Moving Forward Together: Mobilizing Primary Health Care

A Framework for Primary Health Care Renewal in Newfoundland and Labrador

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

Primary health care has been positioned by *Healthier Together: A Strategic Health Plan for Newfoundland and Labrador* as the central focus for delivery of health and community services in Newfoundland and Labrador, and the level at which the most significant health and community services renewal will occur. This framework document has been developed for the province to support implementation of primary health care renewal.

Moving Forward Together: Mobilizing Primary Health Care reflects the principles and directions articulated in the Provincial Strategic Health and Social Plans, and the Federal/Provincial/Territorial Vision for primary health care. It supports the population health approach to care, which is the improvement of the health of the entire population and the decrease of health inequities (e.g. employment, poverty, age, education, culture) among population groups. Its design embodies the lessons learned and recommendations from the *Primary Care and Family Medicine in Canada: A Prescription for Renewal* document, the Provincial Primary Health Enhancement Project, the Nurse Practitioner Implementation Evaluation, the Primary Care Advisory Committee Report, the Provincial Primary Health Care Advisory Council, and a provincial consultation process. Many of the concerns and suggestions expressed during development of the document have been addressed, and resultant modifications made to the original framework.

A renewed health and community system, based on this framework, will improve access to comprehensive primary health care, emphasizing health promotion, and illness and injury prevention. The new direction will promote a team-based, interdisciplinary approach to services provision. A well-integrated primary health care model based the health and community services system will be the vehicle to achieve better health outcomes, better health status, sustainability, and greater cost-effectiveness.

This Primary Health Care Framework represents the view of the Department of Health and Community Services for a provincial primary health care model. An incremental approach to implementation will build on the existing strengths and capacities of the system, and will support voluntary participation of primary health care stakeholders. Although the various features of the framework are essential, it will allow for flexible and unique implementation solutions in different team areas. Some of these unique solutions may, at a later date, become part of the provincial model as provincial policy, be adopted in contracts as appropriate, and support the framework as a “living document”.

GLOSSARY OF TERMS

Accountability	The ownership of conferred responsibilities, combined with an obligation to report to a higher authority on the discharge of these responsibilities and on the results obtained (Treasury Board, Government of Newfoundland and Labrador (2000). *Achieving Excellence).*
Best Practices	Approaches that have been shown to produce superior results, selected by a systematic process, and judged as "exemplary", "good ", or "successfully" demonstrated. They are then adapted to fit a particular organization (Canadian Council on Health Services Accreditation (CCHSA) 2002 *Achieving Improved Measurement* (Glossary) Ottawa, Ontario).
Capacity Building	Capacity building involves enhancing the ability of individuals and groups to mobilize and develop resources, skills and commitments needed to accomplish shared goals (Canadian Mental Health Association (1999). *Mental Health Promotion Tool Kit: A practical resource for community initiatives).*
Community Capacity	Community capacity refers to the ability of community members to use the assets of its residents, associations and institutions to improve quality of life. Each community's collection of assets will be unique, for it will reflect the specific characteristics of its population, its political structures and geography (Canadian Mental Health Association (1999). *Mental Health Promotion Tool Kit: A practical resource for community initiatives).*
Community Development	A process involving a partnership with community members or groups to build the community's strengths, self-sufficiency, well-being, and to solve problems. This process enables the community to make decisions, to plan, design, and implement strategies to achieve better health (Haen, B. & Labonte, R., 1990).
Continuity	The provision of unbroken services that are coordinated within and across programs and organizations, as well as during the transition between levels of services, across the continuum, over time (Canadian Council on Health Services Accreditation (CCHSA) 2002 *Achieving Improved Measurement* (Glossary).Ottawa, Ontario).
Continuum of Care	A full range of flexible, effectively linked services, from institutional care to home-based/community-based care (McGill University Health Centre. (1997) 21st Century: A new vision for health care).
Continuum of Services	An integrated and seamless system of settings, services, service providers, and service levels to meet the needs of clients or defined populations. Elements of the continuum are: self-care, prevention and promotion, short-term care and service, continuing care and services, rehabilitation, and support (Canadian Council on Health Services Accreditation (CCHSA) (2002) *Achieving Improved Measurement* (Glossary).Ottawa, Ontario).
Core Set of Services	A basic set of health care services which would be common to each primary health care site throughout the province. Services would include individual/family health services, public health/population health services, and social/community services (Healthier Together: A Strategic Health Plan for Newfoundland and Labrador, 2002).

Critical Mass	The optimum threshold for levels of service delivery, teaching, and research at which resources are efficiently utilized (and under which resources would not be efficiently utilized.) (McGill University Health Centre. (1997) 21st Century: A new vision for health care).
Determinants of Health	Factors that together contribute to the state of health and well-being of a population or individuals. These are factors such as: income and social status, social support network, education, health services, employment and working conditions, physical environment, biology and genetic endowment, personal health practices and coping skills, and child health and development (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1994).
Evidence-Based Decision Making	Evidence-based decision making is the explicit, conscientious and judicious consideration of the best available evidence in the provision of health care (adapted from Canadian Nurses Association. (1998) Policy Statement on Evidence-based Decision-making and nursing practice).
Governance	The exercise of authority, direction and control (Treasury Board, Government of Newfoundland and Labrador (2000). *Achieving Excellence).*
Health Promotion	Process of actively supporting and enabling people to increase control over and improve their health (World Health Organization, 1998). Process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being (Ottawa Charter for Health Promotion (1986). *First International Conference on Health Promotion, Ottawa).* Concerned with maximizing the involvement of individuals and communities in improving and protecting quality of life and well-being. Health promotion aims to address equity in health, the risks to health, sustainable environments conducive to health, and the empowerment of individuals and communities by contributing to healthy policy, advocating for health, enabling skills development and education (Canadian Mental Health Association (1999). *Mental Health Promotion Tool Kit: A practical resource for community initiatives).*
Interdisciplinary Primary Health Care Model	An approach to primary health care delivery which emphasizes universally accessible continuous, comprehensive, coordinated primary health care provision for a defined population through the shared responsibility and accountability of physicians and all other primary health care providers (adapted from the Working Group on Interdisciplinary Primary Care Models, Advisory Committee of Interpersonal Practitioners (AGIP). Interdisciplinary Primary Care Models: Final Report).

