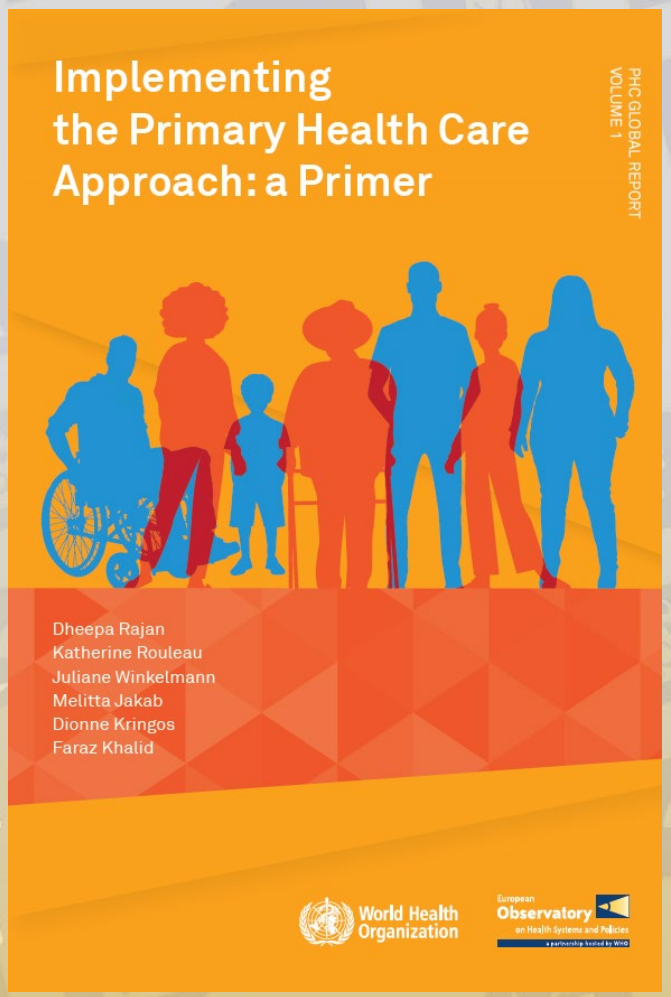
Implementing PHC: Key priority areas for Europe



15 October 2024

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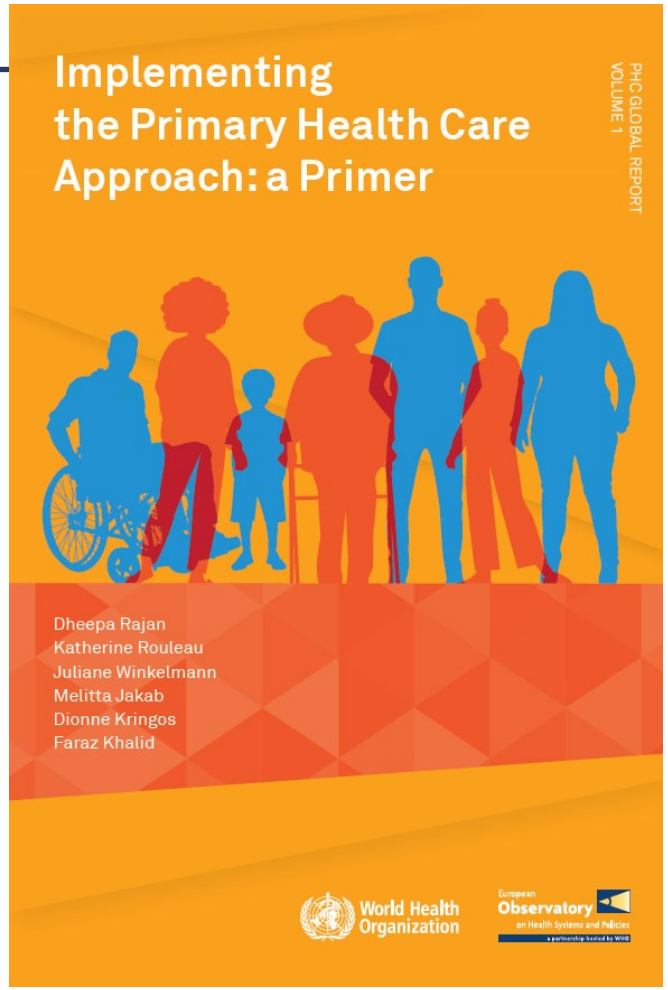
Presentation outline

