Integrated Care based on Primary Health Care: WHO’s Vision

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1. Policy context
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“Health 2020 remains committed to a primary health care approach as a cornerstone of health systems in the 21st century. ... Recognizing patients as a resource and as partners, and being accountable for patient outcome are important principles.

WHO Regional Office for Europe, 2013
Uitdagingen zijn groot

- Vergrijzing
- Superdiversiteit
- Globalisering
- Nieuwe zorgvragen
  - Chronische zorg
  - Geestelijke Gezondheidszorg
  - Thuiszorg
  - Ouderenzorg
- Gezondheidsongelijkheid
- Technologische innovaties
Responding to new challenges...

- Epidemiological burden
- Population ageing
- Financial constraints
- Persistent inefficiencies
- New expectations and preferences

...whileuptaking new opportunities

- Innovative health technologies
- Redesigned models of care
- Repurposed workforce competences
- Revised accountability arrangements
- Realigned incentive mechanisms
Global and regional commitments on primary health care and services delivery overtime

Global commitments

Alma-Ata Declaration
PHC approach towards ‘Health for All’ goal

World Health Report
Services delivery as one of four core functions

World Health Report
Primary health care: now more than ever

Regional commitments

Ljubljana Charter
Set of principles for reforming health systems in Europe

Tallinn Charter
Commitment to HS strengthening

Health 2020
Commitment to people-centred health systems

People-centred HS
Priorities for health system strengthening

WHA global framework

Global framework on integrated, people-centred services endorsed

SDGs

EFFA IHSD
European Framework for Action on Integrated Health Services Delivery
Walking the talk on people-centredness: priority areas of work for 2015-2020

Transforming health services delivery

Moving towards universal health coverage

Enhancing the health workforce

Ensuring equitable access to cost-effective medicines and technology health

Boosting health information

Managing change and innovation

Source: Retrieve from http://www.euro.who.int/__data/assets/pdf_file/0003/282963/65wd13e_HealthSystemsStrengthening_150494.pdf?ua=1

Conferentie eerstelijnszorg. Reorganisatie van de eerste lijn in Vlaanderen, 16 februari 2017, Brussel
A patient’s perspective to health services delivery

- Dementia advisory nurse
- Live-in carers
- Social worker
- Occupational therapist
- Equipment service
- Alzheimer’s social outreach worker

- Out-of-hours doctors
- Consultant
- Continence adviser
- Dietician
- Speech & language adviser
- Community dentist
- District nurses
- Wheelchair service
- Oxygen service
- Physiotherapist

Malcolm & Barbara

Conferentie eerstelijnszorg. Reorganisatie van de eerste lijn in Vlaanderen, 16 februari 2017, Brussel
What does this mean for patients?

Hours with professional/NHS = 3 in a year

Hours of self-care = 8757 in a year

Trends for Ambulatory Case Sensitive Conditions

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

**Diabetes**
- Uncontrolled diabetes hospital admissions per 100,000 over time

**Asthma**
- Asthma hospital admissions per 100,000 population 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
Figure 2.1. Patient experience with ambulatory care, 2013 (or latest year)

Panel A. Doctor spending enough time with patient in consultation

- Belgium: 97.6
- Czech Rep.: 97.2
- Luxembourg: 95.6
- Portugal: 96.6
- Germany: 89.6
- Estonia: 86.6
- United Kingdom: 88.6
- Netherlands: 85.1

Panel B. Doctor providing easy-to-understand explanations

- Belgium: 97.8
- Luxembourg: 97.6
- Portugal: 96.3
- Czech Rep.: 96.2
- Germany: 95.7
- United Kingdom: 89.5
- Estonia: 87.4
- Netherlands: 86.8

Age-standardised rates per 100 patients


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Figure 2.3. Proportion of patients who visited an emergency department because primary care was not available,\textsuperscript{1} 2011-13

Note: Data were collected within the QUALICOPC study (Quality and Costs of Primary Care in Europe) between 2011 and 2013.  
\textsuperscript{1} The reference population is the proportion of people who visited an ED in the previous year.  
Source: van den Berg et al. (2016).  

StatLink: \texttt{http://dx.doi.org/10.1787/888933428474}

Evidence of higher unmet need due to cost, especially among poorer people

Source: EU-SILC; data for the poorest quintile in countries with an increase of > 1 percentage point (2008-2013)
How well do EU countries protect people from financial hardship when using health services?

If this were Belgium, more than 5% of households would have catastrophic levels of out-of-pocket payments (i.e. spending more than 40% of their capacity to pay on health).

Out-of-pocket payments in Belgium account for 18% of total spending on health (2014)

Source: WHO Barcelona Office for Health Systems Strengthening 2016; data for 13 EU member states; years vary; $R^2 = 0.81$
Process of developing a Regional framework...
A call for people-centred health services
The European Framework for Action on Integrated Health Services Delivery: four key domains for transforming services delivery in practice
2013: 35th Anniversary Conference of the Alma Ata Declaration on PHC: a revitalized approach

- Establishing new partnerships to effectively tackle the social determinants of health
- Improving access to essential medicines, funds and technology
- Raising the prestige of PHC and its workforce from early stages of workforce education
- Providing the full continuum of services throughout the life-course
COUNTRY EXAMPLES....
“You can think of the NHS as an escalator, on which we are always pushing people up the levels of intervention and somehow the higher up you go, the more prestigious it becomes and the more you feel you’ve gotten something good out of the health service. Prudent medicine is all about reversing that escalator. It is about saying the more we can do at a primary care level, the more we can do at the population level and the more we can do at the citizen level, the better service we can provide to our patients.”