Intersectoral Collaboration	A recognized relationship between part or parts of different sectors of society which have been formed to take action on an issue to achieve *health outcomes* in a way which is more effective, efficient or sustainable than might be achieved by the *health sector* acting alone (World Health Organization. 1998. Health Promotion Glossary).
Leadership	Leadership is a process of giving meaningful direction to collective effort. It is the influencing of the activities of an organized group toward goal achievement. (Jacobs and Jacques, 1990. Rauch and Behling, 1984).
Management	The act, art or manner of controlling or conducting affairs and the skillful use of means to accomplish a defined purpose (Treasury Board, Government of Newfoundland and Labrador (2000). *Achieving Excellence).*
Network	A grouping of individuals, organizations and agencies organized on a non hierarchical basis around common issues or concerns, which are pursued proactively and systematically, based on commitment and trust (World Health Organization. 1998. Health Promotion Glossary).
Patient/Client	When an individual enters the health care system, he/she is referred to as a patient or client, depending on the health care provider seen (e.g., physicians typically see patients, while social workers see clients). In community health, families, groups or the community itself can be the client.
Performance Measurement	A systematic process which enables an organization to track, manage and report progress toward its strategic goals and objectives. Performance measurement focuses on the desired quantitative and qualitative outcomes required for an organization to achieve its mission and goals and is a means of determining an organization's planned versus achieved results (Treasury Board, Government of Newfoundland and Labrador (2000). *Achieving Excellence).*
Population Health Approach	A way of looking at health and services, and an approach to managing them, that focuses on the needs of a given group as a whole, and the factors that contribute and determine health status. A population health approach facilitates the integration of services across the continuum (Canadian Council on Health Services Accreditation (CCHSA). (2002) *Achieving Improved Measurement* (Glossary).Ottawa, Ontario).
Primary Care	The first level of contact with the medical care system, provided primarily by general practitioners (including office visits, emergency room visits and house calls). Primary care operates inside the larger context of primary health care (Report of the Primary Care Advisory Committee: The Family Physician's Role in a Continuum of Care Framework for Newfoundland and Labrador, 2001).
Primary Health Care	The first level contact with people taking action to improve health in a community. Primary health care is essential heath care made accessible at a cost which the country and community can afford, with methods that are practical, scientifically sound and socially acceptable (World Health Organization. 1998 (a/b) Health Promotion Glossary).

Primary Health Care Team	A group of persons who share a common health goal and common objectives determined by community needs, to which achievement of each member of the team contributes, in a co-ordinated manner, in accordance with his/her competence and skills and respecting the functions of others. (World Health Organization, 1985).
Public Health	Public health is a social and political concept aimed at improving health, prolonging life and improving the quality of life among whole populations through health promotion, disease prevention and other forms of health intervention (WHO, 1998a).
Quaternary Care	The provision of highly complex sub-specialty services. Centres delivering quaternary care may act as provincial, national, and international resources, e.g., Hospital for Sick Children (Ministry of Health and Long-Term Care, Ontario, 1998).
Regional Health Authority/Board	The regional body that administers institutional and community healthcare programs and services in a particular geographic region. Currently there are 14 regional boards in Newfoundland and Labrador, eight institutional boards, four community services boards, and two integrated boards that deliver both institutional and community services.
Scope of Practice	The scope of practice for an occupation refers to the range of activities that a qualified practitioner of an occupation may undertake. It establishes the boundaries of an occupation, especially in relation to other occupations where similar activities may be performed. The scope of practice for an occupation may be established through governing legislation or through internal regulations adopted by a regulatory body (Glossary of Terms, HRDC, 2002).
Self-Care	The decisions and actions taken by someone who is facing a health challenge/concern in order to cope with it and improve his or her health (Enhancing Health Services In Remote and Rural Communities of British Columbia, 1999).
Secondary Care	Consists of first level specialized care requiring more sophisticated and complicated diagnostic procedures and treatment than provided at the primary care level, normally delivered in hospitals (New Brunswick Health and Community Services. Health Services Review: Report of the Committee, 1998).
Telehealth	Efforts of health telecommunication, information technology and health education to improve the efficiency and quality of healthcare (Health Canada, Glossary 2001).
Telemedicine	Medical imaging technology and other provisions of health care through use of telecommunications technology (Health Canada, Glossary 2001).
Telephone Triage	The intervention of a trained health professional who delivers expert advice over a telephone help line. The location of the trained health professional is often referred to as a call centre (First Nations Inuit Health Branch, Health Canada, 2000).
Tertiary Care	Sub-specialty care requiring a high level of intensive hospital based care (New Brunswick Health and Community Services. Health Services Review: Report of the Committee, 1998).

Triage	A method for prioritizing care delivered and guiding patients to proper services by use of an intermediary who gathers preliminary information regarding patients' conditions (Health Canada, Glossary 2001).

1.0. BACKGROUND

As identified in *Healthier Together: A Strategic Health Plan for Newfoundland and Labrador*, there are key challenges affecting the health and community services system in Newfoundland and Labrador that include:

- while citizens report in surveys that they feel generally healthy, Newfoundland and Labrador has among the highest rates of circulatory disease, cancer, and diabetes. Additionally, Newfoundlanders and Labradorians tend to rank high on risk factors of smoking, obesity, alcohol consumption, and inactivity which are strongly linked to many chronic diseases;
- the population is declining, urban areas are becoming more populated while many rural areas are seeing population decreases, the average age of the population is increasing, and more and more young people are leaving;
- quality and accessibility issues exist in the areas of primary health care, location of services, organizational boundaries, long-term care and supportive services, and mental health services; and
- health and community services is facing increased costs during a time of fiscal restraints, with continuing high costs for new technologies, pharmaceutical, and the aging of the population.

Healthier Together sets a new direction for the delivery of health and community services in Newfoundland and Labrador. Primary health care practice is positioned as the central focus for the delivery of health and community services, and the level at which the most significant reform will occur in the health and community services system. A reformed system will improve access to comprehensive primary health care, emphasizing health promotion, and illness and injury prevention. The new direction promotes a team-based, interdisciplinary approach to services provision. A well-integrated primary health care based health and community services system will be the vehicle to achieve better health outcomes, better health status, sustainability, and greater cost-effectiveness.

