



# Primary Health Care Transition Fund

## Interim Report

April 2005



Health  
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# Executive Summary

Changing how primary health care is organized, funded and delivered in Canada is an enormously challenging undertaking. It demands an unprecedented level of collaboration and consensus-building across jurisdictions and among health care professionals. It also requires the patience of stakeholders and all Canadians as they adapt to fundamental changes in the health care system.

First Ministers are committed to renewing primary health care. This commitment is reflected in the \$800-million Primary Health Care Transition Fund (PHCTF) that was established in September 2000 to meet this challenge. The overall goal of the Fund is simple, yet formidable: to support the development and implementation of transitional primary health care renewal initiatives by provinces and territories to improve the way primary health care services are delivered across Canada.

First Ministers re-affirmed this commitment during their February 2003 and September 2004 meetings on health system renewal, when they identified primary health care as the key to efficient, timely, quality care and agreed on a common vision for its renewal.

Regardless of where they live, this means that Canadians will benefit from a number of common primary health care renewal features: increased access to primary health care organizations that address the unique health care needs of the populations they serve; multidisciplinary approaches to care; health care that emphasizes health promotion and the ongoing management of chronic diseases; expanded 24-hours-a-day, 7-days-a-week access to essential services; and better integration with other health services, such as hospitals, home care and specialists. These five features, in fact, comprise the objectives of the PHCTF.

There is no single primary health care model. PHCTF objectives are broad in scope, and flexible in application, to ensure that provinces and territories can address the specific health care needs of the populations they serve. Initiatives funded through the PHCTF thus reflect a number of primary health care renewal features.



## Fast Facts

There are presently 60 initiatives being funded through the five Primary Health Care Transition Fund envelopes:

- 13 Provincial-Territorial (\$576M)
- 5 Multi-Jurisdictional (\$35M)
- 31 National (\$79M)
- 9 Aboriginal (\$35M)
- 2 Official Languages Minority Communities (\$30M)

Incremental progress towards the renewal of Canada's primary health care services is evident from the work accomplished by the Fund's 60 initiatives. Many PHCTF recipients have completed capacity-building and organizational tasks imperative to the development and implementation of their initiative – staff have been hired, experts recruited and office space secured. Others have begun to fulfill their terms of reference – partnerships have been formed, governmental and non-governmental organizations involved and various committees and advisory teams created. Still others have concluded one or more activities outlined in their initiative – new or improved primary health care organizations have been opened, province- and territory-wide telephone help lines launched and training programs for primary health care professionals created.

The purpose of this interim report is to share some preliminary information about these achievements. The report is not an exhaustive account of every accomplishment made to date by all 60 initiatives. Rather, it is intended to provide a sampling of the progress made by some of the PHCTF recipients under each of the five funding envelopes. It is also intended to illustrate the wide range of primary health care renewal activities taking place across the country.

Primary health care renewal takes time. With the assistance of the PHCTF, governments and other health care partners are taking the necessary steps to ensure that long-term and sustainable changes are made within Canada's health care system for the benefit of all Canadians. The work achieved by PHCTF partners to date has taken us one step closer to this goal.

# Why Primary Health Care Renewal?

Primary health care is the foundation of the health care system. When Canadians need health care, most often they turn to primary health care services. They visit a family physician or nurse practitioner, call a telephone health information line, see a mental health worker or seek advice from a pharmacist. As the first step in the continuum of care, primary health care should emphasize health promotion and disease prevention and integrate across other health care services when specialized care is needed.

In recent years, the ways in which primary health care services are organized and delivered have been the focus of much debate. Continuity of care is a concern, with various providers and institutions often appearing to work in isolation from one another. Access is another problem, particularly in rural and remote areas. Insufficient after-hours primary health care services are another difficulty, which can lead to the use of emergency rooms for non-urgent care in urban centres. Moreover, the personal impact of long hours and hectic work schedules is taking its toll on many health care providers.

The purpose of primary health care renewal is to improve the quality, accessibility and sustainability of front-line health care services to ensure that Canadians receive the most appropriate care, from the most appropriate provider, when and where they need it. It is intended to offer lasting solutions to many of the problems with today's health care system, including long wait times and limited access to essential services. The renewal of primary health care also seeks to improve the working conditions of health care providers.







### ***What are the benefits of primary health care renewal?***

- Timely access to a team of health care providers who work together to address health problems and coordinate patient care;
- Greater focus on health promotion and better support for lifestyle choices that maintain and improve health;
- Primary health care organizations that actively address the needs of the communities they serve, as well as providing appropriate care and services to individual patients; and
- A supportive environment for health care providers that enhances both professional satisfaction and the ability of the provider to make healthy lifestyle choices.

In particular, there is growing consensus that multidisciplinary teams will result in better health, enhanced access to services, improved use of resources and greater satisfaction for both patients and providers. These teams will also be better positioned to provide customized services that respond to the needs of the communities they serve.

There is also broad acceptance that integrating information technology and new ideas into traditional health care methods will increase the value of primary health care services. This is especially true for Canadians living in rural and remote areas, who will have better access to primary health care services through the use of telephone health advisory lines, telehealth technology, videoconferencing networks and collaborative care services.

In 2003, First Ministers set a target that by 2011 at least 50 per cent of Canadians should have access to an appropriate primary health care provider 24/7. In the 2004 *Ten-Year Plan to Strengthen Health Care*, First Ministers re-affirmed their commitment to this target that Canadians have timely access to primary health care.

The Health Council of Canada also views primary health care reform as a priority. In their January 2005 report, *Health Care Renewal in Canada: Accelerating Change*, the Health Council applauded governments for recognizing the need for primary health care renewal and encouraged governments to accelerate new delivery models.

Primary health care renewal is a key priority in Canada's overall strategy for health care reform, which emphasizes access, quality, sustainability and accountability. In turn, the Primary Health Care Transition Fund is an important federal mechanism for the acceleration of primary health care renewal across Canada.

# What is the Primary Health Care Transition Fund?

The Primary Health Care Transition Fund is the Government of Canada's response to the commitment of First Ministers in September 2000 to work together, and in partnership with health care providers, to ensure that Canadians receive the most appropriate care, by the most appropriate providers, when and where they need it.

The \$800-million Fund supports the efforts of provinces and territories to develop and implement primary health care renewal initiatives to meet this goal. It also enables recipients to address primary health care issues that are common nationally or across two or more jurisdictions in Canada. In fact, the PHCTF is unique in its ability to support collaborative initiatives undertaken by more than one jurisdiction or stakeholder to provide results beyond what any single recipient could achieve on its own.

There are five PHCTF funding envelopes: provincial–territorial; multi-jurisdictional; national; Aboriginal; and official languages minority communities. The majority of the Fund is allocated to provinces and territories to support their individual renewal initiatives. Funding is also directed towards overarching initiatives that deal with the issues all jurisdictions and health stakeholders are facing, as well as the unique primary health care challenges of Aboriginal and official languages minority communities across Canada.

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“Improvements to primary care are crucial to the renewal of health services. Governments are committed to ensuring that Canadians receive the most appropriate care, by the most appropriate providers, in the most appropriate settings.”

*First Ministers' Meeting, September 2000*





To receive funding, initiatives were required to meet one or more of the Fund's five objectives: increased access to primary health care organizations accountable for the provision of comprehensive services to a defined population; multidisciplinary primary health care provider approaches; health promotion, chronic disease management and the prevention of illness and disease; integrated services with other parts of the health care system; and access to essential services 24/7. They were also required to be *transitional* in nature to ensure that long-term, sustainable change will take place in primary health care systems across Canada.

Funding transitional initiatives, rather than existing programs and services, is helping to lay the groundwork for health care in Canada to function more efficiently now and in the future. It is also responding to the need for basic components, such as innovative information technology, infrastructure and multidisciplinary team training, which are essential for primary health care renewal to take place.

By the end of 2004, there were 60 PHCTF initiatives taking place across Canada. (*Please refer to the Appendix for a complete list.*) Each initiative is unique to the primary health care environment in which it is being implemented, but some common elements are evident among the initiatives' achievements. Multi-year initiatives will continue to receive monies under the Fund until September 2006.

