

UNSW research centre for **primary health care and equity**

# Comparison of Canadian PHC models

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# Canadian context

- Universal health insurance scheme
- Canada Health Transfer
- Drivers
  - Access
  - Fragmentation
  - PHC Transition Fund
- New service delivery models
  - Networked practices
  - Alternative payment mechanisms
  - Interprofessional collaboration

# Overview of models

<b>Family Health Teams (FHTs) Ontario</b>	<b>Family Medicine Groups (FMGs) Quebec</b>
<p>2005+</p> <p>N=150</p> <p>Groups of 8-10 GPs</p> <p>16 types of AHPs</p> <p>21% of pop'n registered</p> <p>Core &amp; comprehensive PHC</p> <p>Funding for infrastructure (IT) &amp; for AHPs</p>	<p>2002+</p> <p>N=127</p> <p>Groups of 8-10 GPs</p> <p>Nurses</p> <p>13% of pop'n registered</p> <p>Coordinating care</p> <p>Funding for infrastructure , inc IT</p>

# Similarities

- Voluntary enrollment
- Funding arrangements
- Core and extended range of services
- Governance
- Evaluation strategy

# Differences

- Incremental vs wholesale change
- Employment arrangements
- Team composition
- Support for culture change/team development
- Role of regional health authority

# Implications for Australia

- Mix of models
- Pace & type of change
- Improving the coherence and coordination of the larger system
- An appropriate funding model
- Addressing accountability
- External support for interprofessional collaboration

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