

# XXX<sup>th</sup> Annual conference of the Slovak Society of General Practice

## PHC re-newal and introduction into our joint forthcoming project: why evaluating primary care?

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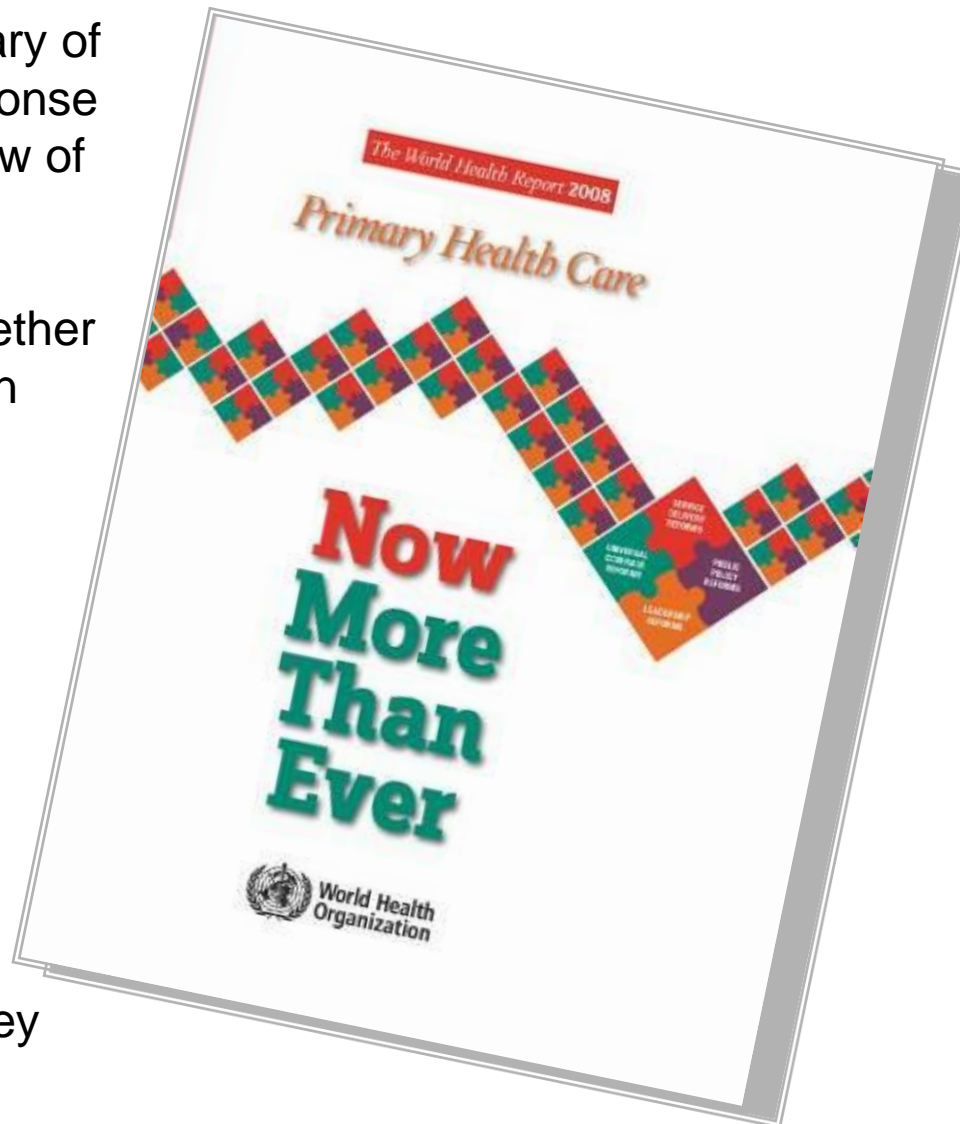
WHO, Regional Office for Europe

# Overview

- Introducing some aspects of the World Health Report 2008: Primary health care – now more than ever
- Link to our forthcoming joint project in Slovakia: the evaluation of the organization and provision of primary care (PCET)
  - project set-up and time-line
  - underlying framework of the PCET

