

Primary Health Care Team and Population Coverage

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Abstract

Unprecedented demographic and epidemiological transition have necessitated for a multidisciplinary approach to the health care. Evidence shows that integrating services among many health providers is a key component for better health services to the underserved populations who have limited access to health care. In this context, countries like Brazil, Cuba, Costa Rica, Canada -all have reported successful experiences with the use of primary health care teams for the provision of health services. These teams should work as cohesive and well-functioning units in providing care commensurate to the patient needs and preferences. Whatever may be the composition of the primary health care team, their role in providing preventive, promotive and curative services remains beyond doubt.

Keywords: Primary health care; Population coverage; Primary health care teams

Introduction

With the modernization of the societies, people have enhanced expectations from the health systems as well as for the society in which they reside. The result is demand for better health equity and health services that are centered on people's needs and expectations, health security of the community where they live and a say in what affects their health and that of their communities. In this regard, service delivery reforms advocated by the primary health care movement aims to put people at the center of the health care so as to make services more effective, efficient and equitable. Among the essential features of primary health care (PHC) are person centeredness, its continuity and comprehensiveness and health system entry on a regular basis to provide a mutual trust between beneficiaries and the providers.

In high income countries, confrontation with chronic diseases, mental health problems, multi-morbidity and social dimension of disease has focused attention on the need for more comprehensive and person centered approaches and continuity of care. It led to chronic care model in the late 1990's along with the emergence of primary health care team. A primary health care team works in such a way so that it meets the health needs of the community in an effective manner. They provide a single point of contact to the health system. The aim is to provide primary care services that are accessible, integrated, of a high quality and which meet the needs of local population. Primary health care team provides General Practitioner (GP) practice services, nursing, physiotherapy, occupational therapy, home help and extended services such as dietetics, counseling, speech and language therapy and other health services. Health professionals in many developing countries see themselves responsible not just for patients, but also for population coverage.

An optimized PHC team pools its resources (time and tools) and expertise in a manner benefitting the health of individuals and families in the community. Effective team based care can increase the quality time for the patient as providing care is a team based approach where the physician takes decision in consultation decision with other members of the team.

Once the PHC team is comprised, all members are expected to perform to the best of their abilities. The work of each member has to be assigned in a manner keeping their expertise in mind. Let us consider diabetic patient as an example. A physician need not examine

the feet of a patient which can be dealt with by a nurse as initial assessment. Does the physician need to chart out the dietary details? In fact, the dietician would be a better person in this context. Similarly by reassigning the job responsibilities to other members in the team, the physician can spend quality time on detailed examination and other matters including communication and setting goals for the betterment of patients health.

Team based care helps physician in optimum utilization of time. It is perhaps the only effective manner to cater the ever increasing number of patients. The strategies like home visits and care-coordination can enhance advantages for the community from team based care. It would avoid costly and time consuming hospital visits as patients are better managed at their respective places.

The PHC team has lead to an array of advantages to the patients also. For patients, consistent care team provides more cost effective care especially in those with a chronic condition. A high functioning primary care team tends to improve the experience of patients and family alike.

Limitations

PHC teams have their limitations also. A prime concern for the patient might be that a person with lesser expertise is going to take his responsibility. Another concern for the patient may be regarding cost cutting. PHC team has to be able to respond to the bulk of health problems in the community. The entry point workers might be able to solve all the problems presented there and has to mobilize other resources- by referring or calling for support from specialists, hospitals, specialized diagnostic and treatment centres, public health programmes, long term care services, home care or social services and other community organizations. It is not to give up the responsibility by PHC team but to help people to navigate this complex environment.

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Health services that offer a comprehensive range of services increase the uptake and coverage of preventive programs like cancer screening or vaccination. Outcomes and care experience can be improved in a cost effective manner if primary care services are designed to work in an optimum mix of preventive, promotive and chronic disease management.

Challenges and Opportunities

As health care expands, the healthcare landscapes become more and more crowded. More resources allow for diversification- the range of specialized services that comes within reach may include emergency services, specialists, diagnostic infrastructure, dialysis centers, cancer screening, environmental technicians, long term care institutions, pharmacies etc. It represents new opportunities, provided the PHC team can assist their community in making the best use of that potential which is particularly critical to public health, mental health and long term care.