- PHC Primer: key objectives & content
- Global evidence: strategies to enhance PHC
    - strengthen **care integration**
    - **incorporate public health** tasks into PHC
    - **re-skill health workforce** for PHC
    - **re-design financing** mechanisms



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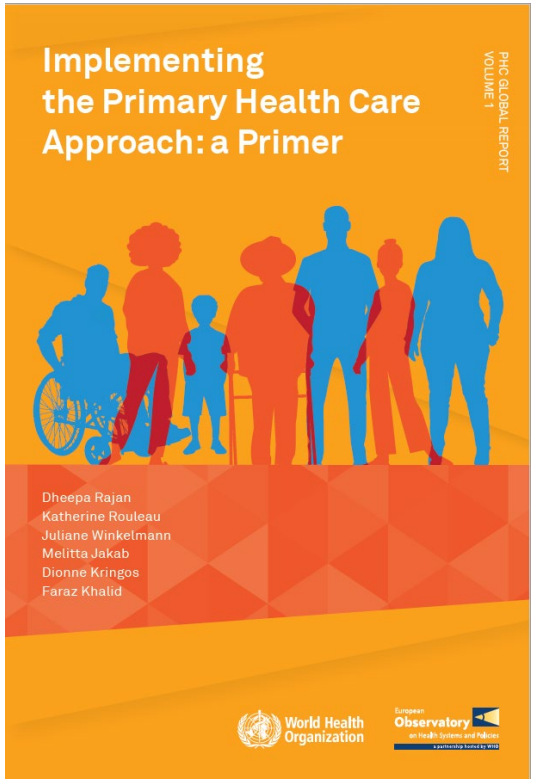
The PHC Primer: why did we do it?

- To **identify common enablers and barriers of** PHC implementation
- To set out key **implementation strategies and actions** to support health systems' **transition towards PHC**
- To understand PHC's impact on **health system performance**



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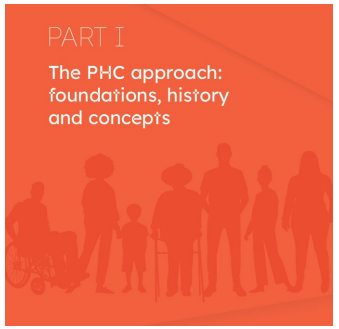
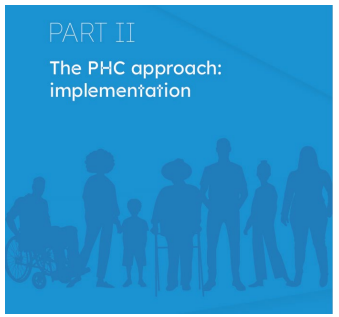




PART I
The PHC approach – foundations, history and concepts

- **Chapter 1**
  The PHC approach: an introduction
- **Chapter 2**
  Historical overview and unrealized potential of PHC
- **Chapter 3**
  PHC: definitions, terminology and frameworks
- **Chapter 4**
  The PHC approach: rationale for orienting health systems
- **Chapter 5**
  Integrating public health and primary care at the core of the PHC approach
- **Chapter 6**
  PHC-oriented models of care