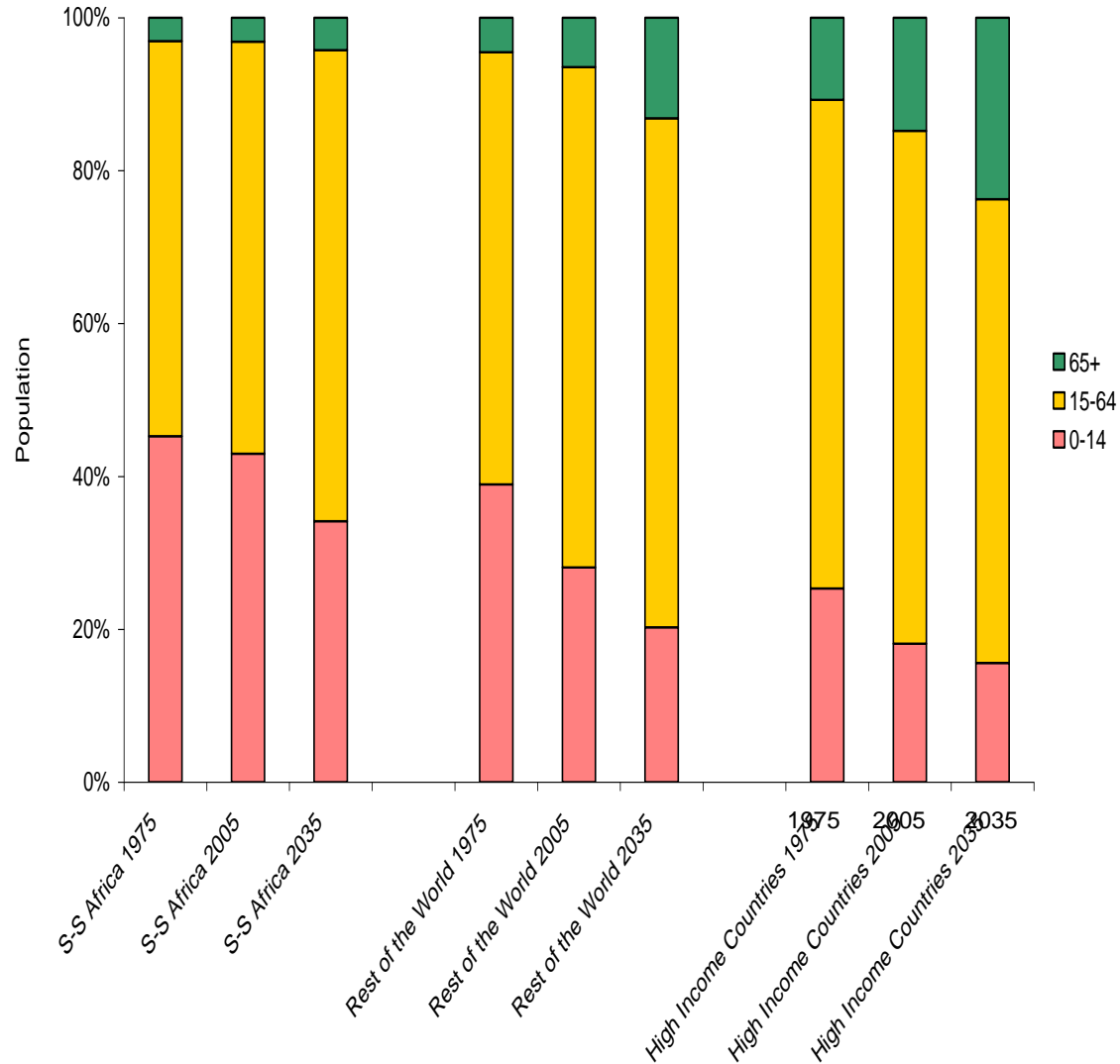
# Introducing the WHR 08

- Launched for the 30<sup>th</sup> anniversary of the declaration of Alma Ata: response to demand for a more holistic view of health
- Feeds into a larger debate, together with the report of the Commission on Social Determinants of Health, the MDG process and the renewed interest in strengthening health systems:
  - Tallinn Charter, WHO EURO
  - Resolution of WHA 62.12Primary health care including health systems strengthening
- Putting people first: being responsive to peoples wishes. Key word is people-centred care



