

Primary Health Care: Now More Than Ever



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Clinical Topics in Global Health
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Goals

- Explore key challenges in health that reveal the need for an integrative approach
 - Discuss primary health care, past and present
 - (get the juices flowing)
-

Overview

- Social determinants, inequality, complexity
 - Health system failures
 - Primary health care
-

Social determinants,
inequality, complexity

Why treat people...



**then send them back
to the conditions that made them sick?**

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What are the social determinants of health?

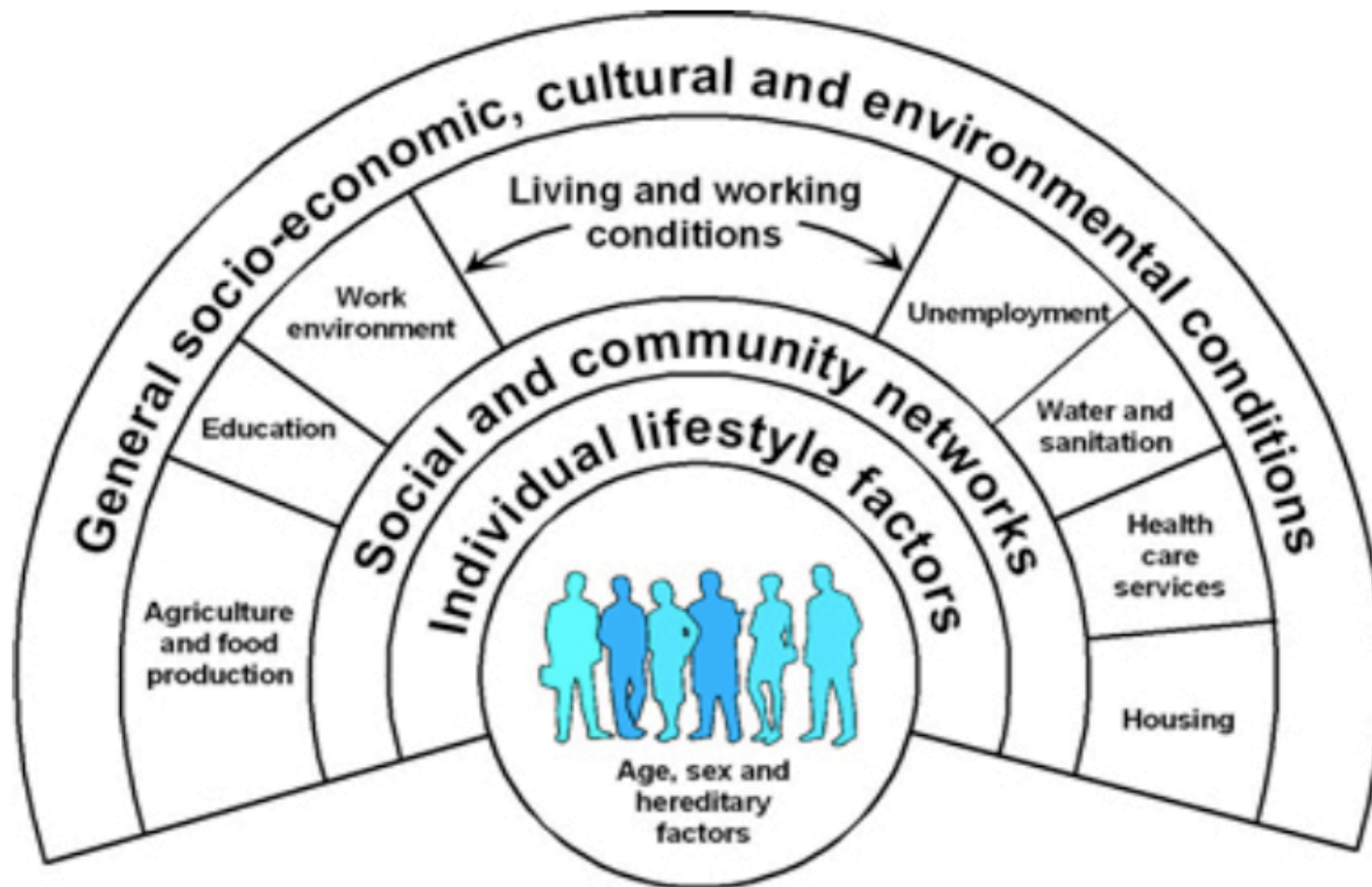


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“Social injustice is killing people on a grand scale”¹

- Unequal distribution of power, income, goods, services
- Inequality in living and working conditions
- Community and individual health factors
- Social gradient of health

¹ WHO, Commission on Social Determinants of Health 2008

Life expectancy at birth (men)

Glasgow, Scotland (deprived suburb)	54
India	61
Philippines	65
Korea	65
Lithuania	66
Poland	71
Mexico	72
Cuba	75
US	75
UK	76
Glasgow, Scotland (affluent suburb)	82