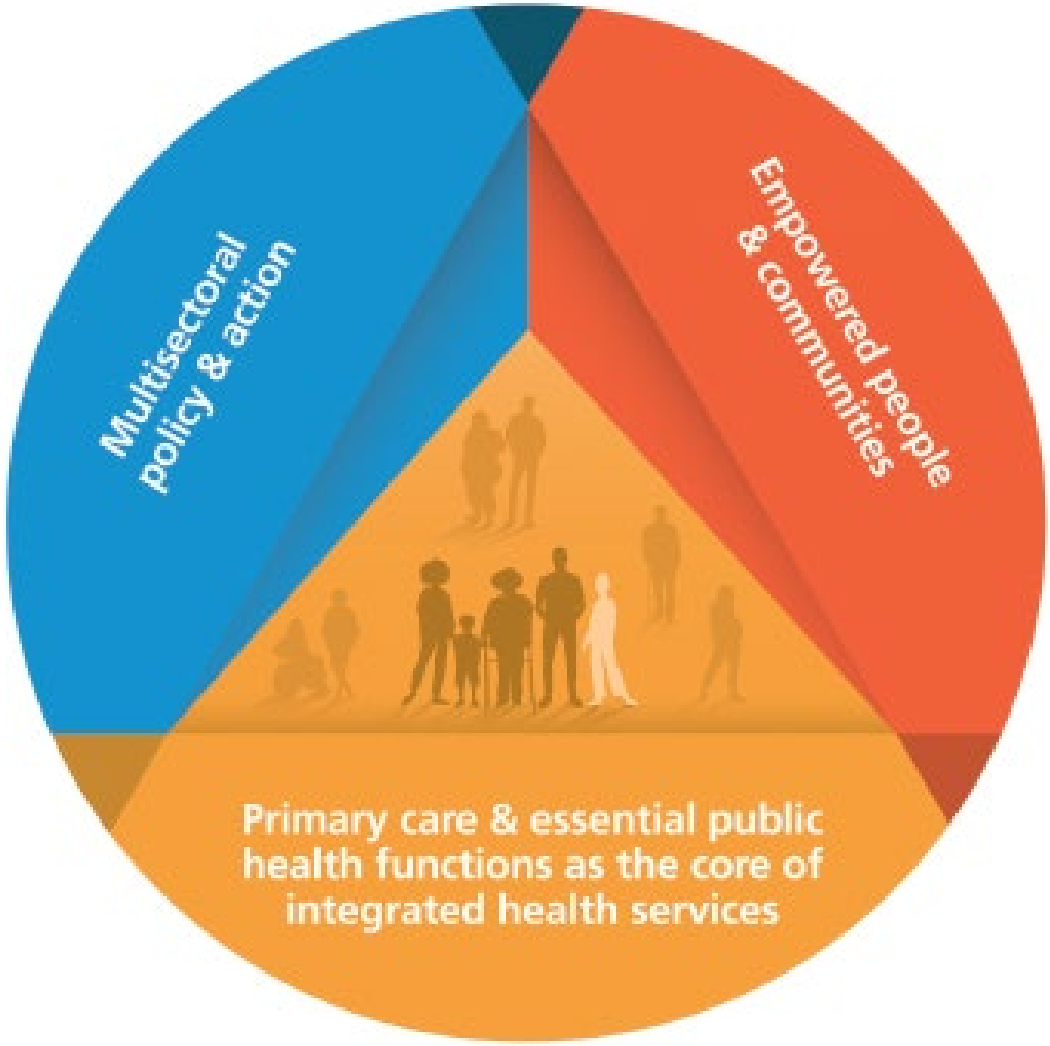
PART II
The PHC approach – implementation

- **Chapter 7**
  Health governance
- **Chapter 8**
  Health workforce
- **Chapter 9**
  Health financing
- **Chapter 10**
  Medicines and pharmaceutical services
- **Chapter 11**
  Health technologies
- **Chapter 12**
  Health infrastructure
- **Chapter 13**
  Information systems and digital solutions

PART III
The PHC approach – impact on performance

- **Chapter 14**
  The impact of PHC on efficiency and quality of care
- **Chapter 15**
  The impact of PHC on equity, access, and financial protection
- **Chapter 16**
  The impact of PHC on resilience and environmental sustainability
- **Chapter 17**
  Implementing the PHC approach: lessons learned, conclusion, and way forward

