

Primary Care: What is it? Who provides it? Why does it need to be reformed?

These particular questions are being scrutinized these days in an attempt to figure out why our health care system needs to be dramatically overhauled. It is clear beyond doubt that our Health Care system in this province is in crisis. One has heard many stories in recent times of rationing of services, lengthy waiting lists and lack of access to modern technology. If we hope to revitalize our health care system we must start with a significant reinvestment in re-establishing comprehensive primary care. The corner stone of modern day medicine is the same as it was one hundred years ago – comprehensive primary care delivered in coordinated fashion. Unfortunately, the practice of comprehensive primary care is in serious trouble.

Many different players in many different settings provide primary care in these modern times. However, not all of these different delivery models are both cost effective and medically comprehensive. Traditionally, primary care has been provided by family physicians in the community both from their offices and in the hospital. Times are changing and the first contact one might have with the health care system in today's day and age might not only be with a family physician.

One of the best definitions of primary care is that described by the Academy of Family Practice. It reads, "Primary Care is a form of medical care delivery that emphasizes first-contact care and assumes ongoing responsibility for the patient in both health maintenance and therapy of illness. It is personal care involving a unique interaction and communication between the patient and physician. It is comprehensive in scope and includes the overall coordination of the care of the patient's health problems, be they biological, behavioural or social. The appropriate use of consultants and community resources is an important part of effective, primary care."

It is clear from this definition that family physicians are uniquely trained to be this pivotal player, acting as gatekeeper for our health care system and being the initial contact for those accessing it. In some instances patients might not have access to a family physician in the traditional sense and may choose their entry in an alternate way. These alternate sources for primary care provision have expanded in recent years. They include walk- in clinics, community health centres and urgent care centres. Many hospital inpatients are now looked after by hospitalists or hospital resident physicians and nurse practitioners are also now providing primary care in the hospital and the community. Some patients are even forced to attend Emergency Rooms, costly as it may seem, for provision of primary care services.

The delivery of primary care in Ontario where Essex County is a prime example, is fraught with many problems. There is a significant doctor shortage, especially those who provide primary care services. Indeed a Decima Research poll in 2002, showed that 80% of Ontario residents polled believe there is a serious family physician shortage and 30% of those polled have experienced difficulty accessing family physicians themselves. Fewer and fewer family doctors are accepting new patients leaving close to one million Ontarians without a family doctor. Ontarians give the care received from their family physicians a high rating and prefer to avoid receiving their primary care from Emergency Departments or episodic care clinics. It is evident from recent medical school statistics that the current trend is showing medical students are avoiding family practice as a career choice and many graduating family physicians are choosing not to practise

comprehensive family medicine. Physician shortages are compounded by the increasing demand for medical services exerted by the growing and aging population. As the general population ages, not only are more medical services required but physicians have to address significantly more complex health issues. More needs to be done to resolve this shortage and this must begin immediately.

Primary medical care simply put is a patient's first point of contact with the health care system and 81% of patients prefer family physicians as this first point of contact. This primary care needs to be patient focused, accessible, coordinated, continuous, comprehensive, appropriate, accountable and sustainable. Evidence has shown that patient health outcomes are improved when family physicians have been involved in their care and declining access to family physicians has left many patients without comprehensive care forcing them to seek help from episodic care centres such as walk-in clinics and emergency rooms.

How primary care is delivered in Essex County is as varied as it is in any other community. The bulk of primary care here is delivered by family physicians providing continuous care. Over the last decade we have seen an explosion in the number of episodic care clinics, which include walk-in clinics and urgent care centres. These are different in many instances from after-hours clinics, which often provide care for a certain group of doctors' practices outside of regular office hours. An urgent care centre is again different from a walk-in clinic because they often treat more acute medical problems such as lacerations, asthma attacks and fractures. These various primary care facilities usually only provide one time or episodic care and the follow-up is left to a traditional primary care provider which in most instances is a family physician. Our community also has seen Community Health Centres spring up where there is a coordinated health care team developed to meet the needs often of a certain geographic area or target population. And one must not forget the role that nurse practitioners play in providing basic primary care services in the hospital and the community, whether it is independently or under the direction of a physician.

In future columns, each of these primary care sources will be introduced and profiled to better explain their role in providing primary care to our population. Some of these forms of primary care delivery have arisen out of necessity because of lack of available services and others have flourished because of financial attractiveness. However varied the delivery of primary care may be, it is clear that they must all draw from a finite pool of funds and it continues to be a formidable challenge to allow their unique role in the health care system and at the same time force cost effective comprehensive care.

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