Public health and primary care
Perspectives from Quebec

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Public health and primary care
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Auditoire Jéquier-Doge, Policlinique médicale universitaire (PMU)
Rue du Bugnon 44, Lausanne
objectives…

« … highlight some insights from Quebec province about the interactions between Public health and Primary Care. »

« … propose challenges and opportunities for a renewed and strengthen health and social services system. »
Two premisses

- The emergence of chronic diseases and increase in life lived with incapacities are changing the balance between determinants of health
  - Health care is an increasingly important determinant of functional status and health related quality of life
- The technological, therapeutic and organisational innovations in health care are changing the practice of individualised and community medicine
  - Individualised care has to be planned while collective services have to make the most of contacts of patients with service providers
Studies and syntheses about integrating public health and care

Barrières et éléments facilitant l’implantation de modèles intégrés de prévention et de gestion des maladies chroniques

Barriers and facilitators to the implementation of integrated models of prevention and management of chronic illnesses

Levesque J-F 1, Feldman D 2, Dufresne C 3, Bergeron P 4, Pinard B 5, Gagné V 6

Integrating Public Health into Healthcare Governance in Quebec: Challenges in Combining Population and Organizational Perspectives

Does Receiving Clinical Preventive Services Vary across Different Types of Primary Healthcare Organizations? Evidence from a Population-Based Survey

L’intégration de la santé publique à la gouverne locale des soins de santé au Québec : enjeux de la rencontre des missions populationnelle et organisationnelle

Integrating public health to healthcare local governance in Quebec: challenges arising from bringing closer population and organization perspectives

Breton M1, Levesque JF2, Pineault R3, Lamothe L4, Denis JL3
Policy analyses of PHC reforms in ten provinces and three territories

Examines primary health care reform efforts in Canada during the last decade drawing on:

- descriptive information from published and grey literature
- and from a series of semi-structured interviews with informed observers of PHC in Canada

(Hutchison, Levesque, Strumpf, Coyle 2011)
A deliberative synthesis of PHC reforms evaluations in five provinces

- Examines the impact of models and factors facilitating reform through:
  - Case studies of provincial reforms
  - Deliberative synthesis involving reform evaluations researchers as well as decision-makers

(Levesque, Burge, Haggerty, Hogg, Katz, Pineault, Wong 2012)
The Quebec health and social services system

One of 10 provincial health systems

Publicly-funded medical services

- Privately provided
- Mostly private allied health and social care

Historical development towards a community-based approach

- Local community health centres
- Integrated social programmes
A felt need for increasing integration

Realisation that the deficiencies of many service delivery systems lies in the interactions of its components

- Lack of prevention and poor coordination of preventive activities
- Emergency room crowding resulting from poorly accessible primary care
- Long hospital length of stays due to delays in discharge to long-term care facilities
- Avoidable readmission to hospitals due to poor coordination with social services
A structural attempt at integration

“In Quebec, the recent reorganization has introduced the mandate of population-based responsibility to a new health organization, the Centre de santé et de services sociaux (CSSS) and confer them the responsibility of developing services adapted to the needs of a geographically defined population.”

Planning must not only respond to the needs of service users but also consider the needs of individuals or groups who, for a variety of reasons, do not currently consult healthcare providers to meet their needs.

(Gouvernement du Québec 2003)
The structure of the health and social services system

14 ADVISORY BOARDS:
- Régie de l’assurance maladie
- Office des personnes handicapées
- 12 other advisory boards

Clinics and private medical offices including family medicine groups (GMF) (Around 2000)

Hospital centres*
Residential and long-term care centres*
Rehabilitation centres*

MINISTER

MINISTÈRE DE LA SANTÉ ET DE SERVICES SOCIAUX

18 HEALTH AND SOCIAL SERVICES AGENCIES

Community organizations (Over 3000)

95 HEALTH AND SOCIAL SERVICES CENTRES (AROUND 85% OF WHICH INCLUDE A HOSPITAL CENTRE)

Child and youth protection centres*
Private institutions*

* Institutions or organizations that are not part of a CSSS
The Local health centres mandates

Promote health and wellbeing
Bring services closer to the population
Supply more accessible and better coordinated services
Facilitate people’s pathways in the health system
Ensure a better management of patients, especially the most vulnerable
The Local health centres roles

Define an organisational and a clinical plan

- Adopting a vision centred around health needs
- Adopting a population responsibility perspective

Ensure the participation of professionals and coordination of care

Management of contracts and resource allocation

Public health services and inter-sectoral collaboration

Develop the local health networks
The local network: an integrated model

A LOCAL NETWORK OF HEALTH AND SOCIAL SERVICES

LOCAL TERRITORY

- Physicians (GMF, medical clinics)
- Social economy enterprises
- Private resources
- Community-based pharmacies
- Community organizations
- Non-institutional resources

HEALTH AND SOCIAL SERVICES CENTRE
Grouping of one or more CLSC, CHSLD and CH*

- Hospital centres
- Youth centres
- Rehabilitation centres

Other activity sectors: school, municipal, etc.

* A CSSS might not include a hospital centre because of the absence of such a structure of services in its territory or the complexity of integrating or grouping these services.