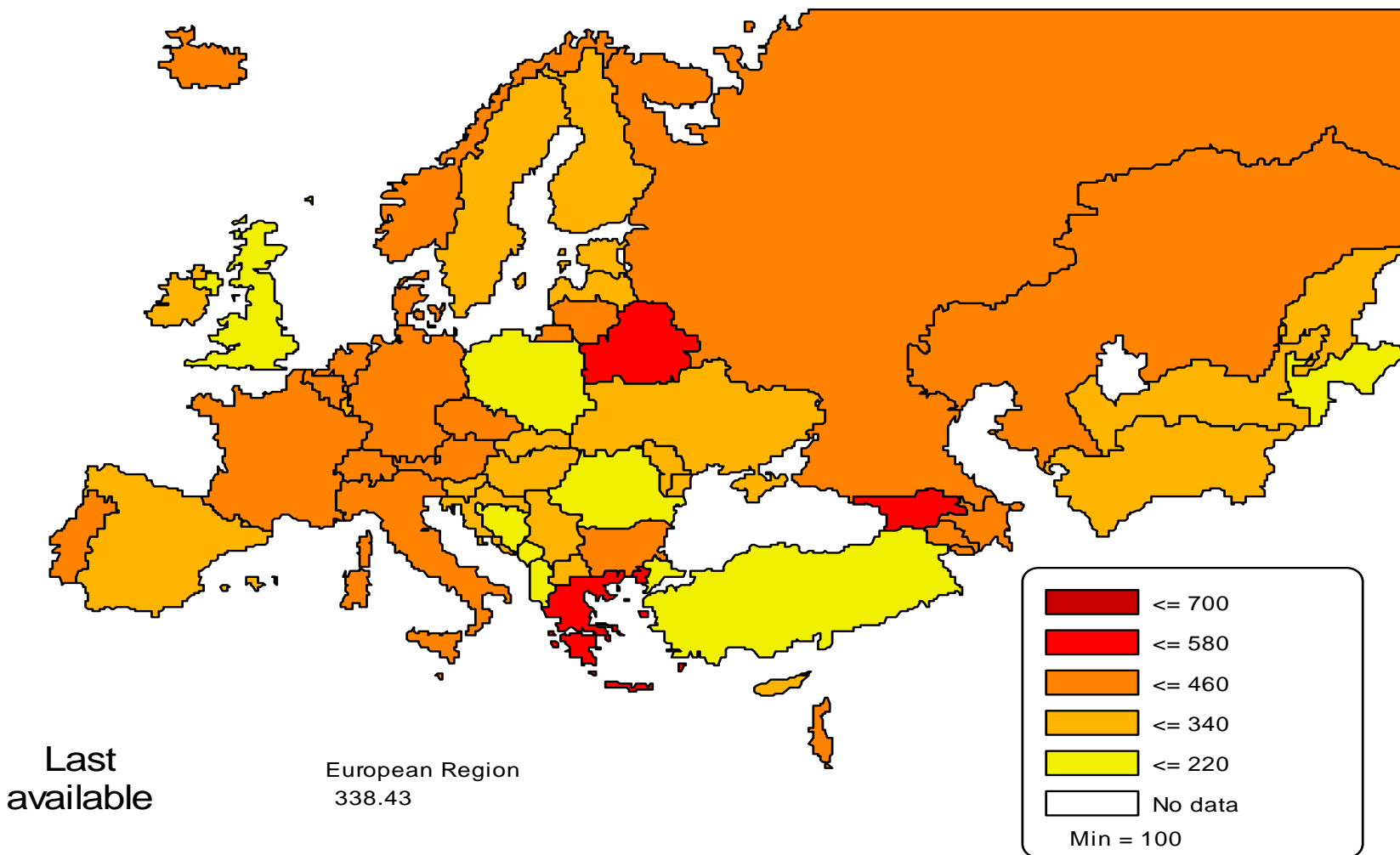
# Reason for PHC renewal: aging

- Drives the demographic transition
- Implications for:
  - Costs: aging will increase costs for health – people need care over a longer period
  - Organization of health care: aging demands for care close to home, comprehensive primary care that can deal with mulimorbidities – away from single disease programs and hospital based care
  - Human resources: a smaller workforce has to face a larger workload



