2020 pre-budget submission to the House of Commons Standing Committee on Finance
Primary care is the backbone of our health care system in Canada and a national priority for this government.

The echoing words of the Speech from the Throne certify that the Government will strengthen health care and “Work with provinces, territories, health professionals and experts in industry and academia to make sure that all Canadians can access a primary care family doctor.” The Health Minister’s mandate letter further confirms that the Government will work “with the support of the Deputy Prime Minister and Minister of Intergovernmental Affairs, the Minister of Finance and the Minister of Seniors, to strengthen Medicare and renew our health agreements with the provinces and territories” to “ensure that every Canadian has access to a family doctor or primary health care team”.

We recognize that strengthening primary care through a team-based, inter-professional approach is integral to improving the health of all people living in Canada. This belief is consistent across our alliance of four major groups: the Canadian Medical Association, the Canadian Nurses Association, the Canadian Association of Social Workers and the College of Family Physicians of Canada. There is nothing more suiting or fortunate than for a team-based approach to be wholeheartedly supported by an even larger team of teams.

We commend the Government’s commitment to increasing Canadians’ access to primary care. We have a model to make it happen.

The Primary Health Care Transition Fund 2, a one-time fund over four years, would provide the necessary funding to help establish models of primary care based on the Patient’s Medical Home, a team-based approach that connects the various care delivery points in the community for each patient. This model is rooted in the networking of family physicians, nurse practitioners, nurses, social workers and other health professionals as a team. This is the only way to provide comprehensive primary care to patients. It will enable a more exhaustive approach to patient care, ultimately leading to increased prevention and better health outcomes for Canadians. Consider it the main artery in meeting the needs of patients and communities.

A commitment to the Primary Health Care Transition Fund 2 gives substance to the promise of building a network of care that addresses immediate health needs while connecting to ongoing social and community health services. This Fund model bolsters Canadians. It is backed by doctors, nurses, and social workers. A phalanx of Canadian care providers stand behind it. An entire country will benefit from it.

**RECOMMENDATION**

In support of the federal government’s commitment to improve Canadians’ access to primary care, we recommend a one-time fund in the amount of $1.2 billion over four years to expand the establishment of primary care teams in each province and territory.
The goal of the Primary Health Care Transition Fund 2 (PHCTF2) is simple – to ensure that the care provided across Canada meets the needs of patients. Today. And in the future.

This time-limited initiative, a one-time fund in the amount of $1.2 billion over four years, would provide the necessary support to help establish models of primary care based on the Patient’s Medical Home, a team-based approach that connects the various care delivery points in the community for each patient. This model is rooted in the networking of family physicians, nurse practitioners, nurses, social workers and other health professionals as a team. The Fund will build on past successes resulting in large-scale sustained change in primary care delivery models in Ontario, Quebec and Alberta.

PHCTF2 could also be used to promote the delivery of innovative models such as virtual care, which are currently being used in a limited manner across Canada. The promotion of virtual care would enable Canadians to access and consult primary health care team members through various constructive means including secure messaging and video consultation.

The Primary Health Care Transition Fund 2 supports the patient-focused home. Not only is this the essential path forward for the future of medicine and health care, but young doctors are already being trained in this model.

In addition to improving access to family physicians and primary care teams the proposal will support the governments’ efforts to advance mental health care and seniors care, and making home care more readily available.

### About the Primary Care Transition Fund

**Canadians’ Access to Care**

Across the country, access to primary care continues to present myriad challenges:

- Over 15% of Canadians aged 12 and older do not have a regular health care provider.
- Of those who had a regular provider experience wait time issues: only 4 in 10 Canadians who had a regular provider could get an appointment within 48 hours when they needed one.
- In 2017, of those Canadians with a regular health care provider, just 40% reported that there were one or more nurses working with their family physician/nurse practitioner. Just under 9.5% reported that health professionals other than doctors and nurses (such as nutritionists) worked in the same office in which they obtained their regular care.
- Far-ranging evidence indicates that access to care is not equitable in Canada, disadvantaging vulnerable and at-risk populations as well as rural and remote communities.
- The 2019 Commonwealth Fund Survey found that larger group practices were more likely to report having nurses or case managers to monitor and manage the care of patients with chronic conditions and to offer patients greater flexibility such as weekend appointments and the ability to book appointments online.
- November 2018 saw nearly 2,000 advertised positions for family physicians – not including part-time and locum.
- A 2018 Pollara survey found that while 89% of Canadians with chronic conditions reported that they consulted a physician for their condition, just 11% reported access to a health care team.
- The CMA’s 2019 consultations inform us that Canadians:
  - Are worried about the shortage of health professionals, long wait times and crowded hospitals.
  - Are growing tired of government cuts to health services to balance budgets.
  - Believe that the federal government should do more to improve health care.