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### ***What is meant by Transition?***

Primary Health Care Transition Fund initiatives are focused on making fundamental changes to the health care system; using new approaches to health care and finding new ways to deliver health care services to diverse populations across Canada. But moving from traditional ways of delivering health care to ways that reflect the goals of primary health care renewal often necessitates a financial cost – and this cost can create a barrier to new delivery models. Accordingly, the PHCTF supports initiatives that are working to overcome such barriers by funding activities that are critical for renewal but are beyond the routine operating capacity of governments. Ideally, PHCTF funding supports one-time or short-term investments that will forward change, such as developing and introducing electronic health records or creating the tools needed for multidisciplinary care.

# Provincial–Territorial Envelope

Across Canada, provinces and territories are working hard to accelerate and broaden health care renewal activities that will lead to sustainable primary health care. Using funds from the Primary Health Care Transition Fund’s Provincial–Territorial Envelope, all 13 jurisdictions are implementing innovative models of renewed primary health care to achieve results for Canadians – better health, improved access and more satisfied providers. They are also making efforts to relieve pressures found elsewhere in the health system, such as emergency rooms.

There are a number of common areas occupying the provinces and territories as they implement their PHCTF initiatives. Many jurisdictions have launched new, or expanded existing, telephone health information lines – or set up electronic records or other information-sharing systems. Others have focused on building capacity at the local or community levels; increasing the number of primary health care organizations and the availability of primary health care services throughout their jurisdictions. Still others have integrated healthy living or chronic disease management strategies into traditional health care services. Establishing collaborative care models, such as multidisciplinary health provider teams, is another common area in the renewal initiatives of provinces and territories.

Every province and territory is tackling the enormous challenge of changing how primary health care is organized, funded and/or delivered in Canada. This work is demonstrating an unprecedented level of collaboration across jurisdictions, and among health care professionals, with one goal in mind: to improve access by Canadians to quality primary health care and the effectiveness and efficiency of the health care system as a whole.



## Fast Facts

The majority of the Primary Health Care Transition Fund (\$576 million) is allocated to Canada's provinces and territories, primarily on a per capita basis:

- Yukon Territory: \$4,537,282
- Northwest Territories: \$4,771,470
- Nunavut: \$4,508,924
- British Columbia: \$74,022,488
- Alberta: \$54,876,073
- Saskatchewan: \$18,592,405
- Manitoba: \$20,844,059
- Ontario: \$213,170,044
- Quebec: \$133,681,686
- New Brunswick: \$13,689,805
- Nova Scotia: \$17,073,265
- Prince Edward Island: \$6,526,879
- Newfoundland and Labrador: \$9,705,620

### Telephone Health Advisory Lines

Telehealth is the delivery of health services over distance. Remote operations using satellite technology by a health care provider who does not reside in the same location as the patient is an example of telehealth. A telephone health advisory line is another example. In this case, the 'telephone triage' provides a patient with access to a qualified health professional by telephone who can assess symptoms and help the patient decide whether to care for themselves, make an appointment with their health care provider or go to a hospital emergency room. *(Please refer to the multi-jurisdictional and Aboriginal sections for more information on other telehealth initiatives.)*

The implementation of telephone advisory lines is one way that provinces and territories can improve Canadians' access to primary health care services 24/7. There are several examples where provincial–territorial envelope funds were used by jurisdictions to implement or enhance such services:

▶▶ In June 2003, *Health Link Alberta* was implemented province-wide, with support from two call sites in the Capital and Calgary Health Regions. It has three major components: 24/7 nurse-based advice for reported symptoms and assistance in locating health resources; Web-based health information consistent with advice provided during telephone calls; and a Web-based, integrated provincial services database called *Inform Alberta* for the use of health providers and the public. The tele-triage line was featured at a telehealth conference in Toronto in October 2003. The estimated call volume over the first year was in excess of 800,000 calls.

### KEY CHALLENGES

"The time required to develop and begin the implementation of proposed initiatives is an issue for regionally based capacity-building initiatives as there is considerable work required regionally to get these launched." – *Alberta*

### LESSONS LEARNED

"It is essential that the public be informed about new initiatives and investments targeted to improve and reform primary health care: what they are, how to access them and how to have input." – *Manitoba*

▶▶ With *Health Links*, Manitobans speak directly with qualified health professionals, access important health information and, when necessary, receive referral advice. This existing, province-wide infrastructure was expanded using PHCTF funds so that 80 per cent of the time, calls would be answered within two minutes. ‘Live’ on November 18, 2003, the expanded *Health Links* has the ability to link callers to local health programs and services and, in the event of an emergency, to transmit key caller information to the emergency room prior to the caller’s arrival. The centre can also provide information sheets on fundamental issues, such as health promotion and disease prevention.

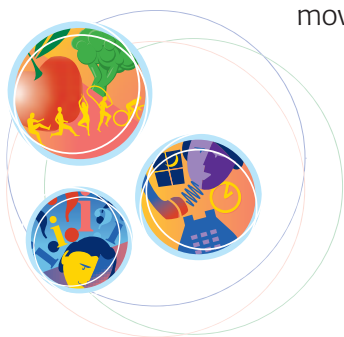
▶▶ Saskatchewan’s *HealthLine* became operational on August 1, 2003. The service is staffed 24/7 by specially trained registered nurses who provide health advice and direct callers to the most appropriate source of care. As part of an extensive marketing and communications strategy for the service, three advisory committees were established to provide strategic direction to ensure that the *HealthLine* becomes an integrated service component of the province’s primary health care system.


### Information-Sharing Systems

All too often the link between patients, primary health care providers and other health care professionals is weak, which can cause costly and unnecessary duplication of effort. A lack of information sharing among providers, for example, can result in Canadians having to repeat their health histories or undergo the same test with every health care professional they see.

In order to provide effective patient-centred care, a good flow of information is needed from one organization or provider to the next using tools such as electronic patient records or information-sharing systems that electronically link lab reports. Several provincial–territorial initiatives are implementing such systems:

▶▶ British Columbia is supporting a range of practice models, such as *Patient Care Networks*, that are arrangements among physicians to share patient records and on-call coverage. These networks typically include providers who, while not located at the same site, are electronically and operationally linked to rationalize and expand the clinical services they offer to their patients. The Province has also developed the *Electronic Medical Summary* to allow pertinent patient information to be encrypted and transferred electronically amongst various health care providers to allow patients to move through the health care system without repeating the same information.





»» The Northwest Territories recently completed an *Integrated Service Delivery Model* that established electronic links between hospital labs and communities to allow access to lab reports. The *Northern Women's Health Program* in the Territories has also been working with communities to create a single point of reference to coordinate prenatal care services for women referred to Yellowknife. Over the past year, a toll-free line was set up for health practitioners and stakeholder consultations and assessment of prenatal care and birthing services.

»» Patient and client records have been integrated at all Family Health Centres in Prince Edward Island to enable access and sharing between appropriate providers, including physicians, nurses and alternate providers. The Island's Centres have begun a process of converting patient records from paper format into electronic records.

### Capacity-Building

Addressing accessibility issues is an important primary health care renewal priority in Canada. In the *2004 Ten-Year Plan to Strengthen Health Care*, for example, access to timely care was identified as one of the principal ways to improve Canada's health care system. At the 2003 First Ministers' Meeting, governments also committed to the target that 50 per cent of Canadians would have 24/7 access to an appropriate provider by 2011.

Better access to primary health care services means changing the way services are delivered and improving existing organizations by offering new services and health care options. It also means introducing a new approach to health care to communities across Canada.

Provinces and territories are using funds from this envelope to improve Canadians' access to primary health care services:

»» Financial support is being provided to physicians in Ontario for the enrollment of patients into primary health care settings, including Family Health Networks, Family Health Groups and Family Health Teams. By March 29, 2004, the number of enrolled patients had increased significantly to 1.5 million. Enrollment is allowing for population-based planning for local health services based on the needs of patients.

### LESSONS LEARNED

"Physicians need time to determine if a multidisciplinary team arrangement or primary health care organization is suitable for their practice. Interest in these arrangements is only beginning to be realized." – *Ontario*

»» Five Community Health Centres were established in New Brunswick in the communities of Saint John, Lameque, Minto, Doaktown and Riverside-Albert. Offering a range of primary health care services through health care providers such as physicians, nurse practitioners, nurses, social workers, dietitians, physiotherapists and pharmacists, these Centres also work in partnership with a variety of other community agencies. In 2004, a number of renovations were planned to support the progression of other health organizations to the community health centre model.

