Recent Advances in Primary Health Care

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Plan

Introduction
- Importance of Primary Health Care

Method

Recent advances
- Information Technology
- Services and Access
- Dealing with Multimorbidity
- Academic Family Medicine
- Equity
- Measuring Outcomes

Conclusion
Primary Health Care is becoming more important in view of:

- Changing demography
- Ageing population
- Increased demands
- Increased expectations
- Rising health care costs
Primary Health Care is on the policy radar.

Why?

- Primary Health Care:
  - Improves health outcomes
  - Reduces costs and complications
  - Aims to achieve greater equity in health care

(Starfield, 2008)
Method

- A search for articles focusing on the specific aspects of recent advances in primary health care was done using internet search engines.
- Articles were selected from primary and secondary literature sources, which included original research articles, review articles and other epidemiological studies.
Information Technology

- Integral part of health care system
- iSoft Clinical Manager (iCM - computer program used at Mater Dei Hospital as an Electronic Medical Record, to send Orders for Lab Tests and Medical Imaging and to receive results of Lab Tests and reports on Medical Images)
- PACS (Picture archiving and communications system)
- Electronic Case Summary
- myHealth: the Government of Malta's portal for online access to health records
Advances in IT improve quality & safety by:

- Improving access to reference information (e.g. mobile apps)
- Increasing adherence to guidelines
- Enhancing disease surveillance
- Reducing medication errors (legible, complete; calculation aids)
- Programs that alert abnormal results (e.g. mobile alerts)
- Improving primary & secondary preventive care

*(Chaudry et al, 2006; Bates, 2003)*
• Systems aimed at professionals are being adopted to be used at home by patients
• Software designed to help patients clarify values and computer-based decision aids
• Internet as source of education
• ‘Cyberlicensed professionals’
  (Eysenbach, 2000)
• Electronic referrals
• General Practitioner (GP) teleconsulting
• ‘Teleradiology’
  (Wootton, 2001)
Focus of traditional medical informatics shifting from health care professionals to consumers

(Eysenbach, 2000)
Services

- Minor Surgery
- Radiography
- Orthopaedic services, including application of plaster
- Chronic disease follow-up clinics by a multidisciplinary team e.g. diabetes clinic
- Mental Health Clinics
- Physiotherapy, Podology
- Ultrasound including echocardiograms
- Health Promotion and Prevention
- Home visits
‘Patient Access’ system

Outline system design

(Longman, 2013)
• Developed for GP Practices in UK
• Aim: ‘To transform access to medical care’
• Technology used: telephone
• Patients: time-saving, >80% seen on the day, encouraged to choose GP to speak to
• Doctors: reduced stress, flexible appointments, fewer DNAs (Did Not Attends), control over working day
• A&E attendance is reduced by about 20% (Longman, 2012, 2013)
Dealing with multimorbidity

- Older patients with multiple chronic conditions: higher risk of receiving poorer overall quality of care compared with those with single or no chronic conditions.
- Disease-management programs may have difficulty to achieve comprehensive, personalized care.
- Reasons:
  - competing guidelines
  - burden of numerous recommendations
  - difficulty in implementing treatments for multiple conditions.

(Min et al, 2007)
Innovation: Paradigm shift

- from "problem-oriented" toward "goal-oriented" care
- By doing so, we will avoid care that may lead to "inequity by disease".

(De Maeseneer, 2011)
Family Medicine in the Academic Arena

- Recently joined
- Medical schools suffer from challenges – do not relate to the problems of the modern world
- The introduction of family medicine can solve some of these challenges
- One of the main contributions of family medicine is in the innovative methods of education that family medicine can offer.

(Svab, 2012)
• The hallmark is the one-to-one teaching in practice.
• Other methods include role playing and small group teaching (Svab, 2012)

• Local barriers to undertake training – similar to those in UK
• Include shortage of staff, lack of time and other commitments. (Sammut et al, 2012)

• Both family medicine and the medical school have a lot to benefit from mutual cooperation (Svab, 2012)
Equity

- Provision of fair means of access to healthcare services, irrespective of a person’s geographic location, financial means or cultural provenance
- Attention to those who are most vulnerable
- Equal access to those with equal needs
- Decentralisation to catchment areas
- Provision of MDTs (Multidisciplinary Teams)
- Provision of home services to the house-bound patient
- Provision of Salaried Professionals shifts focus of care from the purse to the person
- Reaching out to vulnerable populations e.g. Immigrants and other stigmatised groups
- European Study: QUALICOPC 2010-2013
- Core provisions plus population-centred services depending on catchment area
- Involvement of all stakeholders – especially the patient
Outcomes & Outcome Measures

- Standardised
- Measure and compare results of interventions
- Evaluate and Reflect on Current Practices
- Work towards improved services and improved service-delivery
- Evidence-based practice
- Standard Validated Tools
- Performance Scores/Indices
- Demographic Data
- Quality of Life Measures
- Quantitative/Qualitative analysis
- Questionnaires
- Audits
- Informed Healthcare Policies
- Improved patient health outcomes
- Reduced Hospital Burden
- Lessons Learned from Telemonitoring
- Provision of Incentives
Conclusion

- ‘Primary Health Care is essential to provide effective and efficient health care’
  
  (Beasley et al, 2007)

- ‘The better the primary care, the greater the cost savings, the better the health outcomes, and the greater the reduction in health and health care disparities’

  (Epstein, 2001)
Thank you!
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