

Ontario Health Coalition Primary Care Reform Position Paper

Preamble

Primary health care is generally the first point of contact Ontarians have with the health care system. This has most often occurred at the private office of a family physician.

For years, health care advocates and their organizations have pushed for true primary care reform that will deliver to Ontarians more access and better services. However, the provincial government and the Ontario Medical Association are in the process of hijacking this reform and are working to create corporatized, for-profit, HMO-style Primary Care. The piloting of physician controlled primary care groups, combined with the new right to incorporate, will result in a dramatic acceleration of privatization. The danger posed by this to Ontarians cannot be overstated. **There is an urgent need to create a public, not-for-profit system of Primary Care in Ontario**, but this is not what they have in mind.

We are therefore calling on the public and all member organizations to become actively engaged in the struggle for a Primary Care system that meets our needs and reflects our interests.

Primary Care, as with all sectors of our health care system, requires adequate funding, resources and staffing and is integral to a public, not-for-profit single-tier health care system.

As we fight to secure our vision of Primary Care, we must be vigilant in opposing any attempts by the Tories to use their version of primary care reform as an excuse to strip our public hospitals of funding, services and staffing; to continue its gross underfunding of Home Care; to promote privatization and a two-tier health care system and to impose any other sanctions on Ontarians' access to public, not-for-profit, quality health care. One of the best ways to ensure quality health care is to infuse the system with the necessary funding and to stop privatization. Primary Care Reform must be implemented in this context.

The Ontario Health Coalition is calling on the provincial government to take immediate action to create and fund a system of Primary Care based on the following principles:

- Every resident must be guaranteed access to care with an entitlement to the care they need.
- Primary health care must be publicly funded, administered and delivered.
- Primary care practices must have a structure and culture that ensures they are democratically run through a Board controlled by the community with input by patients, care providers and advocates.

- Physician control of health care must end. Primary care organizations must draw on the skill of a range of health care providers: therapists, dentists, nutritionists, nurse practitioners, dental hygienists, doctors, RNs, RPNs, midwives, occupational therapists, optometrists, pharmacists, physiotherapists, laboratory technologists, and social workers; jointly these providers will comprise the primary health care team.
- Services should be accessible 24hrs/day, 7 days/week, all year round.
- Patients should have the unfettered right to change their primary care practitioners if they feel that their health care needs are not being met. We are therefore opposed to any form of rostering that restricts the unfettered right to select or change primary care practitioners.
- Primary health care must be provided to all regardless of age or state of health -- to individuals, families, children and seniors, people living in poverty, people living in wealth, people who are ill and people who are well. There must be no preconditions for care.
- Doctors and all health care providers must be moved off the fee-for-service method of payment to salary. Salaries should be the mode of payment for all primary health care providers.
- The range of services provided must be based on the health needs of the community.
- Primary health care delivery groups must be large enough to play a meaningful role in improving the determinants of health.
- All Primary care teams must make a written commitment to patients detailing provider obligations, such as ensuring comprehensive health care, including health promotion, disease prevention, advocacy, and case management.
- Unionization of all people who work in primary care settings should be encouraged. The operators of primary care centres should be required to establish a positive climate for unionization, recognizing there is a benefit in the quality of health care if their employees are unionized.
- There must be whistle blower protection for all employees to allow them to freely and publicly identify practices in the primary care system that they find unacceptable.
- Funding must be sufficient to meet the health needs of the community being served and should be paid to the primary care center, rather than to individuals within the group. Funding also needs to be adequate to meet the collective bargaining obligations of the center to its employees.
- Primary health centers must be community controlled and accountable to the community within provincial standards ensuring that they provide the care patients need. Location, structure and methods of care delivery will vary to meet the needs of the community served and can include community controlled hospitals and hospital organizations, community controlled Health Service Organizations, Community Health Centres and CLSC-style organizations.
- Educational programs are needed to prepare practitioners to work collaboratively in a setting that focuses on the health of the community as well as the individuals who live within it. It is essential for the government to immediately engage in human resource planning, including the funding of educational programs to ensure adequate numbers of qualified practitioners.

- There needs to be improved information flow between primary care providers, ERs, hospital floors, home care and long term facilities so that patients can receive secondary and tertiary treatment and return home with minimal disruption and danger. However, adequate resources are required to put an effective system in place. While information management makes it possible for information about patients to be shared quickly and efficiently, mechanisms must be put in place to ensure privacy, security, and confidentiality. Personal information should only be shared within the health care system on a need to know basis and never revealed without consent to outside organizations, including employers, insurance companies and other businesses that may want to profit from this information.
- There should be no change in the mandate of emergency departments to see and treat anyone who chooses that as their access to health care.