

SUMMARY

Supporting the development of the first government policy on primary care (PC) in Quebec

Methodology



- Rapid and rigorous analysis of the literature
- Consultation of 211 stakeholders, including several users.
- Forum to validate and refine preliminary guidelines with 135 people.
- Recommendations adapted to Quebec.

Keys to success



- Ensure a gradual and appropriate transition for implementation that takes into account network capacities.
- Avoid fragmented or selective approaches to certain recommendations.
- Plan progressive targets.

Recommendations

- These recommendations cannot be separated.

01

Elaborate a human resources development strategy in PC in order to increase the capacity of teams and local health networks to meet the needs of the population within the public system.

- Increased staff numbers and enhanced role development.
- Simplified referral with anchoring in clinical settings.
- Participation of users and caregivers.

02

Maintain registration with a family physician or a nurse practitioner within an interprofessional team, regardless of user's sociodemographic and clinical characteristics as the basis for universal access to quality PC.

- Designation of a most responsible professional.
- State responsibility in formal registration as an administrative mechanism.
- Alignment of network capabilities and diversity of practices.

03

Establish local governance of PC aligned with population responsibility and articulated in a coherent manner with all levels of the health and social services system, to ensure that PC has the necessary levers of action to organize and adapt services according to the needs of the population and provincial orientations.

- Decentralization at the level of local health networks or CLSCs.
- Territorial coordination with intersectoral partners and specialized services.
- User participation in governance.

04

Investing in knowledge production in PCS for the deployment of a real learning health system.

- Deployment of an accessible and agile data infrastructure.
- Development of research and innovation support strategies defined with stakeholders.
- Strengthening analysis and innovation capacities.

05

Ensure specific public funding for PCS consistent with the announced guidelines and review the contractualization of PCS clinical settings receiving these public funds.

- Granting of financial leverage for local governance.
- Extend public coverage to primary care professionals working in the community.
- Supervision of publicly-funded private sector.

06

Monitor, at the population level, the achievement of announced orientations through a set of outcome measures with a high potential added value for the population, based on the quintuple aim.

- Targets for high value-added results.
- Results measurements defined with stakeholders.
- Transparent, agreed dashboards.