Review article

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PRIMARY HEALTH CARE: MEANING AND OPPORTUNITIES

Gianfranco Damiani, Andjelija Arandjelović

In the world today, there is a growing number of chronic conditions, and assurance of good primary health care for all persons requires constant improvement in organization, as well as harmonization with the fast development of medical technologies. The growth of welfare states has brought about new organization in health care systems in order to re-evaluate the costs. There are many benefits of a well managed primary health care system, because it results in fewer visits to emergency departments and less hospitalizations. Scientific evidence is making a great contribution to the measurement and accountability of Primary Health Care, and this evidence could inform and sustain choices that can be made at different levels of health care decision-making (the macro-policy level, the meso level, meaning the organizational model of providers, the micro level of professional interactions and the nano level, which refers to patient and care-giver collaboration with the providers).

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Department of Public Health, Università Cattolica del Sacro Cuore, Rome, Italy

Contact: Andjelija Arandjelović,
Department of Public Health, Università Cattolica del Sacro Cuore L.go F. Vito 1, 00168 Rome, Italy
E-mail: andelija.arandelovic@unicatt.it

Introduction

Chronic conditions are the most prevalent health problems worldwide, causing almost 70% of all deaths, which is an ever increasing trend (1). The economic burden of chronic diseases was estimated at 22.8 US$ trillion in 2010, and it is expected to rise to 43.8 US$ trillion by 2030 (2). Chronicity is characterized by multimorbidity. In fact, 65% of people aged 65 years and over and 82% of people aged 85 years and over suffer from two or more chronic conditions (3). Additionally, the population is aging, and average life expectancy increases by three months of life per year (4). The combination of chronicity and aging leads to an increase in disability, especially in the elderly (5).

This scenario is taking place in the context of limited financial resources, rising patient expectations and rapid development of medical technologies. For this reasons the shift from the paradigm of acute care to that of chronic care is needed. In acute care, the patient is a passive disease carrier treated in a hospital or clinical settings, "here and now", on the basis of the specific signs and symptoms of a disease. In chronic care, the patient is an equal partner with health professionals, and on the bases of his or her own resources it is possible to accept being able to live well with chronic conditions on a daily basis and navigate properly through the health care environment (6).

A network of social and health care providers can produce a personalized individual plan, whereby preventive actions are taken in advance, followed by early diagnosis, adherence to the therapy and timely follow-up. This can be carried out with the development of primary care (PC). According to the European Commission Expert Panel on the effective ways of investing in Health, primary care is defined as the provision of universally accessible, person-focused ongoing integrated health and community services provided by a multidisciplinary team of professionals able to address the majority of personal health needs. These services play a central role in the continuity of people's care, and they are delivered in continuous collaboration with informal caregivers and patients (7,8).

Primary care delivery is part of a broader vision for health development. In fact, primary health care (PHC) is an approach to the health of individuals and the community upon which an entire health system is based. It goes beyond the delivery of procedures and services, paying attention to all of the determinants of health, involving policies, practices, patients and communities (7, 9).

There are five basic primary health care functions. Accessibility as a concept of care is first sought from the primary care provider when a new health or medical need arises. Comprehensiveness implies the provision of intergrated health promo-

tion, disease prevention, curative care, rehabilitation, and physical, psychological, and social support. Coordination as a function indicates that whenever necessary an appropriate and timely referral of the person to specialist services or to another health professional should take place. "Patient-focused care" is a type of care that is respectful of and open to individual preferences, needs, and values. It relates to a model of whole-person care, including biological, emotional, social and cultural aspects. The responsibility of primary health care is to address the issue of unselected health problems of the whole population.

Today there is evidence of greater effectiveness, cost-effectiveness and equity of systems based on "Primary Health Care" (10). The main characteristics required for the improvement of PHC can be referred to at different levels of decision making. One of the strategies for organizing complicated networks in a health care system is to divide the system into strata or levels. Macro, meso, micro and nano levels provide a reasonable framework that refers to the policy level, the health care organization and community level, and to the patient interaction level. Each of those levels interacts with and influences the others.

At the macro or a policy level, a clear governance of the system (stewardship) is needed. This implies an overall system design related to policy formulation at the broadest level. It involves the way in which all the health system functions are put together. The assessment of performance is an essential ingredient for providing strategic direction and assuring a level playing field, carried out by assessing the performance of institutions involved in revenue collection, purchasing, provision and resource development. Priority setting has both a technical and a political aspect. Moreover, choosing the criteria for setting priorities and building consensus around them are the important elements for defining strategic direction for primary health care. Promotion of policies in other social systems that are not themselves part of the health system results in intersectoral advocacy. Social and economic determinants of health status, such as female education, do not present themselves as part of the health system. However, investing in them is a part of health action and therefore is part of the health system. Stewardship plays an important role in consumer protection. Health care markets and insurance are organized by information and power asymmetries between consumers and producers, and providing citizen safety in the use of health services. Part of stewardship function is achieved via a level playing field of the health system. Setting regulations is an important function of the health system, the two main types of which are health care regulation and sanitary regulation of goods and services. Determination of the rules through instruments such as accreditation, certification and rate settings helps to clarify the performance appraisal system and responsibilities in a health system (11).

