

After-hours Care

Poor health is not a nine-to-five condition. People can get sick or suffer flare-ups of ongoing illnesses at any hour of the day or night. Knowing this, the best primary health care practices offer their patients after-hours care. And when they do, patients benefit from having providers who know them and who can deal with their problems quickly and effectively. The health system also benefits, because patients don't get duplicate tests and treatments (for conditions already known) or use expensive hospital emergency rooms.

But Canada's not very good at offering after-hours care.

Despite evidence showing its benefits,¹ a Commonwealth Fund survey ranked Canada 10th out of 11 countries on after-hours care.² Among Canadians, almost two-thirds say it's hard to get care outside of their clinic's regular hours.³ And just 45 per cent of Canadian primary care practices have after-hours care of any kind. CNA thinks this is a clear case of failing to plan or *care ahead*.

Caring ahead is a guiding catchphrase created by CNA to help establish a more organized approach to health care. In business and in life, we all know the value of planning ahead. Anticipating events, considering actions and options, and getting prepared make us much more likely to succeed. But when it comes to health care, we don't do it enough. In advocating for *caring ahead* CNA wants to instil the benefits of planning in the health system so we can solve problems before they become overwhelming.

So far in Canada, practices that offer after-hours care use different approaches. In Alberta, Ontario, Quebec, New Brunswick, Nova Scotia and Manitoba, many use 24/7 access to a telephone help line, while others in Alberta and Ontario offer extended office hours.⁴ Primary care offices also use teams of health professionals, including nurses and nurse practitioners, to extend their hours and range of services.

What are the next steps in *caring ahead* on after-hours services?

1. Promoting team-based primary care, focused on making registered nurses and nurse practitioners leaders in after-hours care.
2. Lobbying provincial and territorial governments to ensure after-hours care is available in 90 per cent of primary care practices by 2017.

¹ van Uden, C. J. T., & Crebolder, H. F. (2004). Does setting up out of hours primary care cooperatives outside a hospital reduce demand for emergency care? *Emergency Medicine Journal*, 21, pp. 722-723.

² Schoen, C., & Osborn, R. (2012). *The Commonwealth Fund 2012 international health policy survey of primary care physicians*. Retrieved from

http://www.commonwealthfund.org/~media/Files/Publications/In%20the%20Literature/2012/Nov/PDF_2012_IHP_survey_chartpack.pdf

³ Health Council of Canada. (2010). *How do Canadians rate the health care system?* Retrieved from http://www.healthcouncilcanada.ca/rpt_det.php?id=122

⁴ Hutchison, B., Abelson, J., & Lavis, J. (2001). Primary care in Canada: So much innovation, so little change. *Health Affairs*, 20(3), 116-131.