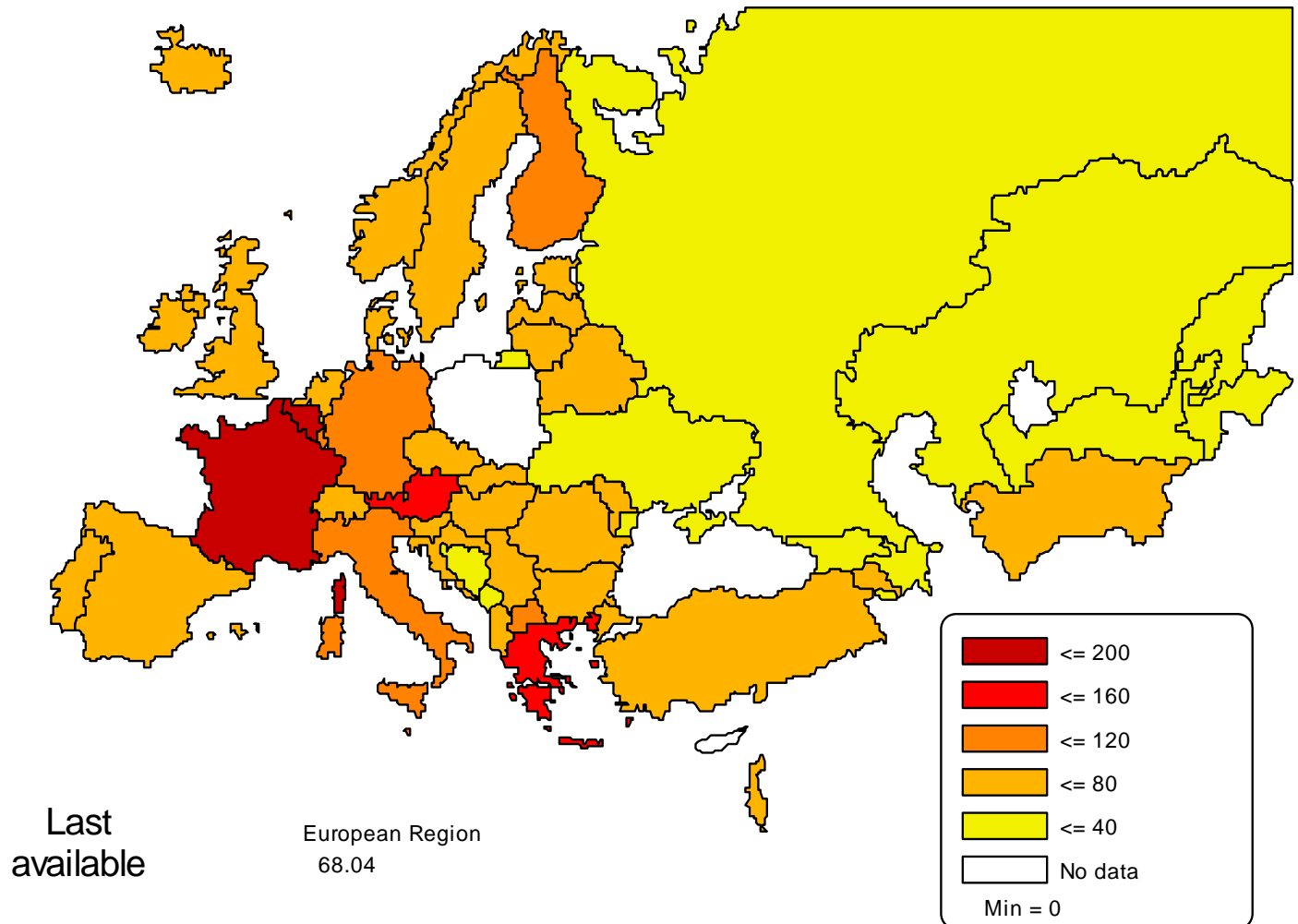
# Ex.: Challenges for PHC renewal: human resources

