

Primary Health Care Services for Children and Youth in Canada: Access, Quality and Structure

Appendix to module page 1.1.3: Module Overview

Methods for data and information collection for this module

Methodology:

Structure of Primary Care

Guided by an Expert Advisory Committee ([click here to view committee membership](#)) composed of representatives from national paediatric and primary care organizations, we developed a survey ([click to view survey](#)) to abstract all publicly available data on primary care delivery and changes under primary care reform. Using an iterative approach, our search included a Google® search of ministry of health websites, official non-governmental organizations (i.e., Manitoba Centre for Health Policy, Institute for Clinical Evaluative Sciences, etc.), provincial colleges of physicians and nursing, medical associations, health quality councils, and public health. This was followed by a targeted search within organizational websites using relevant terms, where internal search engines were available. When internal search engines were unavailable, a targeted scan of grey literature was conducted. We then conducted telephone interviews with provincial leaders in primary care (as recommended by the Canadian College of Family Physicians) and for many provinces with paediatric leaders active with the Canadian Paediatric Society to vet these data and fill in any gaps.

Potential Indicators for Reporting Quality of Primary Care for Children

We conducted an environmental scan of primary care indicators from peer-reviewed and grey literature (ex. AHRQ, Hedis). We then identified those for which national data exists to populate these indicators. The data sources were predominantly national surveys from Statistics Canada and hospital administrative data available through the Canadian Institute for Health Information (CIHI) as other health administrative data is not available in all provinces/territories. The main domains of indicators were focused on access to and quality of care. Apart from reporting indicators by province and territory, as possible we applied an equity lens to report differences by age, sex, aboriginal or immigrant status, as well as other measures of socio-economic status.

Survey

Refer to page 19 for definitions and examples of Primary Health Care as intended in this questionnaire.

Structure of Primary Care

1. A) Who provides primary care to children in the province? (check all that apply)

- General Practitioner/Family Physician (GP/FP)
- Pediatricians
- Nurses
 - Nurse practitioners
 - Community health nurses
 - Public Health nurses
- Other health care providers (please, specify) _____
- All of the above

B) Is there data on the proportion of care provided by each care provider for your province?

- Yes
- No

If yes, please provide the details

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2. What are the administratively defined and/or funded models of delivering primary care to children in the province? (check all that apply)
- Solo practice
 - Team-based care
 - Inter-professional collaboration (includes patient's primary care physician and other health professionals)
 - Intra-professional collaboration (multiple types of physicians example: patient's PCP and consulting pediatricians)
 - Nurse-led clinics
 - Contractual agreements
 - Other (please, specify) _____

Please describe.

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3. Who provides these specific elements of primary care for children? (check all that apply) **From interview data**

Services/providers	GP/FP	PC Pediatricians	Consulting pediatricians	Nurses			Midwife	Subspecialists	School based practitioners	Other (please specify)
				Nurse practitioner	Public Health	Other nurses				
Newborn follow-up _1 st week of life										
Breastfeeding support										
Well-baby care (0 -24 months)										
Annual well-child exams										
Routine Immunization										
Flu vaccinations										
First point of access for acute medical problems (e.g. fever; rash)										
First point of access for common or minor problems(e.g constipation, growing pains, minor cough)										
Planned care for children with long-term chronic conditions										
Assessment of school problems										
Other (please, specify)										

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4. Typically, what is the usual point of contact for a child with urgent problems? (Check all that apply and rank from the most common to least) (Note: to be filled out based on interview data)

Provider	During the regular hours	Out of regular hours
PHC provider		
ED		
PHC Nurse		
Tele-health services		
Walk-in clinic		
Other (Please, specify)		

Payment/funding

5. A) What are the primary payment methods of primary care physicians?

- Fee for services only
- Salary only
- Capitation only
- Blended
 - If blended what is the predominant payment method ($\geq 50\%$)?
 - fee for services
 - Salary
 - Capitation
- Other (please, specify) _____

B) If yes to capitation how is the fee calculated? (ie. does it reflect population age and morbidity structure and vulnerable groups?)

6. Is there data on the proportion of providers by payment method?

- Yes
- No

Screening Programs

7. A) Is there any enhanced population based developmental screening for children (e.g. Newborn hearing screening program, enhanced 18-month well-baby visit, etc)?

- Yes
- No

B) If yes, who does the population based universally funded developmental screening(s) and when?