The Primary Health Care Framework reflects the principles and directions articulated in the Provincial Strategic Health and Social Plans, and reflects the Federal/Provincial/Territorial Vision for primary health care endorsed by Canada's Health Ministers. It supports the population health approach to care, which is the improvement of the health of the entire population and the decrease of health inequities (e.g. employment, poverty, age, education, culture) among population groups (Health Canada, 1998). Its design embodies the lessons learned and recommendations from the *Primary Care and Family Medicine in Canada: A Prescription for Renewal* document, the Provincial Primary Health Enhancement Project, the Nurse Practitioner Implementation Evaluation, the Primary Care Advisory Committee Report and a provincial consultation process. The consultation process included feedback from over 500 hundred stakeholders in the province, including physicians, government departments and branches, community/institutional/integrated boards, professional schools, unions, and associations. The Primary Health Care Advisory Council (see Appendix B) provided, through its provincial membership, support and direction to the Office of Primary Health Care, and advise to the Minister of Health and Community Services, regarding the Framework development.
This Primary Health Care Framework represents the view of the Department of Health and

Community Services for a provincial primary health care model. An incremental approach to implementation will build on the existing strengths and capacities of the system, and will support voluntary participation of primary health care stakeholders. Although the various features of the framework are essential, it will allow for flexible and unique implementation solutions in different team areas. Some of these unique solutions may, at a later date, become part of the provincial model as provincial policy, be adopted in contracts as appropriate, and support the framework as a "living document".

2.0. DEFINITION

Primary health care is the first level contact with people taking action to improve health in a community. Primary health care is essential health care made accessible at a cost which the country and community can afford, with methods that are practical, scientifically sound and socially acceptable (World Health Organization. 1998 (a/b) Health Promotion Glossary).

Primary health care is a health services system philosophy, a strategy for organizing health services, and includes a range of health services. A health services system rooted in a primary health care philosophy emphasizes health and demonstrates a transparent, inclusive, team-based approach in planning and decision making processes. It incorporates a needs-based, population focused, community development, and intersectoral approach to health services planning, implementation, and evaluation.

Primary health care, as a strategy for organizing health services, is the first level of contact in a well-integrated continuum of health services. It addresses the main health concerns in a community, providing promotive, preventative, curative, supportive, and rehabilitative services. It includes well defined and effective linkages with health and community service programs, secondary and tertiary levels of health services, in order to facilitate efficient and effective client referral processes between the three levels of services.

Primary health care, as a level of health services, is the first point of contact with the health services system. At the primary health care level, teams work in collaborative partnership with clients/patients to determine the most appropriate health service providers to meet their needs in the initial and continuing team/client/patient relationship. Within this relationship, health service providers will be supported and enabled to fully use their knowledge and skills, and clients/patients will be enabled to take control of their own health. The community, as a client, will be supported by the team in building capacity to improve the health of the community population.

Primary health care, as a defined set of comprehensive services, will be evidence-based, and cost-effective. It will provide a balance of services that promote health, prevent illness/ injury, and diagnose/treat episodic and chronic illness and injury. Primary health care services will encourage and support individuals, families, communities, and populations as a whole, in making decisions to prevent illness, and achieve and maintain the best health possible.

3.0. PRINCIPLES

The World Health Organization definition of primary health care identifies five basic elements: accessibility, health promotion, intersectoral collaboration, public participation, and appropriate technology. The following principles have been developed for primary health care renewal in Newfoundland and Labrador to reflect these basic elements:

- citizens will have timely access to a defined range of comprehensive primary health care services provided by health professionals who can best meet their needs;
- access to urgent and emergency services will be provided 24 hours a day, 7 days a week;
- health promotion, and prevention of illness and injury will be key components of primary health care services;
- teams and networks of health professionals will work in partnership with patients/clients to provide a continuum of services including health promotion, illness prevention, health protection, emergency transportation, management of acute and chronic diseases, rehabilitation, and end of life care;
- primary health care teams will have established linkages with health and community services programs, and secondary and tertiary health services to support a continuum of service and care delivery;
- primary health care teams will adopt a population-based, community development and intersectoral approach to health services planning, implementation, and evaluation;
- economic, social, and cultural determinants of health will be recognized and reflected in primary health care services;
- patients/clients will be supported and encouraged to become involved in decisions related to their own care;
- citizens will have the opportunity to be actively involved in primary health care services planning, implementation, and evaluation;
- primary health care teams will have access to necessary information and communication technology infrastructure;
- respect will be given for personal privacy and appropriate control of one's personal health information, consistent with appropriate legislation;
- research, best practices and health outcomes will guide primary health care services planning, implementation and evaluation;
- interventions and technology used in primary health care will be evidence based and

affordable;

- clear accountability relationships will support achievement of primary health care goals and objectives;
- funding arrangements and payment options will promote and support primary health care teams and networks; and
- primary health care providers will be enabled and supported to fully use their knowledge and skills, and continue their professional development.

4.0. GOALS AND OBJECTIVES

The goals and objectives for primary health care complement those outlined in *Healthier Together* and will guide primary health care renewal in Newfoundland and Labrador.

Goal 1:

To promote self reliant and healthy citizens and communities.

Objectives:

1.1 To increase supports for healthy behaviour changes.

1.2 To enhance programs/services in order to improve health outcomes reduce negative impact of selected diseases.

1.3 To enhance programs and services that impact on the healthy growth and development of children and youth.

1.4 To enhance participation of citizens with government and community sectors to improve the health of their community.

1.5 To enhance citizen confidence in and satisfaction with the primary health care system.

1.6 To support and advocate for healthy public policy within all sectors and levels of government.

1.7 To support and promote implementation of provincial public health policies and direction.

Goal 2:

To support the provision of comprehensive, integrated, and evidence- based primary health care services.

Objectives:

2.1 To provide needs-based, effective and efficient services across the continuum of primary health care that reflect best practices.

2.2 To establish, within available resources, primary health care teams and networks.

2.3 To provide effective and efficient client/patient services, and follow-up, within the primary health care system.

Goal 3:

To enhance accessibility and sustainability of primary health care services.

Objectives:

3.1 To provide reasonable and timely access to a core set of appropriate primary health care services.

3.2 To provide provincial policies, guidelines and/or standards, consistent with the *Healthier Together*, the provincial strategic health plan, to support primary health care services that are needs-based, cost-effective, and sustainable.