»» Prince Edward Island has opened six Family Health Centres, bringing together family physicians, registered nurses and other health providers with a shared responsibility for patient outcomes based on assessed health care needs. A provincial committee of the Family Health Centre managers has also been formed to promote the implementation of a standardized model and approach to primary health care service delivery by all the Centres.

### **Healthy Living and Chronic Disease Management Strategies**

Canadians suffering from chronic diseases, such as arthritis, diabetes and congestive heart failure, can take an active role in the management of their own health by making informed decisions in partnership with their primary health care provider(s).

Primary health care renewal emphasizes health promotion, the prevention of illness and injury and chronic disease management. Several provincial–territorial envelope initiatives address this subject area:

»» British Columbia is aiming to improve the health outcomes of its populace through a *Chronic Disease Management System* that helps health care professionals and patients better collaborate on the care of illnesses such as diabetes, cardiovascular disease and kidney disease. By 2004, 130 physician-led teams had participated in one of seven ‘learning sessions’ that examined strategies for improving care and plans for incorporating such strategies in their organizations. In addition, 100 chronic disease self-management program courses had been held for 1,158 participants. Clinical practice guidelines for diabetes and congestive heart failure had also been developed to provide practical and easy-to-follow advice to general practitioners.







▶▶ Placing more emphasis on health promotion and the prevention of disease and injury is one of the key primary health care renewal objectives of the Yukon Territory. The Territory has completed an active living program, which supports the Yukon-wide walking and *Active Rx* programs; a parenting information program; and public information program regarding the prevention of fetal alcohol syndrome. Information on community wellness and healthy eating has also been added to the Territory's health Web site and its nurse information line.

▶▶ Prince Edward Island developed and implemented its *Strategy for Healthy Living* using a population health approach to address the three main risk factors for chronic disease: smoking, poor eating habits and physical inactivity. The strategy encourages and supports Islanders as they improve their quality of life by reducing these risk factors. Fact sheets on the five components of the initiative and various promotional tools have also been created to promote the program.

### **Collaborative Care through Multidisciplinary Health Provider Teams**

Collaborative care ensures coordination and continuity of care across primary health care professionals and organizations to meet the needs of the patient.

As a key aspect of collaborative care, multidisciplinary teams are well positioned to provide customized and culturally appropriate services that respond to the needs of the communities they serve. Multidisciplinary teams are not a 'one-size-fits-all' approach to primary health care. They are flexible in composition in terms of the various health care professionals that constitute the team. They are also varied in scope in terms of the types of health care services that they provide.

### **LESSONS LEARNED**

"It is important for renewal initiatives to reflect and respect diversity, both in terms of provider approaches and population health needs because different health problems require different service responses. Providing choices for patients and flexibility for providers with respect to models of care, resource allocation and organizational structure are key elements to supporting a range of practice models." – *British Columbia*

Integrating collaborative care into the primary health care services of provinces and territories is a common feature in many renewal initiatives, with particular emphasis on multidisciplinary or primary health care provider teams:


▶▶ Newfoundland and Labrador is formalizing interdisciplinary primary health care teams in all regions across the province following a framework document entitled, *Moving Forward Together: Mobilizing Primary Health Care*. The teams are based on the needs of the population being served and can include family physicians, nurses, nurse practitioners, occupational therapists and physiotherapists, as well as pharmacists, dietitians and psychologists. The framework was finalized in 2004 following extensive consultation with over 500 stakeholders.

▶▶ Nova Scotia has introduced multidisciplinary health care provider teams into 14 communities by linking doctors with nurse practitioners and shifting the focus of primary health care from family physicians in solo or group practice to collaborative primary health care teams.

▶▶ Nunavut is undertaking a series of staged, transitional initiatives that will result in structural change in its primary health care system, which includes the creation of a team-based approach to primary health care. As part of this initiative, the Territory is also working to increase the number of health care providers that are more closely linked with community members and that have a better understanding of Inuit culture.

▶▶ Saskatchewan has worked extensively with its provincial Registered Nurses Association in the development of bylaws resulting in the licensing of nurse practitioners on April 30, 2004. To increase opportunities for nurse practitioners in a multidisciplinary team, the Province is now offering bursaries to help nurses with the cost of training in a primary care nurse practitioner program.





▶▶ Manitoba has developed a formal curriculum for collaborative practice, including theory, case-based small group learning, and clinical training in an interdisciplinary model to increase the proportion of appropriately trained primary health care providers. Five faculties and schools at the University of Manitoba (Department of Family Medicine, Faculty of Nursing, Faculty of Social Work, School of Medical Rehabilitation and Faculty of Pharmacy) have agreed to participate in this initiative. A one-day collaborative practice symposium has been held for 150 health care and social service providers and regional health authority representatives, and a joint family medicine and nursing educational collaborative practice workshop has been held for trainees.

▶▶ Prince Edward Island's Family Health Centres promote collaborative care among health practitioners. The Province's collaborative practice facilitator has developed template clinical protocols to facilitate collaborative care practices, including: diabetes; hypercholesterolemia; hypertension; asthma; depression; migraine headache; and obesity. Each health centre can now implement a different collaborative based on the varying needs of its population.

## LESSONS LEARNED

"Transition takes more time than anticipated. There is a need for a flexible approach to project implementation that allows for clarification of goals, objectives and activities – and effective consultation with stakeholders to achieve consensus on intended outcomes." – *Northwest Territories*

# Multi-Jurisdictional Envelope

Multi-Jurisdictional Envelope initiatives are focused on addressing one or more of the barriers to primary health care renewal that are common across the regions involved. For example, telehealth services have several cross-jurisdictional elements that can be addressed more efficiently through collaboration among provincial–territorial partners. The management of chronic diseases is another primary health care renewal area that can benefit from the combined efforts of more than one jurisdiction. Developing and implementing training programs for health care professionals and enhancing collaborative practices through the introduction of shared care models are other such examples.

Through the five multi-jurisdictional envelope initiatives, jurisdictions are sharing strengths and experiences, realizing economies of scale and increasing efficiency by avoiding duplication of effort. These joint efforts are helping to overcome barriers to the renewal of primary health care across Canada.

## Telephone Health Advisory Lines

»» Seven jurisdictions – Yukon Territory, Northwest Territories, Nunavut, British Columbia, Alberta, Saskatchewan and Manitoba – are facing similar primary health care challenges: universal access 24/7; timely access to credible health information; appropriate utilization of health services; integration of health and related services; and quality of work life issues around recruitment and retention of staff. *Health Lines* responds to these challenges. Led by the Province of Alberta, the *Health Lines* initiative is improving Canadians' access to, and delivery of, high quality health services. Five of the seven jurisdictions have already implemented health advisory lines. The sixth is developing a health line business case and the seventh is using information gleaned from this initiative to inform its direction. Five areas have also been identified where





## Fast Facts

Up to \$35 million will be used to fund multi-jurisdictional envelope initiatives:

- Building a Better Tomorrow: \$7,011,126
- Health Lines: \$6,813,600
- Integrating Primary Care with the Multidisciplinary Team: \$1,500,000
- Selfcare/Telecare for Atlantic Canada: \$6,940,266
- Western Canada Chronic Disease Management Infostructure: \$8,000,000

jurisdictions can collaborate in support of their health lines, realize economies of scale and enhance their knowledge regarding the operation, maintenance and sustainability of these lines. These areas are evaluation, marketing/promotion, staff training, chronic disease management and co-ordination/collaboration.

»» The *Selfcare/Telecare for Atlantic Canada* initiative is using the expertise of the New Brunswick Telecare Service and best practices of other Canadian jurisdictions to investigate the provision of tele-triage and health information toll-free, 24/7 and in both official languages in Canada's four Atlantic provinces. By potentially introducing telecare services to other provinces, this initiative also aims to increase Canadians' access to helpful, accurate and timely, evidence-based health information that can positively influence an individual's behaviour and their ability to stay healthy. In 2004, a study was undertaken to determine the best telephone health advisory line model for Atlantic Canada and best practices in this field.