The primary care team has to be the mediator between the community and the other levels of the health system. This coordination also extends to collaboration with non-government organizations (NGO's) who can provide significant support to local primary care [1]. They help ensure that people know that they are entitled to have the information to avoid substandard providers [2]. In recent years, civil society organizations dealing with health and health related issues, from self-help to patient's rights, have been sprucing in many low and middle income countries. They help people take charge of their own situation, improve their health, cope better with ill health, increase self-confidence and diminish over medication [3]. By reinforcing their linkages with such groups, the PHC teams can only be strengthened. PHC teams have shown to reduce reliance on specialists and hospitalization, patient delay in referral, while duration of their hospitalization is shortened and post hospitalization follow up is improved [4-6]. The coordinated function provides the institutional framework for mobilization across sectors to secure the health of local communities.

Primary care has evolved drastically over the last twenty years. PHC teams traditionally comprised of GP's (General Practitioners) have now members from other professions too. The roles of new members like clinical nurse specialist, practice managers and administrative staff is continuously evolving and expanding. Thus traditional PHC team is undergoing transformation and more changes are likely in the times to come. The major factors affecting changes in PHC team include:

- i. Ageing population- more chronic illness and greater demand for health care in general.
- ii. Increase health care roles- primary care clinics, day care surgeries.
- iii. Increased demands and expectations on the PHC team
- iv. Primary care monitoring is showing an increasing trend.
- v. With digitalization of health records, use of Electronic health records (EHR) data has the potential to better health insurance targeting.
- vi. Trends towards provision of wider range of services has led to more complicated conditions being managed in the community itself.

Primary care team faces the challenge to ever improve efficiency and quality of primary care. Time allotted for a visit mayn't be sufficient and patient mayn't receive requisite services and providers may foresee ever increasing expectations from their clients. Condition

specific improvement initiatives like diabetes management, Colorectal screening and other measures often overburden the providers thus compromising the quality. Another challenge is to sustain condition specific improved quality as the funding comes to an end. More research is needed to redesign PHC in the context of Sustainable Development Goals to improve the delivery system.

The ever changing health scenario and new practices has posed a challenge within the PHC team especially in terms of its working. Following are some cues about development of a PHC team.

- i. Practice based inter professional collaboration is key to improve health care process and outcomes.
- ii. The practice should have already an evaluated development plan and preferably a personal plan from each team member.
- iii. Regular in-service training for team members.
- iv. Cochrane reviews have revealed important improvements in professional practice [7]
- v. To improve health care outcomes for the patients, frequent educational meetings are proposed [8].
- vi. Educational outreach visits by PHC team members can improve the outcomes in patient care [9].
- vii. Regarding referral rates, local educational outreaches by secondary care specialists have shown an impact [10].

Recommendations by Primary Care Workforce Commission for Health Education, England [11] includes:

- i. Workforce for primary care should include persons from multiple disciplines.
- ii. Federation and network of practices.
- iii. Between practices and pharmacies, integration of care should be better preferably with social services.
- iv. Community pharmacies be used in a manner to manage the minor illnesses along with optimization of medication.
- v. Incorporation of technology for better communication with colleagues and patients.
- vi. Creation of new roles like physician associates and their wider use.
- vii. Common medical records used by all primary healthcare staff.

Since the composition of PHC team does not fall in any particular construct, measuring the impact of team based primary care has been relatively difficult. Although the number of team member varies, but usually the size ranges from two to eight with each of them having distinct roles. This variation in size of the PHC team has been attributed to varying needs of the population and different healthcare distributions based on geography of the region. Though optimal team composition for primary care setting may be difficult to arrive at, but this flexibility is critical for judicious use of team members. The optimum composition of a PHC team should be according to patient requirements, be evaluated over a period of time and the presence of local trained provider and support staff.

Although primary health care teams have shown promising results in outcomes, yet more research is needed on utilization of health care and its costs. Quality metrics and workforce redistribution seems to be a necessity for the expansion of team based primary care delivery.

The PHC team members have unique skills to handle different situations in clinical practice. A direct and enduring trust between the team members and the beneficiaries in the served community is of utmost importance to ensure uninterrupted care across the societies. Despite issues regarding the composition of PHC team, it would be apt to conclude that the teams which are flexible and adopt to the given situation optimally would be the harbinger of success.

Conclusion

The concept of health care team has constantly evolved during the last three decades. The composition of primary health care team should adapt to the specific characteristics of the system and the community where it provides care to meet the needs of individuals, families and the communities. Opinion may vary about number of members in the team at primary level of care but the minimum composition must include family physician/physician, a nurse and an intermediate level technician - preferably a local person who acts as an interface between the community and the physician.

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