Primary health care – achieving its promise



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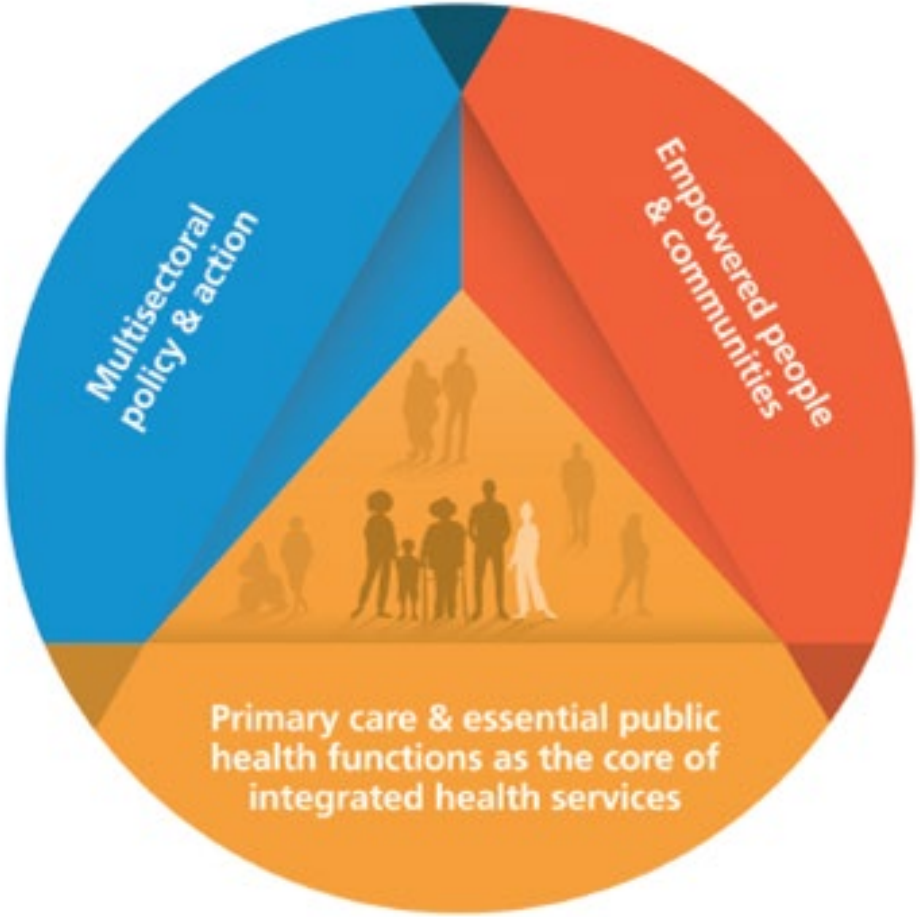
Implementing PHC: key priority areas



- **Strengthen care integration** – primary care, public health, community care, secondary care, social care…
- **Incorporate public health** tasks in PHC with a focus on health determinants
- **Re-skill the health workforce** for PHC -- generalist skills, community-facing roles for outreach/addressing determinants, public health tasks…
- **Re-design financing mechanisms** – PHC funding, payment systems to incentivize PHC performance

Strengthen care integration

- Primary care, public health, social care, community care → different paradigms
- Integration: mutual awareness - cooperation and collaboration - full integration (single, merged organization)

Lessons from country experience:

- Clear shared vision, goals & mandates
- Change management and leadership styles
- Education & training to combine both perspectives
- Shared data systems and shared protocols
- Joint funding