## Chronic Disease Management

»» The *Western Canada Chronic Disease Management Infostructure* initiative is an undertaking of the Western Health Information Collaborative involving British Columbia, Alberta, Saskatchewan and Manitoba. Its objective is to create data standards for diabetes, hypertension and kidney disease, including minimum data sets, information interchange messages and related data definitions in order to support clinical decision-making by health providers. Phase 1 of the initiative focused on a current state assessment and the definition of high-level business requirements in each of the four provinces. Phase 2 is underway and will lead to the development of an information management framework and standard message specifications, as well as the determination of core/minimum data sets. The four western provinces are also developing detailed business requirements and systems architecture to set the stage for implementation.

## Collaborative Care Models

»» Through the *Building a Better Tomorrow* initiative, Canada's Atlantic provinces are working to develop and deliver training opportunities to support health care providers who want to work in collaborative care settings. This initiative is designed to identify the learning needs of health care providers and develop effective content and delivery methods with the full participation of providers themselves, professional bodies and educational institutions. An environmental scan on interdisciplinary education, including a review of related literature, has been completed with specific recommendations for health professionals, academic institutions and professional associations.





»» The *Integrating Primary Care with the Multidisciplinary Team* initiative is intended to provide physicians and other primary health care providers with improved support for the treatment and referral of individuals with substance use problems, with or without additional mental illness (concurrent disorders). The project is focused on improving the coordination and responsiveness of mental health and addictions services within select regions of British Columbia and Yukon Territory. The initiative has focused on establishing a solid foundation of collaboration among participants. Regional stakeholders have been actively consulted and involved in planning activities to ensure that the project will meet regional requirements as well as benefit from synergies with other related regional initiatives. Administrators in each region have also been consulted to determine the optimal approach to implement the project in participating communities. Regional clinical working committees have been established in each area, with recruited clinical leaders dedicating a portion of their time to the project.

## LESSONS LEARNED

“Collaboration is a time-consuming process, but it yields significant results in terms of overall understanding and knowledge.”  
– *Building a Better Tomorrow*

# National Envelope

Many primary health care issues have national significance, and thereby benefit from national collaborative approaches. The National Envelope supports initiatives that focus on a range of renewal elements that are common across Canada, such as collaborative care, evaluation, health promotion and chronic disease management, and primary health care awareness. It also supports information sharing and the exchange of lessons learned.

There are three components to the national envelope:

- » Three **National Strategies** – the National Strategy on Collaborative Care, the National Primary Health Care Awareness Strategy and the National Evaluation Strategy – are maximizing synergies to develop joint approaches to key primary health care renewal areas.
- » **Tools for Transition** initiatives support the organization of information-sharing venues for providers, planners and administrators who wish to share experiences on change management as renewal initiatives are implemented.
- » **National Initiatives** are primary health care renewal activities that are taking place at the local or regional level, but demonstrate national relevance and offer opportunities for national application.

By the end of 2004, there were thirty-one national envelope initiatives.







## National Strategies

### National Strategy on Collaborative Care

One of the central features of primary health care renewal is the implementation of various collaborative care models across Canada. Collaborative care ensures coordination and continuity of care across primary health care providers to meet the needs of the patient, usually through a team approach. In fact, a measure of the success of primary health care renewal will be the availability of health professionals equipped to work in a collaborative organization or team approach. This requires a change in curriculum and teaching settings that promote the collaborative care experience.

The PHCTF is playing a significant role in supporting the shift to multidisciplinary organizations and teams, and other collaborative care activities, through the provincial–territorial and multi-jurisdictional envelopes. The national strategy on collaborative care reinforces this direction by funding national initiatives that are developing models, frameworks, systems and related activities to facilitate collaboration among primary health care professionals.

There are five initiatives that form the basis of the national collaborative care strategy:

▶▶ *Enhancing Interdisciplinary Collaboration in Primary Health Care* engages primary health care providers and other stakeholders in the process of developing a set of principles and a framework that describe how primary health care providers can work together effectively in every setting, as well as the conditions that need to be in place to make this happen. The initiative is also involved in the development of tools for health care providers to use to work more effectively with the public, provincial and territorial governments, regional health authorities, regulators,

## Fast Facts

Up to \$79 million will be used to fund initiatives within the three components of the national envelope:

- 9 National Strategies' initiatives: \$42,522,015
- 14 Tools for Transition initiatives: \$3,049,995
- 8 National Initiatives: \$17,528,657

## LESSONS LEARNED

“Appreciation of regional differences: learning to decipher true regional differences (Toronto, Montréal and Vancouver) from individual work styles, to better understand the expectations and actions for each local centre.” – *Health Care Interpreter Services*

private insurers and educators. A steering committee comprising national health associations and organizations representing physicians, nurses, social workers, physiotherapists, speech pathologists, dieticians, pharmacists and occupational therapists, among other health professionals, as well as a coalition of ten regulated health professional organizations are leading this initiative. Between the fall of 2004 and January 2005, the initiative held 16 public and provider workshops, five regional consultations, one leadership forum and five one-day task groups focusing on specific barriers and enablers to collaboration. In addition, a number of primary health care research papers have been commissioned. This initiative has developed an extensive Web site where the results from much of its consultation and research can be found.

»» *Nurse Practitioners in Primary Health Care* is helping to integrate and sustain the role of nurse practitioners within primary health care by developing recommendations for a national nurse practitioner framework and addressing key areas. The Canadian Nurses Association has developed core competencies for a Canadian nurse practitioner examination and is circulating it to the professional associations across the country. The Association has also produced revised position statements on the clinical nurse specialist, advanced practice nurse and the nurse practitioner to help multiple audiences to better understand the role of the nurse practitioner in relation to other nursing positions.

»» The *Multidisciplinary Collaborative Primary Maternity Care* initiative is developing guidelines to facilitate the implementation of multidisciplinary and collaborative models of primary maternity care teams for various patient-centred health care settings. It is also working to develop national standards for terminology and scope of practice for all maternity care providers, including nurses, midwives, family practitioners and obstetricians.

»» *e-Therapeutics Drug Therapy Management* is producing easy-to-use, electronic tools that physicians can access in a variety of ways to address the challenge of providing the best possible drug therapy to Canadians. This includes a Web portal and information on medications that can be downloaded by the physician on personal, hand-held digital equipment. The initiative seeks to enhance collaborative care between primary health care practitioners and promote best practices in medication management by improving communication and streamlining access to current evidence-based Canadian drug and therapeutic information. More than a dozen provincial and national organizations comprise the national *e-Therapeutics* network. In November 2004, the first major milestone was met when the Web portal was tested in a controlled pilot environment with 400 physicians, pharmacists and nurse practitioners located in Alberta, Nova Scotia and Ontario.



## Fast Facts

There are three components of the national envelope's National Strategies' initiatives:

- 5 National Strategy on Collaborative Care initiatives: \$30,151,526
  - *Canadian Collaborative Mental Health Initiative*: \$3,845,000
  - *Enhancing Interdisciplinary Collaboration in Primary Health Care*: \$6,551,700
  - *e-Therapeutics Drug Therapy Management*: \$8,840,300
  - *Nurse Practitioners in Primary Health Care*: \$8,914,526
  - *Multidisciplinary Collaborative Primary Maternity Care*: \$2,000,000
- 2 National Primary Health Care Awareness Strategy initiatives: \$10,065,865
  - *A National Primary Health Care Awareness Strategy*: \$9,592,000
  - *Moving Primary Health Care Forward: Many Successes, More To Do*: \$473,865
- 2 National Evaluation Strategy initiatives: \$2,304,624
  - *Pan-Canadian Primary Health Care Indicators*: \$1,814,753
  - *Toolkit of Primary Health Care Evaluation Instruments*: \$489,871

►► The *Canadian Collaborative Mental Health Initiative* is developing strategies that promote and advance collaborative mental health care. The initiative is focused on four main activity areas: analysis of the current state of knowledge regarding collaborative mental health care; development of a charter committing partner organizations to working collaboratively; development of specific strategies for the implementation of collaborative care; and dissemination of the initiative's findings. Sponsored by the College of Family Physicians of Canada, the initiative is being implemented by a consortium of twelve national organizations representing providers, consumers and families. The development of a collaborative mental health care framework and a primary care and mental health care policy review have been completed and posted on the initiative's Web site. Many other reviews are underway to address barriers and strategies, service utilization and international initiatives.

