## **Achieving the OurCare Standard**

The OurCare Standard is an aspirational standard, but an attainable one. Work is underway across the country to strengthen primary care systems. The OurCare Standard is intended to offer a common vision we can return to and track our collective progress. It represents what every person living in Canada should be able to expect of the primary care they receive, and recognizes that the steps needed to achieve this will look different in different places.

OurCare priorities panels articulated a series of recommendations specific to their provinces that may inform provincial action. At the same time, similar recommendations across provinces reflect that across the country, we face common challenges, and similar actions are needed to achieve the standard nationally. The actions which follow are not exhaustive, but reflect necessary steps to overcome shared challenges and realize peoples' aspirations for better primary care.



Everyone has a relationship with a primary care clinician who works with other health professionals in a publicly funded team.

This standard requires a commitment to guarantee access to primary care to all people in Canada and commensurate levels of funding from federal and provincial governments. It is notable that many countries have mechanisms to facilitate or automate connection to primary care and that the proportion of health spending on primary care is much lower in Canada (5.3%) compared to the OECD average (8.1%)<sup>1</sup>.

This standard also requires coordinated efforts to ensure there are enough primary care clinicians to meet peoples' needs and that they can work together as a team to serve more people than one clinician could serve alone. These actions require collaboration between the federal government, provinces, and training institutions. Actions include:

- Scaling up training capacity to optimize interprofessional collaboration and increase the number of health professionals graduating with interest and competency in primary care.
- Reducing barriers to licensing and practice for internationally trained primary care clinicians







This standard also requires everyone planning primary care services to focus attention on the needs of people who are underserved. **Actions include:** 

- Scaling up community-governed, interprofessional primary care teams that prioritize equity-deserving communities with low primary care attachment
- Achieving standards for clinic accessibility for people with disabilities
- Ensuring consistent funding and use of language interpretation services
- Focused federal-provincial collaboration to remove barriers that prevent newcomers and refugees from immediately accessing primary care services and health insurance

This standard also requires continued federal and provincial attention to public funding of services, including rigorous monitoring and enforcement of the Canada Health Act to ensure that people are not charged for medically necessary primary care services.

2

Everyone receives ongoing care from their primary care team and can access them in a timely way.

In addition to the actions described above to expand access, this standard requires innovation in how care is accessed, to ensure care is timely, ongoing and delivered by someone who knows you and has access to your health record. **Actions include:** 

- Investing in virtual care options integrated with in-person care, including related infrastructure to enhance access to primary care in rural and remote communities
- Facilitating collaboration between practices to provide shared after-hours care in a region
- Aligning incentives and supports to expand primary care teams that support ongoing, timely care and disincentivizing standalone urgent care options









Everyone's primary care team is connected to community and social services that together support their physical, mental and social well-being.

This standard requires developing and supporting links between health care, community, and social services, with attention to social determinants of health throughout primary care planning and delivery. **Actions include:** 

- Restructuring funding and governance to integrate primary care clinics with local community and social services to address the social determinants of health
- Developing practice-level relationships with local community and social services organizations with a view to better addressing social determinants of health.

4

Everyone can access their health record online and share it with their clinicians.

This standard requires interoperability and integration of medical information alongside support for patient access. Actions include:

- Legislating requirements for electronic health record interoperability
- Ensuring that IT and electronic health record systems are interoperable and accessible to patients
- Supporting patient access to their own records at the practice level where possible









5

Everyone receives culturally safe care that meets their needs from clinicians that represent the diversity of the communities they serve.

This standard requires that primary care is equipped to deliver trauma-informed and culturally appropriate care in a manner that respects the fundamental dignity of the individual and their identity. No matter where people receive care, it must be free from racism and discrimination, and be accessible regardless of language or disability. **Actions include:** 

- Enhancing curriculum, professional development offerings, and practice standards to ensure all primary care professionals are trained to provide trauma-informed, antidiscriminatory, culturally safe, and gender-affirming care, and a full range of services including mental health and addictions care.
- Involving community members in the governance of educational, training and credentialing institutions
- Increasing the diversity of trainees so that health care professionals in all fields better represent the populations served
- Increasing training opportunities for northern, remote, and rural residents and Indigenous communities













## Everyone receives care from a primary care system that is accountable to the communities it serves.

This standard requires that people have the opportunity to participate in the governance of primary care systems. **Actions include:** 

- Establishing systems for patient and public engagement and oversight at local, regional, and provincial/territorial levels
- Including ongoing community representation in primary care practicelevel governance
- Enhancing curriculum, professional development offerings, and practice standards to ensure all primary care professionals have the knowledge and skills to work effectively in team-based models, and to engage patients and communities in practice governance
- Funding and implementing a health promotion campaign that provides the public with information to help them navigate the health care system and empowers them to stay healthy and manage common health concerns, with special attention to education for newcomers

This standard also requires that everyone has access to transparent information about primary care system performance, and knows who they can contact when questions of accountability arise. **Actions include:** 

- Establishing a Primary Care Charter of Rights and an ombudsperson who can receive patient complaints and provide independent oversight of the primary care system, including incidents of racism and discrimination
- Funding research that supports design, spread and evaluation of primary care reforms and innovations
- Establishing an Office of Primary Care Excellence at Health Canada to track primary care performance and invest in primary care transformation initiatives
- Adopting the OurCare Standard and reporting publicly on provincial and national compliance
- Continuing to fund the OurCare initiative in order to continue research and consultations with citizens to improve the primary care system in all provinces, territories

<sup>1</sup>OECD 2018. "Spending on Primary Care: First Estimates," December 2018, https://www.oecd.org/health/health-systems/Spending-on-Primary-Care-Policy-Brief-December-2018.pdf

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