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Screening program/provider	When (Age of child)	Who								
		Antenatal care provider	GP/FP	PC Pediatrician	Nurse			Midwives	Special program	Other (please, specify)
					PH nurse	Nurse practitioner	Other nurse			
Newborn hearing screening										
Routine childhood hearing screening										
Enhanced 18-month well-baby developmental screening										
Routine enhanced* preschool developmental assessment										
Routine vision screening										
Other (please, specify)										

*- More than well-baby/well-child assessment, uses a specific developmental tool

8. A) Is there a universally funded dental screening program for children?

- Yes
- No

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B) If yes, who does the screening and when? _____

Coordination

9. A) What type of structures and activities exist to link PHC organizations with other care organizations (hospitals, specialists, home care, etc)? (Open ended questions)

- Electronic health records (EHR)
- Funding models
- Contractual agreements
- Other (please, specify)_____

B) Are there incentives for these linkages PHC's? (ie. Financial support for EHR's, extra fees for telephone contact between practitioners.)

If so please elaborate _____

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10. Typically, do the PHC organizations/PCPs participate in care and discharge planning when the child is hospitalized? **Interview only**

- Yes
- No

11. If yes, how is coordination achieved? What are the systems and structures in place to support the coordination of care?

- Payment for PCP to participate in discharge planning,
- Payment for PCP to discuss the care with inpatient provider
- Payment for inpatient health care provider to discuss the care with PCP/other care providers
- Standards for hospitals requiring timely transfer of information

Please describe _____

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12. Are there established networks of secondary care for children with chronic and long-term conditions?

Conditions	Yes	No	Program name	Program description
Asthma				
Diabetes mellitus				
ADHD				
Mental health problems				
Other developmental problems				
Complex chronic conditions (e.g. technology dependent)				
Other (please, specify)				

Quality of care

13. A) Are there any payment incentives/bonuses for primary care for management of patients with chronic and complex conditions?

- Yes
- No

▪ If yes, please, describe_____

B) If yes, do these incentives apply to children?

- Yes
- No

14. A) Are there any payment incentives/bonuses for consulting pediatricians for management of patients with chronic and complex conditions?

- Yes
- No

▪ If yes, please, describe_____

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15. Are there incentives (i.e Pay for performance) for quality of primary care?

- Yes
- No

16. A) Is the quality of primary care for children measured and reported in your province?

- Yes
- No

If yes, please, describe. _____

B) If yes, are any relevant for children?

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Access

17. Are there any factors/mechanisms in place to facilitate and ensure that PCPs provide timely access to services for their patients?

	Requirement	Incentives/bonuses	Payment	Other tools (please, specify)
Extended hours				
After hour phone services				
Use of open access schedule				
Other (please, specify)				

18. Are there any programs in place to try to ensure that all children have a PHC provider?

- Yes
- No

- If yes, please describe. _____

19. Are there any incentives for primary care providers to take children on as patients?

- Yes
- No

- If yes, please describe. _____

Continuity

20. A) Are there incentives for patients to see the same PCP?

- Yes
- No
 - If yes, please, describe. _____

B) Are there any disincentives for PCPs whose patients are seen by a different PCP (disincentives reflecting a lack of continuity of care)? **Interview only**

- Yes
- No
 - If yes, please, describe. _____

21. Are there incentives/other support for PHCs to have EHRs?

- Yes
- No
 - If yes, please, describe. _____

22. A) Are there incentives for primary health care organizations to have a registry of patients with chronic conditions for whom they develop specific programs?

- Yes
- No
 - If yes, please describe _____

B) If yes, do these incentives include children?

- Yes
- No

Cultural sensitivity

23. Are there any programs, incentives and/or payment methods for PHC organizations and providers to address the cultural and language needs of their practice population?

- Yes
- No

If yes, please check all that apply

- Translated materials
- Clinical translation/interpretation services
- Other (please, describe) _____

Policy support

24. Are there policies or strategies in place to support the delivery and sustainability of primary care and care provided for children?

- Yes
- No

If yes, please, describe. _____

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Payment schedule

Category	Code	Description	Fee
Coordination			
Quality			
Access			
Continuity			

Primary health care definitions:

Primary Health Care¹

“Represents the first point of contact for individuals with the health care system, and is the key to efficient, timely, quality family and community care based on continuity and coordination, early detection and action, and better information on needs and outcomes”

Functions include (among other things):

- management of acute, episodic care and non-urgent routine care
- health promotion
- disease and injury prevention
- chronic disease management

Primary health care services often include²:

- prevention and treatment of common diseases and injuries
- basic emergency services
- referrals to/coordination with other levels of care (such as hospitals and specialist care)
- primary mental health care
- palliative and end-of-life care
- health promotion
- healthy child development
- primary maternity care
- rehabilitation services

References

1. Ciliska D, Ehrlikh A, DeGuzman A. *Public Health and Primary Care. Challenges and Strategies for Collaboration*. 2005.
2. About primary care. <http://www.hc-sc.gc.ca/hcs-sss/prim/about-apropos-eng.php>.