



Better Primary Health Care for Better Health of the People in the our Region Expert Group on Primary Health Care

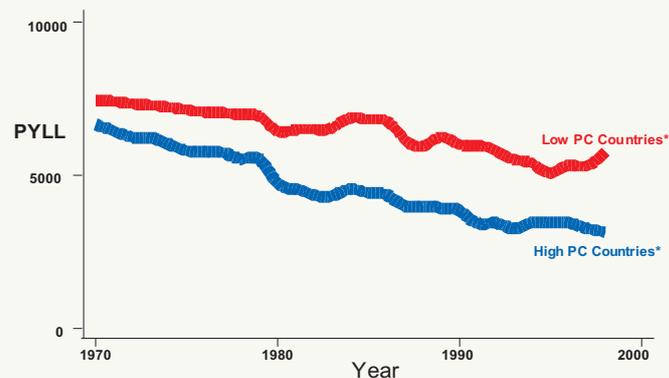
www.ndphs.org/?database,view,paper,21

Fact sheet 7/2008

Why Primary Health Care is an important issue

In fact, every country strives to design their national health care system so that it will meet the requirements of equity, accessibility and lead towards better public health with more rational use of resources. Countries, which have attached proper attention to community oriented and based on family medicine primary health care, are now reaping benefits of improved population health through more efficient health care systems.

Primary Care Strength and Premature Mortality in 18 OECD Countries



Predicted potential years of life lost (PYLL) (both genders) estimated by fixed effects, using pooled cross-sectional time series design. Analysis controlled for gross domestic product, percent elderly, doctors/capita, average income (ppp), alcohol and tobacco use. $R^2(\text{within})=0.77$. Source: Macinko et al, Health Serv Res 2003; 38:831-65.

Gaps and challenges to address

Policy makers in all countries of Baltic Sea Region try to find solutions about how to cope with an increasing demand and the costs of overall health care. Therefore, strengthening of primary health care is considered a very important component of implemented and/or still ongoing reforms in all countries in the region. Still, there are pronounced differences in the way how primary health care is organised and there are gaps and challenges to address, such as the following:

- There is an evident gap in the requirements for professional training of the primary care doctors and nurses in terms of duration and in terms of content and quality of the training;
- Equitable distribution of the primary care personal and resources is a big challenge for all the countries in our region;
- Unhealthy life styles and risk behaviour bring about a big burden in all our countries, but especially in Poland, the Baltic States, Russia and Belarus. The role of primary health care professionals and the tools used for health promotion and disease prevention in the community and for the empowerment of the community varies between the countries;
- There is a need to bridge the gap in the availability and the quality of home care and other forms of institutional care for elderly people (nursing homes, shelters, elderly houses).

Primary Health Care is important for everyone

The level of development of PHC services has a direct impact on the general health of our societies. The PHC forms the first level of contact between a patient and the health system. It includes more comprehensiveness, continuity and better coordination of overall health care for the patient, family and community. An essential task of governments is to create a comprehensive and integrated PHC model; one that combines universalism and economic realism with the objective of providing coverage for all.

What should be done

Actions that the NDPHS Expert Group on PHC recommends should be taken include multifaceted efforts to improve the PHC in our countries, such as:

- Defining the mechanisms for promoting an equitably distributed primary health care system, based on family medicine and on essential primary health care principles, proved by international evidence. It could be the activity on the policy level in the countries with the more pronounced uneven distribution of the qualified primary health care;
- Improving professional training of PHC specialists and increasing the number of appropriately trained general practitioners/family physicians and primary health care nurses in Latvia, Lithuania, Poland, Russia and Belarus;
- Reasonable decentralisation of the PHC facilities, especially in Russia and Belarus. Special emphasis should be put on the promotion of a uniform distribution of primary care staff and the PHC facilities in the rural areas and economically deprived territories. One of the solutions to increase accessibility and the quality of primary health care services could be the spread of private PHC practices, which provide services under contract with the purchaser;
- Increasing the autonomy of nurses in Russia, Belarus, Latvia and Lithuania, where medical nurses have a low social status and professional prestige. Attracting more nurses in the health sector in Denmark by increasing salary levels and reducing workloads;
- Putting more emphasis on structured home care and different forms of institutional care for the elderly and chronically ill patients (nursing homes, shelters, elderly houses) in all countries in our region, in order to reduce hospital stays;
- Providing better equipment and quality infrastructure for the primary health care facilities. For instance, electronic patient charts are needed in Lithuania, Latvia, Russia and Belarus; introducing telephone consultation lines by doctors or trained nurses to improve certain aspects of the accessibility to PHC in the Baltic States, Poland, Belarus, and Russia;
- Sharing between the countries experiences for better care of the patients, e.g. tools on proper motivational counselling in the primary care settings and support of the modern informational materials on quitting smoking, cutting down alcohol, diet and exercise;
- Improving the financing and remuneration systems for the PHC staff as an incentive to increase performance of PHC, particularly in health promotion and disease prevention activities. Tools for assessment of the structure and performance of PHC would be actual;
- Improving cooperation between PHC and secondary health care for the best quality of care for the patients. Appropriate strategies are needed to weight different needs according to the different level of morbidity of the population and to balance appropriately the use of expensive health care technologies.

The role of the NDPHS

The NDPHS plans to encourage and support regional efforts to make the above mentioned recommendations a reality. More specifically, the Expert Group on PHC plans to develop and implement on a project-basis some demonstration activities. Also, the Expert Group will continue monitoring the situation in the region and will periodically issue evaluations and recommendations for further action.

Learn more

This fact sheet has been developed on the basis of a report "Primary Health Care in the Northern Dimension Countries," which was developed by the NDPHS Expert Group on Primary Health Care and can be downloaded in "Papers" section of the NDPHS Database (www.ndphs.org/?database).

Further information about this Expert Group and its activities can be found on the NDPHS website at www.ndphs.org/?phc_eg and be obtained from:

Expert Group's Chairman

Mr Carl-Eric Thors
Family Doctor
Sannesgatan 1,
SE-432 37 Varberg
SWEDEN
Phone: +46 340 85574
Fax: +46 340 48 20 90
E-mail: carl-eric.thors@telia.com
Web: www.oek.se

Expert Group's International Technical Advisor

Mr Arnoldas Jurgutis
Family Doctor, Assoc Prof.
Public Health Department, Klaipeda University
H. Manto 84,
LT-922-531 Klaipeda
LITHUANIA
Phone: +370 698 36674
E-mail: jurgutis@klaipeda.aiva.lt