

Report from the 13th INTERNATIONAL HEALTH WORKFORCE COLLABORATIVE CONFERENCE in Brisbane October 2011

Marie Helene Chomienne presented a joint paper (Sabrina Wong and Marie Helene Chomienne)

The panel led by Robert Robertson consisted of Lucio Naccarella from Australia and Robert Phillips from USA; there was no representation from UK.

Canada's paper presented the different models of Primary care that have been developed across the different provinces, although they may seem different all new models are team based and although most have been developed under clear provincial jurisdictions there seem to be some quite novel and successful physician driven models. Some data is starting to be available to assess the added value of the new team models. There seems to be high patient and provider satisfaction but the evaluative process is not yet sufficiently advanced to determine the impact on health outcomes.

This was very much in line with the presentation from Australia, which looked at the effectiveness of the new models highlighting the absence of rigorous studies with high level of evidence showing the beneficial impacts on health outcomes for team -based models.

The US presenter, Robert Phillips, underlined the difference of the primary care context in the States, stating that "primary care is not as foundational". The primary care workforce in the US, encompasses not only family physicians but also, paediatricians, general internists and geriatricians. The workforce is insufficient, maldistributed and underpaid. Moreover the socio-political context is quite different without national social insurance coverage. Therefore there is a Primary Care reform striving to make Primary Care more prominent. The Patient Protection and Affordable Care Act (PPACA) will help the reform towards increased health insurance coverage, improved payments for providers and supporting development of medical homes, which are founded on a team-based and patient-centred approach.

In the discussion that followed, one of the key elements coming from the audience was the absence of a harmonized definition of Primary Care. New Zealand suggested encompassing also family or caregivers often highly involved in primary care interventions with the patients. UK also thought limiting PC to first point of contact, as defined by Canada, as too restrictive. In

the small group discussions that followed there were participants from different jurisdictions; for the group, one of the most important features was for primary care to answer the needs of the population it serves and from there the necessity for primary care providers to understand and know the profile of the population they care for.

In conclusion, there needs to be more consensus on what *is* primary care; independently of the country at stake, most primary care reform is turning towards a team based approach, additionally, research needs to define a better framework for analysing the impacts of the new models on patient health outcomes (quality improvement) and cost effectiveness.