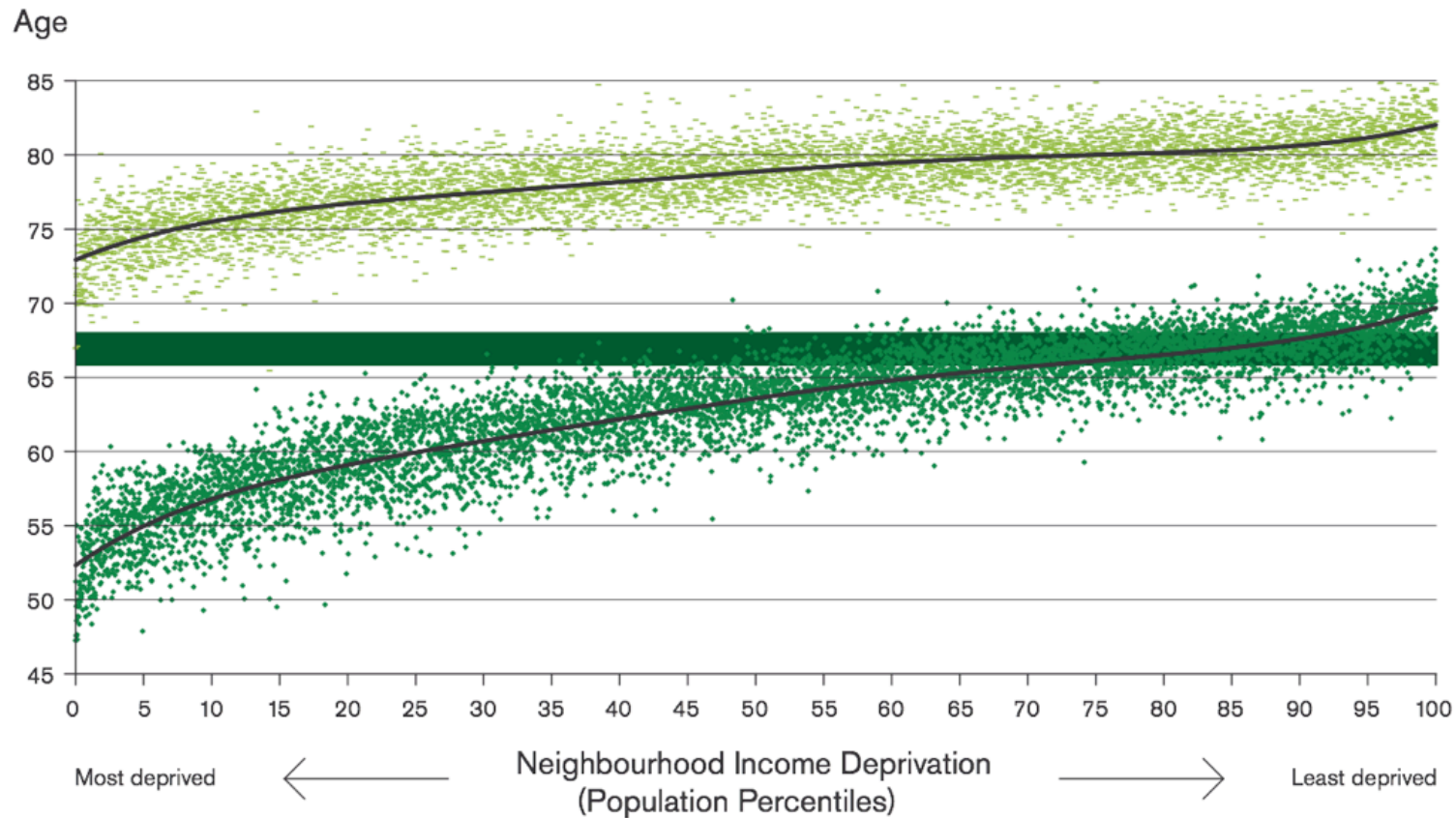
(WHO World Health Report 2006; Hanlon,P.,Walsh,D. & Whyte,B.,2006)

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U.K. social gradient



- Life expectancy
- DFLE
- Pension age increase 2026–2046

Source: Office for National Statistics⁵

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U.K. social gradient, by region

