Innovations in the Delivery of Primary Health Care in Europe
- facing the Health Agenda of LAC -

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Structure of this presentation

- About European health care
- Background of health care innovations
- Primary health care in Europe
- General practice in Europe
- Primary care and health care innovations
- New public health as a bridge between public health and curative care
- Lessons learnt
- Towards an health agenda for the LAC
From health care perspective: a single Europe does not exist

- Organization and structure
- Role and responsibilities of governments
- Role and responsibilities of insurers
- Expenditures
- Out-come indicators
- Normative framework (income/risk solidarity)
Common phenomena of all European (and other) health care systems

- Older populations and rising number chronically ill
- Fragmentation of care
- Care systems not designed for chronic care
- Lacking co-ordination, continuity, effectiveness and efficiency
- Under-use of management tools and information technology
- Insufficient appreciation of the skills of nurses and paramedics
- Growing role of patients in the management of their illness
- Monkeys who look over the shoulder of the providers
Ageing in selected countries and its impact upon HCE, 2000
(R.Blank & V. Burau, 2004)

<table>
<thead>
<tr>
<th>Country</th>
<th>% 65+</th>
<th>% of total HCE</th>
<th>Exp % 65+ 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>15.9</td>
<td>30.0</td>
<td>19.5</td>
</tr>
<tr>
<td>Germany</td>
<td>16.8</td>
<td>34.1</td>
<td>21.7</td>
</tr>
<tr>
<td>Italy</td>
<td>17.6</td>
<td>34.3</td>
<td>19.4</td>
</tr>
<tr>
<td>Netherlands</td>
<td>13.6</td>
<td>41.2</td>
<td>18.9</td>
</tr>
<tr>
<td>Sweden</td>
<td>17.8</td>
<td>54.2</td>
<td>20.8</td>
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<tr>
<td>UK</td>
<td>15.7</td>
<td>43.0</td>
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</table>
Contrast between acute and chronic care (D. Kodner, 1994)

- **Acute care**
  - disease - oriented
  - ‘high tech’
  - episodic
  - cure
  - one-dimensional
  - professional
  - hospital

- **Chronic care**
  - function - oriented
  - ‘high touch’
  - continuous and/or cyclic care
  - multi-dimensional
  - family and volunteers
  - home
Primary health care: - definition and tasks

Institutions and professionals that service as first point of contact for:

- health education
- promotion of proper nutrition
- supply of safe water and basic sanitation
- maternal & child health care, family planning
- prevention and control of endemic diseases
- treatment of common diseases and injuries
- provision of essential drugs
Primary health care in Europe

- Traditionally sharp division between
  - those who care for individuals and those who care for collectives
  - primary and secondary/tertiary care
  - general health care and mental health care
  - prevention and cure/care
    (c.g. maternal care, child care, screening programs)

- In Western Europe focus lies on
  - individuals > collectives
  - cure and care > collective prevention
Individual primary care in Europe

- Traditionally, pivotal role for GPs
  - but payment / access differ a lot
  - in UK, NL, S:
    . registered patients
    . capitation fee for social insurance
- Work mostly as independent professionals with a position outside institutional systems
- Often individual contracts with third parties
- Unclear how position influences quality of care:
  - in Western Europe no relation has been found between position of the GP and outcome-figures
Utilization of GPs and specialists in one year (WESH-study, 1995)

<table>
<thead>
<tr>
<th>Country</th>
<th>GP (%)</th>
<th>specialists (%)</th>
<th>N</th>
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<tr>
<td>Belgium</td>
<td>47.4</td>
<td>32.1</td>
<td>380</td>
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<tr>
<td>France</td>
<td>56.4</td>
<td>42.3</td>
<td>156</td>
</tr>
<tr>
<td>Germany</td>
<td>68.1</td>
<td>59.8</td>
<td>686</td>
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<tr>
<td>Netherlands</td>
<td>61.4</td>
<td>30.1</td>
<td>365</td>
</tr>
<tr>
<td>Total</td>
<td>60.4</td>
<td>44.6</td>
<td>1,587</td>
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</table>
Problems general practice faces in Western European countries

- Many GPs work single in stead of in a group
- Lack of support in improving the organization
- Gap between primary and secondary care (e.g. ICPC vs. ICD, common goals and approaches)
- Maintaining competence on a wide area
- Under-use of the competence of other health workers
- Rise of administrative procedures
- Duties during out-of-office hours
- Competing familial and societal duties
- Part-time working of doctors
Health care innovations where GPs have to cope with

- Integrated care
- Substitution of care
- Organizational networks
- Disease management
- Self-management of patients
- Support-systems
Integrated care

WHO, 2001:

Integrated care is the bringing together of
- inputs, delivery, management and organization of services
  - related to diagnosis, treatment, care, rehabilitation and health promotion.

