



# BRIEF

## Supporting Health System Sustainability Through Investments in Primary Health Care (2013)

### **Background**

Government has demonstrated leadership through many initiatives that have positively influenced the health of the population. However, despite continued investment, the long-term sustainability of our provincial health care system remains in question. Our province is noted to have one of the highest chronic disease costs in Canada. Chronic disease spending is estimated to be more than half (56%) of our province's total economic burden for illness (Chronic Disease Prevention Alliance of Canada, [CDPAC], 2004). With some of the highest incidences of cancer, cardiovascular disease, and diabetes in the country, our spending on chronic diseases can only be expected to increase. In addition, the 2010 report from the provincial Office of the Auditor General stated that the continued growth of health care spending could potentially override other necessary public investments in areas that are equally important to the determinants of health. The report suggested that addressing spending is the only viable option for the long-term sustainability of our health care system.

Additionally, there is evidence of inadequacies in health services. We have not yet established a comprehensive health strategy that encompasses community-based health promotion and prevention initiatives. We have not advanced the use of technology to improve access and efficiencies as much as possible. Community involvement happens, but primarily through a participatory role versus a true partnership. Measures to support people to stay at home as long as possible are unevenly disbursed across the province.

While Government initiatives such as the Chronic Disease Prevention and Management Strategy, Poverty Reduction Strategy, Long-Term Care and Community Support Services Strategy, and the Provincial Wellness Plan set the stage for improving efficiencies and ensuring equitable access to health services, the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) believes we must go even further and fully embrace Primary Health Care (PHC).

### **Embracing Primary Health Care**

The role of supporting and maintaining a healthy population in the sustainability of the health care system is clear. A recent report by Emery, Ryie, Brunel and Dutton (2013) estimated that the annual direct costs of illness (e.g., physician visits, days in hospital) for a Canadian in poor health is more than \$10,000 higher than for someone in good health. Additionally, the indirect costs of illness such as lost productivity and lost years of life are estimated to be as large as the direct costs. As such, investments in initiatives that promote and maintain good health can be an important means of helping Government to achieve its goal of providing quality health care in a cost-effective manner.

Governments implementing health care services within a PHC framework are driven to place a greater emphasis on wellness which ultimately decreases the need for illness-based services. Furthermore, a PHC approach requires that health be perceived as a whole, encompassing all of the determinants of health. The broader social determinants of health (e.g., income, education, employment, housing) have been shown to impact the ability of citizens to assume responsibility for maintaining healthy lifestyles and minimizing exposure to avoidable health risks. Adequately funded community initiatives that address the social determinants can improve the health of the population and ultimately save money as they address social concerns before they become health concerns.

One of the key features of PHC is a shift to interdisciplinary/intersectoral teams of providers who are accountable for providing a comprehensive range of essential health care services (i.e., health promotion, disease prevention, curative, rehabilitative and supportive care). Areas with strong PHC infrastructure tend to experience better outcomes and efficiencies, lower health care costs and higher patient satisfaction (Canadian Health Services Research Foundation, 2010).

Significant progress towards the integration of PHC into the Regional Health Authorities (RHAs) was made with support from the Primary Health Care Transition Fund. However, the limited support for adopting and sustaining a PHC framework means that this province has not fully realized the benefits of PHC. Although the RHAs have continued to support PHC, ARNNL believes that committed provincial leadership is required to ensure that the cost-saving benefits and positive impact on the health of the population are realized now and into the future.