Mortality rate
per 100,000

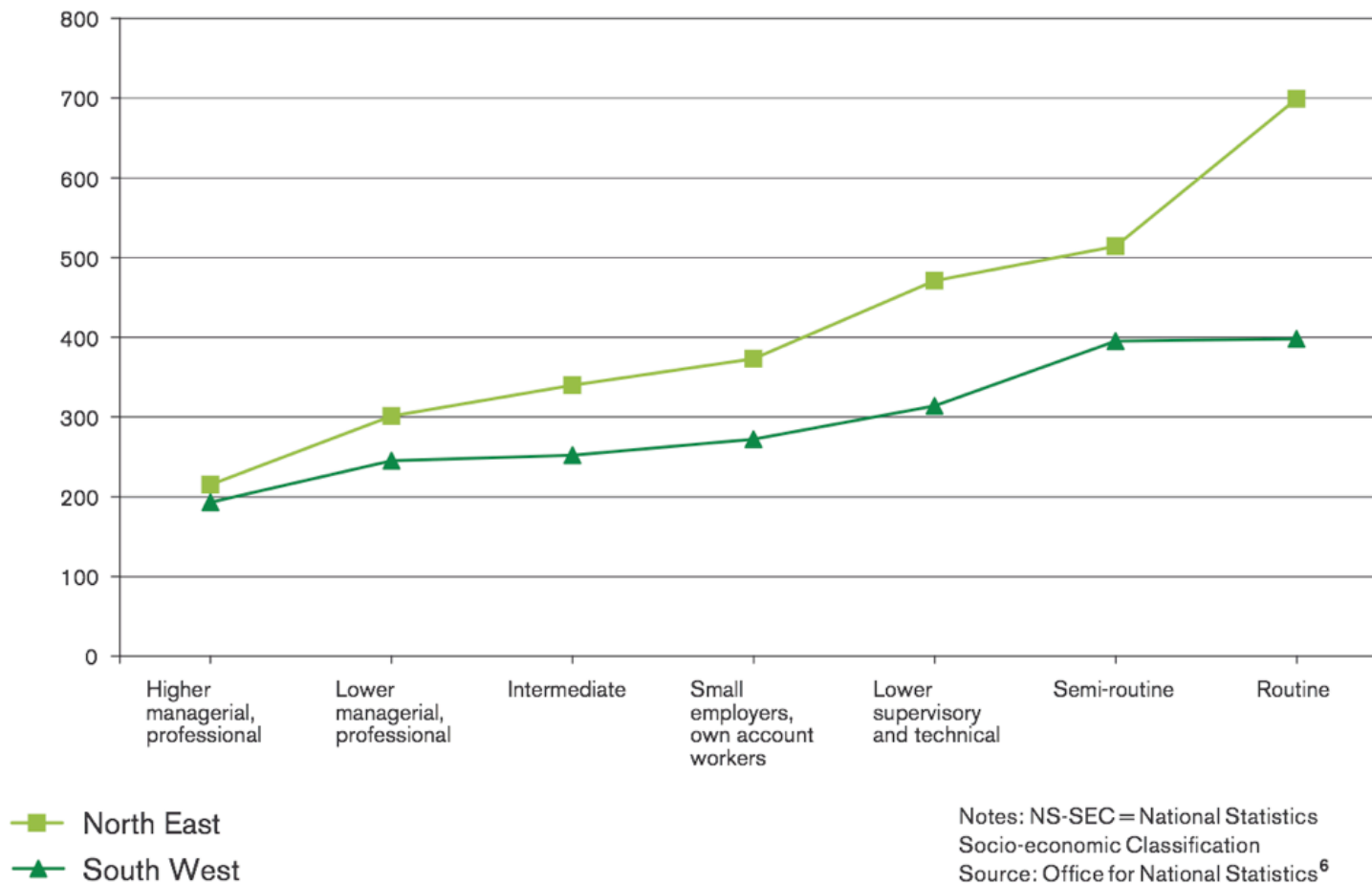
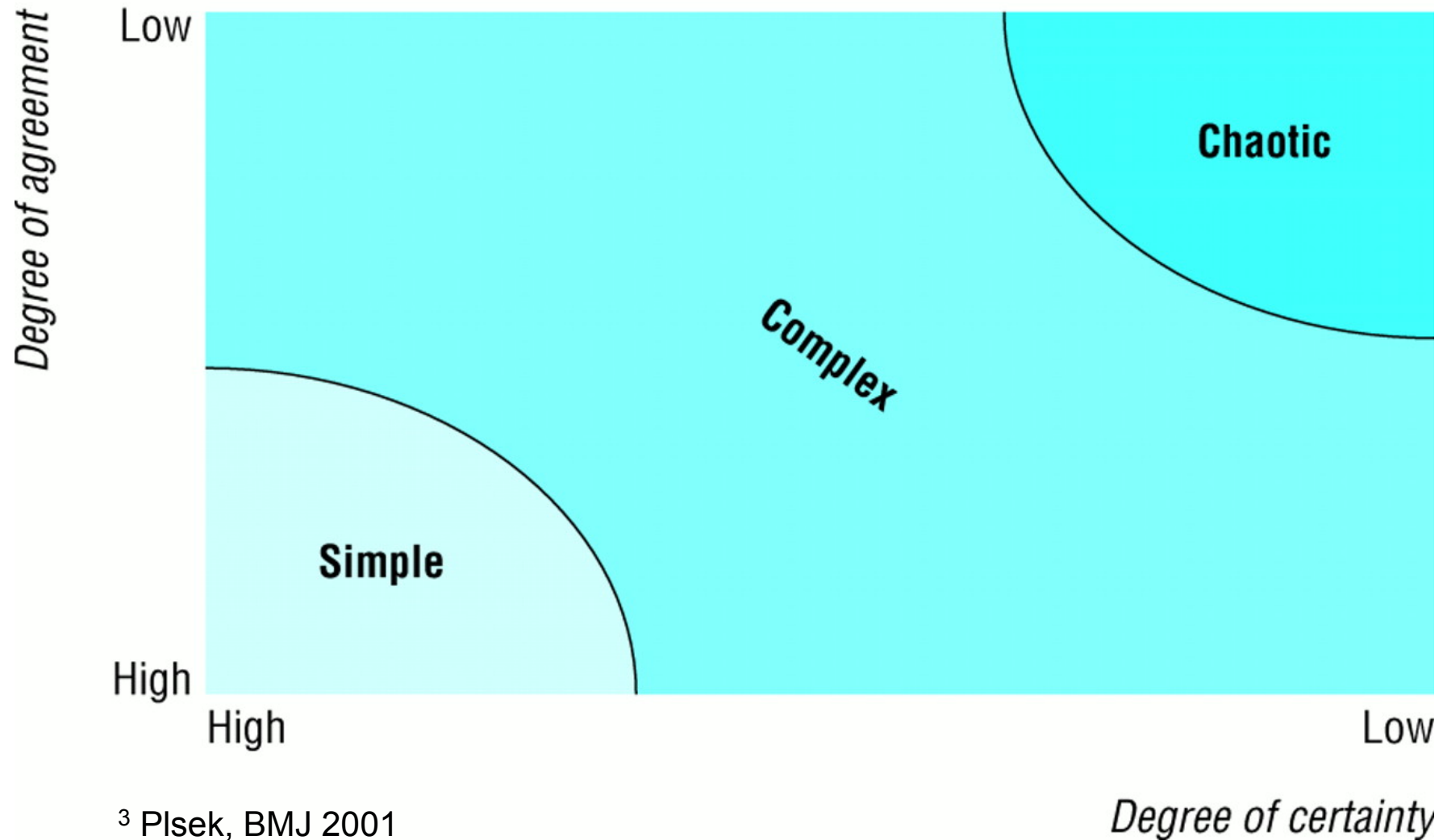


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“In countries at all levels of income, health and illness follow a social gradient: the lower the socio-economic position, the worse the health.”