Goal 4:

To enhance accountability and satisfaction of primary health care professionals in relation to primary health care.

Objectives:

4.1 To apply standards of accountability in professional practice.

4.2 To provide clear accountability processes for teams, boards, communities, and government.

4.3 To foster a rewarding work environment.

5.0. FEATURES OF PRIMARY HEALTH CARE RENEWAL

Primary health care includes a range and balance of services that promote health, prevent illness and injury, diagnose and treat episodic and chronic illness and injury, and support individuals, families, and communities to make best decisions to achieve and maintain health. The range of services that is provided at the primary health care level of the health system continuum is determined by a needs assessment and available resources. The setting for service delivery and activities can be very broad (e.g. office, home, institution, schools and community). The categories and range of services/activities include, but are not limited to, the following:

health assessment	reproductive health	paramedical care
health promotion	public health	pastoral care
health maintenance	mental health	continuing care
illness and injury prevention	palliative care	dental care
diagnosis and treatment	home care	addictions services
environmental health	community development	community supports
school health	parent-child health	midwifery

To support services to the population, other community services that are included in the range of services are:

community corrections	family, youth and child services

The following section provides an overview of the features that will provide the foundation for primary health care renewal in Newfoundland and Labrador. Although all services may not be present at the start, the framework is intended to provide for the provision of more comprehensive service over time.

5.1. PRIMARY HEALTH CARE TEAM

Primary health care teams will provide interdisciplinary services, with the appropriate infrastructure for population health approaches within the team structure.. Members of the primary health care team can include general practitioners/family practitioners, nurses (including nurse practitioners, and public and community health nurses), and other practitioners (e.g., paramedics, dentists, pharmacists, physiotherapists, occupational therapists, social workers, administrative personnel, etc.). This team of professionals will work together to promote health and wellness, provide comprehensive primary health care services and, within available

resources, respond to the health needs of the population. The teams will be composed of existing primary health professionals working for institutional, integrated, and community boards, plus the voluntary integration of independent family physicians.

Team members who currently provide provincial and regional services and programs, and legislated and/or group services, will continue to do so. Some team members would be associated with specific sub-regions as part of the teams, and will provide services based on provincial/regional direction and the specific needs identified in the sub-region. Dependent on the size of the population for which the team provides service, these team members may be part of the core team or the network.

Though it may be preferable for teams to practice from a common site, it is also possible for teams to practice from multiple sites. Where teams practice from multiple sites, it is very important to develop a co-ordinating and supportive structure to ensure effective and efficient delivery of services.

Primary health care teams are the principle route for access to all primary level health and community services for the defined population. Primary health care teams are also the principle route for access to secondary level health and community services. Teams are to establish effective linkages within community health, secondary and tertiary services in a region to ensure appropriate and timely client/patient referrals, and provide support for continuity of service/care. This would include continued service in the institutional setting as appropriate, and placement in long term care. Teams will develop innovative ways to meet their community needs, and will be encouraged to lead innovations that create healthy communities.

5.2. PHYSICIAN NETWORKS

Primary care physicians are integral to primary health care teams, with the role of the family physician supported within the team function. Continuity of care, including medical care, is generally accepted as a cornerstone of primary health care. The physician network supports continuity within the team, with shared client/patient knowledge and delivery of care. A minimum number of primary care physicians is needed to develop teams, if 24/7 medical coverage is to be provided. A minimum number of five physicians is recommended on a primary health care team to deliver the proposed range of services to a defined population and to ensure an acceptable life style for physicians.

The primary care physician network may be a defined group of primary care physicians or a collection of individual physicians. The network of primary care physicians enters into a contractual relationship with a regional board to provide a defined basket of services within interdisciplinary primary health care teams, working collaboratively and at their highest skill set, to ensure client/patient access to appropriate care across the care continuum. The physician network may work from a common practice site but this would not be a necessary requirement for effective functioning of primary care physician networks. Network physicians are supported and encouraged to develop skills that enable them to deliver some services (e.g. neonatology,

dermatology) to their defined population that previously may have been referred to specialists, thereby extending the comprehensiveness of care accessible to the population. Within the physician network, the members can avail of the unique strengths and skills of each individual, and each will act as a resource to the other.

5.3. PRIMARY HEALTH CARE NETWORKS

The primary health care network consists of a group of service providers whose expertise are needed by the primary health care team, on a consulting basis, to provide appropriate and comprehensive care. The primary health care network may include, but is not limited to:

optometrists	dieticians	chiropractors
audiologists	health educators	nurses
occupational therapists	pharmacists	not-for-profit groups
physiotherapists	psychologists	paramedics
social workers	dentists	
medical officers of health	family/informal caregiver	
environmental health specialists	home support workers	
speech/language pathologists	nutritionists	

The mix of service providers in primary health care networks will vary depending on the needs of the defined population, the skill set of primary health care teams, and the interest of private providers. Primary health care teams will contract consulting services from primary health care networks. Service providers who are contracted to networks may be employees of regional boards, or independent practitioners. Clients will normally access the individual services provided by primary health care networks through referral from primary health care teams, based on developed protocols. However, there are regional programs and services defined by regional policy, in keeping with provincial direction, that primary health care teams will be expected to deliver, and access would be through regional or provincial processes.

5.4. SCOPE OF PRACTICE

The primary health care team and network will provide a wide professional skill mix, allowing an appropriate distribution of workload and team members to work to their maximum scope of practice. This will provide a more enriching professional life, maximize the effectiveness of all team members, make the best use of the most expensive human resources, and make the model of primary health care more sustainable.

5.5. EMERGENCY TRANSPORTATION

As an integral part of the primary health care team, ambulance services must ensure an uninterrupted flow of service between the community, primary health care sites, and secondary and tertiary referral sites. A more in-depth and broader paramedic skill set allows assessment and online/distance care delivery at the first point of contact. This can reduce the need for further referral to other providers and, in turn, can reduce workloads and costs in other areas of primary health care.

5.6. ACCESS TO THE PRIMARY HEALTH CARE TEAM

The minimum population base for the establishment of a team must be sufficient to sustain the clinical skills and competencies of the core team members, and provide the needed human resources for any required on-call services. The maximum population base for the establishment of a team must be low enough to minimize challenges around continuity of service/care and communication that can occur when serving large populations, and allow for a sufficiently large population to support the provision of a broad range of services. Dependent on the population profile, geography and availability of providers, a minimum of 6,000 people to a maximum of 25,000 people is desirable to achieve these parameters.