### National Primary Health Care Awareness Strategy

An essential element to primary health care renewal is improved public awareness of primary health care. Canadians need to be informed about primary health care and its importance to the overall health care system.

►► The *National Primary Health Care Conference* brought together more than 1,000 health care providers, policy and decision makers, health care administrators and others for four days in May 2004, to advance the work being done across the country to strengthen primary health care. *Moving Primary Health Care Forward: Many Successes, More to Do* offered participants interactive sessions on topics such as the determinants of health, information management and community perspectives on primary health care. The conference also featured group working sessions and presentations by primary health care experts from around the world. The purpose

of the Conference was to bring together health care providers, administrators and other stakeholders to share ideas and successes as they worked to ensure sustainable change in Canada's health care system.

►► The *National Primary Health Care Awareness Strategy* is guided by a federal/provincial/territorial steering committee led by Saskatchewan Health. It entails a public awareness campaign to support the primary health care initiatives underway in the provinces and territories. The goals of the strategy are to increase public awareness of primary health care by explaining what primary health care is and why renewal is important. It also seeks to demonstrate the benefits of integrating primary health care within Canada's health care system to individuals and families across Canada. Benchmark research to measure Canadians' awareness of primary health care is underway; 4,800 telephone surveys and 34 focus groups across Canada (except Quebec) have been completed. Stakeholder consultations have also commenced, as well as various communications and marketing activities.

### **National Evaluation Strategy**

Many reports point to an 'evidentiary vacuum', reinforcing the need for ongoing research and evaluation. In Canada, for example, both the Romanow report and the First Ministers' Meetings in 2003 and 2004 indicated the need for better information throughout the health care system. Better quality information is also required to inform policy directions and to provide evidence to support choices on how to bring about substantial and lasting change to primary health care.

The objective of the national evaluation strategy is to support the development of indicators and instruments that could be used to evaluate various approaches to primary health care, as well as the impact of primary health care renewal. Through consultation with national experts, agreed-upon evaluation questions will then provide the framework for the development of indicators and tools, which are the two initiatives funded under this strategy.



# Fast Facts

## There are 14 Tools for Transition initiatives within the national envelope:

- 6<sup>th</sup> National Summit on Community Cancer Control: \$75,000
- Becoming Partners: A Consultation to Build Support for a Canadian Caregiving Strategy among Primary Care Providers: \$23,135
- Best Practices in Primary Health Care Centres – National Conference: \$15,000
- Chronic Disease Management Workshop: \$340,200
- Enabling Primary Health Care Initiatives through Telehealth Workshop: \$249,500
- Enhancing Primary Health Care: Learning and Applying Facilitation within a Systems Model: \$425,600
- Family Physician Compensation Models and Primary Health Care Renewal: \$506,000
- Fetal Alcohol Spectrum Disorder in Newfoundland and Labrador: \$58,660
- Increasing Support for Family Physicians in Primary Care: \$232,900
- National Conference/Workshop on the Implementation of Primary Care Reform: \$75,000
- National First Nations and Inuit Telehealth Summit: \$500,000
- Regional Workshops to Encourage and Support Uptake of Chronic Disease Management Best Practices: \$75,000
- Shaping the Future of Primary Health Care in Nova Scotia – Conference: \$19,000
- Supporting Implementation of Electronic Medical Records in Multidisciplinary Primary Health Care Settings: \$455,000

►► The *Pan-Canadian Primary Health Care Indicators* initiative will identify and develop indicators (clinical and non-clinical) that can be used to measure the key evaluation questions identified in the first component. The information produced will assist in collecting reliable information to evaluate the different primary health care renewal approaches. In turn, this information will help to inform policy direction and provide much-needed evidence to support choices that bring about substantial and lasting change to primary health care in Canada.

►► A *Toolkit of Primary Health Care Evaluation Instruments* will be developed in both Web- and paper-based formats for governments, regional health authorities, local primary health care teams and organizations, as well as stakeholders to use when evaluating components of primary health care across Canada. This resource will feature an inventory of new and existing instruments, including the results of a literature review, developed specifically to facilitate data collection in order to monitor and measure primary health care and the impact of its renewal.

## Tools for Transition

Primary health care renewal is complicated and affects a broad range of people. Changing how people work in local settings and in the health system generally takes time and effort, but this is a key ingredient to effective renewal. *Tools for Transition* offers primary health care providers, planners and administrators information and tools, as well as venues in which to share information and experiences as reform initiatives are being implemented.

These tools and venues cover a broad range of topics – from caregiving strategies to chronic disease management to telehealth integration to increasing support for primary care physicians.

Of the 14 initiatives being funded through the *Tools for Transition* portion of the national envelope, four are completed.

▶▶ A national conference called *Best Practices in Primary Health Care Centres* was completed in October 2002. Led by the Canadian Alliance of Community Health Centre Associations, approximately 900 participants attended the conference to learn about the successes Canada's community health centres have had with primary health care renewal initiatives.

▶▶ The Ontario Family Health Network held a national conference/workshop over three days in November 2003 to address the complexities of implementing primary health care reform. The *Implementation of Primary Care Reform* conference provided a forum for approximately 100 delegates from Canada's provinces and territories, as well as international representatives to share their experiences, successes, challenges and effective strategies for addressing barriers to implementation. Panel sessions on broad topics and a series of single-issue workshops were also held during the conference.

▶▶ Approximately 250 participants, including family physicians, nurses, other health care providers, policy- and decision-makers, members of district health authorities, community health boards and volunteer agencies attended the plenary sessions and small groups at the *Shaping the Future of Primary Health Care in Nova Scotia* conference. Led by the College of Registered Nurses of Nova Scotia, this conference was completed in May 2003.

▶▶ The 6<sup>th</sup> *National Summit on Community Cancer Control* was hosted in June 2004 by the Northwestern Ontario Regional Cancer Care for an estimated 250 invited delegates. The summit was held to support primary health care renewal by improving linkages, access and integration for community-based health care organizations in northern, rural, remote and Aboriginal areas in the field of cancer control. It also sought to inform specific strategies for improving cancer control.





## National Initiatives

Primary health care renewal activities may occur in local or regional settings across Canada, but have national relevance or potential for national application. The PHCTF is supporting eight such national initiatives.

▶▶ The *National Home Care and Primary Health Care Partnership Initiative* is led by the Canadian Home Care Association. Its purpose is to enhance the integration of home care and primary health care services in Canada by demonstrating the benefits of family physician and home care case manager partnerships. The initiative is being implemented in Ontario (Halton and Peel) and in Alberta (Calgary) through the delivery of care to adult patients with diabetes. The parties are adopting preferred practice care protocols for adult patients with diabetes to agree on how to manage the care of patients with this chronic disease. Ultimately, the goal is to help primary health care providers make informed decisions and share preferred practices nationally, provincially and locally. Planning and design of the initiative has been put in place and various communications tools, including a Web site, communications kit and newsletters have been developed. An information postcard has also been distributed at a number of health care related conferences and an article about the initiative has been published in 'Physicians Solutions' magazine.

▶▶ Through the *Health Care Interpreters Services* initiative, Access Alliance Multicultural Community Health Centre is working towards establishing equal access by non-English and non-French language communities to primary health care by promoting and supporting the development of high quality interpretation services. This initiative aims to ensure that trained health care interpreters are recognized as critical members of the team of primary health care practitioners.