– World Health Organization 2008, *Commission on Social Determinants of Health*

Complexity of health care



³ Plsek, BMJ 2001

Permission received from BMJ

Health system failures

U.S. health care

- Current state:
 - Health costs = 17% GDP and rising fast; \$7000 per capita (2x other countries)
 - Health outcomes = 28/30 OECD countries⁴
 - Value (outcomes/costs) = last among OECD countries⁵
- Affordable Care Act – coverage without access (we tried this in MA)

⁴ OECD 2009

⁵ Davis, Commonwealth Fund 2007

U.S. primary care – supply and demand

- Primary care (first contact, comprehensive, longitudinal, coordinated care) a/w improved quality, decreased costs, better outcomes⁶⁻⁸
- PCP shortfall = 45K in 2020; 65K in 2025⁹
 - Interdisciplinary teams in patient-centered medical homes are part of solution
- 3-fold decline in IM grads entering primary care¹⁰
- Income disparity = \$3.5M differential over career, PCPs vs. subspecialty MDs¹¹

⁶ Starfield, Milbank Quarterly 2005

⁷ Baicker, Health Affairs 2004

⁸ Fisher, Ann Internal Med 2003

⁹ AAMC 2010

¹⁰ Garibaldi, Academic Med 2005

¹¹ Phillips, Robert Graham Center 2009

U.S. primary care – workforce vs quality

Figure removed due to copyright. See Exhibit 8 in Baicker, Health Affairs 2004:
<http://content.healthaffairs.org/content/early/2004/04/07/hlthaff.w4.184.short>

U.S. primary care – workforce vs cost

Figure removed due to copyright. See Exhibit 9 in Baicker, Health Affairs 2004:
<http://content.healthaffairs.org/content/early/2004/04/07/hlthaff.w4.184.short>

“Increasing the number of general practitioners in a state by 1 per 10,000 population is associated with a rise in that state’s quality rank of more than 10 places ($p < 0.0005$) as well as a reduction in overall spending of \$684 per beneficiary ($p < 0.0005$).”

– Baicker, Health Affairs 2004

U.S. health expenditures

Figure removed due to copyright. See Figure 1 in Cantor, Prevention Institute 2011: <http://www.preventioninstitute.org/component/jlibrary/article/id-298/127.html>

A global problem: 5 common health system failures

- Inverse care: people with the most means consume the most care
- Impoverishing care: >100 million people annually fall into poverty paying for health care
- Fragmented care: excessive specialization disrupts continuity and impairs whole person care
- Unsafe care: poor system design results in avoidable errors
- Misdirected care: overemphasis on curative care fails to prevent up to 70% of disease burden

the implementation bottleneck

Proven,
cost-effective
treatments

Failing systems



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“A system’s failure requires a system’s solution.”

– World Health Organization 2008, *Primary Health Care – Now More Than Ever*

Primary health care

Primary health care – a brief history

- Community-oriented primary care (South Africa, 1940s)
 - Blended public health and primary care practice
 - Epidemiologic data; QI methods; social determinants; health of a defined population
- Barefoot doctors (China, 1960-70s)
- U.S. community health center movement (U.S., 1960-70s)

Primary health care – a brief history

- Declaration of Alma-Ata (1978)
 - Dignity in health for all people by 2000 – primary health care for all

*“Practical, scientifically sound and socially acceptable methods and technology made universally accessible through people’s full participation and at a cost that the community and country can afford. It is the central function of the health system and its first level of contact, **bringing health care as close as possible to where people live and work.**”¹⁴*

¹⁴ WHO, Declaration of Alma-Ata 1978

Primary health care – a brief history

- “Selective” primary health care
 - GOBI-FFF – Growth monitoring, Oral rehydration therapy, Breastfeeding, Immunization, Family planning, Female education, Food (vitamin) supplementation
 - Vertical focus has failed to achieve health equity or Millennium Development Goals
- WHO 2008 – Primary Health Care: Now More Than Ever

