The promise of Medicare

(…And the reality of our experience)

Danielle Martin, MD, MPP, CCFP, FCFP
Chair, Department of Family and Community Medicine
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Faculty/presenter disclosures

- Relationships with financial sponsors:
  - Grants/research support: No salary support from grants
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I am an advocate for health equity, quality improvement and health system reform. I hold and have held leadership roles in which I have advocated for changes to Canada’s health systems that will require changes to how we finance and deliver health services.
Faculty/presenter disclosures

With thanks to Monica Aggarwal, Reham Abdelhalim, Brian Hutchison, Rick Glazier and Ross Baker for their expertise on the evolution of primary care across Canada.
Objectives

• Consider the promise of Medicare and its implications for primary care

• Review the current state of primary health care in Canada

• Reflect on the broader trends to which our health systems must respond
## What is the promise of Medicare?

<table>
<thead>
<tr>
<th>Layer one</th>
<th>Services</th>
<th>Funding</th>
<th>Administration</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public services (Medicare): all public funding</td>
<td>Hospitals&lt;br&gt;Physicians&lt;br&gt;Diagnostics</td>
<td>Public taxation</td>
<td>Universal single-payer systems&lt;br&gt;Private self-regulating professions</td>
<td>Private professional for-profit and not-for-profit facilities, and public arm’s length facilities</td>
</tr>
<tr>
<td>Layer two</td>
<td>Prescription drugs&lt;br&gt;Home care&lt;br&gt;Long-term care&lt;br&gt;Mental health care</td>
<td>Public taxation&lt;br&gt;Private insurance&lt;br&gt;Out-of-pocket payments</td>
<td>Public coverage is targeted&lt;br&gt;Public regulation of private services</td>
<td>Private professional for-profit and not-for-profit facilities, and public arm’s length facilities</td>
</tr>
<tr>
<td>Layer three</td>
<td>Dental care&lt;br&gt;Vision care&lt;br&gt;Complementary medicine&lt;br&gt;Outpatient physiotherapy</td>
<td>Primarily private insurance, out-of-pocket payments, with some public taxation</td>
<td>Private ownership&lt;br&gt;Private professions&lt;br&gt;Limited public regulation</td>
<td>Private professional for-profit facilities</td>
</tr>
</tbody>
</table>

“Primary health care is where the battle for human health is won and lost.”

Director-General’s address to the WHA (2019)
Why primary care?

Why primary care?

Better health outcomes
More equitably
Lower costs

Integrated healthcare: A challenge of financing AND delivery

Adapted from Charles Kilo’s “Primary Care Oriented Health System” model in Aggarwal, M., Abdelhalim, R., Hutchison, B., Glazier, R., Baker, R. (2021, May 19–21). The Evolution of Primary Care Transformation Across Canada: 6 Years Later [Conference presentation]. Canadian Association for Health Services Research, Canada.
Quality of care

Relationship Between Provider Workforce And Quality: General Practitioners Per 10,000 And Quality Rank In 2000

Quality rank

1

26

51

General practitioners per 10,000

SOURCES: Medicare claims data; and Area Resource File, 2003.
NOTES: For quality ranking, smaller values indicate higher quality. Total physicians held constant.

Baicker K, Chandra A. Medicare Spending, the Physician Workforce, and Beneficiaries’ Quality of Care. Health Affairs. 2004;W4:184–97.
Cost implications

Relationship Between Provider Workforce And Medicare Spending: General Practitioners Per 10,000 And Spending Per Beneficiary In 2000

SOURCES: Medicare claims data; and Area Resource File, 2003.
NOTE: Total physicians held constant.

Baicker K, Chandra A. Medicare Spending, the Physician Workforce, and Beneficiaries’ Quality of Care. Health Affairs. 2004;W4:184–97.
THE PRIMARY CARE PARADOX

Efforts to improve the parts may not necessarily improve the whole.

Compared with specialty care, primary care is associated with:

1. Apparently poorer quality care for individual diseases

2. Similar functional health status at lower cost for people with chronic disease

3. Better quality, better health, greater equity, and lower cost for whole people and populations.

Primary care in Canada: Challenges

ACCESS

14.5% of Canadians (4.6 million people) report not having regular, timely access to a family physician

EQUITY

18% of Canadians live in rural communities, served by only 15% of NPs and 8% of family physicians

SERVICES

Other services (walk ins, ED) provide acute care but no continuity, wellness/screening, etc.
**Funding and Provider Payment Arrangements Aligned with Health System Goals**

**2019**

- **Substantial or system-level implementation:**
  - BC, AB, ON, NWT, NU

**2019**

- QC, MB
- NB introduced new funding arrangements

**Findings**

Payment models varied in terms of:
- Type of payment model (blended payment)
- FFS incentives
- Target goals (comprehensive care, attachment)

**Source:** Aggarwal, M., Abdelhalim, R., Hutchison, B., Glazier, R., Baker, R. (2021, May 19–21). *The Evolution of Primary Care Transformation Across Canada: 6 Years Later* [Conference presentation]. Canadian Association for Health Services Research, Canada
Explicit Policy Direction Anchored in Public Values, Needs and Preferences Primary Care

2013
Substantial or system-level implementation:
BC, SK, MB, QC, NS

2019
AB, NB, NL, NU established a policy direction

Findings
Aims varied across jurisdictions, common aims include:
• Improving access or attachment
• Continuous care
• Comprehensive care
• Coordinated and integrated care
• Quality and appropriateness of care
• Patient and family-centred care
• Meeting community needs

Governance Mechanisms at the Community, Regional and Provincial or Territorial Levels

Findings
Goverance mechanisms varied based on:
- Organization of the province (central agency versus regional entities)
- Involvement of stakeholders

COVID-19: Our health systems rushed to avoid a specific type of tragedy.

Existing cracks became chasms.
COVID-19: Cracks become chasms

- Social determinants drive outcomes
- Responses (over) rely on hospitals and specialists
- Wait times for elective care continue to grow
- Access to prescription medicines, mental health and more depend on employment
COVID-19 – a window of opportunity?

• Financing
  • Testing, vaccines for all

• Delivery...
Health services delivery “lightbulbs” of the pandemic

Virtual care can reduce wait times and improve access

Mental health is health

Income and other social determinants have a major impact on health

The value of community-led public health initiatives
What is the next promise of Medicare?
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docdanielle.martin@utoronto.ca

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