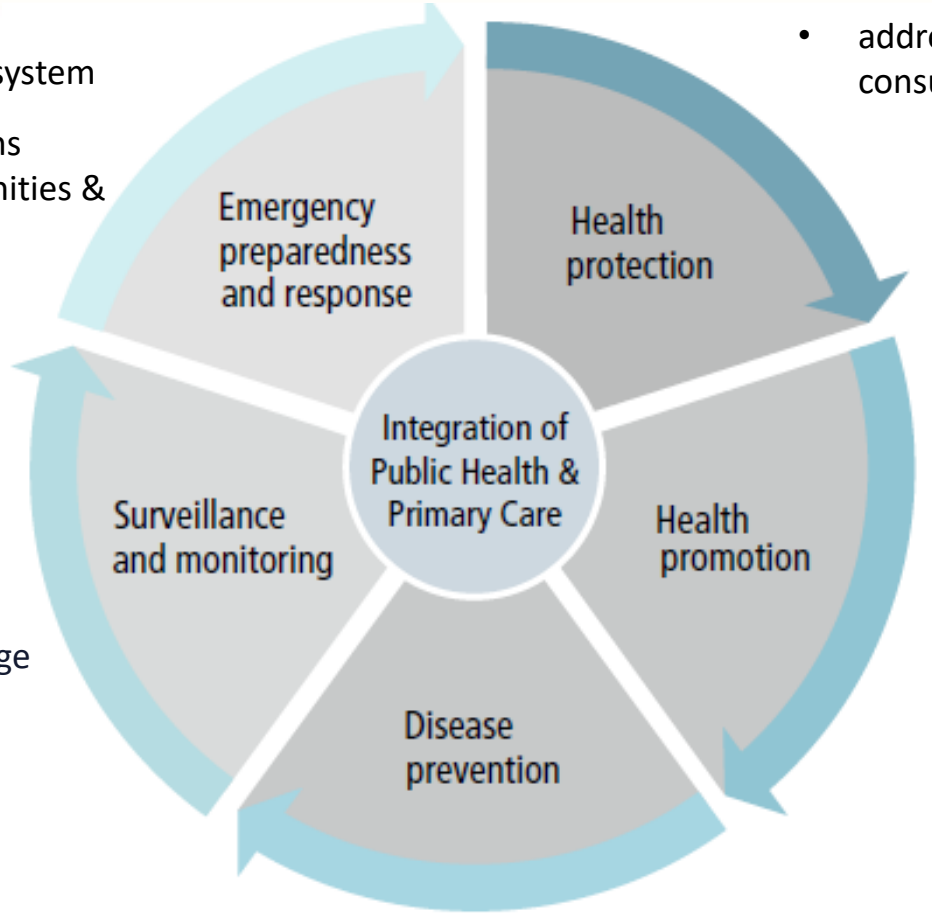
Moloughney, 2013; Pratt et al., 2018; Valaitis et al., 2020, Akhtar-Danesh et al., 2013; Millar et al., 2013; Cifuentes, 2005; Mold & Peterson, 2005; Ferrer et al., 2009; Crabtree et al., 2010; Holland et al., 2010; Brown, Upshur & Sullivan, 2013

Incorporating public health into PHC with a focus on health determinants

- respond to emergencies
- serve as an early warning system

- prepare community-level emergency plans
- provide training and guidance to communities & policy-makers
- plan services for emerging needs

- address individual risk factors (tobacco, alcohol consumption, infectious agents)
- monitor & act on the immediate causes of disease (sources of infection) & upstream causes (commercial and political structures that enable them)



- provide data elements from individual services

- epidemiology/biostatistics and data linkage
- build population profiles
- design surveillance systems
- report findings to the public and policy-makers

- provide individualized advice & support
- where possible, support changes to individual's living conditions, for example by liaising with social services.

