

Elaboration and implementation of Family Medicine Groups : A relevant model for primary care renewal in Quebec (Canada)?

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Presentation outline

1. Introduction: presentation of the research project
2. What are Family Medicine Groups (FMG)?
3. Governmental agenda, decision agenda, policy choice
4. Implementation
5. Conclusion: analysis of the reform process and challenges

THE RESEARCH PROJECT



The research project

- Results from a research project: *A Cross-Provincial Comparison of Health Care Policy Reform in Canada* (H. Lazar, PI)
- 6 case studies of policy reform undertaken in 5 provinces (AB, SK, ON, QC, NFL)
- One case study on primary care reform
- Objectives:
 - Describe the policy-making process and analyze the factors that explain why it unfolded the way it did

Theoretical framework

- Theoretical framework rooted in John Kingdon's public policy work (2002, 2nd edition):
 - Governmental agenda
 - Decision agenda
 - Policy choice
- Variables:
 - Institutions
 - Interests
 - Ideas
 - External events

Methodology

- Data gathered through 13 semi-structured interviews with key actors and decision-makers involved in the reform process
- Interviews were transcribed, coded (NVivo) and analysed
- Analysis of relevant literature:
 - Grey and scientific literature on FMG
 - Governmental publications & reports

FAMILY MEDICINE GROUPS



Primary health care services in Quebec

- Historically organized around two models:
 - Local community service centres (CLSCs)
 - Medical clinics
- In 2002, a third model emerged: Family Medicine Groups
 - New model for organizing primary care

What are FMG?

- Composed of 6-12 general practitioners (GPs)
- Working in collaboration with nurses
 - Multidisciplinary practice
- Patient registration
- Patient follow-up
- Responsibility for a population

Objectives

- Improved:
 - Access to GPs
 - Continuity and quality of care
 - Professional collaboration
- Implementation of a global approach to health
 - Improved health promotion and prevention
- Improvement of health status
- New legitimacy for the role of GPs

THE REFORM PROCESS



Governmental agenda: How the problem emerged?

- Interest in primary care reform in OECD countries in 1990s
- Problems with current primary care organizational models
- Changing medical practice
- GPs and research community calls for reform

Decision agenda: Commission of inquiry (Clair)

- Research process that resulted in the elaboration of the broad objectives and characteristics of the FMG model
- Recommendations to ensure political feasibility
- Contributed to creating a social consensus around this new model for primary care delivery

Policy choice

- Government chooses to implement the model:
 - Cover all of Quebec's population: 300 FMG to care for 20 000 patients each
- Strong political willingness to go on with the project
- Ministry of health : in charge of the operationalization of the model

THE IMPLEMENTATION OF THE REFORM



Critics

- Many important features of the model were contested:
 - Patient registration
 - Payment plans
- No alternative models for urban regions
 - Montreal

Obstacles

- Lack of political leadership
- Some key recommendations for implementation were ignored
 - Model: open vs standardized model
 - Timing: gradual vs quick implementation
- Strategy:
 - Confrontation vs collaboration with medical associations

Conclusion

- FHG model has not been attractive for GPs
- Incentives not in line with objectives
 - Payment plans not supporting practices changes (ex: health promotion and prevention)
- Model organized around existing structures:
 - Impeded innovation and professional practices changes
- Overall → A reform that does not touch institutionalized core bargains with physicians
 - Payment plans
 - Medical practice's organization

THANK YOU!

QUESTIONS AND COMMENTS?

