

# Case Study of an Integrated People-Centred Health Service: Community Health Centres

## Summary:

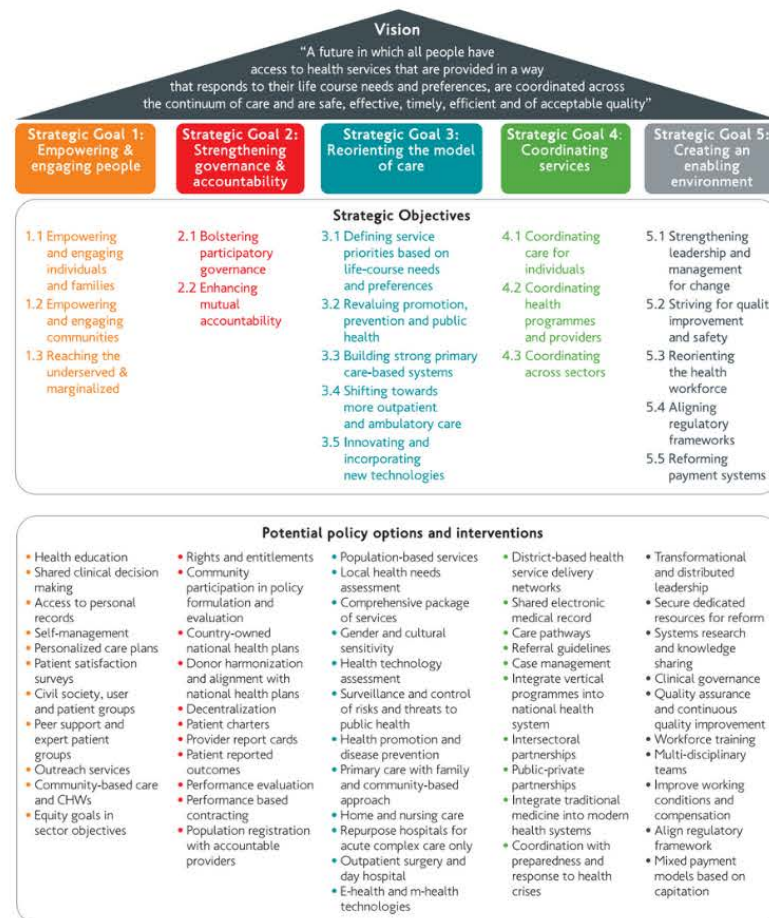
Without a trusted primary care relationship, people often struggle to investigate symptoms and receive a timely diagnosis followed by needed treatment and support. Poor determinants of health compound this situation for many. Integrated primary health care teams that address medical and social needs through co-design with patients and communities are a solution that deliver Quadruple Aim outcomes. Community Health Centres (CHCs) are one such model.

## Challenges:

As people cycle among primary care providers, emergency rooms and allied health professionals because they are experiencing symptoms and are trying to be investigated for a diagnosis, delays of months or years occur as people seek validation of their symptoms and subsequent referrals. Delays are further compounded by unnecessary re-work due to referrals which fall through the cracks, necessitating that a person cycle back to the referring doctor for a re-referral.

For many people, the visit to the family physician to discuss concerning symptoms is not an affirming one. People report that their physicians tend to minimize or dismiss their symptoms leaving them without answers or, in some cases, an inaccurate diagnosis accompanied by inappropriate prescribing of medications. Some people went on to visit an allied health professional to seek answers only to find the usual course of action was to be sent back to the family physician with intermittent presentation at the emergency room as symptoms worsened.<sup>2</sup>

WHO global strategy on integrated people-centred health services: an overview<sup>1</sup>



1. World Health Organization (2015). "Figure: WHO global strategy on integrated people-centred health services: an overview." [WHO global strategy on integrated people-centred health services 2016-2026: Executive Summary](#), 7.

2. Sahay, T. et al [Optimizing Diagnosis in Canadian Cancer Care](#). All.Can Canada, February 2022.

As it relates to social determinants of health, above-average-income Canadians have greater access to healthcare than below-average income Canadians. There was a 9 percent difference between above- and below-average-income Canadians regarding whether their regular doctor spent enough time with them to explain things. There was a 19 percent difference in having cost-related access problems with medical care in the past year and an 8 percent difference in being able to obtain after-hours care.<sup>3</sup>

**Solution:**

Community Health Centres (CHCs) deliver integrated primary care and social services within communities who experience systemic barriers to care. CHCs address and provide support to underserved populations by coordinating efforts related to social determinants of health. According to a 2020 rapid synthesis,<sup>4</sup> CHCs have the following features:

***Providing team-based interprofessional primary care***

Three primary studies described interprofessional teams as a key feature to a CHC model. Team-based interprofessional primary care can involve clients, providers, allied health professionals, patient navigators and others who connect health and social services. Seven primary studies reported on different aspects related to the collaborative relationships within team-based care. Two primary studies described that a CHC model fosters a supportive and trusting environment for patient-provider relationships...One study explained that system navigators were an integral part of a primary care team as they can respond to both health and social care needs. The study reported reduced emergency department visits, in-patient stays, and length of stay due to the integration of system navigators.

***Integrating the provision of a diverse array of health and social services***

CHCs provide and link clients with a diverse array of health and social services within the community, such as health promotion programs and disease prevention. An older medium-quality systematic review that focused on quality improvement initiatives among CHCs described a diverse array of screening, immunization, smoking cessation programs and services specific to chronic conditions (such as diabetes and asthma) as examples of primary healthcare services and programs in CHCs. Two primary studies based in Ontario emphasized standardization of data and definitions, the ability to produce digital coordinated care plans, and incorporation of data management coordinators within CHCs as examples of components that increased the efficiency and effectiveness of primary care delivery and the integration of other services. Specifically, one study described the EMR data-sharing partnership between Alliance for Healthier Communities and the Canadian Institute for Health Information.

3. Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). *Social Determinants of Health: The Canadian Facts*. Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management.

4. All of the info on CHCs comes from the following source: Bhuiya AR, Scallan E, Alam S, Sharma K, Wilson MG. *Rapid synthesis: Identifying the features and impacts of community health centres*. Hamilton: McMaster Health Forum, 23 October 2020.