

# Primary health care





## What is primary health care?

**Primary health care starts with a person's first contact with the health system. Usually, but not always, that is with a family physician.**

Primary health care may include services like: health promotion, disease prevention, screening tests and examinations, rehabilitation therapy, nutritional and psychological counselling. That means a variety of professionals, including nurses, pharmacists, dieticians, counsellors, rehabilitation therapists and social workers — in addition to physicians — provide primary care.

## Our goal for primary health care

Alberta is improving Albertans' access to primary health care by changing how these services are organized, funded and delivered. Our goal is to make it easier for Albertans to receive the health services they need at the right time, in the right place and from the right provider.



# Moving primary health care forward

## 1. Alberta innovations in primary health care

Since 1998, Alberta allocated \$54 million to 66 projects that explore innovative ways to improve primary health care by:

- Improving access to services.
- Increasing health promotion and improving management of chronic diseases such as arthritis, heart disease and asthma.
- Creating teams of health providers to work with Albertans to better manage their health.
- Linking family physicians and other providers with the health services Albertans need.



## 2. HealthLink Alberta

Primary health care can start with the phone or Internet. Since June 2003, all Albertans have access to HealthLink Alberta, a 24-hour province-wide telephone service. Specially trained nurses provide advice and information about health concerns, and direct Albertans to appropriate community services and information. It is expected HealthLink Alberta will receive about one million calls annually. In addition, Albertans can access two websites — InformAlberta and Your Health — through [www.health.gov.ab.ca](http://www.health.gov.ab.ca)



## 3. Local Primary Care Initiatives

Under a new agreement, Alberta Health and Wellness, the Alberta Medical Association and regional health authorities have a new initiative to improve primary care. Groups of family physicians and health authorities together will form Local Primary Care Initiatives to provide primary care services to specific groups of individuals. Up to 12 Local Primary Care Initiatives will be implemented in 2005, serving about a half-million Albertans.

To be approved, Local Primary Care Initiatives must show they will:

- Give more people access to a primary care physician.
- Manage access to appropriate services 24 hours a day, seven days a week.
- Improve care, with more health promotion, disease and injury prevention, and better care for complex or chronic health needs.
- Better co-ordinate with other health services.

## NATASHA'S STORY

During a routine visit to her community health care centre, Natasha tells the nurse practitioner she feels depressed and is having difficulty coping with her daughter's asthma and her son's behavioural problems. The nurse practitioner refers the daughter to the centre's respiratory therapist to help her manage her asthma. The respiratory therapist learns the family has a poor diet, and calls in the centre's dietician. Noting the family is living on a small income, the dietician contacts the centre's social worker who helps Natasha and her husband manage their financial resources more effectively. Over the next several visits to the health centre, Natasha also gets help from a mental health nurse to deal with her depression and her son's behavioural problems.



# Evaluating primary health care services in Alberta

Alberta Health and Wellness will monitor the overall improvements in primary health care for Albertans in several ways. For example:

- A. Accessibility:** How easy is it to obtain health services or advice? Do you have a family doctor?
- B. Acceptability:** Are you satisfied with the health services you have received?
- C. Effectiveness:** Are primary health care services having an impact on prevention, promotion and community-based care?

Over time we expect to develop better and more complete information to assess these aspects of primary health care.

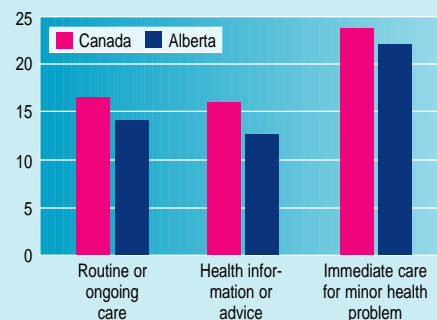
## A. Accessibility

**Routine or ongoing care** can include an annual check up, blood pressure tests, or routine care for a chronic condition. Statistics Canada reports 13.9 per cent of Albertans had difficulty accessing these services, compared to the Canadian average of 16.4 per cent.

**Health information or advice** is available from a medical or health professional, the HealthLink line, or its related websites. Statistics Canada reports 12.4 per cent of Albertans had difficulty accessing health information or advice, compared to the Canadian average of 15.8 per cent.

**Immediate care** for a minor health problem may be provided in a physician's office or hospital. Statistics Canada reports 22.1 per cent of Albertans had difficulty accessing immediate care for minor health problems, compared to the Canadian average of 23.8 per cent.

## Percentage of Population Who Had Difficulties Accessing:



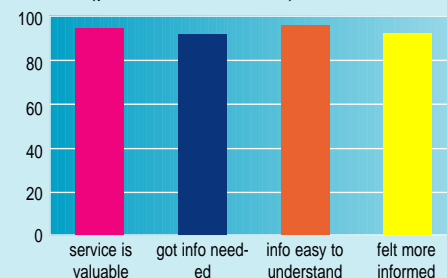
Source: Statistics Canada

## B. Acceptability

**HealthLink Alberta** has provided information and advice to Albertans 24 hours a day, seven days a week, since June 2003. Callers report they are comfortable discussing their health issues with HealthLink nurses and have confidence in the information and advice they receive.

An independent survey of Albertans who used HealthLink Alberta between January 1 and February 28, 2004 rated the service very highly.

