



NEWS/ASSIGNMENT/POLITICAL/HEALTH EDITORS AND REPORTERS

Health Care Teams Proving to Deliver Better Care to Canadians Coping with Chronic Diseases

Teams Should be “Standard of Care” for Canadians with Chronic Health Conditions

Toronto, ON – April 29, 2009 – As Canada’s health care system deals with an aging population, collaborative health care teams are an effective way to treat the increasing number of Canadians with chronic health conditions.

“The fact that more than nine million Canadians have at least one chronic condition means that we should proactively advance the delivery of comprehensive and seamless care, using collaborative teams,” said Jeanne Besner, Chair of the Health Council of Canada. “Collaborative care teams work with patients and families to provide a broad range of preventative and treatment services that reflect the specific needs and health goals of individuals and families and enhance people’s ability to manage their own health, thereby potentially reducing the financial burden on the health care system.”

The Health Council of Canada released *Teams in Action: Primary Health Care Teams for Canadians* today, a report on the state of teams throughout Canada. They found that, while teams look different across the country, studies have reported that they are made up of two or more health care professionals, usually from different disciplines, working together in a coordinated, integrated effort to provide a patient’s basic health care.

Collaborative team care is a significant shift in the way Canadians are receiving their primary health care. Many Canadians may not know that this type of health care service is available to them, but they should – both as taxpayers and people who use health care services.

“Collaborative health care teams should be the standard of care for Canadians with a chronic health condition, like diabetes, heart disease or depression,” said John Abbott, CEO of the Health Council of Canada.

Some examples of the positive effects of team-based care:

- Patients with heart disease who received team-based follow-up care were less likely to be hospitalized than those who did not.
- Diabetes patients receiving team-based care reported better health results such as lower blood pressure.
- Alzheimer’s patients receiving collaborative care had significantly fewer psychological symptoms of dementia at 12 and 18 months, without increasing their medication.
- Terminally ill patients receiving team-managed home-based care reported significant improvements in factors such as their level of pain and mental health.

“The research shows us that patients in team-based care make fewer visits to doctors and hospitals. Not only has it helped patients with chronic disease, but also those with high health needs and those who live in an underserved part of the country, manage their care in a more active and effective way,” said Abbott.

In 2004, Canadian governments committed to making sure that 50 per cent of Canadians would be receiving care from teams of health professionals, rather than family doctors alone, by 2011. With this target just two years away, the expansion of teams for those who would benefit should be done in addition to more evaluation to better assess the use of teams for the general population.

To read the Health Council of Canada’s report, *Teams in Action: Primary Health Care Teams for Canadians*, to provide your feedback, or to request a CD, please visit: www.healthcouncilcanada.ca.

Canadians are invited to share their experiences with primary health care teams on the message board at: www.canadavalueshealth.ca.

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