The meso level concerns the organization of how care is delivered and where the reconfiguration of current practice is needed. In particular, the organizational framework of a Chronic Care Model has been proposed and studied. The model is based on six key elements that focus on quality health care promotion, patient self-management support, implementing care based on scientific evidence and patient preferences, health promotion, care coordination, cultural competences, effectively using patient/population data and mobilizing community resources (12).

There is a lot of evidence concerning the effectiveness of the Chronic Care Model, and some evidence of its cost effectiveness but no evidence of cost saving, at least in the short run (13). The evolution of the Chronic Care Model is represented by the Patient Centered Medical Home model of care. This model highlights the role of interdisciplinary team based care, the need for a strong relationship between health professionals and patients and their families, caregivers and the community, and the relevance of public reporting (14). This model is sustained by promising positive evidence, both for its effectiveness and its sustainability (15).

At the micro level, interdisciplinary and interprofessional teams can contribute to the achievements of patients' goals. Therefore, interprofessional education and collaboration, has to be fruitfully pursued. In fact, professionals learning from each other in different fields and applying this knowledge in the workplace with patients and care givers can produce successful outcomes (16,17).

Another relevant opportunity for improving PHC at the micro level is represented by different combinations of professionals in the workplace (skill mix). The need for a skill mix change is based on economic restrictions, technical development of professions and procedures, and political opportunities (18). Scientific evidence for changing the skill mix in primary health care has been reported to show positive clinical effects, as well as an increase in patient-perceived quality and process of care, although without cost saving (19).

The nano level refers to direct interaction between the provider and patient, which shows a promising influence on health benefits at the population level according to previous studies. Boivin et al. Suggested in their study that when patients and professionals join together to make choices regarding community health, they prefer to give priorities to person-centered care, as opposed to priorities being set and carried out exclusively by professionals who prefer to focus on technical disease management (20). Proactive involvement of patients in health choices and health care decision-making is supported by robust scientific evidence (21-24). On this basis patient and caregiver engagement can put new resources and accountabilities for the primary care networks actions, whereby the patient or care giver is a partner equal to health professionals.

For this reason, a shift should be made from the "working to patients" approach in PC to the approach of "working with patients". A process supporting patient motivations, knowledge and skills (25) is required.

A framework for moving from experiments to routine practice in primary health care has to take into account the following five pillars. A strong commitment has to be pursued at the policy level, not only in the regulatory approach, but also in the investment and training to enhance primary health care approach. Shifting from fees for service to value based payments is another relevant issue to promote care coordination. The organization of primary health care with central regulation where local autonomies have the power of decision can be a perfect balance that allows the continuity of effective and sustainable innovations. Not only policy makers, but all the key stakeholders, such as professionals, patients and the public have to become protagonists in the improvement of the system. Finally, scientific evidence must support policy and practise in PC (6).

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PRIMARNA ZDRAVSTVENA ZAŠTITA: ZNAČENJE I MOGUĆNOSTI

Gianfranco Damiani, Anđelija Aranđelović

Odsek za Javno zdravstvo, Università Cattolica del Sacro Cuore, Rim, Italija

Kontakt: Anđelija Aranđelović
Odsek za Javno zdravstvo Università Cattolica del Sacro CuoreL.go F. Vito 1, 00168 Rim, Italija
E-mail: andelija.arandelovic@unicatt.it

U današnje vreme postoji stalan rast u broju hroničnih bolesti, zbog čega obezbeđivanje dobre primarne zdravstvene zaštite podrazumeva konstantno poboljšanje u organizaciji, kao i usaglašavanje sa brzim razvojem medicinske tehnologije. Razvoj država kroz povećanje standarda uslovio je novu organizaciju zdravstvenih sistema radi ponovne procene troškova. Velike su prednosti dobro organizovane primarne zdravstvene zaštite koja rezultira smanjenom broju poseta hitne pomoći i smanjenoj hospitalizacije. Naučni dokaz daje veliki doprinos merama i odgovornostima primarne zdravstvene zaštite, i samim tim može informisati i podržati izbore koji mogu biti doneseni na različitim nivoima odlučivanja o zdravstvenom uređenju (makro nivo, nivo uređivačke politike; meso nivo, nivo koji organizuje model ponuđača usluga; mikro nivo, gde profesionalci dolaze u interakciju i nano nivo, koji se odnosi na saradnju pacijenata i staratelja sa ponuđačima usluga).

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Ključne reči: *primarna zdravstvena zaštita, istraživanje zdravstvene službe, kontinuitet nege bolesnika*

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