▶▶ The Association of Faculties of Medicine of Canada and University of British Columbia Division of Continuing Medical Education, in collaboration with the 17 medical schools in Canada, are partners in the *Issues of Quality and Continuing Professional Development* initiative. The goal of this initiative is to establish interdisciplinary primary health care provider teams and implement continuing professional development and faculty development strategies in order to ensure that the most appropriate care is provided. It focuses on maximizing the use of common collaborative approaches by actively promoting opportunities for information and action-sharing to achieve excellence in primary health care nationally. By responding to the needs of communities, this

## KEY CHALLENGES

"The enormity and diversity of the primary health care system has become one challenge for us. We were aware of major education facilities but have only now learned of the many technical institutions that are responsible for training primary health care workers. To address this challenge, we will develop training resources that can be utilized by all our community partners." – *Rainbow Health*

initiative also identifies the barriers of access to health care which directly affect the health status of specific groups, including marginalized populations. All 17 medical schools in Canada are engaged in the initiative and actively participating in its governance. In 2004, a literature review had been completed to identify best practices focusing on continuing professional development and/or social accountability in the Canadian and international realms. A list of pilot projects for demonstrating and/or increasing social accountability had also been created with input from all 17 medical schools.

»» The *Pallium Integrated Care Capacity Building Initiative* is a partnership initiative among collaborators in British Columbia, Alberta, Saskatchewan, Manitoba, Yukon Territory, Northwest Territories and Nunavut. Focused on outreach education and professional development for hospice palliative care, among other areas, a significant emphasis is placed on improving supports within an organized framework of publicly funded regional health authorities and community-based, voluntary-sector partners to improve local and regional capacity and inter-sectoral collaboration. The initiative has implemented a nationally accredited, multidisciplinary course for practicing family physicians, registered nurses and pharmacists to promote provider collaboration and improved access to quality care at the local level. It has also implemented a service/program design and development process at the regional health authority level in order for health regions in western and northern Canada to have the ability to align hospice palliative care services based on a national framework called the *Canadian Hospice Palliative Care*, which itself is based on national principles and norms of practice. The initiative has also supported, in the form of information and courses for non-Aboriginal caregivers, the responsiveness and nature of care offered to Aboriginal clients and families facing life-threatening and life-limiting illness. Moreover, it has secured a contract for services for French-language translation with the Canadian Hospice Palliative Care Association.

»» *Getting a Grip on Arthritis* is a national educational program designed to improve the ability of primary health care providers and people with arthritis to manage this disease. The program targets health professionals working in primary health care organizations across Canada. Its focus is on osteoarthritis, the most common type of arthritis, and rheumatoid arthritis, a more serious and complex type of arthritis requiring urgent referral to a specialist. The program emphasizes prevention, early arthritis





## Fast Facts

### There are eight National Initiatives within the national envelope:

- Continuous Enhancement of Quality Measurement in Primary Mental Health Care: \$2,000,000
- Getting a Grip on Arthritis: \$3,876,685
- Health Care Interpreter Services: \$471,900
- Issues of Quality and Continuing Professional Development: \$985,000
- National Home Care and Primary Health Care Partnership Initiative: \$2,682,100
- Pallium Integrated Care Capacity Building Initiative: \$4,317,000
- Physicians and Care of Quality for Canadian Francophone Minority Communities: \$888,972
- Rainbow Health – Improving Access to Care: \$2,307,000

detection, comprehensive care, self-management and timely referral for specialized care when needed. The infrastructure and connections to apply the program nationally have been put in place based on the lessons learned during a pilot project in community health centres in Ontario. Provider and patient questionnaires, as well as a community capacity survey have been developed to be administered in participating sites beginning in summer 2004. In addition, one urban and one rural focus group have been convened in each region to determine patient needs and access-to-care issues.

►► *Rainbow Health – Improving Access to Care* is reforming the primary health care system by partnering with health educational institutions and professional associations to enable them to provide better training on gay, lesbian, bisexual and transgendered (GLBT) health issues. The initiative is also helping health care providers meet the needs of this population in an informed and sensitive manner. By building capacity within GLBT communities, the initiative is enabling groups and individuals to partner with local health resources to provide better services so GLBT people can become more informed consumers of primary health care services. Partnerships have been formed and data collection is underway to support the analysis of GLBT health-related issues. Rainbow Health also engaged in national consultations and participated in the national primary health care conference in Winnipeg in May 2004.

### KEY CHALLENGES

“The project activities require participation and support from across Canada and across different stakeholder communities. Achieving consensus around this project scope and the division of responsibilities is an ongoing challenge. This is significant because if respect for variation in opinions is not addressed, current and future buy-in for the project may be affected. This needs to be balanced against the need to stick with tight timelines.”

– *National Home Care and Primary Health Care Partnership Initiative*

# Aboriginal Envelope

First Nations and Inuit peoples have unique primary health care service delivery mechanisms. Many Aboriginal communities, including the Métis, also require better access to integrated primary health care services.

The Primary Health Care Transition Fund's Aboriginal Envelope supports primary health care renewal initiatives that encourage multidisciplinary and culturally appropriate approaches to health services in Aboriginal communities. The funding also provides an opportunity for federal, provincial, and territorial governments and Aboriginal stakeholders to integrate primary health care services, where appropriate, by establishing and enhancing partnerships.

Primary health care renewal initiatives supported through the Aboriginal envelope are intended to promote more productive, cost-effective primary health care service delivery to Aboriginal peoples, while enhancing service delivery coordination between Health Canada's First Nations and Inuit Health Branch (FNIHB), provincial and territorial governments, First Nations and Inuit communities and health organizations. These initiatives also seek to enhance the ability of various Aboriginal health care systems to be accountable to one another and the public through collaborative information development and to improve the linkages between primary health care services and social services delivered to Aboriginal peoples.



## Fast Facts

Up to \$35 million will be used to fund Aboriginal envelope initiatives in two different areas:

- 5 Health System Renewal initiatives: \$26,139,066
  - *Bigstone-Aspen Shared Initiative Care: \$1,995,000*
  - *Community and Organizational Transition to Enhance the Health Status of all Northerners: \$3,272,536*
  - *Health Integration Initiative and Nursing Strategy: \$15,000,000*
  - *Northern and Aboriginal Population Health and Wellness Initiative: \$2,925,150*
  - *Tui'kn Initiative: \$2,946,380*
- 4 Health System Enhancement initiatives: \$8,634,363
  - *Aboriginal Midwifery Education Program: \$1,690,927*
  - *Ikajuruti Inungnik Ungasiktumi (IIU) Telehealth Network in Nunavut: \$2,700,041*
  - *Project to Implement a Digital Radiology and Teleradiology System: \$801,900*
  - *Keewatinook Okimakanak (KO) Telehealth/North Network Partnership Expansion Plan: \$3,441,495*



There are two funding components of the Aboriginal envelope: health system renewal, for large-scale initiatives that will renew entire primary health care delivery systems; and health system enhancement, for activities that will improve the delivery of primary health care in a way that specifically benefits Aboriginal peoples.

## Health System Renewal

» The five First Nations Bands in Cape Breton, Nova Scotia are partners in the *Tui'kn (Da-ee-gun) Initiative* to remove the barriers to an integrated, holistic, culturally appropriate, multidisciplinary primary health care model. The initiative seeks to ensure access to treatment services and emphasizes health promotion and the prevention of illness and injury. Two important milestones were reached when the respective Band Councils passed a resolution to enable the development of a locally controlled health information database. First, the Bands' leadership for improving the health of individuals in the community will be strengthened with the development of a health information database that is owned and controlled by the Bands, especially when used as a community-based tool to identify local needs and priorities. Second, local people will be trained in the collection and analysis of health information which is critical for translating data into decision-support tools for the purpose of program development and strategic planning. Data collection and analysis by individuals in the community will also help to ensure local control of health system planning.

» The *Health Integration Initiative* is identifying mechanisms for collaboration and harmonization among the various levels of government to improve access to, and quality of, services and to respond to the needs of specific First Nations and Inuit communities and populations. The initiative involves three main areas of activity: piloting integration approaches with eight tripartite projects across the country; research; and developing a policy framework. Outreach and communications activities have been devoted to increasing awareness and enhancing understanding of the initiative within FNIHB headquarters, Regions and among project partners, including development of communications tools, hosting a national integration workshop and plans for a Web page to post the results of interim and final evaluations of the projects.