PHC: an integrated response

13 WHO, World Health Report 2008

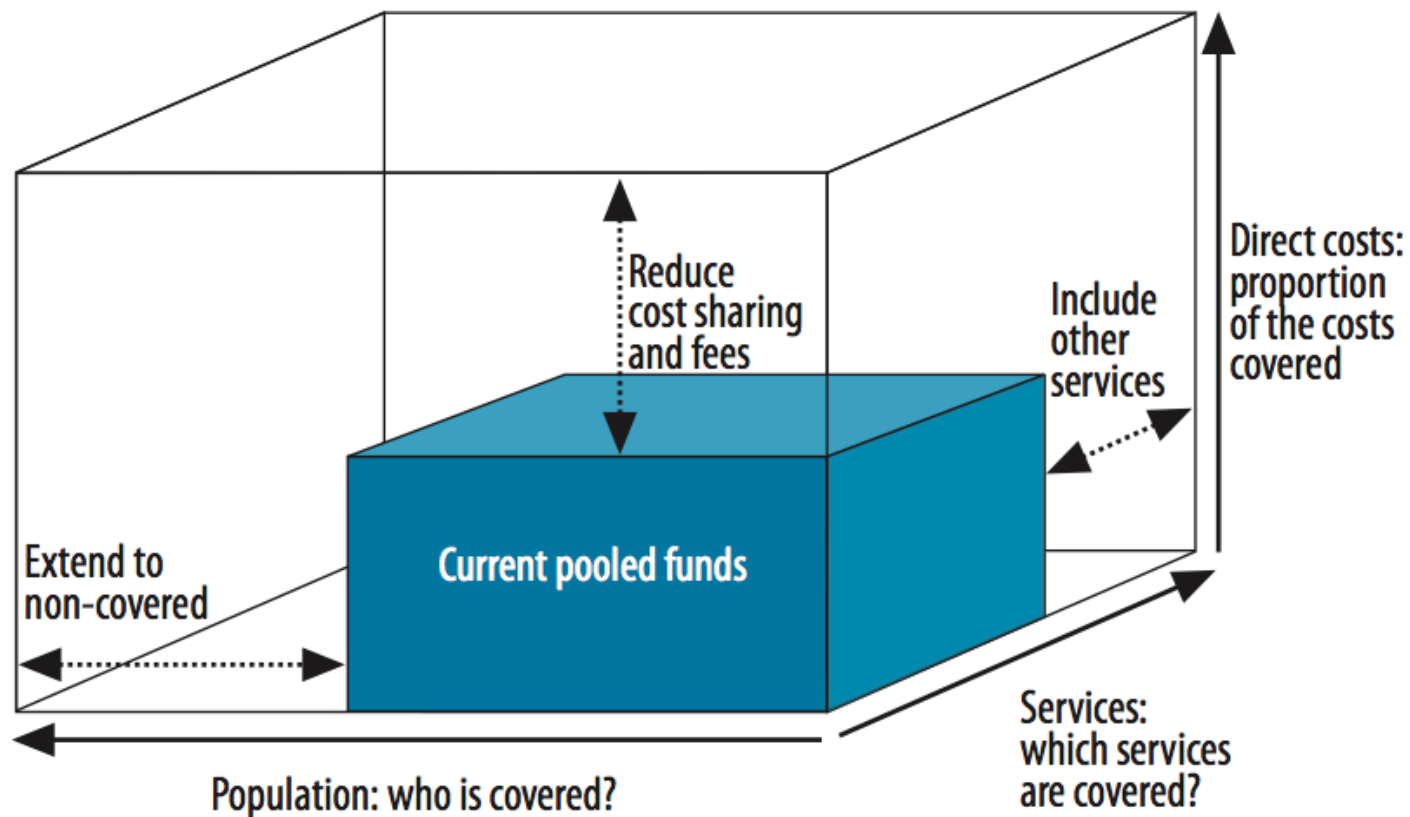


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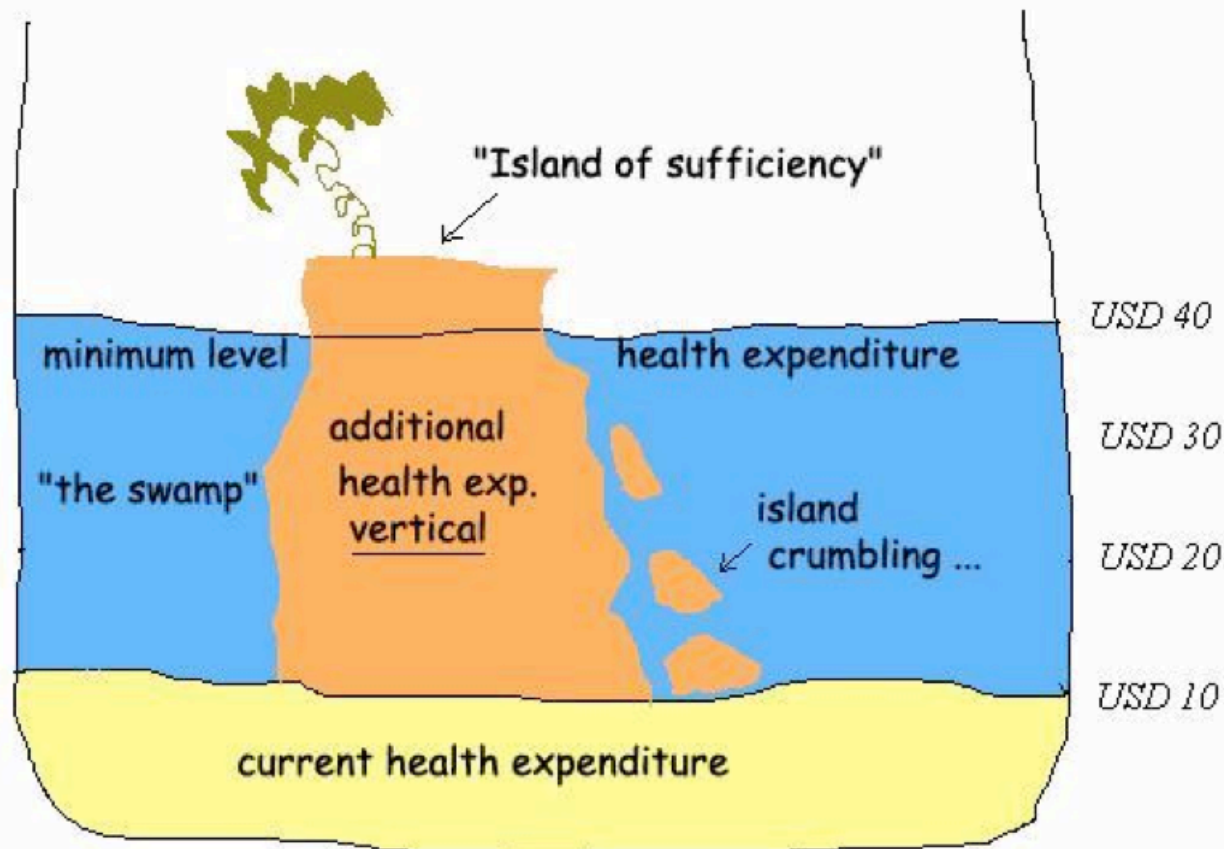
“Above all, primary health care offers a way to organize the full range of health care, from households to hospitals, with prevention equally important as cure, and with resources invested rationally in the different levels of care.”

