

**Organizations of different kinds of
therapeutic-and-prophylactic help to
population.**

**Ambulatory and polyclinic help,
hospital help.**

Lecture № 6

In accordance with the concept of reformation of the public health system, the main part in the system of the primary health care will be assigned to the general practitioners - family doctors (GP – FD).

The primary health care (WHO) covers the basic medical care,

- simple diagnostics and treatment,
- referral to the higher level in difficult cases,
- preventive measures and
- the principal community health activities.

Primary health care is "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination" (*Alma-Ata international conference definition*).

It was a new approach to health care that came into existence following this international conference in Alma Ata in 1978 organized by the WHO and the UNICEF (United Nations International Children's Emergency Fund).

Primary health care was accepted by the member countries of WHO as the key to achieving the goal of Health for all.

Essential components of primary health care.

The Declaration of Alma Ata outlined the 8 essential components of primary health care such as principles of:

1) Equitable distribution: Health services must be shared equally by all people irrespective of their ability to pay and all (rich or poor, urban or rural) must have access to health services.

2) Community participation: There must be a continuing effort to secure meaningful involvement of the community in the planning, implementation and maintenance of health services, beside maximum reliance on local resources such as manpower, money and materials;

3) Intersectoral coordination: Primary health care involves in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communication and other sectors.

Four Cornerstones in primary Health Care:

1. Active community participation;
2. Intra- and Inter-sectoral linkages;
3. Use of appropriate Technology;
4. Support Mechanism made Available.

The ultimate goal of primary health care is better health for all.

WHO has identified 5 key elements to achieving that goal:

- reducing exclusion and social disparities in health (universal coverage reforms);
- organizing health services around people's needs and expectations (service delivery reforms);
- integrating health into all sectors (public policy reforms);
- pursuing collaborative models of policy dialogue (leadership reforms);
- increasing stakeholder participation

Organization of health services.

"It is generally the goal of most countries to have their health services organized in such a way to ensure that individuals, families, and communities obtain the maximum benefit from current knowledge and technology available for the promotion, maintenance, and restoration of health"

In order to play their part in this process, governments and other agencies are faced with numerous tasks, including the following:

- 1) They must obtain as much information as is possible on the size, extent, and urgency of their needs; without accurate information, planning can be misdirected.
- 2) These needs must then be revised against the resources likely to be available in terms of money, manpower, and materials;
developing countries may well require external aid to supplement their own resources;

3) Based on their assessments, countries then need to determine realistic objectives and draw up plans;

4) Finally, a process of evaluation needs to be built into the program;

The lack of reliable information and accurate assessment can lead to confusion, waste, and inefficiency.

- Health services of any nature reflect a number "I interrelated characteristics, among which the most obvious but not necessarily the most important from a national point of view, is the curative function;
- that is to say caring for those already ill.
- Others include special services that deal with particular groups (such as children or pregnant women) and with specific needs such as nutrition or immunization;
- preventive services, the protection of the health both of individuals and of communities;
- health education;
- the collection and analysis of information.

In the “Fundamentals of legislation about public health”:

The primary health care is the main part of the public health care which covers doctor's advice, simple diagnostics and treatment of the most widespread diseases, injuries and intoxications, preventive measures, patient referral to specialized and highly specialized care.

The primary health care starts on the very moment when owing to some health problem which demands medical intervention, the person, his or her relatives or somebody else decides to apply for medical aid.

The primary medical care covers the initial contact between the people and the health care system.

The international conference organized by WHO and UNICEF in 1978 in Alma Ata was dedicated to the primary health care issues.

134 WHO member countries and the representatives of the 67 main nongovernmental and intergovernmental organizations took part in this conference.

In accordance with their definition the primary medical care is the first level of contact between the single persons, families and communities and the national health care system.

It approaches the medical and social care to the place of residence and place of employment as much as possible and represents the first stage in the community health protection.

The need of the reorientation of the public health systems to the primary medical care hasn't lost its urgency hitherto and remains the major problem in the period when the considerable transformations take place in the public health care system.

The efficiency, effectiveness and justice (according to WHO terminology) of the health care system depends first of all on the discrete policy of the primary health care development which is the basis of the public health care because only within the scope of the primary health care the realization of such an important for the people principle of generally accessibility of the medical care is realized.

At the European WHO public health care reformation conference (Ljubljana, Slovenia, 1996) among the generic health care principles the “**orientation to the primary health care**” was proclaimed.