- assess health of the population, including targeted analyses for underserved populations

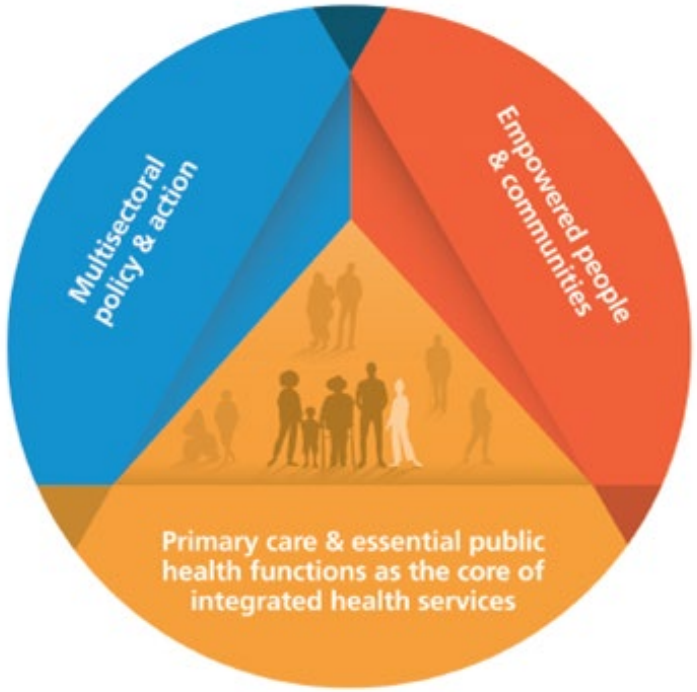
- chronic disease management
- vaccinations
- risk factor management (hypertension…)

- identify patterns,
- support outreach
- manage outbreaks
- reduces disparities, working with many sectors

Pinto et al. 2023

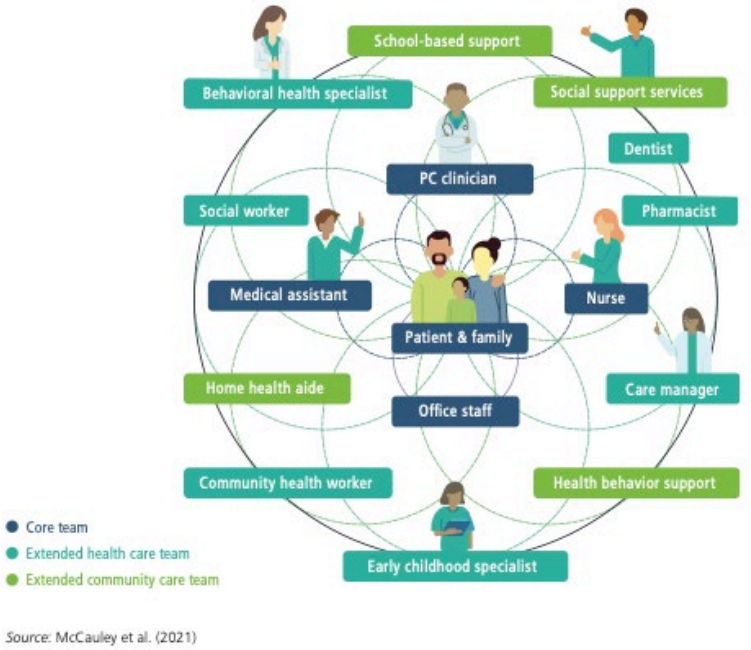
Re-skilling the health workforce for PHC

- PHC workforce → preventive, health promotion and public health services; acute and chronic treatment; ensure continuity of care and responsiveness to patient needs
- Generalism → needs specific training, skills set, and targeted investment
- Vicious cycle of disinvestment in generalism → quality suffers, low prestige…



Re-skilling the health workforce for PHC: task-sharing/task-shifting

- paramedics, physiotherapists, advanced nurse practitioners, psychologists, social prescribers, social workers, physician associates, dieticians…
- growing evidence that it
  - makes an important contribution to health promotion & disease prevention
  - through community-facing roles → allows for addressing health determinants and a stronger population perspective
- advanced practice providers can provide equivalent or higher-quality care compared to physicians or teams with no extended roles (but more evidence needed)



Source: McCauley et al. (2021)

Halter et al., 2013; McPake et al., 2015; de Bont et al., 2016; Maier, Aiken & Busse, 2017; de Bortoli Cassiani et al., 2020; Barış et al., 2021; Maier et al., 2022, Lassi et al., 2013; Joshi et al., 2014; Laurant et al., 2018