– Dr. Margaret Chan, WHO Director General¹⁵

Universal coverage – three dimensions



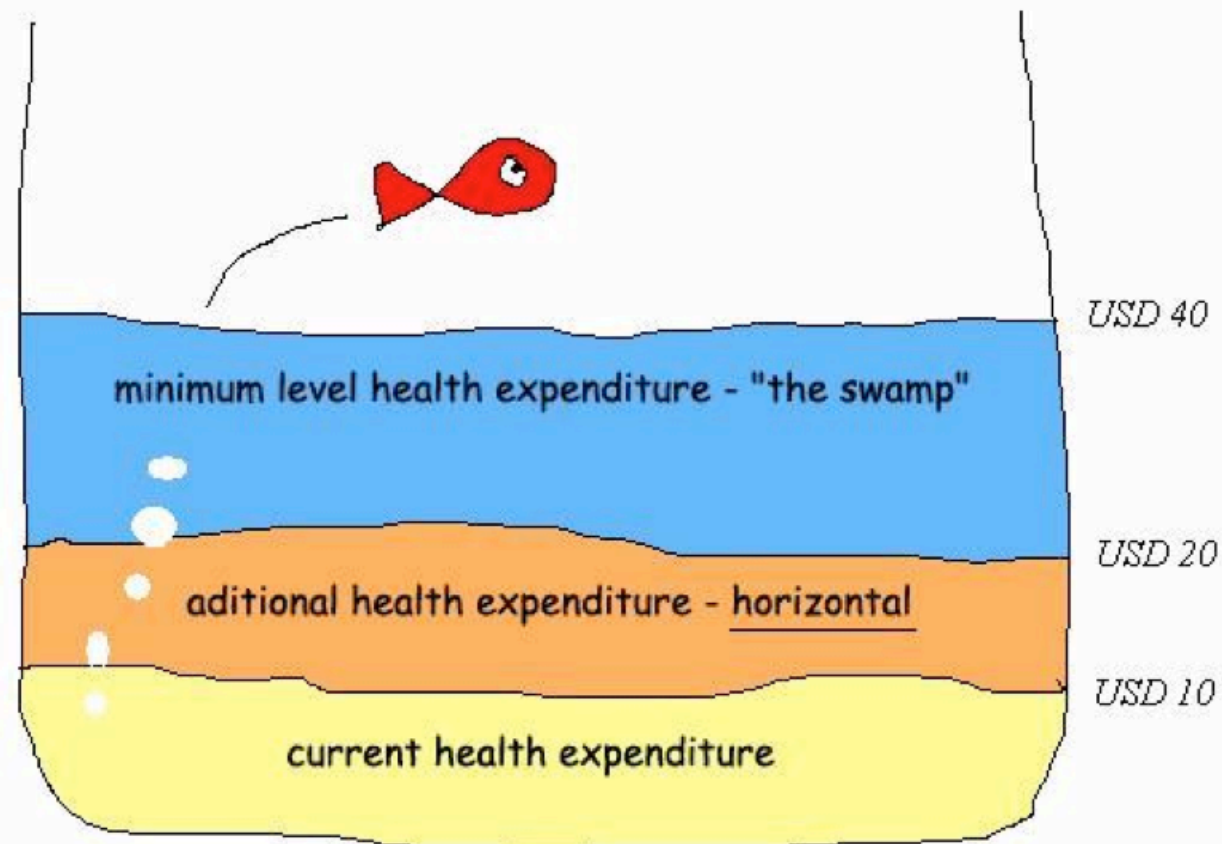
“Vertical” approach



17 Ooms, Globalization and Health 2008

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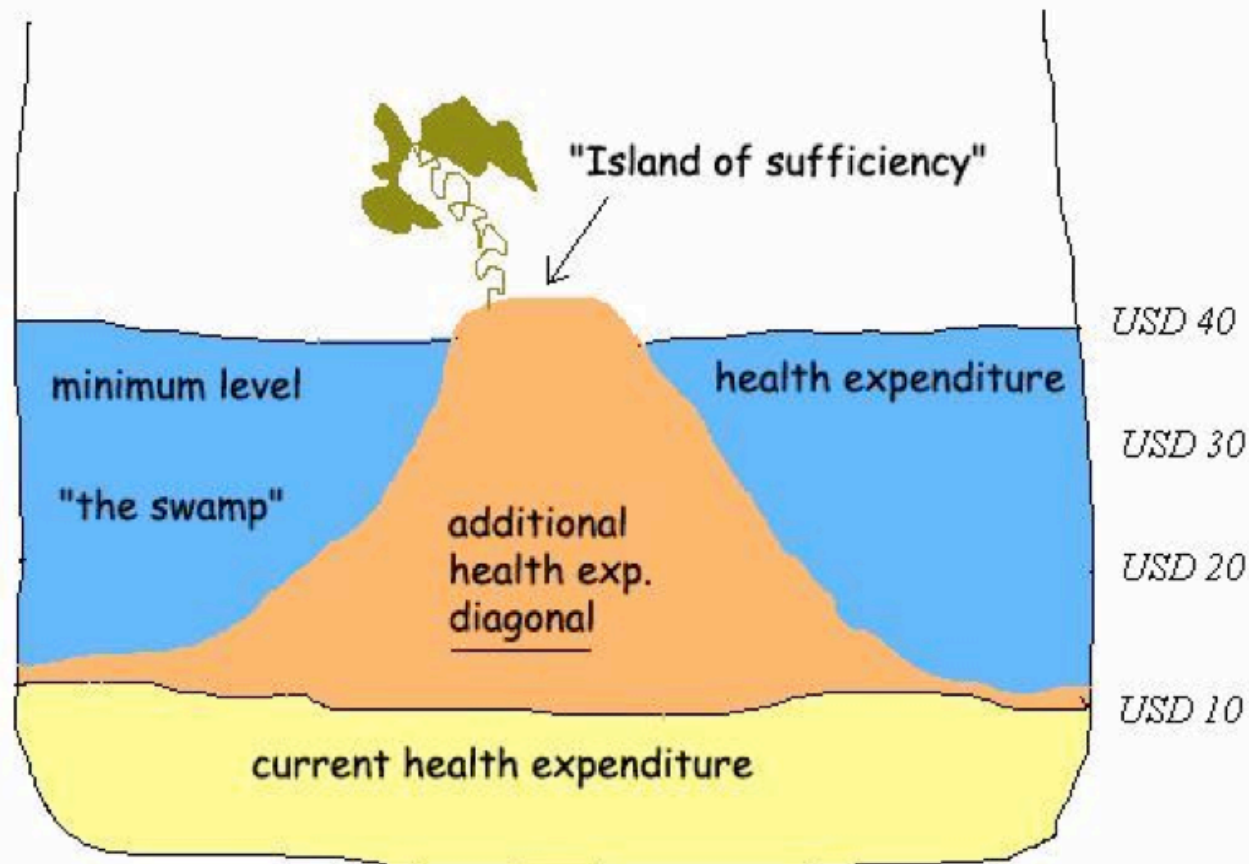