To assist with ensuring citizen accountability, better access of services by citizens, and an equitable allocation of provincial resources, the population will access services through registration. The population will be considered to be registered with a specific primary health care team and will agree to access the services of the team for all primary health care needs, subject to availability of appropriate services. This registration process will evolve after the primary health team is established. Each primary health care team is allowed a limited timeframe (e.g., 12 months) to register their population.

Individuals may self-refer to a primary health care team member of their choice and that member will make appropriate clinical decisions within his/her scope of practice. Triage and referral at the point of access is also available to ensure that people can be linked with the most appropriate professional.

Based on the *Healthier Together*, 95 per cent of people will be within 60 minutes to 24/7 primary health care by 2007. This will be provided through a number of options, such as day clinics, visiting providers, telehealth, enhanced ambulance services, and selfcare/telecare.

5.7. COMMUNITY INPUT AND COMMUNITY CAPACITY BUILDING

Each primary health care team establishes, with community input, a Primary Health Care Advisory Committee. This will facilitate community and intersectoral involvement, and will provide support for identification of the needs of the population, and the planning, implementation and evaluation of services. It will provide support for the mobilization of communities to take action for health improvement. This includes enhancing the ability of individuals and groups to develop resources, skills and commitments to accomplish shared goals, based on the unique characteristics of the population, political structures and geography.

5.8. HEALTH PROMOTION/WELLNESS

A focus on health promotion, illness prevention, and wellness, based on needs assessment that includes the determinants of health, will be incorporated at all levels of primary health care practice. Efforts will be made to maximize the involvement of individuals and communities in improving and protecting quality of life and well-being. Individuals will be supported in taking responsibility for maintaining their own health through enhanced patient/client initiatives. These initiatives include, but are not limited to, increasing knowledge and skills of individuals, building healthy public policy, and building on existing resources within the community to enhance self-help and social support.

Primary health care focuses on community strengths and opportunities for change, and maximizing the involvement of the community. Primary health care teams will work with advocates, empowering them to address the health needs of the community. This will mean building strategic relationships with community representatives, and establishing linkages with non-health care sectors, such as local governments, school boards, non-governmental organizations and community groups.

5.9. INFORMATION AND COMMUNICATIONS TECHNOLOGY

Over time, investments in information and communications technology are needed to support primary health care renewal. This includes the utilization of an electronic patient record, based on a unique personal client number. For example, shared patient records between primary health care sites and hospitals ensures better and more efficient care, faster communication of test results, reduced duplication of tests, and a better understanding by providers of the comprehensive needs of the patient/client and population. Additional investments in

telehealth/telemedicine will provide better access to provider diagnoses and treatment to clients/patients within their own regions/communities, especially where access to particular providers is difficult. Toll-free telecare service for the entire province, whereby anyone can contact a qualified health care provider, supports 24-hour-a-day access to health advice/information. It will also help individuals to determine if a symptom or complaint necessitates a visit to a primary health care provider, or whether a hospital emergency department visit is required. Information and communication technology supports will occur over time, based on available resources, and teams may have to rely on traditional methods initially. In addition, privacy and confidentiality issues will need to be addressed.

6.0. ACCOUNTABILITY

Accountability refers to "the ownership of conferred responsibilities, combined with an obligation to report to a higher authority on the discharge of these responsibilities and on the results obtained (Treasury Board, Government of Newfoundland and Labrador (2000) *Achieving Excellence*)." Accountability elements include, but are not limited to: roles and responsibilities; clearly stated expectations; assignment and acceptance of appropriate authority; planning activities; measurement of performance, including budget; fair, reliable and timely reports about intended and actual results; meaningful feedback processes; and follow up plan to improve future performance.

The responsibility and accountability for the development, implementation, monitoring, and evaluation of primary health care teams and networks is shared by the Department of Health and Community Services, regional boards, primary health care teams and networks, and providers. Multiple accountability relationships will exist, and all are equally important in establishing primary health care as the foundation of the province's health and community services system. Accountability relationships will exist between:

- the Department of Health and Community Services and regional boards;
- regional boards and primary health care teams and networks;
- the Department of Health and Community Services, physician groups, and regional boards;
- primary health care teams and the registered population;
- primary health care teams and Local Advisory Committees;
- the Department of Health and Community Services and the public.

Achievement of the goals and objectives of the provincial primary health care strategy, once established, is ensured through accountability measures such as government, board, and provider agreements, which would include evaluation and monitoring processes. Accountability processes regarding health status will also be provided. Accountability processes will identify short, intermediate and long term outcomes and the related indicators with the long term outcome of achieving healthier populations.

6.1. GOVERNANCE AND MANAGEMENT

The governance structure for primary health care teams will be linked to existing regional board structures. In regions with integrated health boards, that board will assume the governance responsibility for primary health care teams. In regions with non-integrated health boards, the institutional and health and community services boards will jointly determine, in cooperation with the Department of Health and Community Services, which of the two boards will assume the governance responsibility for primary health care teams in a region.

The professional autonomy rights of all service providers related to clinical issues within their respective scopes of practice will be recognized and respected in decision-making processes at

the governance, organizational and management level. Nevertheless, primary health care teams will need internal governance/management mechanisms which will assist with defining how they relate to the responsible regional board. A regional senior executive person will be identified within the board(s) to provide support for primary health care practices in the region. This senior executive for primary health care will have the resources to provide a supportive and facilitative role to the team. It is through this office that the primary health team(s) can expect executive support for service planning, implementation, monitoring and evaluation. The senior executive will provide this support based on her/his regional perspective/responsibilities, and through a co-ordinator who is appointed by the senior executive, in consultation with the team members.

The current population health and health promotion initiatives will continue to be supported, and opportunities to actively enhance these initiatives will be pursued. In collaboration with the provincial Wellness Strategy, primary health care teams will support the directions as set out in *Healthier Together*, for wellness strategies, health promotion, illness and injury prevention, health protection, and child and youth initiatives.

