Strengthening Primary Care in Europe

Current developments & Future Directions

Dr. Dionne Sofia Kringos – Pereira Martins
d.s.kringos@amc.uva.nl

Senior Health Systems Researcher
Academic Medical Center – University of Amsterdam, the Netherlands

Ljubljana, June 14th 2016
Content

1. Primary Care & Health System Performance
2. Developments in European Primary Care
3. Future Directions for Strengthening Primary Care
Primary Care & Health System Performance
Measuring PC strength in Europe

**PRIMARY CARE STRUCTURE & PROCESS**

**Dimensions of the PC structure**

- **Governance of PC system**
  - System goals
  - Equity in access policies
  - Collaboration policies
  - (de)Centralization
  - Quality management
  - Patient advocacy
  - **Total: 12 indicators**

- **Economic conditions of PC system**
  - PC expenditures
  - PC coverage
  - Employment status
  - Remuneration system
  - Income of PC workers
  - **Total: 11 indicators**

- **PC Workforce development**
  - Profile PC workforce
  - Professional status
  - Supply and planning
  - Academic status
  - Prof. associations
  - **Total: 16 indicators**

**Dimensions of the PC Process**

- **Access to PC services**
  - Density PC workforce
  - Geographic availability
  - Access at practice level
  - Affordability of services
  - Patient satisfaction
  - **Total: 12 indicators**

- **Comprehensiveness of PC services**
  - First contact care
  - Disease management
  - Sole GP contacts
  - Medical procedures
  - Preventive care
  - Health promotion
  - Medical equipment
  - **Total: 10 indicators**

- **Continuity of PC**
  - Longitudinal continuity
  - Informational continuity
  - Relational continuity
  - **Total: 9 indicators**

- **Coordination of PC**
  - Gatekeeping system
  - Skill mix
  - Collaboration of care
  - Public health integration
  - **Total: 7 indicators**
Consistency in investments in PC Structures

Countries have invested without much coherence in PC Process Features
Why invest in strong PC?

- Unnecessary hospitalizations go down
- Improved population health
- Less socio-economic inequality in health
- Slower growth in health care expenditures, but ...

Kringos DS et al. Europe’s Strong Primary Care Systems Are Linked To Better Population Health, But Also To Higher Health Spending. Health Affairs April 2013 vol. 32 no. 4, pp. 686-694.
Developments in European Primary Care
(Re-)Defining Primary Care

Provision of universally accessible, integrated, person-centred, comprehensive health and community services provided by a team of professionals accountable for addressing a large majority of personal health needs.

These services are delivered in a sustained partnership with patients and informal caregivers, in the context of family and community, and play a central role in the overall coordination and continuity of people's care.

Dynamics of Primary Care

- PC as central part of health system of most countries
- Model of GP as solo practitioner is outdated
- Central role in larger teams/networks: care integration
- Patients more informed, articulate, shared-decisions
- Other professionals involved: nurses, community pharmacists, dieticians, occupational therapists
PC coordinates people's care

- Increasingly complex health care needs
- Coordination of care across settings & professionals
- Goals defined by patients e.g. Quantity/Quality of Life
- Need for integrated patient records, IT-based remote approaches
- Different care coordination models
Coordination of Care Models

1. GP delegates tasks to other workers (e.g. nurses)

2. GP refers to other types of care

3. Other member of multidiscipl. team is coordinator

4. GPs as fundholders purchase non-urgent, elective and community health services
Balancing Continuity – Access

- People have differentiated needs
- Continuity of care important for some people at certain point in time
- Access more important for minor or episodic illness
- Continuity with doctor/centre, but increasingly about records/information
- Specialists providing secondary care (as advisors) in community (part of team)
PC is Collaborative

- PC organised in teams / networks, often co-located

- **Requires**

  - Training professionals to:
    - Recognize, appreciate interdependencies health professions
    - Learn to work in teams
    - Develop leadership through transformative learning

- Regulation

- ICT support, sharing health information

- More active role of patients
PC Workforce is Changing

- Needs of new generation health professionals
- Different care patterns of ageing, multimorb. patients

Examples:
- Shift in gender balance PC workforce
- Increase in part-time, flexible working
- Advanced nursing roles
- Widening organizational scale of PC practices
Informal Caregivers

Figure 1 Share of older people receiving informal help or support, selected European countries, 2006

Source: Riedel and Kraus (2011)
Strengthening Primary Care: Future Directions
Ensure adequate level of PC Financing (1)

Figure 2: Public spending on health as a share (%) of public spending and out-of-pocket spending on health as a share (%) of total spending on health, EU28, 2012

Source: WHO Global Health Expenditure Database 2014
Ensure adequate level of PC Financing (2)

- Depends on size public budget for health care and PC sector
- Give PC providers responsibility to purchase specialist care (?)
- Targeting budget or price reductions at hospitals and pharmaceuticals, keeping PC budget intact
- Protecting or increasing salaries of PC staff
- Earmarking taxes for Public Health programmes delivered in PC
Align provider payment methods with system goals

<table>
<thead>
<tr>
<th></th>
<th>Salary</th>
<th>Fee-for-service</th>
<th>Capitation</th>
<th>Performance-based payment</th>
<th>Integrated care payment</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Denmark</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes**</td>
</tr>
<tr>
<td>Finland</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes*</td>
</tr>
<tr>
<td>France</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes*</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>**</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes*</td>
</tr>
<tr>
<td>Sweden</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK (England)</td>
<td>**</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Source: Kroneman et al 2013
Improve Effectiveness Referrals

- Referral guidelines based on patient pathways
- Clinical triage to guide referrals
- Assessment and feedback on appropriateness
- Information systems
- Easily accessible, good quality first contact care
- Optimisation of discharge
- Provider payment systems aligned with system goals
Implement person-centred strategies tackling Multimorbidity

- Flexible access modes
- Patient outreach
- Track patient conditions
- Follow-up care after transitions
- Integrate community, mental, social, primary, hospital care in teams
- shared team mission
- Elicit and incorporate patient preferences
- Regularly re-evaluate care plans

- Patient education
- Health promotion
- Disease prevention

- Accessible Primary Care
- Continuity of Care
- Improved outcomes (measures)
- Coordination of Team-based Care
- Shared Care Planning
- Self mgmt. support
- Population Health mgmt.
Improve Equity in Health

- Health inequalities as national priority
- Targeted investments in PC supply in underserved areas
- High risk patient outreach for health checks
- National guidance, support for NCD management in disadvantage adults
- Investing in PC quality: pay-for-performance programme
- No user charges for a comprehensive set of PC services
Thank You

Contact
d.s.kringos@amc.uva.nl