



Ministère de la Santé et des Services sociaux

Direction générale des services de santé et médecine universitaire

Québec's medical home: Family Medicine Groups

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International Health Workforce Conference
Quebec, May 2013

Québec 

Introduction

- Clair Commission 2002
- Primary care model much needed
 - Collaborative model (doctors working with doctors and all other professionals)
 - Linking model
 - primary care with primary care (clinics and CLSC)
 - primary care with specialised services (clinics and H)
- GMF creation 2002
 - Doctors, nurses, admin staff and patients all together in a Medical Home

Objectives

- Provide better access to a family physician (more support = more patients per doctor)
- Improve the delivery of primary care (interdisciplinary team and EMR = better care)
- Reinforce the organization of primary healthcare services (team work = extended and collaborative services)
- Ensure
 - accessibility (extended service hours)
 - responsibility towards patients (patient registration)
 - continued follow-up of registered patients
 - timely access to information (EMR)
- Improve functional links between primary care specialists and other specialists.

Innovation adoption

- Great leaders' response (the network was ready)
- Benefits and advantages of the model
 - Flexible (small and big groups, agreements...)
 - Voluntary
 - Supporting (nurses, admin staff and \$\$\$)
 - Promising (EMR, futuristic model of care based on best practices)
 - Measurable (registration)

Strengths, 10 years after

- Today
 - 255 family medicine groups (GMF)
 - 4 000 healthcare professionals involved
 - 3,2 M patients registered to a physician (within a GMF)
- Province-wide patient registration (40% in GMF)
- Introduction of nurse practitioners in primary healthcare
 - 526 nurses (within a GMF)
 - 143 nurses practitioners
- Electronic medical records support...

Challenges, 10 years from now...

- Keep the model flexible yet rigorous...
- Increasing accessibility to a healthcare team (60% left behind)
- Improving follow-up of indicators (loyalty : capturing patients' consultations patterns and ability to provide timely access)
- Expanding towards an interprofessional team (social worker, pharmacist, psychologist, nutritionist...)
- Integration of nurse practitioners
- Introduce new appointment models (Advanced Access)
- Improving liaison with other public institutions (primary care and secondary care)
- Attracting young physicians to primary care family medicine



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Thank you!

Questions?

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