



Home > Health Care System > Primary Health Care

Health Care System

About Primary Health Care

- [What is primary health care?](#)
- [Health care services in primary health care](#)
- [Status quo/challenges](#)
- [Primary health care reform](#)
- [Supports to primary health care](#)

What is primary health care?

Primary health care refers to an approach to health and a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education, and environment. Primary care is the element within primary health care that focusses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury.

Various Health Canada activities (as well as programs of other federal departments) address the broad spectrum of services and activities which comprise primary health care. This section of the Health Canada website focusses on the health care delivery sector as it pertains to primary health care. The Health Council of Canada's first report ([Health Care Renewal in Canada: Accelerating Change](#), January 2005) includes a useful description of the scope of health care services in relation to primary health care.

Health care services in primary health care

Primary health care serves a dual function in the health care system:

- direct provision of first-contact services (by providers such as family physicians, nurse practitioners, pharmacists, and telephone advice lines); and
- a coordination function to ensure continuity and ease of movement across the system, so that care remains integrated when Canadians require more specialized services (with specialists or in hospitals, for example).

Responsiveness to community needs is a key element of primary health care. Therefore, the range and configuration of services may vary from one community to another: there is no "one size fits all" model. Similarly, there may be various governance and funding models. Primary health care services often include:

- prevention and treatment of common diseases and injuries
- basic emergency services
- referrals to/coordination with other levels of care (such as hospitals and specialist care)
- primary mental health care
- palliative and end-of-life care
- health promotion
- healthy child development

- primary maternity care
- rehabilitation services

Status quo/challenges

At present, primary care services in Canada are delivered chiefly by family physicians and general medical practitioners who focus on the diagnosis and treatment of illness and injury. Further developments seek to build on this foundation.

In recent years, the ways in which primary health care services are organized and delivered have been the focus of much debate (see, for example, the [Romanow Report](#) and [Health Council of Canada Report](#)). Concerns include:

- the relative lack of emphasis on health promotion and disease prevention, which has been linked to high rates of preventable illness;
- lack of continuity, with various providers and institutions often appearing to work in isolation from one another;
- problems with access, particularly in rural and remote areas, but also in urban centres where the lack of after-hours services often results in the use of emergency rooms for non-urgent care; and
- providers' concerns regarding their working conditions, including long hours and impacts on their own health and family life.

Consequently, numerous studies of the health care system have emphasized the importance of primary health care reform.

Primary health care reform

The key feature of primary health care reform is a shift to teams of providers who are accountable for providing comprehensive services to their clients. There is a growing consensus that family physicians, nurses, and other professionals working as partners will result in better health, improved access to services, more efficient use of resources, and better satisfaction for both patients and providers. Such teams are well positioned to focus on health promotion and improving the management of chronic disease. This team approach, along with telephone advice lines, facilitates access to primary health care services after-hours, reducing the need for costly emergency room visits. Other technologies can support information-sharing among providers so that Canadians need not repeat their health histories or undergo the same tests for every health care professional they see. In these ways, all aspects of personal care are brought together in a coordinated way.

Presently, relatively few Canadians access primary health care services in this way. All provinces and territories are implementing plans for primary health care reform, with funding support from the federal [Primary Health Care Transition Fund](#). Each jurisdiction is undertaking its own approach but some common areas of focus have emerged:

- the creation of primary health care teams and organizations which are responsible for providing comprehensive services to their clients (including coordination with other levels of care);
- the creation or enhancement of telephone advice lines to provide 24-hour first-contact services;
- improvements in the management of chronic diseases (which account for a large portion (40-70% according to various estimates) of health care system costs);

- a greater emphasis on health promotion and illness/injury prevention;
- voluntary participation by providers and patients alike;
- capacity-building in evaluation, so that system performance may be monitored; and
- an explicit focus on change management activities to support all of the above.

Please contact your provincial or territorial government for further information on its specific plans for primary health care reform.

Supports to primary health care

Effective delivery of primary health care services relies on numerous other resources. These include:

- an adequate supply of health human resources;
- a team approach focussed on patient needs, so that each service is provided by the most appropriate provider and providers work collectively to optimize outcomes;
- information technology (especially electronic health records);
- governance and funding models which support team-based care;
- links to public health; and
- a culture of accountability, performance measurement, and quality improvement.

Date Modified: 2012-08-23

