



## Better health - A shared challenge for hospitals and primary health care

### GUIDELINES

#### GENERAL FRAMEWORK

The charter “Key components of a well functioning healthcare system”, released in May 2010 by the World Health Organization, states that one of the elements determining the effectiveness of health systems is the effectiveness of services provided. It also considers that the level of effectiveness of these services depends, among other things, on:

- networks of close-to-client primary care, organised as health districts or local area networks with the back-up of specialised and hospital services, responsible for defined populations;
- provision of a package of benefits with a comprehensive and integrated range of clinical and public health interventions, that respond to the full range of health problems of their populations;
- key elements of quality: safety, effectiveness, integration, continuity, and people-centeredness.

Findings of the literature show that poor co-ordination and fragmented care may have many negative consequences. It may harm patients. It may result in duplications of analyses and medications and provision of unnecessary treatments. Patients may have to stay longer in the system and invest more time and resources to meet different providers and increase their uncertainty and fading their confidence in the system. Inconsistency and poor integration between different levels may also overburden primary or secondary care, causing inappropriate admissions, high rates of readmissions or unnecessary length of stay. In addition, weaknesses in primary care may lead to overuse of emergency and high rates of referral back from hospitals to primary care, may translate into inefficiencies and waste of resources for the overall system, and in disparities in the workloads among healthcare professionals.

The 2008 World Health Report “Primary Healthcare: Now More Than Ever” stressed the fact that “rather than improving their response capacity and anticipating new challenges, health systems seem to be drifting from one short-term priority to another, increasingly fragmented and without a clear sense of direction.” Dr. Margaret Chan, Director of WHO, said that “primary health care offers a way to organise the full range of health care, from households to hospitals, with prevention equally important as cure, and with resources invested rationally in the different levels of care”.



## DEFINITIONS OF THE WORLD HEALTH ORGANISATION

### **Health**

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

### **Public Health**

Public health refers to all organised measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease.

Source: <http://www.who.int/trade/glossary/story076/en/index.html>

### **Primary Health Care and Primary Care**

Primary health care (PHC) is health care received in the community, usually from family doctors, community nurses, staff in local clinics or other health professionals. It should be universally accessible to individuals and families by means acceptable to them, with their full participation and at a cost that the community and country can afford.

Primary health care refers to the concept elaborated in the 1978 Declaration of Alma-Ata, which is based on the principles of equity, participation, intersectoral action, appropriate technology and a central role played by the health system.

Primary care (PC) is more than just the level of care or gate keeping; it is a key process in the health system. It is first-contact, accessible, continued, comprehensive and co-ordinated care. First-contact care is accessible at the time of need; ongoing care focuses on the long-term health of a person rather than the short duration of the disease; comprehensive care is a range of services appropriate to the common problems in the respective population and co-ordination is the role by which primary care acts to co-ordinate other specialists that the patient may need. PC is a subset of PHC.

Source:

<http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/primary-health-care/main-terms-used>



## **Hospitals**

Hospitals are health care institutions that have an organised medical and other professional staff, and inpatient facilities, and deliver medical, nursing and related services 24 hours per day, 7 days per week.

Hospitals offer a varying range of acute, convalescent and terminal care using diagnostic and curative services in response to acute and chronic conditions arising from diseases as well as injuries and genetic anomalies. In doing so, they generate essential information for research, education and management.

Traditionally oriented on individual care, hospitals are increasingly forging closer links with other parts of the health sector and communities in an effort to optimise the use of resources for the promotion and protection of individual and collective health status.

Source: <http://www.who.int/topics/hospitals/en/>

## **OBJECTIVES OF THE HOPE EXCHANGE PROGRAMME 2011**

The participants of HOPE Exchange programme 2011 are invited to analyse mechanisms of relation between primary care and hospital care.

### **► Description of good practices**

#### **► Potential evidence of why and how is it a good practice:**

- advantages for patients (impacts on appropriateness, patient safety, continuity of care...);
- impacts on the hospital system (reorganisation, gain of efficiency, saving of resources...) and how it is assessed;
- effects on the activity of General Practitioners and hospital professionals (such as incentives, workload, performance measurement...).

#### **► Potential examples supported by:**

- resources sharing;
- competence sharing;
- GP influence over clinical pathways;
- patient involvement (choice, empowerment, influence);
- GP provision of formerly secondary care services.

### **► Throw light upon the existing structural challenges**



## PROCESS

Participants will be guided to explore the organisation and co-ordination among primary care and hospital care, their relation and their level of comprehensiveness within the system.

The following elements should be examined:

- ▶ Who is doing what (share of responsibility regarding disease prevention, detection, diagnosis, treatment, rehabilitation, monitoring and follow-up)?
- ▶ How do they work together?
- ▶ How do they use information and communication technologies to work together?
- ▶ Are there incentives provision to make them work together and indicators on this common work?

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