Protocols, contracts and/or agreements establishing accountability for team members and independent practitioners will be implemented, and will include resource needs as required. The coordinator will assume the responsibility and accountability for operational management of the team. He/she will be a member of the team and will report, on behalf of the team, to the senior executive responsible for primary health care. In cooperation with the senior executive, the coordinator will be responsible and accountable for co-ordinating and facilitating all aspects of the team-based services planning, implementation, monitoring and evaluation. Administrative support for human resources, finance, information technology and communication will be provided through present regional structures.

Each team's Primary Health Care Advisory Committee will have terms of reference that identifies the roles, responsibilities, and reporting relationships of the members in project planning, implementation and evaluation processes.

Primary health care teams will establish a quality improvement function, with support to monitor and evaluate service needs and delivery, monitor health outcomes and adapt approaches accordingly. They will have the opportunity to make reports through the board's (either the integrated board or both the boards when there is a lead board) quality improvement structure, and have the appropriate and available support of these structures to adapt and enhance services based on best evidence and information provided.

Primary health care teams will be supported at the provincial level, at least until March 31, 2006, by the Office of Primary Health Care and the Primary Health Care Advisory Council. The office (see Appendix C) will provide provincial policy direction, and overall implementation and evaluation direction for the framework. The Primary Health Care Advisory Council will provide advice to the office and the Minister of Health and Community Services to ensure implementation and evaluation is consistent with the *Healthier Together*, the Strategic Social Plan, and the Federal/Provincial/Territorial vision for primary health care.

The following provides a model that integrates the above relationships and accountabilities.

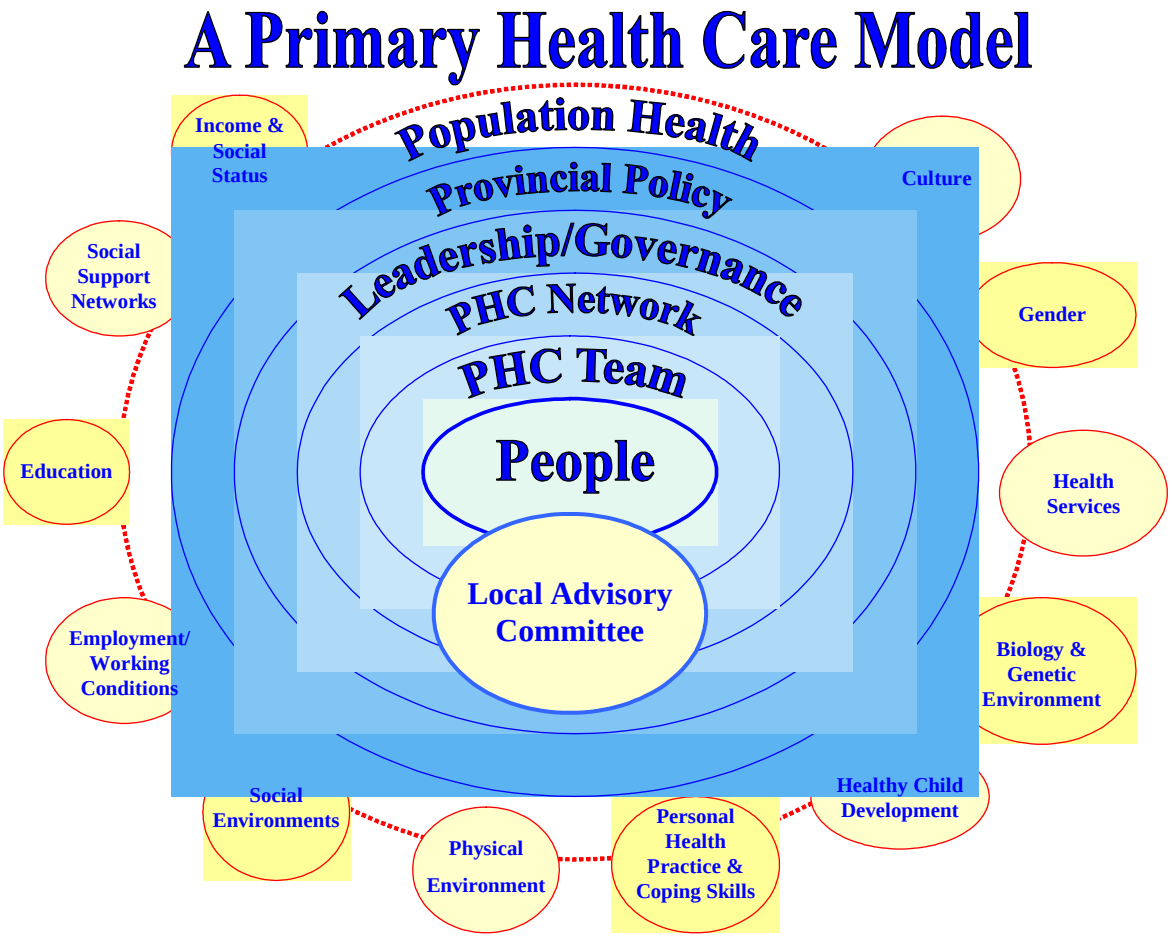

Figure 1

6.2. ACCOUNTABILITY AGREEMENTS

Explicit agreements are necessary to ensure that primary health care teams are functioning effectively. The agreements needed to facilitate primary health care teams include:

- an agreement between the Department of Health and Community Services and regional boards to outline the broad understanding of team functioning and funding;
- a registration agreement between primary health care teams and the enrolled/registered population;
- a service delivery contract between government, regional boards, and participating family physicians to outline the terms and conditions of their respective participation;
- an inter-board protocol agreement outlining the roles and responsibilities of the respective boards for non-integrated health regions; and
- employee transition agreements.

Transition agreements will need to address such things as the possibility of adjusted responsibilities, new job assignments, and new places of work for some employees. Adjustments will be minimized where possible, employees will be consulted, and the terms of collective agreements will be supported. The goal is intended to be a beneficial outcome for all involved.

The service delivery contract for physicians will specify all deliverables by physicians, and the institutional and health and community services boards. Service delivery contracts for providers will specify all deliverables and provider responsibility for any costs associated with service delivery such as office space, secretarial support, supplies, professional fees, sick leave benefits, and transportation. The service delivery contract may also address licensure requirements, dispute resolution, and agreement termination. The specification of deliverables in a service delivery agreement is of paramount importance. Examples of deliverables include in-patient and out-patient clinical and on-call services, the range of clinical and team support services to be provided, and legislated service requirements.