## KEY CHALLENGES

“Procurement and delivery of telehealth workstation equipment was a challenge – equipment cannot be laid on its side, so it would not fit in the airplane and the shipping season only began in July, which would have caused a significant delay in the installation schedule. A plan was found that could accommodate the workstations, which arrived on time to meet the project schedule.” – *Ikajuruti Inungnik Ungasiktumi (IIU) Telehealth Network*

“The most common issue in the northern communities is power failures and acts of nature. The satellite communities continue to be an ongoing challenge in terms of connectivity and the need for increased bandwidth.” – *Keewaytinook Okimakanak (KO) Telehealth*

## LESSONS LEARNED

“The administration of day-to-day operations, relationship-building and ‘choreography’ demands the time and talent of a full-time project manager and administrative assistant. The lag between project start-up and the retention of key staff to support it requires contingency planning, and recruitment of the right candidate can (and probably will) take longer than expected.” – *Tui'kn Initiative*

## Health System Enhancement

» The *Ikajuruti Inungnik Ungasiktumi (IIU) Telehealth Network in Nunavut* improves access to health care by the people of Nunavut beyond the 'basics' to include health, social services, public health, education and administration. The project significantly impacts the existing infrastructure and provides greater access to information for professionals working in northern remote communities. The continuing education and contact with other health care providers offers much needed support to local health care workers – potentially improving health care resource shortages by encouraging the recruitment and retention of medical professionals. The objectives of this initiative are focused on enhancing the existing network, including supporting staff in remote locations through continuing education, better problem-solving and greater participation in patient care plans and delivery, and using telehealth as a community development tool by providing communication between communities and regions.

» The *Keewatinook Okimakanak (KO) Telehealth* initiative is intended to enhance access and integrate health services through the use and expansion of telehealth technology among First Nations in Northern Ontario. The project follows a six-tiered implementation plan: applying and supporting telehealth systems and network services; recruiting clinical staff and training users; applying project administration and governance; implementing program evaluation and research activities; migrating integrated telehealth services to regional First Nations; and implementing communications, promotion and dissemination plans. The preliminary network design of the initiative has been completed; request for proposals for telemedicine workstation technology completed and issued; installation of the network tested at two new sites; and the interoperability, gateway and network technology tested. Telehealth coordinators, local facilitators and a service migration coordinator have been recruited. Community consultation and a detailed communications and dissemination plan have also been completed.





# Official Languages Minority Communities Envelope

The Official Languages Minority Communities (OLMC) Envelope supports activities that improve access to primary health care services for English- and French-speaking minority communities across Canada, such as the development of tools and training materials and increasing capacity of appropriate health care providers. The envelope also supports initiatives which share information and forge links among health care providers and other partners to improve primary health care service availability in the official language of choice for linguistic minority communities.

There are two main OLMC envelope initiatives:

## **English-Speaking Minority Communities**

The Community Health and Social Services Network involves forty-five community-based organizations, public institutions and other member organizations in the promotion of projects and partnerships aimed at improving access to health services and social services in English in Quebec.

»» *Improving Primary Health Care Services for English-speaking Persons in Quebec* is improving the knowledge and use of Health Information Lines in Quebec by English-speaking people. The initiative is also adapting primary health care and front-line services to reorganize expertise and serve an otherwise dispersed and underserved clientele, as well as improving primary health care and community services offered in some long-term care centres. The initiative involves more than 20 projects.

## **French-Speaking Minority Communities**

The *Société Santé en français* (SSF) [Francophone health society] is a national organization created in December 2002 to promote health development in French and improve access to health services in French by Francophones living outside Quebec.

### LESSONS LEARNED

“You realize that an initiative of this size in a short time frame will meet with difficulties.” – *Résautage Santé en français*

The SSF has started to implement national initiatives, such as planning health services in French and coordinating initiatives to be carried out by the SSF networks.

»» The *Réseautage Santé en français* [Francophone health network] was created to act as a forum for joint action by partners interested in increasing access to health care services in French, promoting service integration and facilitating community empowerment. Completed in March 2003, the initiative resulted in the creation of SSF networks in each province and territory which seek to improve access to French-language primary health care services. Provincial forums were held in: British Columbia in March 2002; Alberta in the fall of 2003; Saskatchewan, Manitoba and Ontario in May 2003; and New Brunswick in November 2002 and May 2003. Several initiatives were also implemented in the other provinces and territories.

»» The SSF Network in British Columbia translated the *BC HealthGuide* for distribution to the 24,000 Francophone households in the Province and the Yukon Territory. The initiative sought to improve communication between Francophone communities and the departments responsible for health care in the Province and Territory; support provincial departments in the delivery of services and communication with Francophone communities; improve the delivery of primary health care to Francophone communities; and contribute to increasing the visibility of these communities.

»» The SSF Network in Manitoba is working to ensure that the Francophone minority community in Manitoba has access to the *Health Links* telephone service in French. They also seek to ensure that the language and technical service of *Health Links* is a service comparable to that available to the English-speaking population. The Network has prepared the service site (office planning and renovation; installation of telephone lines and computer networks; and purchase and installation of furniture), recruited personnel, established a work schedule, developed continued quality assessment tools and planned the continuous professional development program.

»» The SSF Network in Newfoundland and Labrador has begun the development of a directory of health professionals in the Province.

## Fast Facts

Up to \$30 million will be used to fund official languages minority communities envelope initiatives:

- Community Health and Social Services Network: \$10,000,000
- *Société Santé en français* [Francophone health society]: \$20,000,000





# Conclusion

A great deal of work is being achieved by Canada's provinces and territories, and other health care stakeholders, toward the renewal of primary health care services. It is important to recognize the numerous initiatives and activities being implemented across the country – and to highlight some of the key milestones being reached along the way to lasting change in Canada's health care system.

The PHCTF interim report is an opportunity to share with all Canadians some information about the achievements being made through Primary Health Care Transition Fund initiatives – and to provide a valuable resource for those working in primary health care.

There are many essential steps being taken behind the scenes in primary health care renewal – a lot more than could possibly be included in this overview report. Canadians are encouraged to find out more about these initiatives by browsing the Web sites listed in the Appendix. Provincial and territorial partners, health care organizations and associations, and the wide range of providers and organizations in the primary health care sector are also encouraged to get in touch with one another to learn more about the challenges being faced, and the successes being achieved, with the support of the PHCTF.

Primary health care renewal takes time. Through the PHCTF, governments and other health care partners are taking the necessary steps to ensure that long-term and sustainable changes are made within Canada's health care system for the benefit of all Canadians. The work we have collectively achieved to date has taken us one step closer to this goal.

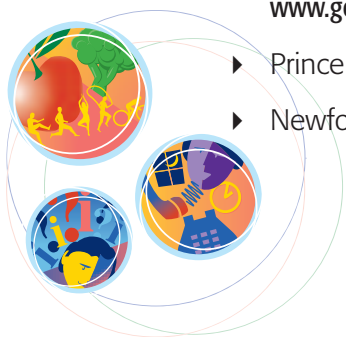
Look for more progress reports and achievements throughout the remainder of the Fund.

# Appendix

## List of PHCTF Initiatives

### Provincial–Territorial Envelope

- ▶ Yukon  
[www.hss.gov.yk.ca/phctf/index.html](http://www.hss.gov.yk.ca/phctf/index.html)
- ▶ Northwest Territories  
[www.hlthss.gov.nt.ca](http://www.hlthss.gov.nt.ca)
- ▶ Nunavut  
[www.gov.nu.ca/hss.htm](http://www.gov.nu.ca/hss.htm)
- ▶ British Columbia  
[www.healthservices.gov.bc.ca/bchealthcare](http://www.healthservices.gov.bc.ca/bchealthcare)
- ▶ Alberta  
[www.health.gov.ab.ca/about/phc/index.htm](http://www.health.gov.ab.ca/about/phc/index.htm)
- ▶ Saskatchewan  
[www.health.gov.sk.ca/ps\\_phs\\_services\\_over.html](http://www.health.gov.sk.ca/ps_phs_services_over.html)
- ▶ Manitoba  
[www.gov.mb.ca/health/primaryhealth.html](http://www.gov.mb.ca/health/primaryhealth.html)
- ▶ Ontario  
[www.health.gov.on.ca/english/providers/project/phctf/phctf\\_mn.html](http://www.health.gov.on.ca/english/providers/project/phctf/phctf_mn.html)
- ▶ Quebec  
[www.formulaire.gouv.gc.ca/cgi/affiche\\_doc.cgi?dossier=7402&table=0](http://www.formulaire.gouv.gc.ca/cgi/affiche_doc.cgi?dossier=7402&table=0)
- ▶ New Brunswick  
[www.gnb.ca/0051/0601/index-e.asp](http://www.gnb.ca/0051/0601/index-e.asp)
- ▶ Nova Scotia  
[www.gov.ns.ca/health/primary-care/](http://www.gov.ns.ca/health/primary-care/)
- ▶ Prince Edward Island
- ▶ Newfoundland and Labrador