Physicians per 100000



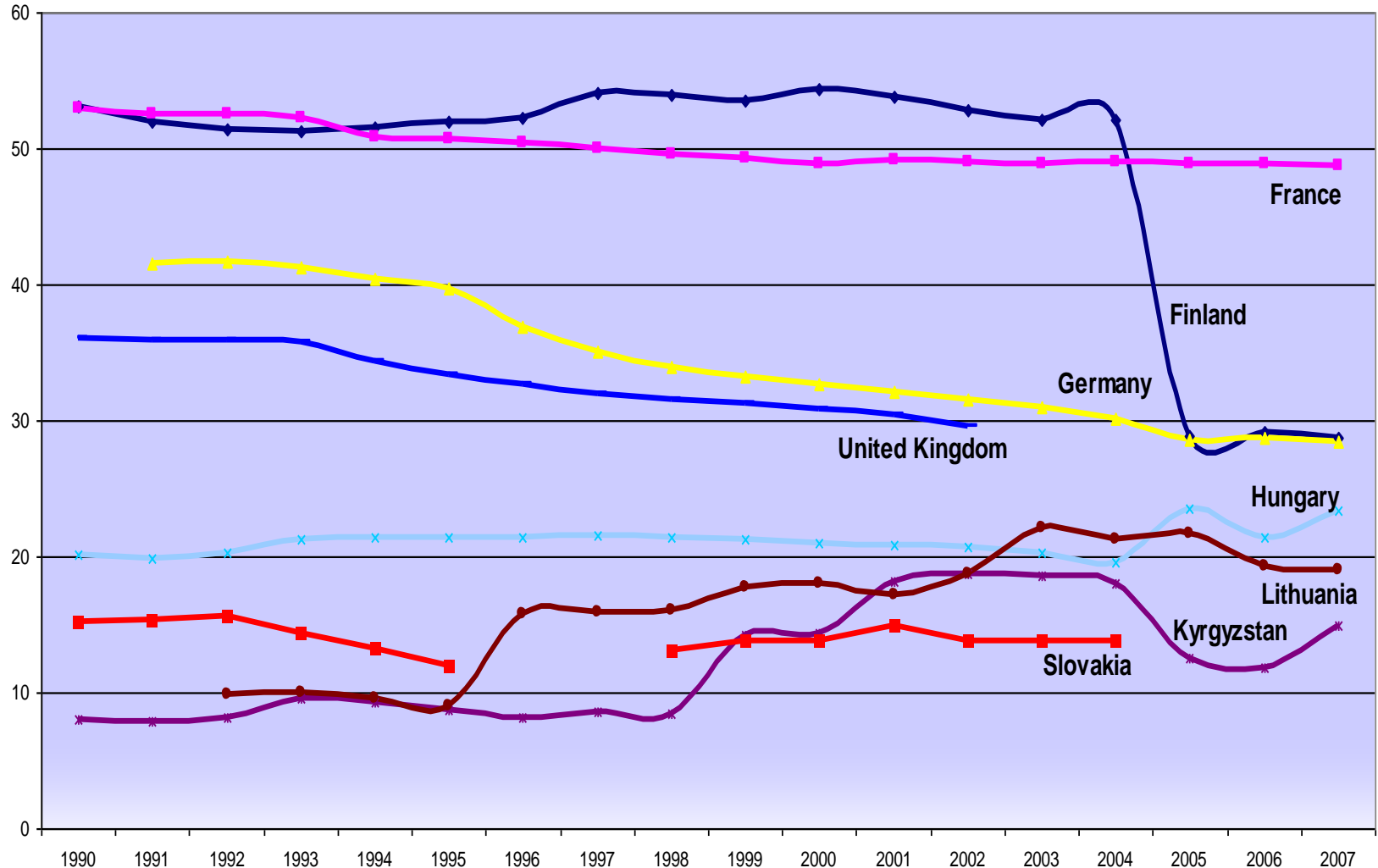
# Ex.: Challenges for PHC renewal: human resources for primary care