6.3. ACCOUNTABILITY FOR HEALTH STATUS

Primary health care teams will initiate activities based on the identified health needs of the defined population. Initiatives to improve the health status of populations focusing on health promotion, health protection, and illness and injury prevention, will be developed in collaboration with the provincial Wellness Strategy. The planning targets from *Healthier Together* will be used to guide the development of success indicators for primary health care activities throughout the province. Use of indicators will assist in monitoring the health status of the population served and will determine if initiated activities are working or need to be revised.

7.0. FUNDING MODEL

An appropriate funding model will ensure that there is a fair and equitable distribution of funding to meet the needs of the population in the province. In this renewal, funding will be initially provided based on historical levels. Team initiated innovations at the local level may result in provision of additional services within the existing funding resources. Over time, adjustments can be made to the historical funding level, based on the demographics and service needs of the population registered to the primary health care team, and as affordable within provincial budget allocations. A framework will need to be developed to provide direction for appropriate resource allocation processes.

8.0. PHYSICIAN PAYMENT MODELS

Payment models should provide financial incentives to support the principles, goals and objectives of the Primary Health Care Framework. The rates of payment will be determined based on existing agreements and collective bargaining processes. Physicians will not have reduced income levels for comparable levels of work effort.

9. 0. SUPPORTS FOR SUCCESSFUL IMPLEMENTATION

A variety of supports will enhance the ability of providers to add additional value to the health care system. Some of the supports are listed below.

9.1. PROGRAM PLANNING AND EVALUATION

It is essential that any and all new initiatives be planned, monitored and evaluated periodically to ensure that the teams are achieving their mandate. There will be provincial standards developed to assist with the timing, content and follow-up for such evaluations. Progress of Primary Health Care renewal in the province will be measured through ongoing evaluation activities. Reports of this progress will be completed annually and will be included in the Department of Health and Community Services annual report to the House of Assembly.

9.2. PERFORMANCE MEASUREMENT

Understanding the changing health care dynamics in the community is critical for planning the right services. Standardizing performance measurements across the province provides a better picture of the population health care needs of the province. Also, it assists with ensuring the appropriate numbers and mix of providers are distributed in a fair and equitable manner.

9.3. IMPROVED PROGRAM PLANNING

Program planning is critical to the success of any organization. This is equally true for the delivery of health services. Working in a well-planned program environment can boost morale and contribute to improved efficiencies and work lifestyles.

9.4. EDUCATION

Education of the providers and the general public will provide a common understanding of primary health care and its outcomes. This will assist with making the changes required to support a different way of accessing and delivering services.

9.5. TEAM BUILDING

Formalized team building processes will be required to develop teams to work collaboratively toward a common client/patient focus, allow providers to work within their full scope of practice, and provide the skills to deal with challenges such as building trust and conflict resolution. An important aspect of team building will include integration of health promotion and prevention of disease practices for all provider roles.

9.6. CONFLICT RESOLUTION PROCESSES

Contracts will provide mechanisms for formal consultation, followed by mediation, and then arbitration to deal with dispute resolution. Professional practice dispute issues will be resolved through internal conflict resolution processes, with self-governing bodies involved as appropriate. Other types of disputes will be resolved through step-by-step internal and external organizational conflict resolution processes.

9.7. INTERDISCIPLINARY TEACHING

Interdisciplinary teaching allows providers to share common experiences and encourages them to enhance their knowledge base. This can have a positive impact on the service delivery to the public and worklife of professionals.

9.8. PROFESSIONAL DEVELOPMENT

Providers will have the support for ongoing professional development to facilitate a best-practices direction for care and services. They will also be provided the opportunity to learn new and innovative skills that are required to bring needed services to the community. This will assist with reducing the need for patients to travel to distant sites and improve accessibility of health care services. Collaborative relationships within the medical and professional schools will be proactively pursued to support professional and team development, at both the team and student levels.

9.9. COLLABORATIVE PRACTICE

Working as teams allows each provider to offer services at the higher level of their scope of practice. In doing so there is greater opportunity to avoid duplication of services, provide efficient services, and enhance worklife satisfaction for providers.

9.10. APPLIED RESEARCH

It is important to study the community in a scientific and/or systematic manner so that service provision and related policy is evidence-based. Involvement in research can also be an attraction to some providers and may assist with recruitment and retention efforts.

9.11. CHANGE MANAGEMENT PROCESSES

Formal organizational processes for change management will be developed for each proposal area, in cooperation with present organizational processes. They will include, but are not limited to: leadership support; participation in planning, implementation and evaluation; team building; process consultation; formal decision-making and conflict resolution processes; and organizational processes developed for ongoing support for change.

9.12 LINKAGES

To promote coordination of care and service delivery, and to provide implementation of comprehensive and sustainable primary health care, it will be necessary to ensure that primary health care renewal is linked to, and consistent with, the other strategies the Department of Health and Community Services is developing as outlined in *Healthier Together*. These include: Wellness Strategy, Mental Health Strategy, Long-Term Care and Supportive Services Strategy, and Location of Services. It will also be necessary to develop linkages with the provincial Strategic Social Planning.

10.0. NEXT STEPS

To support an incremental approach to building on existing strengths and capacities of the health and community services system, there are a number of activities that will occur over the next three years to support provincial primary health care renewal. These include:

- Primary health care projects will be implemented in rural and urban regions, based on submitted Letters of Intent and subsequent proposals.
- The Primary Health Care Advisory Council will continue to meet to ensure implementation and evaluation of the framework is aligned with *Healthier Together*, the Strategic Social Plan, and the Federal/Provincial/Territorial Framework.
- The Office of Primary Health Care will continue to provide financial and human resource support to the project areas for planning, implementing and evaluating projects.
- National and multi-jurisdictional projects will be linked to the province and the projects through the office.
- Partnerships will be developed with other stakeholder groups (e.g. unions, associations, professional schools) to assist with managing some of the challenges (e.g. legal and transition agreement issues, alternate funding and payment models, change management, integration of primary health care activities into practice).
- The office will develop and maintain liaisons and linkages with other Strategy Groups (e.g. Welleness, Mental Health, Long-Term Care and Supportive Services, and Location of Services) within the Department of Health and Community Services.
- Working groups (lead by the office, with representatives of lead staff from project areas) will be initiated for all features of the framework to:
    - provide linkages regionally and provincially for sharing of information and identification of challenges and problem-solving;
    - assist with the development of provincial policies, guidelines and/or standards, using experiences of teams and available best practices; and
    - assist with modifications and adaptations of the framework document.
- A formal communication and marketing strategy plan will assist with ongoing communication of successes, lessons learned, and provide for education of the public and providers regarding primary health care.
- Evaluation of the projects will be initiated by, and supported from, the Office, evaluation consultants, and evaluation working group, with annual reports at a minimum, and a final report.