## Multi-Jurisdictional Envelope

- ▶ Building a Better Tomorrow: Engaging Current Providers in a Renewed Primary Health Care System for Atlantic Canada
- ▶ Health Lines
- ▶ Integrating Primary Care with the Multidisciplinary Team: Collaborative Care for Substance Use and Concurrent Disorders  
[www.mheccu.ubc.ca/community/multijurisdictional/CollaborativeCare.cfm](http://www.mheccu.ubc.ca/community/multijurisdictional/CollaborativeCare.cfm)
- ▶ Selfcare/Telecare for Atlantic Canada
- ▶ Western Canada Chronic Disease Management Infostructure  
[www.whic.org/public/profiles/cdm.html](http://www.whic.org/public/profiles/cdm.html)

## National Envelope

### National Strategies

#### *National Collaborative Care Strategy*

- ▶ Canadian Collaborative Mental Health Initiative  
[www.ccmhi.ca](http://www.ccmhi.ca)
- ▶ Enhancing Interdisciplinary Collaboration in Primary Health Care: A Change Process to Support Collaborative Practice  
[www.eicp.ca/en/](http://www.eicp.ca/en/)
- ▶ e-Therapeutics Drug Therapy Management: Tools and Technology to Enhance Collaboration and Communication to Improve Safety and Outcomes from Drug Therapy  
[www.pharmacists.ca/content/about\\_cpha/whats\\_happening/cpha\\_in\\_action/etherapeutics.cfm](http://www.pharmacists.ca/content/about_cpha/whats_happening/cpha_in_action/etherapeutics.cfm)
- ▶ Helping to Sustain Canada's Health System: Nurse Practitioners in Primary Health Care  
[www.cnpi.ca](http://www.cnpi.ca)
- ▶ Multidisciplinary Collaborative Primary Maternity Care  
[www.mcp2.ca](http://www.mcp2.ca)

### *National Evaluation Strategy*

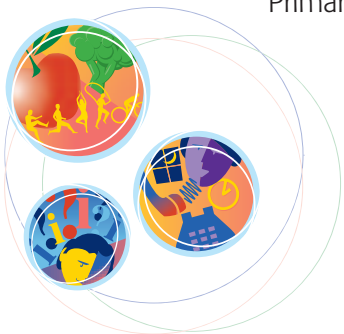
- ▶ Pan-Canadian Primary Health Care Indicators
- ▶ Toolkit of Primary Health Care Evaluation Instruments

### *National Primary Health Care Awareness Strategy*

- ▶ A National Primary Health Care Awareness Strategy
- ▶ Moving Primary Health Care Forward: Many Successes, More To Do  
[www.phcconference.ca](http://www.phcconference.ca)

### **Tools for Transition**

- ▶ 6<sup>th</sup> National Summit on Community Cancer Control: Community Cancer Control in Northern and Rural Communities  
[www.communitycancercontrol.ca](http://www.communitycancercontrol.ca)
- ▶ Becoming Partners: A Consultation to Build Support for a Canadian Caregiving Strategy among Primary Care Providers
- ▶ Best Practices in Primary Health Care Centres – National Conference
- ▶ Chronic Disease Management Workshop
- ▶ Enabling Primary Health Care Initiatives through Telehealth Workshop
- ▶ Enhancing Primary Health Care: Learning and Applying Facilitation within a Systems Model
- ▶ Family Physician Compensation Models and Primary Health Care Renewal
- ▶ Fetal Alcohol Spectrum Disorder in Newfoundland and Labrador
- ▶ Increasing Support for Family Physicians in Primary Care
- ▶ National Conference/Workshop on the Implementation of Primary Care Reform
- ▶ National First Nations and Inuit Telehealth Summit
- ▶ Regional Workshops to Encourage and Support Uptake of Chronic Disease Management Best Practices
- ▶ Shaping the Future of Primary Health Care in Nova Scotia – Conference
- ▶ Supporting Implementation of Electronic Medical Records in Multidisciplinary Primary Health Care Settings





### National Initiatives

- ▶ Continuous Enhancement of Quality Measurement in Primary Mental Health Care  
[www.mheccu.ubc.ca/community/multijurisdictional/CEPrimaryCare.cfm](http://www.mheccu.ubc.ca/community/multijurisdictional/CEPrimaryCare.cfm)
- ▶ Getting a Grip on Arthritis: A National Primary Care Community Initiative  
[www.gettingagrip.ca](http://www.gettingagrip.ca)
- ▶ Health Care Interpreter Services, Strengthening Access to Primary Care  
[www.criticallink.org/English/whatsnew.htm](http://www.criticallink.org/English/whatsnew.htm)
- ▶ Issues of Quality and Continuing Professional Development: Maintenance of Competence
- ▶ National Home Care and Primary Health Care Partnership Initiative  
[www.cdnhomecare.ca/primary/public\\_display/index.php](http://www.cdnhomecare.ca/primary/public_display/index.php)
- ▶ Pallium Integrated Care Capacity Building Initiative  
[www.pallium.ca](http://www.pallium.ca)
- ▶ Physicians and Care of Quality for Canadian Francophone Minority Communities  
[www.cfmcanada.ca](http://www.cfmcanada.ca)
- ▶ Rainbow Health – Improving Access to Care  
[www.rainbowhealth.ca/english/improving.html](http://www.rainbowhealth.ca/english/improving.html)

### Aboriginal Envelope

#### Health System Renewal

- ▶ Bigstone-Aspen Shared Initiative Care  
[www.bigstone.ca](http://www.bigstone.ca)
- ▶ Community and Organizational Transition to Enhance the Health Status of all Northerners  
[paths.sasktelwebsite.net](http://paths.sasktelwebsite.net)
- ▶ First Nations and Inuit Health Branch Health Integration Initiative and Nursing Strategy
- ▶ Northern and Aboriginal Population Health and Wellness Initiative  
[www.thompson.ca/dbs/naphwi](http://www.thompson.ca/dbs/naphwi)
- ▶ Tui'kn Initiative  
[www.tuikn.ca](http://www.tuikn.ca)

### Health System Enhancement

- ▶ Aboriginal Midwifery Education Program
- ▶ Ikajuruti Inungnik Ungasiktumi (IIU) Telehealth Network in Nunavut – A Tool to Help People From Far Away
- ▶ Project to Implement a Digital Radiology and Teleradiology System
- ▶ Keewaytinook Okimakanak (KO) Telehealth/North Network Partnership Expansion Plan – Enhancing Access and Integrating Health Services  
[www.telehealth.knet.ca](http://www.telehealth.knet.ca)

### Official Languages Minority Communities Envelope

#### Community Health and Social Services Network

- ▶ Improving Primary Health Care Services for English-Speaking Persons in Quebec  
[www.chssn.org](http://www.chssn.org)

#### Société Santé en français [Francophone health society]

[www.forumsante.ca](http://www.forumsante.ca)

- ▶ Coordination of Official Language Minority Communities Envelope Initiatives
- ▶ *Enfants et aînés : Le cœur d'une communauté en santé* [Children and Seniors: Key to a Healthy Community]
- ▶ Improving Access to Health Care for Francophones in British Columbia
- ▶ Improving Access to Health Care Services for Francophones in Vancouver Coastal Health
- ▶ *La composante francophone du Centre d'appel provincial Info Santé* [The French Component of the Health Links Provincial Call Centre]
- ▶ *Mise en place de centres de santé primaires* [The Implementation of Primary Health Care Centres]
- ▶ *Projet de répertoire des professionnels de la santé* [Directory of Health Professionals Initiative]
- ▶ *Réseautage Santé en français* [Francophone health network]
- ▶ Setting the Stage
- ▶ The BC Health Guide in French

