Trust as the foundation: thoughts on the Starfield principles in Canada and Brazil

THE BESROUR PAPERS

The Besrour Papers: a series on the state of family medicine in Canada and Brazil

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Abstract

Objective To compare primary care in Canada and Brazil and how both countries have embraced the Starfield principles in the design of their health care systems.

Composition of the committee A subgroup of the Besrour Centre of the College of Family Physicians of Canada developed connections with colleagues in Brazil and collaborated to undertake a between-country comparison, comparing and contrasting various elements of both countries' efforts to strengthen primary care over the past few decades.

Methods Following a literature review, the authors collectively reflected on their experiences in an attempt to explore the past and current state of family medicine in Canada and Brazil.

Report The Brazilian and Canadian primary care systems have both adopted and advanced the Starfield principles in various ways, with both countries showing an increasing trend toward adopting interprofessional team-based care. Access to primary care remains a challenge in rural areas in both countries, and longitudinal relationships between providers and patients appear to be more common in Canada. With the advent of technology, increasing patient engagement and expectations, the decline of paternalistic medicine, and the sheer mass of readily available information (and misinformation), to be successful, primary care systems must also be constructed to engender trust

Editor's key points

- This article represents the start of a series examining the state of family medicine in Canada and Brazil with the goal of learning from each other's experiences. The authors identify basic principles that are important to both systems.
- Both systems have adopted and embodied the Starfield principles of first contact, longitudinal care, comprehensiveness, and coordination in various ways. The authors argue that, given the current reality, the public's trust is also a prerequisite for successful primary care.
- At the local level, this includes developing trust with and between allied health team members, without disrupting trust between patients and their providers. A second level of trust in the system is just as important to the success of primary care, and both must be considered in designing health care reform.

Points de repère du rédacteur

- Cet article représente le début d'une série qui examinera l'état de la médecine familiale au Canada et au Brésil avec comme objectif d'apprendre de l'expérience de chacun des pays. Les auteurs identifient des principes de base qui sont importants pour les deux systèmes.
- Les deux systèmes ont adopté et intégré les principes du premier contact de Starfield, des soins longitudinaux, de la globalité, et de la coordination des soins de multiples façons. Ils maintiennent qu'étant donné la situation actuelle, la confiance de la population est un prérequis pour le succès des soins primaires.
- À l'échelle locale, ceci comprend l'établissement d'une relation de confiance avec les membres de l'équipe de soins de santé et entre les membres de l'équipe, sans perturber la confiance entre les patients et leurs fournisseurs de soins. Un deuxième niveau de confiance envers le système est tout aussi important pour la réussite des soins primaires, et il faut tenir compte des deux dans la conception d'une réforme des soins de santé.

at both the local and the system levels. Both countries face challenges to maintaining trust in the context of the increasing prevalence of team-based care, and a lack of trust at the system level can be seen in patients' perceptions about the difficulty of finding a family doctor and in high rates of emergency department and urgent care centre use in both countries. Primary care reform must be implemented with the public's trust in mind.

Conclusion Trust is a crucial ingredient to the success of primary care and must be protected at both local and system levels. If designed with trust in mind, primary care in Canada and Brazil has the potential to meet the challenges set out by the Starfield principles.

La confiance en tant qu'assise : réflexions sur les principes de Starfield

Les articles Besrour : une série sur l'état de la médecine familiale au Canada et au Brésil

Résumé

Objectif Comparer les soins primaires au Canada et au Brésil et la façon dont les deux pays ont adopté les principes de Starfield dans la conception de leurs soins de santé.

Composition du comité Un sous-groupe du Centre Besrour du Collège des médecins de famille du Canada a tissé des liens avec des collègues au Brésil et a entrepris une étude, en comparant les divers éléments des deux pays qui visaient à renforcer des soins primaires au cours des dernières décennies.

Méthodes À la suite d'une révision de la documentation, les auteurs ont fait un retour collectif sur leurs expériences dans le but d'explorer l'état passé et actuel de la médecine familiale au Canada et au Brésil.

