

The Future Family Practice Medical Home – a Brand New Building or Just a Renovation?

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In September 2011, the Canadian College of Family Physicians (CCFP) released, “A Vision for Canada: Family Practice – The Patient’s Medical Home.”¹ The concept of the proposed medical home is one of many initiatives that inform primary care reform in Canada. This discussion paper defines the Patient’s Medical Home (PMH) as a family practice where patients receive timely and comprehensive health care, and where all health professionals coordinate a wide range of health services.

While this vision of the PMH provides comprehensive goals for idealised patient care, the future of family practice will be most influenced by electronic medical records (EMRs), the role of all health care professionals, the principle of continuity of care, physician remuneration, and telemedicine technology.

1) Implementation of Integrated and Seamless Electronic Medical Records (EMR)

Unfortunately, Canada remains behind other countries in the universal implementation of EMRs.² Concerns related to cost, security, privacy, workload, design, and technology contribute to this.³ One of the practical challenges with current EMR systems have been their inability to interconnect with separate EMR systems across community clinics, laboratories, consultants’ offices, care facilities, and hospitals. It is expected that in the future, these non-collaborative EMR systems will be replaced with systems that permit the efficient flow of medical information to a family physician.

While implementation of the EMR system has been slow, there was an increase in the number of Canadian physicians using electronic records from 2004 to 2010.⁴ This increased utilization of EMRs has implications for both family physicians and patients. Firstly, EMRs facilitate the collaboration of not only individual family physicians but also of other health professional team members. As opposed to paper charts, EMRs are conducive to multiple users accessing a patient’s file simultaneously. Secondly, EMRs permit family physicians to systematically review their patient population to identify

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specific at-risk groups in order to implement new initiatives. For instance, family physicians can quickly review their EMR database to identify patients with diabetes who are overdue for an annual renal blood test. Similarly, a list of patients can be identified that have a combination of co-morbidities for further attention and intervention, such as patients who smoke and have hypertension. Finally, the EMR has created the potential for records to be more accessible to patients. Most patients can now access their laboratory results directly online. It is expected that, in the future, patients will have access to all of their own medical imaging results and to most of the content kept in the EMRs by their family physician. While this ease of access of patient records improves efficiency for physicians and health professionals and provides more autonomy and control for the patient, it does bring with it inherent risks of safety and breaches in confidentiality that will need to be managed.

2) Optimization of All Health Care Professionals’ Roles

One of the most dramatic changes in primary care over the past two decades has been the widened scope of practice for many health care professionals. The increased participation of other health care professionals providing services that have traditionally been in the domain of the family physician will have an impact on future family practice.

For example, while midwifery has been quite prominent in other countries of the world, it has only recently gained popularity in Canada.⁵ Similarly, pharmacists in many Canadian jurisdictions are now permitted not only to adjust prescribed medications, but also to initiate prescriptions of their own,⁶ provide prescription reviews, titrate anticoagulant medication,

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provide travel consultations/vaccinations, and more recently, to administer flu vaccines. Optometrists can now prescribe medications, and naturopathic physicians have access to publically funded laboratories.

These changes might result in a feeling of vulnerability and perhaps territorial competition amongst some family physicians. However, it should be perceived optimistically as an opportunity to review what aspects of primary care are truly in the domain of family medicine and what health care services can be provided more expertly and cost effectively by other health professionals. The ideal situation would be to explore the creation of health care teams that include the expertise of all professionals. These teams could help to determine how the entire group might function best in order to provide optimal health care to patient communities. Regardless of how enthusiastically accepted the involvement of other health care providers is by patients and family physicians, the reality is that future family practice will include these health professionals in more expanded roles.

3) Provision of Continuity of Care

The fragmentation of family practice is an ongoing frustration for patients, family physicians, and specialists. The reliance on episodic care provided by walk-in-clinics is both a concern of patients and a challenge for family physicians and specialists. Family physicians are constantly trying to track down medical records and test results that exist at other clinics or hospitals. Specialists find it difficult to coordinate care for a patient when there isn't one family physician to follow through with their recommendations. Patients are confused as to whose advice to trust when it is clear that different medical practitioners are working with varying levels of knowledge about their medical condition.

Numerous studies have emphasized the positive health outcomes that result from a patient having a regular continuous relationship with a family physician. Visits to the emergency department are reduced, hospitalizations are decreased, patients are more satisfied, and preventative service delivery is improved.⁷

As the patient community begins to understand the true value of having an ongoing relationship with one family physician, it is inevitable that these consumer demands will shape future family practice to re-emphasize continuity of care.

4) Restructuring of Family Physician Remuneration

One of the key hindrances to bringing about substantial improvement in primary care has been the traditional fee-for-service physician remuneration model. While this system of rewarding physicians for the services that they provide might seem fair, it is this same model—focused on the provision of services—that has proven to be a challenge to enhancing health outcomes. In particular, it is recognized that some aspects of health care, such as the family physician's role in the management of chronic diseases and lifestyle modification, cannot be fairly remunerated on a per-visit basis. Success in such areas requires long-term interventions and management

plans that cannot be captured in a regular family physician visit. Recognizing this challenge, British Columbia has moved forward to develop more creative solutions for remuneration such as fees for the management of various chronic diseases and lifestyle management.

While salary models, blended models, and sessional payment schemes still have their challenges, family physicians across Canada have been moving towards alternate payment plans and becoming less reliant on exclusively fee-for-service.⁸ In the future, this trend towards alternative remuneration models will continue.

5) Increased Use of Telemedicine Technology


One of the other major shifts in family practice will be the incorporation of new technologies supporting telemedicine. Initial pilot projects allowing patients in rural and remote regions to access physicians in urban centres by video-conference have been successful.⁹ More controversial is the use of telemedicine to replace in-person physician-patient interactions.

Besides the obvious challenge of not being able to perform a proper physical examination and not being in direct contact with a patient, it brings other challenges such as the inability to perform procedures, missing non-verbal cues not captured on video, potential breaches of confidentiality, and the inability to safely intervene should a patient's condition suddenly deteriorate. Nevertheless, patients and physicians are recognizing the convenience of telemedicine and thus several entrepreneurial ventures have capitalized on this enthusiasm to provide telemedicine to connect patients and family physicians.

Undoubtedly, future family physicians—even those who avoided email and social media communication with their patients—will be pressured into telemedicine encounters. With the support and guidance of regulatory agencies to ensure safe professional practice is maintained, telemedicine will be part of a family physician's daily routine.

Is Family Practice as the Patient's Medical Home a novel concept or is this just the Reinvigoration of Patient Centred Care?

Whether or not the PMH as envisioned by the CCFP becomes reality, it is clear that ongoing implementation of new technologies and programs will shape the future of family practice in Canada. The integration of seamless medical records, the optimization of the role of all health care professionals, the provision of continuity of care, the restructuring of physician remuneration, and the increased use of telemedicine technology is about returning to models of care that focus on the needs of the patient. These innovations will permit a renewed commitment of future family practice to The Four Principles of Family Medicine:¹⁰

- 1) The patient-doctor relationship is central;
- 2) The family physician is a skilled clinician;
- 3) The family physician serves as resource to his or her practice population; and
- 4) Family medicine is community-based. 

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