Conduct of the policy in the health care aimed at the strengthening and further development of the main primary health care elements is one of the most important points of the World health declaration adopted in 1998 by the World health assembly.

Over a period of last years in the world and especially in Europe much consideration is given to the development of the primary health care.

However in the number of countries the process runs irregularly, inconsistently, without distinct conceptual basis.

The primary health care in Ukraine is provided by the physicians, pediatricians, obstetrician-gynecologists, district doctors.

In the cities, the specialists of out-patient clinic take part in providing the primary health care.

In Ukraine the integral system of the primary health care with rather advanced infrastructure has been formed historically.

However the specific historical peculiarities of the primary health care development have marked it and defined a number of characteristics which don't conform to the modern primary health care concepts and considerably hamper the use of this kind of medical care.

The most important among them are:

Structural disintegration of the primary health care.

Excessive participation of the expert doctors in the primary health care.

Absence of the effective mechanisms of liability, amenability and moral responsibility for the patient's destiny, state of health.

Nowadays the primary health care is provided by the many level system which covers the district out-patient clinics for the attendance of adult and child population as well as

- maternity welfare clinics
- policlinic departments of the hospitals
- dispensaries.

All these establishments function independently.

The mechanism of their interaction isn't well-tried which leads to the parallel maintenance of the same groups of people by different medical institutions, violation of the most important medical care principles – continuity and complexity of the medical process.

The ratio of the doctors engaged in the primary and subsequent levels is 20:80 or 1:4.

Even in the out-of-hospital institutions the part of the primary care doctors (district physicians) is less than a half (39-47%).

At the same time in the countries which have effective national health care systems (Canada, Great Britain, Sweden) the specialists make up no more than a half of all doctors.

The integration of the out-patient clinics and the hospitals with the formation of general budget has also the negative impact on the primary health care development.

With such form of organization the main purpose of integration which was the improvement of continuity between out-patient clinics and hospitals has failed to be realized in full; however the internal means redistribution for benefit of hospitals took part.

As a result the financial pyramid of health care in Ukraine turned its back on the patients: 80% are spent on the hospitals, 15% on the ambulatory care, and 5% on the primary health care.

This structure of means distribution has become one of the main reasons for the weakness of ambulatory and polyclinic material and technical basis.

In the countries with effective health care systems money is spent as follows:

- 45-50% on the hospitals
- 15% on the ambulatory care
- 30-40% on the primary health care.

In the world there is no model of primary health care which is perfect for all conditions. It is connected with:

- the different geographical conditions,
- the level of culture,
- people's lifestyle.

The only common accessibility criterion is the competent doctor or some other medical worker who helps the patient to evaluate the situation and chose the right solution concerning the treatment and further consulting if necessary.

The main point in the primary health care organization is providing a family with the possibility to be consulted by one person, family doctor. Such doctor has to be able to diagnose and treat the majority of illnesses the patients turn to him with carry out simple preventive measures and practice health education.

The doctor has to incorporate these features if he/she has got the sufficient training as well as he/she can rely on the efficient system of secondary care in case his/her pay level make it possible for him/her to go beyond the scope of pure medical activity.

Abroad the primary health care rendering is entrusted to specially train:

- general practitioners;
- general nurses;
- nurses;
- social workers.

The main part of the outpatient care in all developed countries is provided by the general practitioners and family doctors. It is the traditional type of private practice that is however functioning in the conditions of community health care system.

Working on the contract doctor isn't a wage worker in classical interpretation of this definition,

- he/she keeps some autonomy
- he/she can specify the range services he/she provides,
- he/she can have part-time work at the hospital, hire assistants and pay them from the earned money.

Group of WHO experts defined general practitioners/family doctors as follows:

“**General practitioner** is a licensed graduate of medical institution of higher education who provides the individuals, families and community regardless of age, sex and kind of illness with the individual primary and continuous medical care”.

Other definition (the Ministry of Public Health of Russian, 1992).

“**General practitioner (GP)** is a specialist who received higher education and has legal right to provide the community with the primary diversified medico-social care. If GP provides a family with medical care regardless of sex and age of a patient he or she is a family doctor (FD)”.

Both definitions almost correlate.