Rapport Les systèmes de soins primaires brésilien et canadien ont tous deux adopté et intégré les principes de Starfield, et ce de différentes façons. Les deux ont démontré une tendance vers l'adoption de l'équipe interprofessionnelle pour la prestation des soins. L'accès aux soins primaires demeure un défi dans les milieux ruraux pour les deux pays, et les relations longitudinales entre les professionnels de la santé et les patients semblent plus courants au Canada. Avec l'avènement des nouveautés technologiques, l'augmentation de l'engagement du patient et de ses attentes, le déclin de la médecine paternaliste et l'incroyable masse d'information (et de désinformation) disponible, les systèmes de soins primaires qui souhaitent réussir doivent être bâtis afin d'inspirer la confiance tant à l'échelle locale que du système. Les deux pays font face à des défis pour maintenir la confiance dans le contexte de la prévalence des soins offerts en équipe. Les perceptions des patients concernant la difficulté de trouver un médecin de famille et le taux élevé d'utilisation des services d'urgence sont présentes dans les deux pays. La réforme des soins primaires doit être mise en œuvre en tenant compte de la confiance du public.

Conclusion La confiance est cruciale au succès des soins primaires et doit être préservée à l'échelle locale et du système. S'ils sont conçus avec la confiance comme l'un des éléments fondamentaux, les soins primaires au Canada et au Brésil ont le potentiel de surmonter les défis fixés par les principes de Starfield.

Canadians are proud of their health care system, but Canada still lags in Organisation for Economic Co-operation and Development rankings of the quality of the system, ranking 17th in the world in the *Lancet*'s Healthcare Access and Quality Index published in 2017.[1] One of the cornerstones of improving the Canadian health care system—recommended in multiple commission reports over many decades—is building on its tradition of primary care.[2-5]

Canada was a leader in the development of family medicine as a discipline, and the Canadian systems of care have been structured since at least the 1980s around an assumption of universal access to a "gatekeeping" primary care provider.[6] But gaps exist between theory and reality. Many Canadians still have difficulty accessing primary care, particularly in rural areas.[7] Those who do access it do not always experience the kind of community-focused, interprofessional, longitudinal, and person-centred care envisioned by the pioneers of primary care literature.[8,9] The Canadian primary care system can still learn much from other jurisdictions.

Since 1994, Brazil's primary health care development has been spurred by the Family Health Strategy, with multiprofessional teams composed of family doctors, nurses, nursing technicians, and community health agents becoming the country's delivery model of choice.[10] The teams are responsible for providing universally accessible care to specific geographic areas and their respective inhabitants. The system excels at providing community-based care, but struggles with providing longitudinal and coordinated experiences for patients and families.[10]

No matter the details of a country's primary care delivery system, there are core principles that provide a common language and framework when discussing primary care design. These are the core Starfield principles, which outline 4 essential functions for primary care: first contact, longitudinal care, comprehensiveness, and coordination.[11,12]

In this article, with its accompanying commentary (**page 795**),[13] we focus on the Brazilian and Canadian primary care systems and reflect on their respective

adoption and advancement of these principles. In addition, we argue that in today's reality, with the advent of technology, increasing patient engagement and expectations, the decline of paternalistic medicine, and the sheer mass of readily available information (and misinformation), there is now a fifth factor that is a prerequisite for successful primary care: the public's trust.

Composition of the committee

Since 2012, the Besrour Centre of the College of Family Physicians of Canada has hosted the Besrour Conferences to reflect on its role in advancing the discipline of family medicine globally. The Besrour Papers Working Group, which was struck at the 2013 conference, was tasked with developing a series of papers to highlight the key issues, lessons learned, and outcomes emerging from the various activities of the Besrour collaboration. For the current Besrour Papers series, a subgroup of Besrour Centre members developed connections with colleagues in Brazil and collaborated to undertake a between-country comparison, comparing and contrasting various elements of both countries' efforts to strengthen primary care over the past few decades.

Methods

Following a literature review, the authors collectively reflected on their experiences in an attempt to explore the past and current state of family medicine in Canada and Brazil.

