Transforming primary health care services delivery towards integrated health care

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Financing, organization and management of PHC in Slovenia
May, 2016, Ljubljana, Slovenia
virtuality…

Source: Horizon scanning: Prof Ran Balicer, Clalit Research Institute, Israel
Core topics to be discussed today

- Financing
- Organization
- Management
Sequencing interactions for decision-making

- Health and wellbeing improvements
  - Quality
  - Coordination
  - Accessibility
  - Efficiency

- Services
  - Modeling
  - Organizing
  - Managing
  - Improving

- System
  - Governing
  - Financing
  - Resourcing
“Everything starts with people, without people there is no health system.”
There is wide variation in avoidable mortality across countries signaling the importance of transformations.

Source: Health for All Database
Improving treatment outcomes signaled by cancer relative survival rates improving overtime

Colorectal cancer five year relative survival over time (% age standardized survival rate)

Source: Health for All Database
Improving trends yet important opportunities to improve hospitalizations for ambulatory care sensitive conditions

**Asthma hospital admissions per 100 000 population over time**

**COPD hospital admissions per 100 000 over time**


Notes: age-sex standardized rate, age 15+ years; includes Ireland; Hungary; Austria; Poland; Israel; UK; Spain; Belgium; Latvia; Luxembourg; Finland; Slovenia; Italy; Sweden; the Netherlands; Slovakia; Norway; Iceland
Assessing preventability of hospitalizations as a measure of health services delivery performance

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>Germany</th>
<th>81%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Latvia</td>
<td>39%</td>
</tr>
<tr>
<td></td>
<td>Moldova</td>
<td>40%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hypertension</th>
<th>Germany</th>
<th>83%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Portugal</td>
<td>66%</td>
</tr>
<tr>
<td></td>
<td>Moldova</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>United Kingdom</td>
<td>60-90%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart failure</th>
<th>Germany</th>
<th>64%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Portugal</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td>United Kingdom</td>
<td>30-60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kidney and UTI</th>
<th>Latvia</th>
<th>47%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>United Kingdom</td>
<td>30-60%</td>
</tr>
</tbody>
</table>

Sources: WHO Regional Office for Europe, ACSCs country assessment

Find this methodology, self-assessment tool and country assessments here
http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications
What are the implications for services delivery?
Conventional primary health care

Improvement
Quality of inputs

Model of care
Selective services

Organization
Vertical, distinct primary, secondary and tertiary care

Management
Centralized, top-down
Primary health care transformed

Model of care
Selective services
Whole-person, comprehensive, continuous health and social services

Organization
Vertical, distinct primary, secondary & tertiary care
Collaborations between health and other sectors
Multidisciplinary teams; unified information

Management
Centralized, top-down
Management for outcomes for population-based health improvement

Improvement
Quality of inputs
Quality of outcomes; optimizing final and intermediate outcomes, clinical governance and patient experience
Unpacking services delivery: What are the priority areas for taking action?

- Selecting services
  - Entitlements
  - Population health needs assessment
  - Types of services

- Designing care
  - Standardization of practice
  - Pathways
  - Transitions

- Organizing providers
  - Role and scope of practice
  - Delivery settings
  - Practice modalities

- Managing services
  - Planning
  - Budgeting
  - Resourcing
  - Operations
  - Measurement
  - Problem-solving

- Improving performance
  - Learning mechanisms
  - Clinical governance

Three entry points for advancing the organization of services

- **Practice modalities**
  - Clinical-level (e.g. Health professionals, managers, patients, carers)
  
- **Settings**
  - Organization-level (e.g. regional/local health authorities; health boards)

- **Roles & scope of practice**
  - System-level (e.g. ministries of health; state centres; universities)

1. Practice modalities: clinical-level

Trend: GPs commonly co-locate with other primary care workers including community nurses and midwives

