

Primary Health Care: A Summary of the Issues

What's the issue?

In 1978, the World Health Organization (WHO) adopted the primary health care (PHC) approach as the conceptual basis for effective health care delivery. CNA views PHC as a foundation for the entire health system and as a model for improving health care delivery.

PHC includes basic medical and curative care at the first level (commonly referred to as *primary care*). PHC is also relevant to secondary and tertiary care. The PHC approach focuses on promoting health and preventing illness. The PHC approach means being attentive to and addressing the many factors in the social, economic and physical environments that affect health – from diet, income and schooling, to relationships, housing, workplaces, culture and environmental quality. In addition, the PHC approach places citizens and patients on an equal footing with health professionals with respect to decision-making about health issues.

The five principles usually associated with the PHC approach are:

- **Accessibility** – A continuing and organized supply of essential health services is available to all people with no unreasonable geographic or financial barriers.
- **Public participation** – Individuals and communities have the right and responsibility to be active partners in making decisions about their health care and the health of their communities.
- **Health promotion** – The process of enabling people to increase control over and to improve their health.
- **Appropriate technology** – This includes methods of care, service delivery, procedures and equipment that are socially acceptable and affordable.
- **Intersectoral cooperation** – Commitment from all sectors (government, community and health) is essential for meaningful action on health determinants.

(Canadian Nurses Association, 2003)

Primary health care versus primary care

The terms *primary health care* (PHC) and *primary care* (PC) are often used interchangeably, which leads to confusion. In contrast to the PHC approach, the PC system refers to the “first line” clinical services that provide an entry point to the health care system.

Although the PC system has been evolving, there are some fundamental differences in how the PC system is understood and how PC could function within a PHC system. The PC system has traditionally been viewed as: provider-driven; based in clinical diagnosis and treatment; institutionally oriented; individually focused; and emphasizing service provision.

However, within a PHC framework, while still focusing on illness management and appropriate service referrals for individuals and families, PC would also:

- take a holistic and comprehensive view of the factors that contribute to health;
- emphasize health promotion and preventive health care, as well as health problems;
- engage clients as true partners in their care; and
- create and maintain meaningful community agency relationships to facilitate client access and referrals.

(Adapted from Barnes, D. et al., 1997)

Why is this issue important?

Using the PHC approach to reform the PC system is of great importance now because of the following factors:

- Increasing numbers of Canadians do not have adequate access to primary care services. In 2003, 3.6 million or 14 per cent of Canadians did not have a regular family doctor. This is an increase from 2001 when 12 per cent did not have a regular family physician. (Canadian Medical Association, 2005)
- This situation places increased pressure on other parts of the health care system; e.g., hospital emergency rooms.
- Recognition of the impact of determinants of health on health status is increasing.

“Primary health care is the single most important basis from which to renew the health care system.”

– Roy Romanow, chair of the Commission on the Future of Health Care in Canada

(as cited in Canadian Nurses Association, 2003, p. 2)

Reform of the health care system is high on the political agenda. Federal and provincial governments, in the 2003 Health Care Renewal Accord, committed that, by 2011, 50 per cent of Canadians, would have access to a multi-disciplinary team of health providers, 24 hours a day, 7 days a week.

Why is this issue important to nurses?

Nurses are addressing the challenge of working more effectively as members of multi-disciplinary primary care teams, and integrating a PHC focus more effectively into their practice. PC teams, which include family physicians, nurses, and other health professionals working side-by-side as partners, produce better health outcomes, improved access to services, more efficient use of resources, and greater satisfaction for both patients and providers. Nurse practitioners, for example, who integrate elements into their practices such as health promotion, diagnosing and treating health problems, and prescribing drugs, can be effective providers

of primary care for many clients. All health providers, including nurses, need to be educated within a framework that supports interdisciplinary work, and interdisciplinary practice needs to be supported in health care settings, whether in the community or in an institution.

Nurses learn to consider socioeconomic factors and the broad determinants of health in their assessments and interventions. Their work settings, however, often compel them to work within a much narrower clinical and treatment-based focus. Indeed, at the level of the health system, although the rhetoric is about “primary health care reform,” the focus of government policy is on expanding access to treatment services.