Re-skilling the health workforce for PHC: multi-professional teams

- Mental health, family care: collaborative practice evidence → better health outcomes, better adherence to treatment, higher patient satisfaction, reduced health service utilization rates
- Cancer care, chronic care: collaborative practice evidence mixed

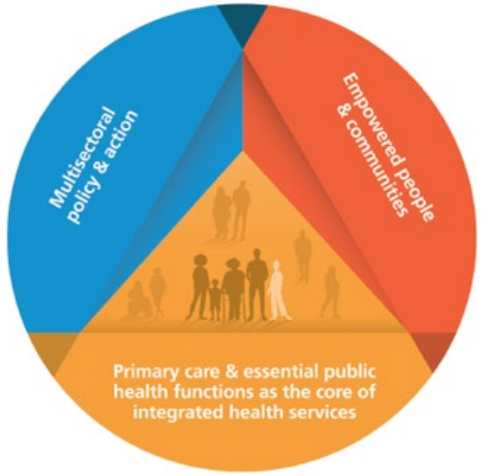
!!! large variation in **how** and in which contexts such teams are established !!!

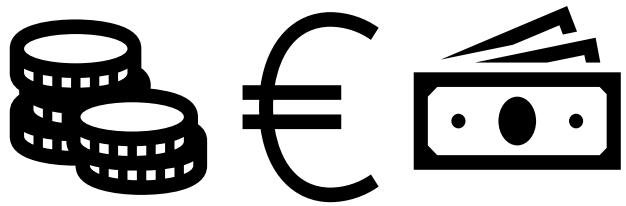
What '**how**' factors led to better outcomes?

- Structured processes for collaboration enabling true collective management of patients
- Teams which manage to overcome traditional hierarchies

Mash et al., 2015; Dois et al., 2018; Dussault et al, 2018; Archer et al., 2012; Schor et al., 2019; Lammila-Escalera et al., 2022; Winkelmann et al., 2022; Jones, 2015; Lloyd et al., 2023; Kumpunen et al., 2020; O'Reilly et al., 2017; McDermott et al., 2022

Re-designing financing mechanisms





Where does the evidence point regarding:

- Spending and allocation to PHC
- PHC financing flows

Re-designing financing: allocate more money to PHC (value for money)

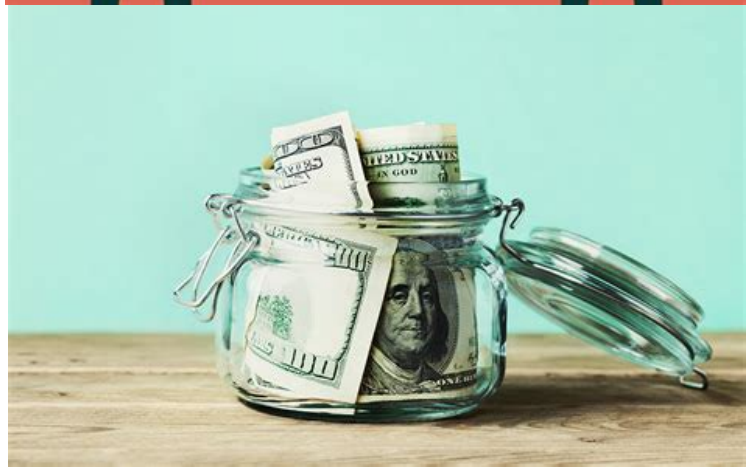
- Spending levels on health & PHC depend on →
  - level of national income
  - degree of priority given to health & to PHC within the health budget
- High-income countries → government spending on PHC = ~1/3 of total government health spending
- Spending more on PHC may not necessarily reduce overall expenditure on health → BUT