Canada and Brazil—on the Starfield journey

Currently, 70% of Canadian health care is publicly funded, with the bulk of that spending being concentrated on physician and hospital services.[7] Nearly all residents of Canada have universal access to physician and hospital services through public insurance plans. Care is free at the point of service.[7] When Canadians are sick, they can see a doctor. When they are very sick, they can go to the hospital.

In contrast to the National Health Service in the United Kingdom, care in Canada is not publicly delivered. It is largely delivered privately by physicians functioning as independent contractors and in non-profit hospitals that are not run by governments.

The strength of the Canadian system is that physician care and hospital care are delivered based on need rather than the ability to pay. One of the structures that supports this principle is the fact that family physicians fulfil the role of gatekeepers and navigators. As patient populations have become increasingly complex, team-based models of primary care have begun to proliferate across Canada. These teams aim to provide holistic, interdisciplinary care to fully meet patient and population needs, but they are not universally accessible across the country. For example, in Ontario, 25% to 30% of patients can access team-based primary care.[14] A large proportion of the population still receives their primary care from solo-practice, fee-for-service physicians whose fees are paid by the government, but who function as independent entrepreneurs and who do not have access to the benefits of an interprofessional team.

Brazil developed a universal health care system in the 1980s, 2 decades later than Canada. The Brazilian system is much more decentralized, with municipalities carrying the responsibility for health care management.[15] Unfortunately, in the original design of the publicly funded health care system, family medicine and preventive care were not a priority. Realizing the need for this care, in 1994, the Brazilian government developed the Family Health Program.[15] This marked the transition from a traditional solo-practitioner model to a team-based comprehensive model where primary care is delivered to a population in a defined area. The teams include one family and community doctor, a nurse, a nurse assistant, and 4 to 12 community health workers who serve as the point of first contact for the population, and in most cases teams include a dentist and a dental assistant.[10] To these core teams, the municipalities can also add other professions as needed, such as psychologists, nutritionists, pharmacists, physiotherapists, and others, with federal funding. However, the implementation of these teams has been challenging, and ultimately 40% of the population is without an assigned family health team.[10]

Despite their differences, both systems face similar struggles. Access to primary care remains a challenge in rural areas in both countries. Family medicine is better established in Canada than in Brazil but it is only emerging as a distinct and rigorous academic discipline in both countries. Both countries also show an increasing trend toward adopting interprofessional team-based primary care rather than solo-provider models. In Brazil's case, there has been a statistically significant decline in hospitalizations related to chronic illness such as asthma, diabetes, and hypertension in areas where these teams have been implemented.[16]

Public trust: the prerequisite condition for Starfield success

Despite both countries having adopted and embodied the Starfield principles in different ways, primary care in both countries still fails to live up to its full potential (**Table 1**).[12] We contend that this is in part because there is an additional factor underpinning primary care's success or failure: trust. To be successful, primary care systems must be constructed to engender trust at both the local and the system levels.

Trust exists primarily at the local level. If patients cannot trust their individual providers, they will not trust the health care system. This trust must be earned, not assumed.

In Canada, this trust manifests itself in unique ways.[17] Patients will refer to their family physicians as "my doctor"

Table 1. Comparison of Brazil and Canada's relative adoption of the Starfield principles