© Gouvernement du Québec, 2008
Some challenges faced

Identifying and understanding the “population”
- Residents, clients, users
- Mis-alignment of area-based population and organisational catchment areas

Planning health services in an integrated manner
- Planning individual services alongside collective services
- Lack of information and varying timescales

Establishing the networks
- Engaging regional partners in common plans and coordinated actions
- Engaging primary care and community-based organisations
A definition of public health

“...the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society.” (Acheson 1998)
### Two sectors in tension

#### TABLE 1. Tensions between public health and healthcare

<table>
<thead>
<tr>
<th>Public health</th>
<th>Delivery</th>
<th>Healthcare system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population in the territory that uses or does not use the services</td>
<td>Target</td>
<td>Individuals who use the services</td>
</tr>
<tr>
<td>Improve the health of the population of the territory, over the medium and long terms</td>
<td>Objectives</td>
<td>Improve the health of individuals who use care, at the time they need it</td>
</tr>
<tr>
<td>Focus on prevention, promotion and protection</td>
<td>Services offered</td>
<td>Focus on diagnostic and curative services</td>
</tr>
<tr>
<td>Public health professionals and various intersectoral stakeholders</td>
<td>Stakeholders concerned</td>
<td>Healthcare professionals and administrators</td>
</tr>
<tr>
<td>Forward-looking, anticipates problems</td>
<td>Temporality</td>
<td>Corrects the past, reacts to problems</td>
</tr>
<tr>
<td>Numerator/denominator relationships, population-based effectiveness</td>
<td>Types of effectiveness</td>
<td>Interested in the numerator, clinical effectiveness and use</td>
</tr>
</tbody>
</table>

Source: Agence de santé et de services sociaux de Montréal, 2004 (as adapted by Derose and Petitti 2003; Garr et al. 1993).
Figure 2. Evolution of the health system's governance structures in Quebec

PROVINCIAL
- MAS
- MSSS Dir. SP
- MSSS Dir. SP

REGIONAL
- CRSS
- RRSSS Dir. SP
- INSPQ
- ASSS Dir. SP

LOCAL
- DSC
- CH
- CLSC
- CSSS
  - CLSC
  - CH
  - CHSLD
  - Resp. local SP
- CHSLD
- Private clinics

Timeline:
- 1920
- 1970
- 1990
- 2000
- year
An increasing overlap of interests?

The role of public health planning care

- Need for planning and prioritization processes that are:
  - based on population needs
  - address the full continuum of health
  - integrating the service provisions sectors

The role of care in delivering public health

- Recognition of the lack of prevention
- Realisation of imbalances between treatment and care
  - develop capacities of patients and communities to influence their health
An increasing overlap of interests?

(Source: Breton, Levesque et al. 2009)
Some challenges faced

Building a legitimacy of role for public health to support health care reform and evaluation

- Protected budget culture
- Care and public health remain seen in opposition

Aligning public health priorities and health care settings priorities

Showcasing the competencies to clinical settings and planning bodies

- Building public health teams and tools
- Developing operational solutions and translating knowledge
Primary healthcare?

- the care provided by certain clinicians
  - general practitioners, nurses, health professionals
- a set of activities whose functions define the boundaries of primary care
  - such as curing or alleviating common illnesses and disabilities
- a level of care or setting
  - an entry point to a system
- a set of attributes
  - care that is accessible, comprehensive, coordinated, continuous, and accountable) or care that is characterized by first contact, accessibility, longitudinality, and comprehensiveness (Starfield (1992)

*Defining Primary Care: An Interim Report* (IOM, 1994).
Primary care in Quebec

Primary healthcare (PHC) in Quebec

• One of 13 provincial and territorial health systems
• A publicly-funded and privately-provided medical care
  • Mostly fee-for-service reimbursement
• Mostly privately-funded allied health and social services
  • 35-40% of health expenditure is private – below 2% for medical
• A fairly homogeneous model of practice – the solo or small medical group
• Absence of rostering or registration of patients
Primary care in Quebec

Primary healthcare (PHC) in Quebec
- 30% of patients not affiliated to a practice or doctor
  - Increasing rates of orphan patients due to closing of clinics
- Problems of access to primary care
  - High rates of emergency department consultations
- Reduction of uptake of general practice as a medical specialty
  - Increasing number of patients followed by specialists for their primary care
- A persistent focus on individual curative care with lack of preventive services and population approaches
A context of primary care reform

Primary healthcare (PHC) reform is currently under way in various Canadian provinces
• Recognition of the central role of primary healthcare into healthcare systems’ performance

Emerging models and policies are at various levels of implementation across jurisdictions
• A natural experiment of change in PHC

Patients roster, groups, multidisciplinary, blended funding, clinical governance, quality improvement, local coordination, information systems
Some challenges faced

Implementing information systems
- Lack of EMR implementation
- Poor clinical information capacity

Developing multidisciplinary teams
- Going beyond the nurse-physician tandem

Ensuring attachment or rostering of patients

Aligning payment systems
- Promoting relevance and coverage of care more than productivity
Primary care protection and prevention

- Sentinel clinicians for infectious diseases control
- Clinical surveillance of hazardous environmental and work-related exposures
- Screening and behavioural counselling for health
Primary care prevention and treatment

• Primary care providers having a regular contact with the entire population

• In public systems based on universal medical care, harnessing the practice as a site of health promotion, prevention, diagnosis and treatment is vital
Primary care population approach

• A prepared and proactive team of providers requires an understanding of its population of patients needs and characteristics
  • Developing an understanding of epidemiological data and population dynamics
Clinical health promotion

- Clinical settings are opportunities of privileged contacts with the population
  - Chronic disease management and improvement in patients capacity to manage health problems are determinants of elderly populations health
  - Promoting health and social participation in aging population requires an alignment of clinical approaches and social services and community development approaches
Planning primary care services

- Primary care providers cannot ensure the coverage of the entire population needs without planning and prioritising
  - Need for data and prioritisation processes
Primary care impact evaluation

- Epidemiology of the primary care practice as a basis for planning care and quality improvement efforts
Conclusion

• The Quebec context is characterised by a great effort to integrate various components of the health system.
• This integration positions public health as a central player in planning and evaluation.
• A concurrent primary care reform provides a great opportunity for public health to support and benefit from a population health approach in primary care.
• Challenges remain in implementing such changes.