quebec has also introduced new primary health care organizations:

- **Family Medicine Groups** are privately owned organizations that offer primary care services for registered patients, on a non-geographical basis.
- **Health and Social Service Centres** are a merger of local healthcare institutions aimed at facilitating collaboration amongst organizations under a single structure.
- **Local Health Network** are typically larger private clinics than Family Medical Groups. They consist of an inter-disciplinary team and provide extended hours of service.

In the absence of a central or single payer system, most primary care reforms in the **United States** have been decentralized. However, several new models have been introduced recently:

- **Accountable Care Organizations** are integrated groups of clinicians, hospitals, and other health care organizations that share mutual responsibility for patients and costs.
- **Medical neighbourhoods** are a network of health services and resources, including primary, specialty, hospital, community and social services, and local public health agencies.
- **Patient-centered medical home** is a team-based approach that provides comprehensive primary care involving multiple levels of health providers.

Key Considerations

- *Policy legacies and entrenched professional and public values limit possibilities for radical reform.*
- *There is no single correct model for the funding, organization, and delivery of primary health care.*
- *Different payment models have different strengths and weaknesses and may perform better or worse in different contexts.*
- *Patient Centred Medical Homes have significantly reduced emergency department visits for their patients in the United States.*
- *The Family Health Groups in Ontario model significantly increases physician productivity as measured by the number of services, patient visits, and distinct patients seen.*

In the **United Kingdom**, **Primary Care Trusts** were established to improve the health and wellbeing of the local population and reduce health inequalities. **General Practitioner Consortiums** are responsible for acute hospital care, community health care, and rehabilitation services. The Consortiums give general physicians more responsibility over health care budgets.

Discussion questions:

1. How can reforms be best achieved?
2. Can reforms overcome entrenched values and systems?
3. What are the best team structures for the effective delivery of primary care?