Percentage of GPs sharing accommodation with other primary care workers

<table>
<thead>
<tr>
<th>Country</th>
<th>Practice nurse</th>
<th>Community nurse</th>
<th>Midwife/birth assistant</th>
<th>Dentist</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moldova</td>
<td>100</td>
<td>-</td>
<td>89</td>
<td>-</td>
<td>81</td>
</tr>
<tr>
<td>Romania</td>
<td>97</td>
<td>5</td>
<td>1</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Serbia</td>
<td>45</td>
<td>62</td>
<td>28</td>
<td>40</td>
<td>15</td>
</tr>
<tr>
<td>Slovakia</td>
<td>70</td>
<td>13</td>
<td>5</td>
<td>48</td>
<td>54</td>
</tr>
<tr>
<td>Turkey</td>
<td>76</td>
<td>15</td>
<td>54</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Primary care in transitional countries: status report on 10 countries and challenges ahead (2016-draft)
Delivering an integrated package of services
What services? Who does it take?

Level of risk and propensity for resource utilisation

Relatively low  
Healthy population

Relatively high  
Multiple co-morbidities

Population level interventions predominate

Person at-risk  
Subclinical disease  
Established disease

Intensity of population, community and individualised interventions

Highly individualised care
What team we need in place will vary by the functional status sought

**Function**
- To facilitate transition from illness to recovery
- Smooth admission to and discharge from hospital
- To bring care closer to patients' homes
- To combine health and social care
- To relieve pressure on primary and secondary care

**Examples**
- Pre and post operative
  - Hip replacement
- Acute conditions
  - Pneumonias, DVT,
- Long term conditions
  - Paediatric & adult oncology,
  - Continuous Positive Airways Pressure for Chronic Obstructive Sleep Apnoea
  - Enteral feeding
- Rehabilitation
  - Stroke rehabilitation, Parkinson's, Alzheimer's, Learning disability
- Terminal care
  - Cancer, COPD, HIV
<table>
<thead>
<tr>
<th>Trends and examples</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-disciplinary PHC teams</td>
<td>France. Multi-professional health houses (2-21 providers; 8 specialties)</td>
</tr>
<tr>
<td>PHC with allied health professionals</td>
<td>Switzerland. Occupational and rehab therapy teams with GPs</td>
</tr>
<tr>
<td>PHC with public health services</td>
<td>Norway. Team of dieticians, personal trainers, psychologist</td>
</tr>
<tr>
<td>PHC with hospital and community/home-based services</td>
<td>Ireland. Acute community care nursing teams</td>
</tr>
</tbody>
</table>

Find illustrative case examples from all 53 Member States and lessons learned here [here](http://www.euro.who.int/__data/assets/pdf_file/0014/303026/Lessons-HSD-compendium-initiatives.pdf?ua=1)
2. Practice settings and linkages: organizational-level

- Trend: typically focus on managing primary/secondary care and or secondary care/rehabilitation interface.
  - E.g. provider networks (France); integrated care contracting (Germany)
- Often (not always) implemented as pilot projects.
  - E.g. (some) integrated care pilots (England); typically available in selected regions only (e.g. care coordination pilot (Hungary))
A call for people-centred health services

Diabetes  MCH  Mental health

Tertiary care  Secondary care  Primary care

AGEING  CO/MULTI NEEDS  NCDs

People

Shared decisions  Self-care  Support to carers

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What does this mean for patients?

Hours with professional/NHS = 3 in a year

Hours of self-care = 8757 in a year


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Trends and examples

- PHC-led networks for population health management
- PHC-led networks with focus on inequity improvements
- PHC networks; community health networks
- New settings of services delivery (home; pharmacy; community centre)

**Italy.** Adjusted clinical groups in Veneto, Italy

**Israel.** Regional initiatives to support subgroups/high-risk patients

**Malta.** Pilot healthy lifestyle clinics Providing prevention/promotion

**Bulgaria.** Legalizing nursing services in homes

3. Roles and scope of practice: system-level

Trend: addressing the imbalance in the number of hospital specialists and specialists in family medicine – calls for regulatory and educational reforms

Source: European database on human and technical resources for health
Comparison of service profiles of GPs in European countries
scale from 1 (no involvement) to 4 (max involvement) for select interventions

GP role as first contact care

GP role in treatment of diseases

GP role in technical procedures
(list of 16 commonly performed)

Source: Primary care in transitional countries: status report on 10 countries and challenges ahead (2016-draft)
Trends and examples