General practitioners (PP) per 100000

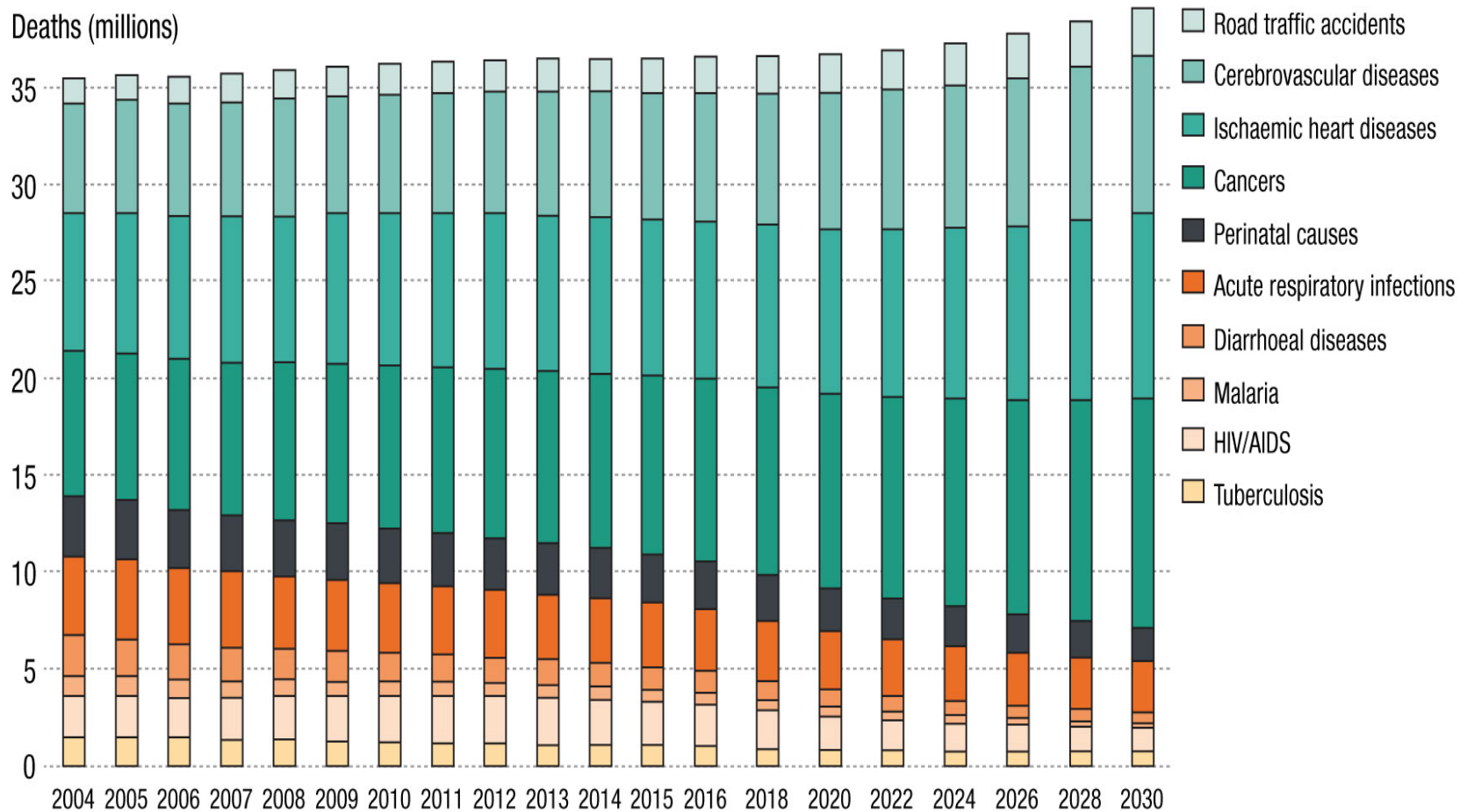


# Ex.: Challenges for PHC renewal: human resources for primary care

% of GPs/ all physicians per 100 000 population



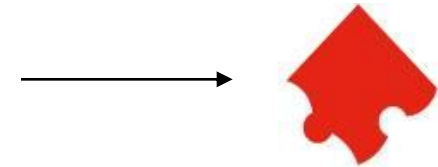
# Reason for PHC renewal: shift towards chronic and non-com. disease and multi-morbidities



# NCDs: leading conditions in Europe

<b>Disease</b>	<b>Disease burden (DALYs)</b>	<b>Deaths</b>
Cardiovascular diseases	23%	52%
Neuropsychiatric disorders	20%	3%
Cancer	11%	19%
Digestive diseases	5%	4%
Respiratory diseases	4%	4%
Diabetes mellitus	1%	1%
Musculoskeletal diseases	4%	0%
Sense organ disorders	4%	0%
Other NCDs	5%	2%
<b>Total</b>	<b>77%</b>	<b>86%</b>

# Proposed 4 areas for reform



Service delivery reform:

LINK to our common project “the evaluation of the organization and provision of primary care in Slovakia”