PRINCIPLE	BRAZIL	CANADA
First contact: "Primary care is personalized, and the patient has a specific person to go to first that connects them with the health care system"[12]	Family health teams are a patient's first contact with the health care system. Patients struggle to access their teams owing to mismatch of human resources and population size, as well as challenges in after-hours and same-day access	Family physicians act as gatekeepers to all health care services. This is enforced by the design of the Canadian health care system. Canadians experience challenges in same-day and after-hours access to their primary care providers, particularly in rural areas
Comprehensive: "Primary care is all-encompassing and meets the needs of the entire population"[12]	Comprehensive generalist care is provided by family physicians and interprofessional primary care teams. When the competencies of professionals are compared with their actual activities, there are considerable gaps. When these gaps are found, targeted training is provided to primary care providers in order for them to improve competency	Comprehensive generalist care is provided by family physicians and interprofessional primary care teams. However, particularly in urban areas with larger densities of specialists, the comprehensive generalist nature of primary care has eroded. Opportunities to practise generalist medicine exist in rural areas, but there are challenges recruiting and training physicians in those areas. Numerous fellowships and programs to further subspecialize within family medicine have emerged, creating a trend of "focused practice" within family medicine
Coordination: "Primary care is delivered such that the system moves around the patient"[12]	The Brazilian health care system has a deficiency in structure and internal organization, particularly with EMRs. Adoption is poor and even within primary care teams different EMRs are used without the ability to share data. Coordination is often left to individual providers	Coordination is often strong within primary care teams, but there are important challenges as patients transition to and from other parts of the health care system (eg, long-term care, hospitalization, home care)
Longitudinality: "Primary care is person-centred rather than disease-centred"[12]	Longitudinality is still an ongoing priority in the Brazilian health care system. It did not come first, as in the Canadian case. It is unclear whether there is a longitudinal familiar provider within the Brazilian primary care system	Longitudinality still commonly exists between a patient and his or her family doctor. This was the foundation upon which health systems were built in Canada. Canadians have a high degree of trust in their personal primary care physicians

EMR—electronic medical record.

and might only undertake medical decisions with input from their personal, trusted physician who helps them navigate the health care system. Patients will commonly return from a non–family physician specialist's office or a hospital admission for "translation" of the experience by their family doctor.[17] For family physicians to maintain their gatekeeping and navigator role in the Canadian health care system, the maintenance and strengthening of that local trust is paramount. The increasing prevalence of teams, which is largely welcomed across the country by providers, raises the need to think about how trust can be built with teams rather than individuals. This goes hand-in-hand with the Starfield principles of first contact and longitudinality, which are crucial components of successful primary care.

On the other hand, this type of trust is just emerging in Brazil, where only a handful of municipalities have promoted longitudinal relationships with an individual provider based in the community. In general, this degree of trust does not exist with a family physician, but with community health workers. Structurally, there have been considerable challenges to retaining physicians in geographic areas for extended periods of time. Instead, physicians stay in the regions for a short period before moving elsewhere, limiting the opportunity to engender trust at the local level.

A second layer of trust exists at the system level. Simply put, the public must have their expectations met by the outcomes of the system or they will not support it. This relates to the Starfield principles of comprehensiveness and coordination. A well designed system is able to provide patients with timely, responsive, and integrated care, both within the primary care universe and in transitioning people into and out of other parts of the system. These are assumptions resonant in international models of primary care, including the Patient-Centered Medical Home.[18]

The public's trust in the institutions of the Canadian system is maintained in various ways. These include rigorous academic standards for training health care providers, accreditation of organizations by national and international accrediting associations, regulatory bodies that protect the public and ensure competence, and legal and regulatory structures that protect patients from physician profit-seeking.

When trust in the system and its institutions is eroded, collateral pathways are created that are detrimental to

system sustainability and population health. In Canada, for example, the perception that it is difficult to find a family physician has threatened an erosion of public trust in the capacity of the system to provide for the needs of the public. This might have contributed to the advent of "concierge family medicine," where patients are expected to pay often large fees for "concierge" services that give the perception of VIP-style treatment, but that are in fact often linked to harmful overtesting and low-value care.[19-22]

In addition, Canadians have high rates of emergency department use, often for "ambulatory-sensitive conditions"—issues that could have been addressed in primary care.[23] A similar phenomenon is seen in Brazil, with patients bypassing primary care and seeking help from urgent care centres unnecessarily because of wait times to see their primary care team. This understandable behaviour reflects a lack of trust in the ability of the primary care system to deliver what patients need, and there are important ramifications for health equity and sustainability for both systems.

Conclusion

Universal health care systems that adopt team-based interdisciplinary approaches to primary care can improve health outcomes at a population level. However, there is considerable work that remains to be done for these models to be effective. The Starfield principles provide an essential road map for primary care reform, but cannot be implemented in a vacuum that excludes the public's stake and, more important, its trust. Trust is a crucial ingredient to the success of primary care and must be protected at both local and system levels. If designed with trust in mind, primary care in these countries has the potential to meet the challenges set out by the Starfield principles.

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Competing interests
None declared

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