“Horizontal” approach



17 Ooms, Globalization and Health 2008

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“Diagonal” approach



¹⁷ Ooms, Globalization and Health 2008

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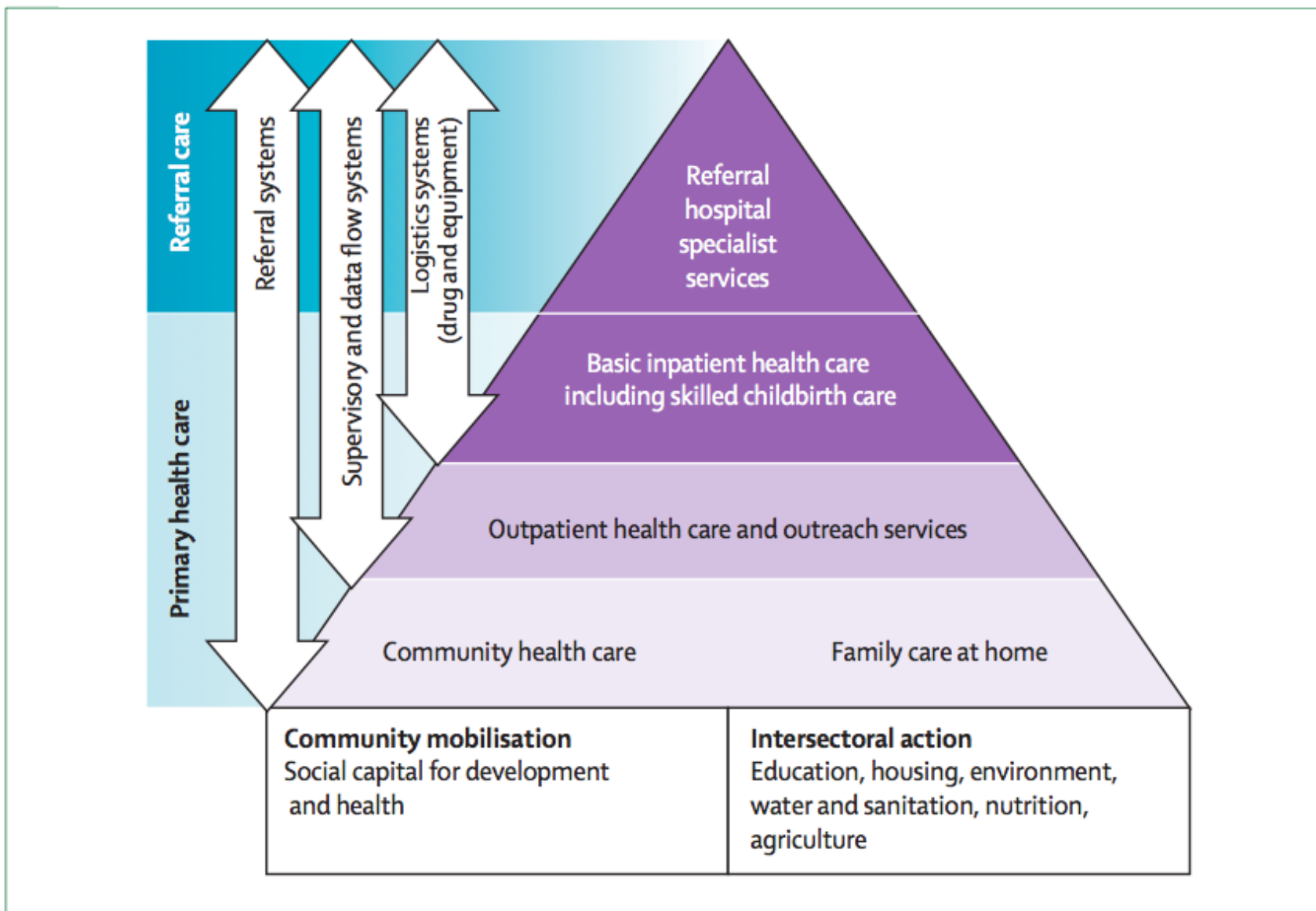


