

Topic Overview

**Strengthening Primary Healthcare in Canada**

**Stakeholder Dialogue  
8 January 2010**

The McMaster Health Forum convened a second stakeholder dialogue on the subject of strengthening primary healthcare in Canada. At the table were 20 influential doers and thinkers – five policymakers, four managers in districts/regions or central delivery agencies, five staff/members of healthcare provider associations or groups, two staff/members of patient/public interest groups, two researchers, and two representatives from the Health Council of Canada – who examined the problem of limited or inequitable access to sustainable, high-quality, community-based primary healthcare, options for addressing it, and key implementation considerations.

The Health Council of Canada funded the stakeholder dialogue and both the evidence brief and issue brief prepared to inform it. The views expressed in the issue brief are the views of the authors and should not be taken to represent the views of the Health Council of Canada, its Councillors or secretariat, or its principal funder (Health Canada).

**Deliberation about the problem**

Dialogue participants focused on two main types of higher-order causes of the problem: 1) the lack of incentives targeted at those accountable for or working in health systems; and 2) our lack of understanding about the types of initiatives that could trigger system-level change. They also identified five more proximal causes: 1) the lack of communication strategies to educate politicians, health system managers, healthcare providers, and the general public about the importance of primary healthcare; 2) the lack of management structures to steer and support the process of strengthening the primary healthcare system; 3) the lack of funding agreements that include primary healthcare strengthening as an explicit goal; 4) the lack of attention to performance measurement and to feedback that would support quality improvement; and 5) the lack of attention given to change-management processes within primary healthcare systems.

Health Council of Canada



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Participants gather during a McMaster Health Forum event on 8 January 2010

## Deliberation about options

Drawing on the issue brief, participants' own knowledge and experiences, and the insights from the deliberations, many in the group concluded that the key areas of focus that will accelerate the strengthening of primary healthcare across Canada include:

- “connecting the dots” in ways that resonate with politicians, health system managers, healthcare providers, and the general public (which means articulating and communicating the “business case” for primary healthcare as the foundation of the health system);
- establishing management structures between the practice/clinic level and the provincial government level to steer and support the process of strengthening primary healthcare;
- negotiating funding agreements with a range of professions and organizations that include an explicit goal of strengthening primary healthcare;
- placing greater attention on performance measurement (including the electronic health records at the primary healthcare level that make this possible) and on feedback to support quality improvement; and
- giving greater attention to change-management processes within primary healthcare systems.

## Deliberation about implementation

A number of participants argued for continuing (and ideally accelerating) the momentum of incremental changes that are starting to affect the entire system, while also preparing for and taking advantage of “windows of opportunity” at the intergovernmental, governmental, regional, and practice/clinic levels. Possible opportunities were seen to be the upcoming renegotiation of the Canada Health Transfer (due to expire in 2014), government deficits (which could spur system change, not simply system cuts), elections, funding agreement renewals, plans for new policy initiatives directly or indirectly related to primary healthcare, consultations about primary healthcare (such as one taking place in Québec), the “unlocking of” and reorientation of Canada Health Infoway funds, and human resource shortages looming as a result of workforce aging.

### Dialogue deliverables

To learn more about this topic, consult the [evidence brief](#) and [issue brief](#) that was presented to participants before the dialogue, the [summary](#) of the most recent dialogue, or the [video interviews](#) with dialogue participants. For an electronic copy of other evidence briefs, issue briefs or dialogue summaries, or to view the video interviews, visit our website (<http://www.mcmasterhealthforum.com>) and click on ‘Products’ along the sidebar.

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