Integration is a means to improve services in relation to access, user satisfaction and efficiency
Integrated care with involvement of primary care providers - examples

- Highly prevalent chronic diseases
- Palliative support teams
- Stroke services
- Antenatal, perinatal and postnatal care & surveillance (GP, midwife, obstetrician, paediatrician)
- Day services for patients with cancer, dementia, depression and Parkinson’s disease
- Ambulant cystic fibrosis treatment and dialysis
- After-care by hospital-staff at home
Substitution of care

- **horizontal substitution**
  - provision of care by a generalist in stead of a specialist:
    - c.g. hospital care -> community care
- **vertical substitution**
  - provision of care by the ‘lowest’ provider who is qualified to assure the standard of care: c.g. physician -> nurse
- **diagonal substitution**
  - combination of horizontal and vertical substitution

- substitution may be partial or complete
Disease Management
- an organizational principle for integrated care -

- Aim: efficient care as well as high quality of care
- Designed for specific diseases or health problems
- Care for collectives; less on individuals
- Strong client orientation
- Focus on the whole process of care (protocols)
- Use of management information (+ICT) for feedback
- Separation of treatment and management/control
- Can be organized by third parties or by providers (!)
Chronic care in Maastricht (150,000 inh)
- a disease management model for patients with diabetes mellitus, COPD, asthma etc.

- nuclear team of
  - medical specialist
  - general practitioner
  - advanced clinical nurse specialist (ACNS)

1 = patients of MS
2 = patients of ACNS
3 = patients of GP
MS > ACNS > GP!
ACNS supervises GP!
Keys for success

- Enthusiast and competent management
- Goal-oriented, systematic, programmatic approach
- Creation of a sense of urgency
- Longstanding relationship between hospital and GPs
- Common interests of participating providers
- Flexibility
- (Creating) national interest
- Temporary extra funding for development
- Scientific evaluation -> (inter-)national publications
- Positive clinical results
- Satisfied patients and participants
Integration of public health policy, public health practices and curative care

Stakeholders:
- PH policy: national, regional and local politicians
- PH practices: regional PH-institutes: managers, nurses, physicians, health educators
- curative care: hospital management, GPs, medical specialists, home care organizations

Fits WHO ‘Toward Unity for Health’ (TUFH)-project
Examples in Europe
- Primary Health Trusts in the United Kingdom
- New PH-programme for CVD in Maastricht

Meaning: joint approach for primary, secondary and tertiary prevention of diseases
- PH agencies
  . promoting healthy behaviour
- PH agencies and GPs
  . screening to detect patients at risk
  . health advisors advice patients
- curative sector
  . diagnosis, treatment & improving life style of patients at risk
Areas for New Public Health

Areas that covers the tasks of generalists and public health agencies

- Addiction and addictive diseases
- Contagious diseases (HIV/Aids and tuberculosis)
- Diseases influences by life-style and behaviour
- Child care (surveillance during childhood)
- Maternal care
Organization New Public Health for cardiovascular diseases (Maastricht Region)

New Public Health Maastricht

- Academic Hospital
- Regional PH Institute (board: regional municipalities)
- Regional GPs

Programma Management

- Health promoters in the public area in public areas (c.g. shops, libraries)
- Screening and health education patients at risk (GP-offices)
- medical specialists: high risk (academic hospital)
Lessons learnt from experiences with shared approaches - enabling factors (Kodner & Spreeuwenberg, IJIC, 2003)

- Funding
- Organization
- Administration
- Service delivery
- Clinical outcomes
Suggestions for a primary care system facing the LAC health agenda

- Move from turf battles and defence of professionalism to a sense of working together
- Align structures and incentives that promote integrated care and does not work against it
- Integrate health promotion, prevention, screening, treatment and care
- Integrate services at an appropriate level
- Reconsider the appropriate role of physicians, nurses and paramedics in meeting the societal needs
- Encourage shared training of doctors, nurses and paramedics