Figure 3: Primary health care and the context of the wider health system, community mobilisation, and intersectoral action

¹⁸ Lawn et al, Lancet 2008

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Governance



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One trunk, many branches



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Takeaways

“A system’s failure requires a system’s solution.”

5 health system failures:

- Inverse
- Impoverishing
- Fragmented
- Unsafe
- Misdirected

4 PHC reforms:

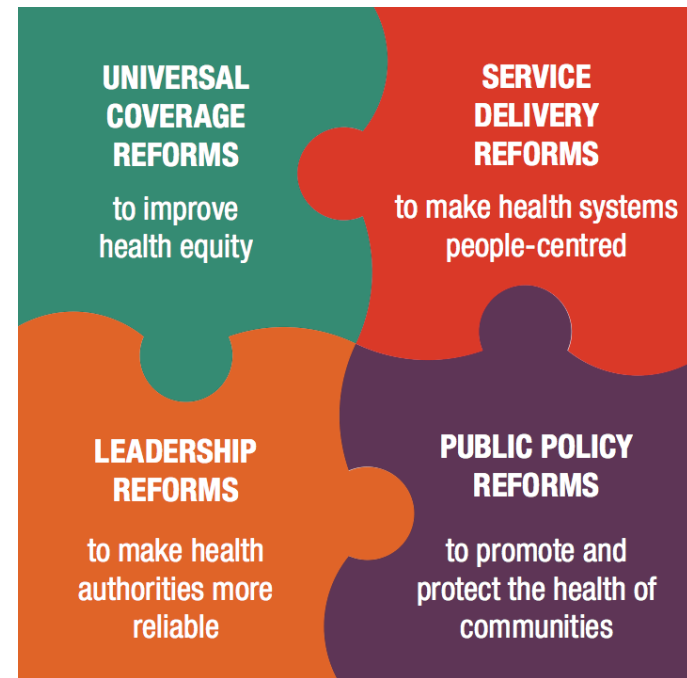
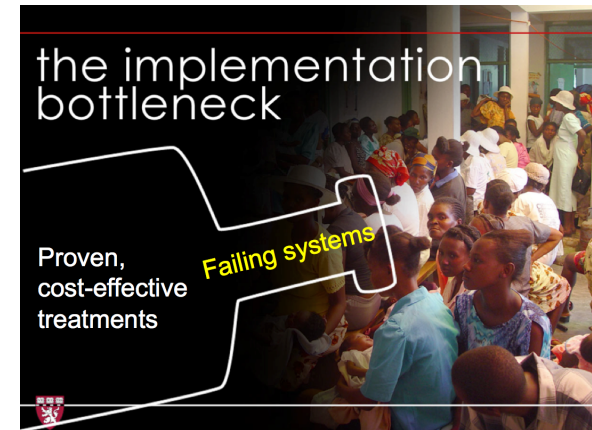
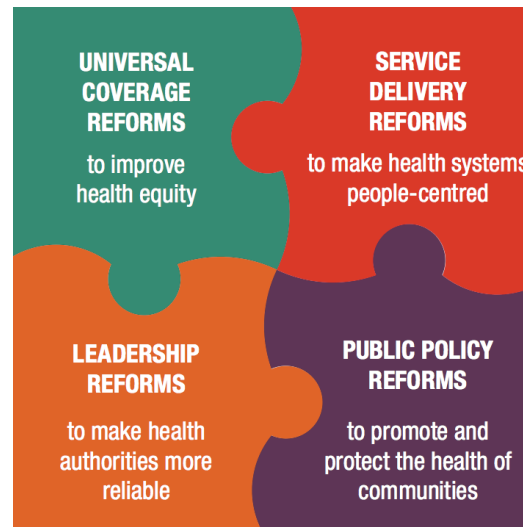
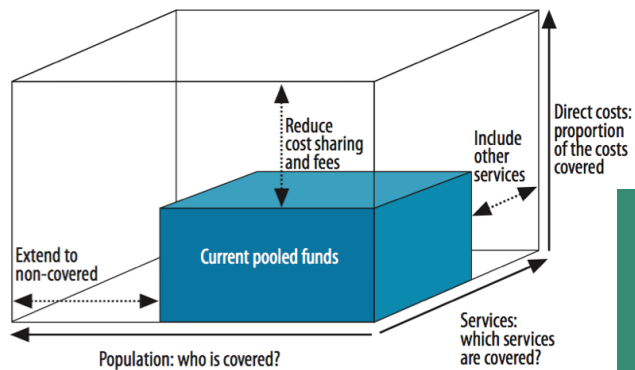


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