What has CNA done to address this issue?

For the past 20 years, the CNA has advocated for a health care system based on the principles of the PHC approach. CNA believes that this approach is the most effective strategy for providing health care in a way that is equitable and accessible.

In 2002, CNA strongly endorsed PHC in its presentations both to the *Commission on the Future of Health Care in Canada* (the Romanow Commission) (Canadian Nurses Association, 2001) and the *Standing Senate Committee on Social Affairs, Science and Technology* (the Kirby Commission) (Senate of Canada, 2002).

CNA has also intervened in various committees advocating for a health system based on PHC principles (e.g., in 2003, the House of Commons Standing Committee on Health’s Study on Prescription Drugs; in 2004, the Standing Committee on the Status of Women).

Currently, CNA is a partner in five projects funded under the federal government’s Primary Health Care Transition Fund:

- **The National Implementation of an Integrated Client Centred Approach to the Management of Arthritis** focuses on arthritis management in a multidisciplinary community health setting as a marker for other chronic diseases (www.arthritis.ca/resources/gettingagrip).
- **Enhancing Interdisciplinary Collaboration Project** is developing a framework and a strategy to support effective collaboration among the different health professionals working in PHC (www.eicp.ca).
- **Canadian Collaborative Mental Health Initiative** is examining options to improve collaboration between front-line professionals and others who specialize in providing mental health services (www.ccmhi.ca).
- **Canadian Nurse Practitioner Initiative** is developing a strategy to facilitate sustained integration of the nurse practitioner role in the health system to improve Canadians’ access to health services (www.cna-aiic.ca).
- **Multidisciplinary Collaborative Primary Maternity Care Project** is creating and promoting collaborative maternity care models (<http://sogc.medical.org>).

What can nurses do about this issue?

Nurses in all settings, not only PC, need to understand and take action on PHC principles. From ICU to long-term care, the principles are relevant and critical to comprehensive, client-centred practice.

Nurses can strengthen their practice by considering the following questions:

- **Accessibility** – What issues affect the ability of your clients to access your services (e.g., hours, transportation, disability, cultural, economic factors)? How can your services be made more accessible?
- **Health promotion** – What are the effects of social, economic and environmental factors on the health of your clients? Do you take these factors into account when you develop your interventions?
- **Interdisciplinary collaboration** – Do you work as a team with health professionals from other disciplines? What could be done to make this relationship more effective?
- **Use of appropriate skills and technology** – Are the skills of different health and social service professionals used in the most effective way to support your clients?
- **Public participation** – Does the community you work with have input into the kinds of programs you do or the way in which they are delivered?

The public respects nurses and considers them credible when they speak about health issues. Nurses can use this position to advocate for a better health system in the following ways:

- Educate decision-makers, community leaders and other health professionals about PHC and the role that nurses can play.
- Invite politicians and other decision-makers to your workplace so they can see first-hand what you do and the issues that affect your work.
- Write a letter to the editor of your local newspaper – tell your story.
- Participate on planning committees at your workplace or in your community that are looking at PHC issues. Ensure that the nursing perspective is heard.

Where can you go for further information?

- CNA has several useful references on PHC and the role of nurses (www.cna-aic.ca).
- The Canadian Health Network has in-depth information on 26 key health topics and population groups (www.canadian-health-network.ca).
- The Canadian Health Services Research Foundation has produced a report analysing PHC systems in several industrialized nations (www.chsrf.ca).
- The Canadian Medical Association has produced a magazine as part of the CMA Leadership Series called Primary Care Reform (http://www.cma.ca/index.cfm/ci_id/44700/la_id/1.htm).

- The World Health Organization has resources describing the development of PHC around the world (www.who.int).
- The College of Family Physicians of Canada's report *Family Medicine in Canada: One Vision for the Future* is available from their website (www.cfpc.ca).
- The final report of the Standing Committee on Social Affairs, Science and Technology on the health of Canadians is available from (<http://www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/SOCI-E/rep-e/repoct02vol6-e.htm>).

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