DEVELOPMENT OPTIONS OF PRIMARY CARE SERVICES

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Development of primary health care

In many health systems, management and development of primary health care services continue to be the most pressing and time consuming challenge for managers within primary care. Typically, it takes the form of planning, financing and management of the two main areas of health service delivery: family medicine and associated services, such as community care, care of patients with chronic diseases, and community health services, including community public health care, child health surveillance, continuous care for elderly people, health education and health promotion.

The relative importance of these two areas of primary health care delivery varies across countries. For example, in Australia, family medicine continues to be the main form of delivery health care outside hospitals, although there is a growing use of community health teams, incorporating nursing, physiotherapy and other related professions in the area of public health.

Although family medicine continues to be in the minds of most people, the entry point into the health system, in fact, more and more primary care services are provided directly by community nurses, public health nurses, community pharmacists, and social care staff, even if these services are managed effectively or conventional by a family doctor.

In the context of definition of primary health care in “Declaration of Alma Ata”, it can be argued that an approach based on public health nursing to provide primary care, is more suited to develop community health than a system based solely on family medicine. However, family medicine has dominated the provision of primary care in many industrialized countries and the challenge for managers is how to make the family medicine system to act so as to achieve the goals of public and community health.

Primary service delivery system based on praxis is not limited to family medicine, but is also commonly found in community dentistry and pharmacy.

A system based on independent primary care practice presents a number of challenges for those who manage the primary health care service delivery and development of primary health care. There is a fundamental decision for a health system on how it structures the relationship with family medicine, in order to bring change to that part of health sector.

Available options for the relationship between management of the health system and family medicine include:

• management through a system of contracts between health system and individual medical practices and practitioners, thus using financial incentives and/or quality indicators as a means to bring the desired changes to health services;
• developing a market where patients who pay a fee (or their insurers) may choose their family doctor, and the services are developed in response to the request of the patient (or insurer), and the prices are regulated largely by the market;
• using of primary care centers administered centrally (by the state or by insurance organizations) which have as employees physicians and associated personal, with standards and health services defined by the state or insurer;
• development of primary care organizations as intermediary bodies seeking to influence primary health care delivery by using options such as contracts with service providers; specific payments for providers offices or for other developed or expanded services; the establishment of specialized services; transfer of resources from other parts of the health system to facilitate the development of primary health care services
• establishment of other forms of non-governmental organizations such as community or social enterprises as a means for developing and delivering care through innovative methods that are appropriate for specific population groups, particularly those traditionally excluded from the family medicine.

Choice regarding the structure of relationship between the health system and primary health care providers is likely to require multiple and "combined" solutions as a means of influencing the behavior of practitioners (Gosden and others, 2001).

In the health systems which are increasingly complex and with increasingly more patients who live to old age and with chronic diseases, managers must find solutions that will not only provide primary health care service development for different population groups, but also will ensure the achievement of the goals of a comprehensive health system. In addition to structuring relationships with primary care, as it was outline above, managers should look for other tools for developing primary care services, including: the establishment of new community health centers that provide a wide range of health and social care for local communities; medical centers that provide free and fast access to health care
in primary care emergency services; telephone or internet based counseling; treatment centers in which employees work after the normal program, involving paramedics, nurses, and even family medicine practitioners from hospital emergency rooms.

It is clear that health systems seek ever more to coordinate and manage a diverse range of primary health care providers, while striving to develop and improve primary health care services and enhancing public health. These are specific management challenges, including ensuring quality of provided services to patients and to citizens, providing a good quality-price ratio for the taxpayers and insurers, facilitating continuity and coordination of care for individuals and their careers and finding ways to develop a workforce for current and future services in community care. These management challenges seek place in the health strategies in many countries where primary care is seen as a key element in comprehensive health plans. Internationally, the World Health Organization (WHO) continues to push for stronger health systems towards primary health care and primary health care development, which would allow it to be seen as the heart and not as the periphery of health systems.

A health system based on primary health care: what are the main challenges?

In accordance with WHO policy, many countries try to develop a health system focused on health and less more on disease, based on a strong primary health care. In this respect, they adopt the research of Starfield, Shi and others who advocate for a strong primary health care as a vital condition to improve health outcomes, which are achieved in a cost-effective way everywhere in health systems.

While WHO is supporting primary health care to be in the center of health system, idea which may seem somehow idealistic, international evidence is available in favor of primary care, in countries which attempt to redress the balance in health financing, activity and management against hospital care.

It is possible for countries to adopt a specific policy focused on primary health care (in its broadest sense as defined by the “Declaration of Alma Ata”) as a director framework for health policy. Managers’ answer to such a policy direction requires a wide range of tools and approaches, including:

• using objectives to improve health and activities that aim to reduce health inequalities;
• development of policies orientated towards improving primary health care services (use of incentives for medical practices and practitioners, concluding health service contracts, the establishment of new types of services);
• engagement to transfer resources from elsewhere than from those existing in the system, to support improvements in primary health care.

Major challenges for those who wish to manage primary health care refer therefore to the two dimensions of primary care, which were considered earlier in this article:

• attempting to improve the relative strength and power of the primary health care within health system and
• considering the potential of primary health care as a means for development of health system (Tarimo 1997).

Challenges for primary care management in ROMANIA

The biggest challenge for primary care management results in:

• its increase influence within the health system in relation to hospital services resources;
• setting an effective “gate keeping system” (family doctor is the gatekeeper into the health system – coordinates access of patients to hospitals and specialists);
• development of comprehensive and multidisciplinary primary health care;
• having a clear function of primary care coordination of individual patients to be cared for, anywhere within the health system and social assistance;
• achieving an appropriate balance between the provision of family medicine services and community health services;
• achieving an appropriate mix of approaches and techniques to manage the relationship between family medicine and the rest of the health system;
• determining the extent to which primary care based on incentives is a solution for achieving primary health care and public health goals;
• developing and focusing management key functions on multidisciplinary community health team, in which the family doctor is the gatekeeper into the health system, who coordinates the access of patients to hospitals and specialists, and who manage effectively health care;
• providing access to comprehensive health services to improve, maintain and restore population’s health;
• coordinating care in the area of community health services;
• developing the workforce in primary care;
• continuous improvement of health services quality, using accurate information.

Primary health care, although targeted as a specific policy domain, remains the poor relation in terms of attracting significant investment, especially compared with large hospitals strength, which attract political and public visibility and support. There are many reasons for this disparity, including the somehow diffuse nature of the network of primary health care providers, in comparison to institutional power and status of hospitals.

Family doctors were typically perceived as exerting less power in health systems in comparison with hospitals professionals, especially due to their usual status as "business people", independently working in small groups or individually, while hospital professionals work in large clinical teams.

If the potential of health and management policy approaches based on primary care will be understood by those decision makers involved in resource allocating and in developing future policy, managers should think well in advance measures that can demonstrate the degree to which best management on primary health care can improve primary care itself and public health in general.