Hanson et al. 2023

Redesigning financing: funding flows to PHC

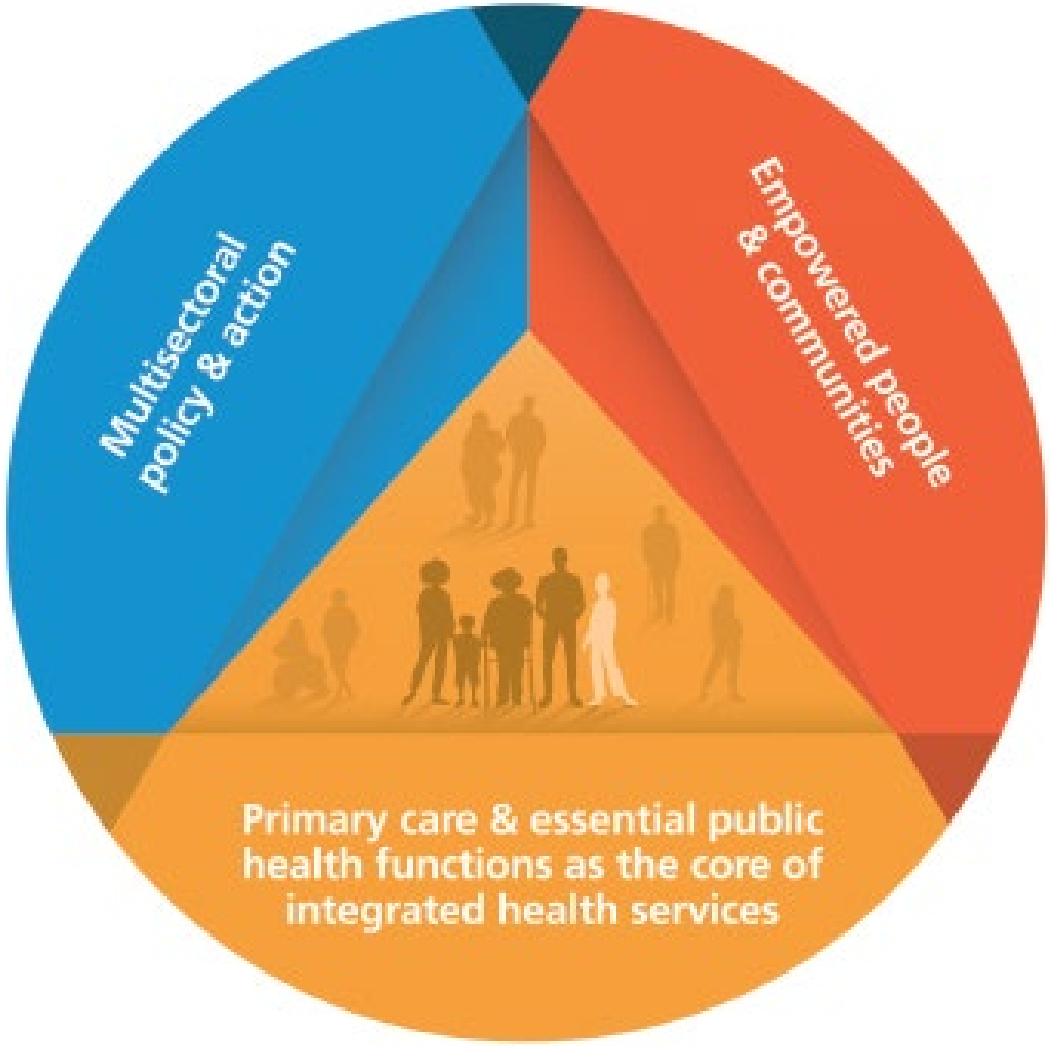
- Reduce OOP to increase access
  - pooled public financing
  - budgetary means to direct resources to PHC
  - user charges - not an effective instrument to direct people to efficient health service use
- Reduce fragmentation of funding
  - providers receive funding from separate sources to address multiple, interlinked health conditions

  → difficult for integration of care
- Needs-based resource allocation mechanisms
  - equal resources for equal need
  - including citizens & communities → accountability, better understanding of their needs



World Health Report 2010; Brundlandt 2022; Hanson et al. 2022; OECD 2020

Primary health care – achieving its promise



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