

Topic Overview

Building a Primary-Care 'Home' for Every Ontarian

Stakeholder Dialogue 11 March 2016

The McMaster Health Forum convened a stakeholder dialogue on the subject of building a primary-care 'home' for every Ontarian. With the support of Ontario College of Family Physicians, the dialogue brought together 22 participants – 2 policymakers, 4 managers, 3 healthcare professionals, 7 researchers, and 6 stakeholders – from across Ontario to examine the problem, elements of a comprehensive approach for addressing it, and key implementation considerations.



Deliberation about the problem

Dialogue participants generally agreed with the challenges presented in the brief, which related to a lack of equitable and timely access to patient-centred primary care and a lack of coordination across providers, teams and settings. They also agreed that past reforms have tried (with some success) to address these challenges but many system-level challenges still remain. Building on this, participants focused on the problem as it relates to the patient and provider level and the system level. At the patient and provider level, participants identified three key challenges: 1) lack of equitable and timely access; 2) lack of relational continuity across sectors (particularly with specialty care); and 3) lack of person-centered care. At the system level, participants identified two main challenges: 1) difficulty balancing a patient- and system-level focus; and 2) lack of evolution of primary-care models over time due to widespread thinking that the primary-care models implemented a decade ago were a panacea. Subsequently, these models have not been extensively evaluated or iteratively adjusted over time and may no longer fully meet the needs of some Ontarians (e.g., people living with multiple chronic conditions).

The views expressed in the evidence brief and dialogue summary are the views of the authors and should not be taken to represent the views of the funders.





Participants drawn from government and from health, professional and research organizations gather during a McMaster Health Forum event on 11 March 2016

Deliberation about an approach

Participants identified several considerations for moving forward with the three elements of a potentially comprehensive approach that were presented in the evidence brief. For element 1 (defining a ‘made in Ontario’ approach), participants indicated that Ontario already has considerable infrastructure available in the form of existing care models and practices, that can help to achieve the goals of the primary-care ‘home’ model. However, participants indicated that new ways of working together that leverage existing resources, as well as different approaches to funding, are needed to ensure that the appropriate provider complement is available (e.g., in terms of staffing) to ensure patients have access to the full spectrum of primary and allied care. For element 2 (conducting rapid-cycle evaluations), participants emphasized the need for ongoing quality-improvement processes across the entire system based on population-level data and input from citizens and other stakeholders, rigorous evaluations against agreed upon measures, and enhanced infrastructure to support evaluation and the engagement of citizens and other stakeholders. Lastly, for element 3 (supporting system-wide implementation), participants identified the need for learning and training opportunities (e.g., coaching and facilitation) to support implementation at the practice-level, and the need for leadership to support within and across sector collaboration and innovation.

Deliberation about next steps

Participants identified four types of activities and considerations that need to be the focus going forward: 1) a multifaceted approach to support practice change; 2) additional resources and a better alignment of incentives to achieve system-level goals, along with allowing sufficient time for these resources and incentives; 3) an ‘alliance model’ (instead of a patchwork) operating both across sectors and between practices (e.g., building a network of primary, speciality, and home and community care at the LHIN and sub-LHIN levels); and 4) engaging patients and their families in developing, implementing and evaluating a ‘made in Ontario’ model along with organizational structures to support this type of work.

Dialogue deliverables

To learn more about this topic, consult the [evidence brief](#) that was presented to participants before the dialogue, the [summary of the dialogue](#), and [view the interviews with dialogue participants](#).

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