→ Results can be used as baseline

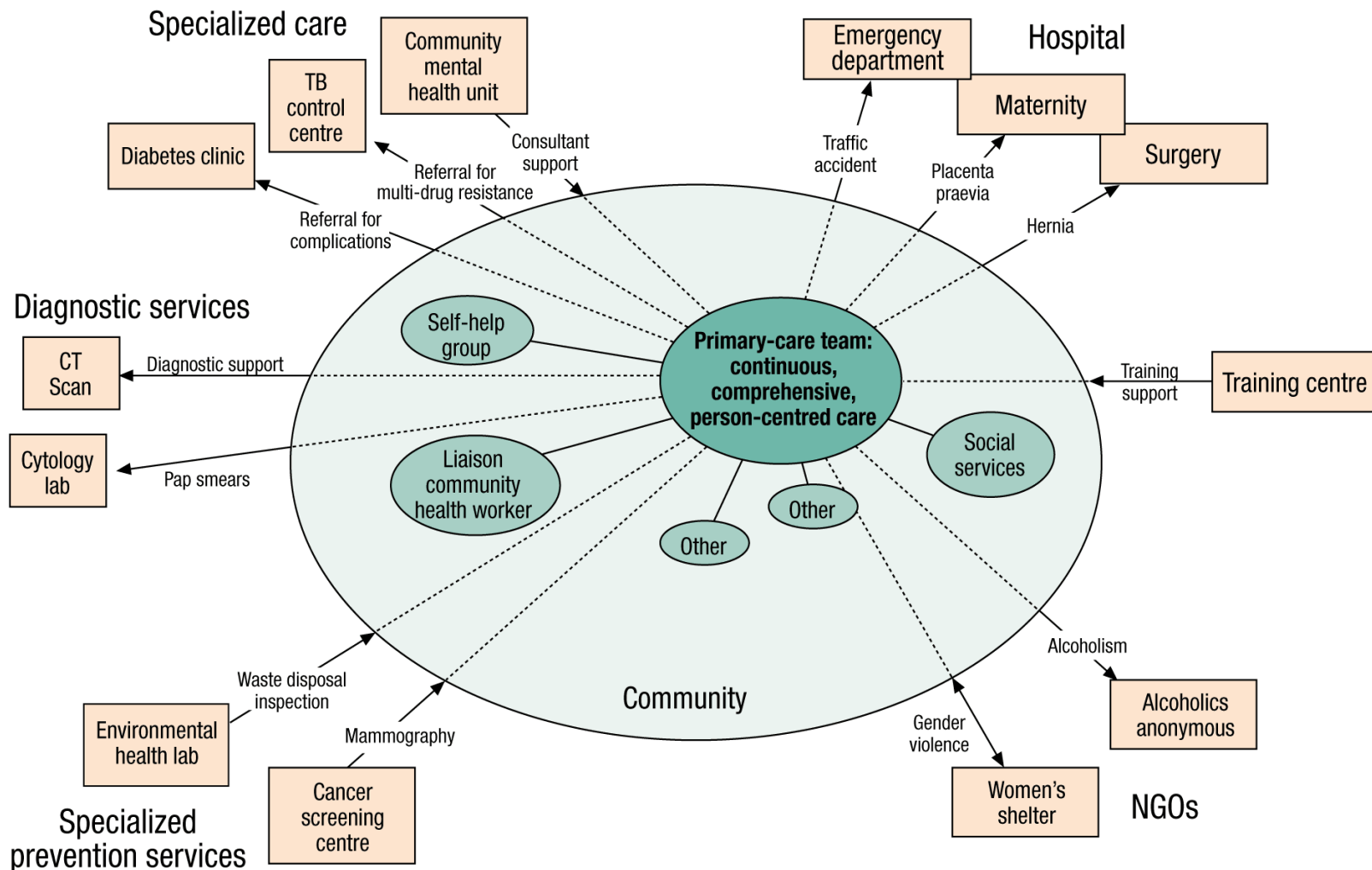


# What does people-centred primary care mean?

- |                   |  |
|-------------------|--|
| Accessibility     | provides accessible care without barriers: distance, financial, organizational (waiting time, time for consultation) etc   |
| Comprehensiveness | provides a wide range of services - includes curative care, rehabilitative care, prevention, promotion; it also relates to practice conditions, facilities and equipment, professional skills, community orientation |
| Continuity        | ensures that health needs/ risks are generated and kept over time (medical records, informational continuity), relates to interpersonal continuity – doctor/ patient relationship                                    |
| Coordination      | ensures that different services are provided in coordination (within PC/ teamwork), helps the patient to navigate through the levels of care   |