- New roles of health professionals
- Role enhancement; advanced nursing roles
- Nursing enhanced functions in care coordination
- Ireland. Acute community care as intermediary between PHC/acute care
- UK. Nurse-led clinics and case management
- Denmark. Remote nursing care for COPD patients

Find illustrative case examples from all 53 Member States and lessons learned here
http://www.euro.who.int/__data/assets/pdf_file/0014/303026/Lessons-HSD-compendium-initiatives.pdf?ua=1
Putting new roles and scopes of practice into use

Planning and forecasting of the health workforce based on desired competencies

Competency-based selection of candidates to initial education institutions

Competency-based education

Evaluation based on novice-level understanding of competencies

Certification and professional registration of novice health professionals

Engagement with professional associations, patient associations and regulatory bodies

Periodic professional re-certification, evaluation and assessment

Competency-based promotion

Competency-based performance improvement

Competency-based continuing professional development

Competency-based supportive practice environments

Competency-based recruitment and orientation of health professionals

Competencies passed on to future generations

Certification and professional registration of novice health professionals

Engagement with professional associations, patient associations and regulatory bodies

Find more on health workforce competencies here
Other key considerations in transforming services?
Other entry points for priority topics: management & financing

Organization

Management
- Ensuring appropriate resources
- Linking meaningfully across actors
- Adopting a results-orientation

Financing
- Steering the allocation of resources for purchasers
- Linking payment schemes for providers
- Designing incentives for patients
Key considerations for aligning health systems
Finding alignment between services delivery and the health system

Managing services delivery
- Ensuring appropriate resources
- Linking meaningfully across actors
- Adopting a results-orientation

Rearranging accountability
- Assigning clear mandates
- Ensuring resources and tools
- Generating evidence on performance
## Financing: finding alignment across incentives

<table>
<thead>
<tr>
<th>Payment based on (basic mechanism)</th>
<th>Provider characteristics (salary, budget)</th>
<th>Patient / Population characteristics (capitation, case payment)</th>
<th>Service characteristics (fee-for-service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To promote coordination</td>
<td>Budgets for multidisciplinary teams</td>
<td>Pay for coordination activities (e.g. case review, documentation, participation in meetings)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Higher capitations for providers with multidisciplinary teams</td>
<td>One fee for multiple services performed by one or multiple providers</td>
<td></td>
</tr>
<tr>
<td>To pay for integration</td>
<td>Budgets for integrated care structures</td>
<td>One capitation or case payment for multiple providers</td>
<td></td>
</tr>
<tr>
<td>(bundled payment or shared savings)</td>
<td></td>
<td>One fee for multiple services performed by one or multiple providers</td>
<td></td>
</tr>
</tbody>
</table>

**P4C:** extra money for better coordination. Easy to implement but no incentive to reduce cost.

Shared savings or bundled payments allow benefiting from efficiency gains, but are considerably more complex to implement.

Payments defined based on patient, service and provider characteristics (e.g. one payment for a patient with a heart attack, including a specific set of services provided during six months after the initial event by a hospital, rehabilitation providers, and ambulatory physicians).

**Source:** adapted from Ginneken (2016). Aligning institutional frameworks by Shared incentives: can payment methods improve integrated care. [Powerpoint]
Other relevant resources:
The European Framework for Action on Integrated Health Services Delivery
A checklist of entry points for strategizing transformations organized in four domains: people, services, system and change

**People**
- Identifying health needs
- Tackling determinants
- Empowering populations
- Engaging patients

**Services**
- Reorienting the model of care
- Organizing providers & settings
- Managing services delivery
- Improving performance

**System**
- Rearranging accountability
- Aligning incentives
- Preparing a competent workforce
- Promoting rational use of medicines
- Innovating health technologies
- Rolling out e-health

**Change**
- Strategizing with people at the centre
- Implementing transformations
- Enabling sustainable change

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Implementation package

Find all available resources online at:
http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications
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Division of Health Systems and Public Health
WHO Regional Office for Europe
Email: EUCHSD@who.int

For more information on health services delivery visit http://www.euro.who.int/