Professor Mark Drakeford, Minister for Health and Social Services
Acute care services: from hospitals to homes in Ireland

Advanced nursing roles for disease prevention services in Samara, Russia

Healthy lifestyle clinics in Lithuania, Norway & Malta

Multi-professional group practices in France

Integrating nutrition programmes in primary care in Kyrgyzstan

Tele-homecare for COPD services in Denmark

Transforming services delivery: initiatives from across the Region

Acute care services: from hospitals to homes in Ireland

Advanced nursing roles for chronic care in Finland
Example of “integrated systems” initiatives in Europe

Northern Ireland: is creating 17 Integrated care Partnerships (Transforming Your Care initiative)

Scotland: new approaches which build and reinforce accountable delivery so the interventions pursued are appropriately integrated, aligned and managed

The Basque Country: new models of care in order to create coordinated “local systems of care” as new policy environment for local coordination (Basque Chronicity Strategy)

Catalonia: applies the network in the provision of services since several years

The Netherlands: stimulates enhanced competition by further liberalization of hospital prices and volume as a mechanism to stimulate changes at the provider level

Germany: advanced integrated care initiative (German Gesundes Kinzigtal)

Belgium: Position Paper Organisation of Care for Chronic Patients

Montenegro: adopted the Strategy for secondary and tertiary health care level reform by vertical integration under ‘health care centres’
Who wants change?

Who wants to change?
### What are the challenges to transform services?

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<thead>
<tr>
<th>Challenges</th>
<th>Examples</th>
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<tr>
<td><strong>Rolling-out programmes beyond their original sites</strong></td>
<td>Over-coming professional hierarchies for coordinated practices</td>
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<td>“Getting others on board took longer than we originally expected”</td>
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<td>Payment of providers incentivizing old model of care</td>
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<td>Time and capacity to tailor guidelines and protocols to individual needs</td>
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<td>Passive culture to informing patients and engaging in decisions</td>
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<td>Managerial authority and capacity sub-nationally to oversee implementation</td>
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<td><strong>Out-dated protocols and clinical guidelines</strong></td>
<td>Time constraints and resources to inform the public</td>
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<td>Institutional arrangements incongruent to changes put in place</td>
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<td><strong>Measuring performance:</strong> “To win an enemy, we have to know him first”</td>
<td>Lack of mechanisms for measuring and reporting on performance</td>
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<td><strong>Sustaining new health workforce competencies overtime</strong></td>
<td>Ad-hoc Provider trainings</td>
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<td>Lack of long term funding to for up-keep of new technology</td>
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<td>Reporting on impact and feeding back on results for scale-up</td>
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<td>Incongruent information systems restricting the flow of information</td>
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<td><strong>Managerial authority and capacity sub-nationally to oversee implementation</strong></td>
<td>Sub-optimal access to essential medicines for selected services</td>
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Ten lessons learned

1. Put people & their needs first
2. Reorient the model of care
3. Reorganize the delivery of services
4. Engage patients, their families & carers
5. Rearrange accountability mechanisms
6. Align incentives
7. Develop human resources for health
8. Uptake innovations
9. Partner with other sectors and civil society
10. Manage change strategically
What we do: avenues for integration

PHC & PUBLIC HEALTH
Focus on population health including determinants, environment

PHC & HOSPITALS
Focus in transitions across levels of care, pathways

HSD & SOCIAL CARE
Focus on Long term care, home care, community care
Network of stakeholders engaged

- Focal Points
- National Counterparts
- Tallinn core group
- SCRC
- Nordic Partnership
- Expert Advisors
- National Associations
- WHO
- Stakeholders engaged?
- Member States
- Patients
- Providers
- International Organizations
- Others

WHO Collaborating Centre for Health Systems and Policies
European Observatory on Health Systems and Policies
World Health Organization
European Commission
OECD
International Forum for Integrated Care
European Federation for Health Information and Communication
International Society for Telematics & eHealth
Nordic Partnerships
European Association Working for Cancer Care
European Association for Research on Clinical Trials in Cancer
European Council for the Advancement of Integrated Care
Framework for Action Implementation package: examples of available resources

Find all available resources online at:
http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications
Framework for Action Implementation package: examples of available resources

**Technical Assistance**

Direct country technical assistance aims to support Member States to adapt the Framework for Action in their strategic planning and efforts to transform health services delivery across levels of the health system.

**Trainings**

Trainings and workshops aim to support Member States, partners and WHO staff to explore the Framework for Action in the context of their work, applying available material and exchanging firsthand experiences.

**Advocacy**

Consultations, technical meetings and reviews are some of the ways in which partners are brought together to discuss pertinent topics, share experiences and debate new research. Participants often include national technical focal points, invited experts, partner organizations, patient representatives, health and social care providers, civil society, special interest groups and WHO staff.

**Measurement**

Resources for measurement to-date include a methodology and tool for assessing health services delivery performance with hospitalizations from ambulatory care sensitive conditions, identifying entry-points for strengthening health services delivery.

*Conferentie eerstelijnszorg. Reorganisatie van de eerste lijn in Vlaanderen, 16 februari 2017, Brussel*
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http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery
Better health for Europe
more equitable and sustainable