# People-centred care: coordination





# People-centred care

<b>Conventional ambulatory medical care in clinics of outpatient departments</b>	<b>People-centred primary care</b>
Focus on illness and cure	Focus on health needs
Relationship limited to the moment of consultation	Enduring personal relationship
Episodic curative care	Comprehensive, continuous and person-centred care
Responsibility limited to effective and safe advice to the patient at the moment of consultation	Responsibility for the health of all in the community along the life cycle; responsibility for tackling determinants of ill-health
Users are consumers of the care they purchase	People are partners in managing their own health



# People-centred care

## Putting people first: the “vision”?

Rather than spending all day in traditional overburdened 10-15 minute patient visits, primary care physicians and teams would analyse the health needs of their population and manage them accordingly, either with individual case strategies or in groups according to health risks.

(Thomas Bodenheimer, N ENGL J MED, 359; 20, 2008)



# Strategies for people-centred care

Countries in Europe seem to experiment either with:

- Chronic disease management and integrated care models (France, Ireland, Italy, Germany: diabetes type 1+2, COPD, coronary heart disease, breast cancer; Denmark: Reha after heart attack with extended team: physiotherapist, dietitian, social worker, psychologist, priest)
- New provider qualifications and transforming practice models (UK; Netherlands: nurse practitioners; case managers)

## 2<sup>nd</sup> part of presentation

Overview of our forthcoming  
project in your country:

The evaluation of the organization  
and provision of primary care

- project set-up and time-line
- underlying framework of the PCET

# The partners of the project

Implementation of the projects is a joint effort.

BASIS: BCA between The Ministry of Health and WHO, Regional Office for Europe

- • NIVEL, WHO collaborating centre (technical lead) from the Netherlands
- • Local partner organization
- • The health providers and patients in primary care

# The methodology

- Data will be collected in two/ three pilot regions
- 3 different sources of data/ levels:
  1. Questionnaire for Primary Care Physicians/ GPs
  2. Questionnaire for Patients (15 patients from every second sampled physician)
  3. Questionnaire for Policy Experts on the national level and validation meeting

Sample	Planned
PC physicians	Around 250
Patients	Around 1875
Policy experts	Around 5 - 10

# The methodology

- The four functions of the WHO 2000 Health System Framework; plus – 4 features of “good/ people-centred” PC
1. Governance (structure of PC, policy development, legislation, patient rights)
  2. Financing (incentives for professionals, financial access for patients)
  3. Resource generation (workforce, education, training, equipment)
  4. Service delivery:
    - a) *Access (geographical, financial, organizational)*
    - b) *Continuity*** (interpersonal, informational)
    - c) *Coordination (within PC and to other levels of care)*
    - d) *Comprehensiveness (curative, preventive, rehabilitative)*

# Ex. pre-conditions for continuity and integrated care

Self-reported information from family doctors in two provinces in Turkey

Items	Bolu/ Eskişehir (N=37+41)	
	%	
Keeping patients' medical records		
-routinely	42	
-with some reservation	58	
Generating a list of patients by diagnosis or health risk		
-easy	28	
-somewhat difficult	36	
-very difficult/impossible	36	
Using referral letters for all or most referred patients	34	
Information from medical specialist after treatment		
-usually	3	
-in minority of cases	17	
-seldom/never	80	
Discharge report after hospitalization		
-within 30 days	23	
-seldom or never	77	

# The methodology

- Country specific: both questionnaires will be discussed in a national working group and incorporate country specifics (technical terms, only GPs? etc)
- Specific topics that are under discussion in a country: questions can be added (prevention, NCDs, TB etc)

# The phases of the project

1. Phase: Preparation: Identify local counterpart, establish two working groups: one for the national level questionnaire; one which is supporting the implementation, identify pilot regions etc (February – March 2010)
2. Phase: Carry out workshops to adapt questionnaires (country situation, translation), prepare the implementation of the survey (March - May 2010)
3. Phase: Carry out the survey/ field work (including training of field workers), validation meeting national level (June??); data entry (xxx)
4. Phase: Analysis of results and draft reporting (xxx); Validation: discussion of findings and recommended actions (xxx); finalization of report and printing (xxx)
5. Phase: Final conference - dissemination of results to a wider audience and discussions on the way forward (xxx)

# Thank you for your attention