- GP/FD as opposed to and in addition to the activity of a district physician is charged with his/her patient round-the-clock, be responsible morally and financially, legally;
- GP has to provide the continuity and accessibility of qualified medical care;
- provide care for a family and take into consideration the family atmosphere while carrying out diagnostics and treatment of the members of a family;
- GP has to seek to conduct preventive measures;
- reduce the load of the hospitals, emergency and acute care;
- consultation by other specialists.

The doctor's responsibility for the patients and work in the family has to be noted in particular.

According to the different authors data the tasks of GP/FD comprise:

- ensuring of the patient rights and trust in the doctor's actions;
- evaluation of the physical, social and psychological factors which influence patients' health;
- implementation of the complex of preventive measures in the families the doctor is put in charge of;
- providing all members of the family with primary and qualified health care including non-therapeutic care;
- providing sick and injured persons with emergency and acute care if they turn to him/her directly (in cases of acute states, poisonings, injuries);
- organization of the appointments in the out-patient clinics, policlinics, at home, in some cases in the hospitals;
- early case detections;

- early detection, diagnostics and treatment of the infectious diseases, immediate reporting to the territorial sanitary-and-epidemiologic institution;
- taking part in family examinations, family planning and disease incidence record;
- execution of the constant supervision after patients with exacerbation of chronic disease, organization and carrying out medical examination of the district population;
- organization of the appropriate examinations, hospitalizations and consultations by other specialists;
- providing interchangeability with other doctors in case of group family practice;
- providing sufficient quality level of the primary care;
- use of the recommended classifications;
- awareness of the responsibility towards patients and authority;
- improvement of professional skills and level of knowledge;
- carrying out active community health work among the population concerning such points as healthy life-style, family relations and prevention of the diseases connected with harmful habits etc.

In the work of family doctor the psychological and deontological aspects of the activity acquire special importance.

- FD's activity includes such aspects as
- providing for medical care for people of different ages,
- family relations hygiene,
- sex education and family planning,
- evaluation of the health condition of both the family as a whole and its members,
- family education and so on.

Nowadays different models of the primary health care were formed around the world.

The 1 model.

GP (FD) having single practice (solo practice).

The second model. Group medical practice (outpatient medical practice).

This model decreases the accessibility as group practice maintains large quantity of population (up to 10.000 people) but such practice gives the possibility of efficient examinations based on minimal set of tests, interchangeability of the doctors, and division of some of their functions, the practice technique is improved.

GP (FD) united in group practice consult the patients and all the other work is done by paramedical personnel.

The third model.

Health centers (HC) which represent the amalgamation of several group practices with addition of a whole numbers of functions including organization of special patient care hospitals for sick people, disabled persons and aged people.

In the countryside such centers are created at a rate of one center for 30.000-35.000 people and for 35.000-40.000 in the cities.

The primary medical care is getting more diverse and concentrated while the decrease of its accessibility is compensated by providing the centers with motor transport.

This model is particularly typical for Scandinavian countries.

Most of the health centers have at least 4 doctors (the minimal number of doctor is 3).

The number of other staff should make up 11 people for 1 doctor.

There is usually an X-ray room and a small clinic laboratory in the health center.

Almost all health centers comprise a hospital for patient examinations as well as medical care provided for chronic patients with easy cases.

A health center can include several branches scattered over the territory of the community.

Some of them function round-the-clock, others two times a week.

State health center also perform the medical care for pupils and students.

Besides, if there is such necessity, it maintains industrial organizations workers, those who work in agricultural sphere, timber industry.

The acute care service should function under these centers. Providing the health centers with motor transport is often handed over to private individuals.

There is also a physiotherapeutic room in a health center, psychiatric and other kinds of support being in doctors' competence are provided there.

- In the 80ties health centers had 3,8 beds for 1.000 people. Over last ten years health center system has considerably enlarged and nowadays their share is 75% of all visits to doctors, the last 25% go to doctors having private practice.
- Health center doctors work 36 hours a week, they are paid for overtime on the basis of one reception of patient.
- Thus their income is quite big;
- it's often bigger than income of hospital doctors.

The general number of the doctor consultations throughout the country is 1,7 for one person per year.

In Finland doctors seldom visit patients at home.

It is the duty of nurses who also regularly visit aged people and those who need care.

The number of nurse visits is 3,6 million per year, half of them are home visits.

In cases of diseases requiring immediate help the doctor isn't called for as in the opinion of the specialists' doctor without appropriate equipment can't provide qualified aid.