APPENDIX A: KEY DETERMINANTS OF HEALTH

KEY DETERMINANTS	UNDERLYING PREMISES
Income and Social Status	Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.
Social Support Networks	Support from families, friends and communities is associated with better health. The importance of effective responses to stress and having the support of family and friends provides a caring and supportive relationship that seems to act as a buffer against health problems.
Education	Health status improves with level of education. Education increases opportunities for income and job security, and equips people with a sense of control over life circumstances - key factors that influence health.
Employment/Working Conditions	Unemployment, underemployment and stressful work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.
Social Environments	The array of values and norms of a society influence in varying ways the health and well-being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. Studies have shown that low availability of emotional support and low social participation have a negative impact on health and well-being.
Physical Environments	Physical factors in the natural environment (e.g., air, water quality) are key influences on health. Factors in the human built environment such as housing, workplace safety, community and road design are also important influences.
Personal Health and Practices and Coping Skills	Social environments that enable and support healthy choices and lifestyles, as well as people's knowledge, intentions, behaviours and coping skills for dealing with life in healthy ways, are key influences on health. Through research in areas such as heart disease and disadvantaged childhood, there is more evidence that powerful biochemical and physiological pathways link the individual socio-economic experience to vascular conditions and other adverse health events.

Healthy Child Development	The effect of prenatal and early childhood experiences on subsequent health, well-being, coping skills and competence is very powerful. Children born in low-income families are more likely than those born to high-income families to have low birth weights, to eat less nutritious food and to have more difficulty in school.
Biology and Genetic Endowment	The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socio-economic and environmental factors are important determinants of overall health, in some circumstances genetic endowment appears to predispose certain individuals to particular disease or health problems.
Health Services	Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health.
Gender	Gender refers to the array of society-detemined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. “Gendered” norms influence the health system’s practices and priorities. Many health issues are a function of gender-based social status or roles. Women, for example, are more vulnerable to gender-based sexual or physical violence, low income, lone parenthood, gender-based causes of exposure to health risks and threats (e.g., accidents, STDs, suicide, smoking, substance abuse, prescription drugs, physical inactivity). Measures to address gender inequality and gender bias within and beyond the health system will improve population health.
Culture	Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss of devaluation of language and culture and lack of access to culturally appropriate health care and services.

Health Canada, Population Health Approach
Last Updated: 2002-11-29

APPENDIX B:
PRIMARY HEALTH CARE ADVISORY COUNCIL TERMS OF REFERENCE

Purpose

The purpose of the Primary Health Care Advisory Council is to advise the Minister, Department of Health and Community Services, on the development and implementation of the Provincial Primary Health Care Framework to ensure the work of the Office of Primary Health Care is consistent with the *Healthier Together*, the Strategic Social Plan, and the Federal/Provincial/Territorial Vision for Primary Health Care. The Council is chaired by an independent Chair appointed by the Minister.

Membership

Newfoundland and Labrador Health Boards Association (3)
- *One representative from Institutional Boards*
- *One representative from Community Boards*
- *One representative from the St. John's Nursing Home Board*

Newfoundland and Labrador Medical Association
Newfoundland and Labrador Nurses Union
Association of Registered Nurses of Newfoundland and Labrador
Newfoundland Medical Board
Association of Allied Health Professionals
Faculty of Medicine, Memorial University
Newfoundland Pharmaceutical Association
Newfoundland and Labrador Association of Social Workers
Newfoundland and Labrador Centre for Health Information
Two members-at-large appointed by the Minister
Department of Health and Community Services
Dr. Ed Hunt
Ms. Loretta Chard

Accountability

The Council is accountable to the Minister, Department of Health and Community Services.

Term of Office

The term of office for Council members is three (3) years.

Meetings

Meetings are at the call of the Chair or biannually.

Voting

Decisions are made by consensus. If consensus is not possible, majority voice voting is used with the minority view documented.

Mandate

1. Advise the Minister, Department of Health and Community Services, on primary health care issues.

2. Advise the Minister, Department of Health and Community Services, on the development and implementation of the Provincial Primary Health Care Framework.

3. Facilitate stakeholder review of the Framework and Implementation Plan.

4. Identify and make recommendations regarding Framework implementation facilitators and barriers.

October, 2002

Primary Health Care Advisory Council Members

Kathy LeGrow, Chair

Ms. Jeanette Andrews
Association of Registered Nurses of NL

Mrs. Primrose Bishop
St. John's Nursing Home Board

Dr. Paul Bonisteel
NL Medical Association

Ms. Renee Bowers
Dietician, Innu Nation, Member-at-Large

Ms. Brenda Bursey
Newfoundland Pharmaceutical Association

Mr. George Clements, Bonavista
Member-at-Large

Ms. Lisa Crockwell
NL Association of Social Workers

Mr. Paul Fisher
Council for Licensed Practical Nurses

Ms. Debbie Forward
NL Nurses Union

Ms. Susan Gillam
Health & Community Services-Western Region

Dr. Barbara Grandy
Newfoundland Medical Board

Dr. Peter Hornett
NL Dental Association

Ms. Sharon King
Association of Allied Health Professionals

Mr. Roy Manual
Peninsulas Health Care Corporation

Dr. Robert Miller
Faculty of Medicine

Mr. Steve O'Reilly
NL Center for Health Information

Ms. Doreen Westera
School of Nursing

Dr. Ed Hunt, Medical Services Branch
Department of Health & Community Services

Ms. Loretta Chard, Policy & Program Branch
Department of Health & Community Services

NL Association of Public and Private Employees
Allied Health Services

APPENDIX C: OFFICE OF PRIMARY HEALTH CARE

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