## HealthLink Alberta Client Survey 2004 (per cent of callers)



Source: Alberta Health and Wellness



A Statistics Canada survey showed 82.7 per cent of Albertans were satisfied with all types of telephone health advice and information. While these surveys asked different questions, the results of both show most Albertans feel high quality information and advice on health is available by phone.

**Satisfaction with other services** was assessed by a Statistics Canada survey in 2003. Overall, 83.3 per cent of Albertans report being satisfied with the services they received in the past 12 months. Specific results show Albertans have very high levels of satisfaction (90.3 per cent) with their most recent family doctor visit, and high levels of satisfaction with community-based care (78 per cent), which includes care in the home and in community clinics.

Percentage of Population Satisfied With:	Canada	Alberta
🔑 Most recent family doctor visit	91.4	90.3
🔑 Telephone health lines services	83.7	82.7
🔑 Community-based Health Care	83.0	78.0
Any health services received in the past twelve months	84.9	83.3

Source: Statistics Canada

## C. Effectiveness

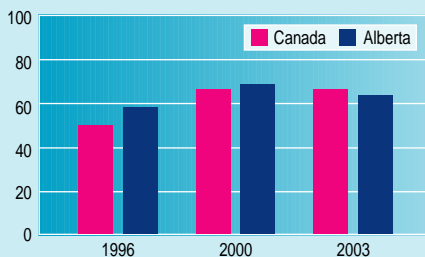
The impact of health protection and illness prevention programs delivered by primary care can be measured in part through immunization rates and participation in screening programs. Hospitalization rates can be used to assess how the primary care of chronic conditions has changed.

**Influenza immunization.** Influenza among seniors is a significant seasonal health problem that frequently requires hospitalization. Annual immunization programs are needed to prevent the illness, because the virus changes from year to year. Effective primary health care can deliver this immunization and improve health. The self-reported immunization rate for Alberta seniors has increased from 59 per cent in 1996 to 69 per cent in 2000 and 64 per cent in 2003.

**Screening programs.** Regular partici-

### 🔑 Rate of Influenza Immunization

(per cent of seniors)



Note: Adjusted for non-response  
Source: Statistics Canada

pation in screening programs is an indication of good preventative care, an important part of primary health care. For example, regular screening for breast cancer and cervical cancer leads to early detection of disease, and more effective treatment. Statistics Canada reports that in 2001/2002, about 74 per cent of Alberta women aged 50 to 69 had a mammogram for routine breast cancer screening or diagnostic purposes. A province-wide breast-screening program is expected to increase this participation rate.

The survey also estimated 79 per cent of women aged 18 to 69 had received a Pap smear to test for cervical cancer in the previous three years. Regular testing is very effective in identifying possible cervical cancer in the early stages. Local Primary Care Initiatives are expected to place a greater emphasis on health promotion and build a stronger relationship between



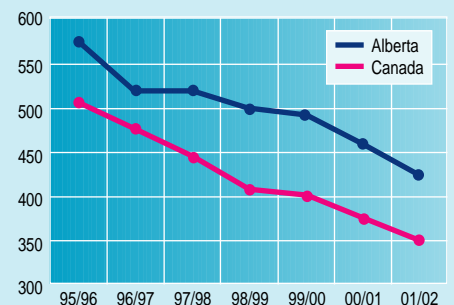
primary care physicians and patients. This should encourage more women to get Pap smears.

**Care for chronic conditions.** Better primary health care can reduce the need to treat people in hospital, and improve their overall health. One indicator of effective primary health care is the hospitalization rate for conditions that can be treated in the community. These conditions (called ambulatory care sensitive conditions) include diabetes, asthma, alcohol and drug dependency, depression and hypertensive disease.

Hospitalization to treat these conditions has decreased in Alberta and Canada over recent years – a reflection of better health service delivery at home and in the community. Alberta has a higher rate of hospitalization for these conditions compared to the national average. In part, this reflects the challenges of providing care in rural areas. More community-based primary health care is expected to reduce these hospitalization rates.

### 🔑 Hospitalization Rates for Ambulatory Care Sensitive Conditions

1995-1996 to 2001-2002



Source: Canadian Institute for Health Information (CIHI)



## Looking ahead

This report provides a snapshot of how well Alberta is delivering primary health care. Overall, most Albertans report services are satisfactory and accessible. We will continue to monitor our progress in delivering preventative care and community-based care. We expect better results as we work with health regions and care providers to improve primary health care, and how we measure and report on it.

### For more information:

#### Alberta Health and Wellness

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E-mail: [ahinform@gov.ab.ca](mailto:ahinform@gov.ab.ca)

Dial 310-000 for toll free access outside Edmonton

Access is available on-line at [www.health.gov.ab.ca](http://www.health.gov.ab.ca)



When you see a key it means that the information is a featured indicator based on a plan for reporting comparable health indicators developed by the Federal, Provincial and Territorial Ministers of Health. The Report of the Auditor General of Alberta on the featured indicators, and an appendix including methodology and technical information is available in the *Province of Alberta's 2004 Report on Comparable Health Indicators* at [www.health.gov.ab.ca/public/how\\_healthy.html](http://www.health.gov.ab.ca/public/how_healthy.html).

Complete results and technical information for all provinces and territories will be available after December 1, 2004 on the Canadian Institute for Health Information website at: [www.cihi.com](http://www.cihi.com)