

# Role of Primary Care at the Primary Healthcare Clinic



IPCA

FOUNDATION OF SOUTH AFRICA

Prof MN Chetty and Dr Tony Behrman





“Primary Care means Quality Care for everyone, rich and poor, urban / rural, with an emphasis on protecting people from falling sick and encouraging them to lead a socially and economically productive life.”

### Misperceptions of PHC:

- Only for the poor;
- Cheap and low quality of care;
- Aimed at developing countries only;
- Only for rural areas and;
- Deals with Primary Care only.

# Challenges for implementation of PHC

- Inequalities in disposable income;
- Service delivery difficulties;
- Including integration of Best care programs and;
- Integration with the Private sector.
- Integration beyond the health sector, for all health related issues, including **social outcomes / determinants of Health and Micro-economic trade.**



# Proposed new definition of “Health for All”

## A PHC practitioner revitalization

“ A stage in health development whereby:

- Everyone has **access** to quality healthcare or
- Practices **self-care** and is
- Protected by **financial security** so that
- **No** individual or family experiences **catastrophic expenditure** that may bring about impoverishment”.

- The challenges we face:
  - Our Quadruple burden of diseases:
    - HIV and tuberculosis;
    - Maternal and Child mortality;
    - Non-communicable lifestyle diseases and;
    - Violence, injuries and trauma.
  
- We see a considerable shift to chronic non-communicable diseases, with similar increasing morbidity and mortality burden, similar, if not worse to that seen in other developing countries.

# Challenges in the Private Sector

- Low contribution private insurance products;
- Cash paying patients who cannot afford to purchase **any** prepayment product, but barely pay for their present illness.

➤ This calls for a responsible approach and attitude by the FP:

- making appropriate clinical diagnosis and
- instituting the most cost-effective care
- appropriate management of resources



©LaffToon \* illustrationsOf.com/31325



- The PHC doctors provide:
  - first point of entry into the health system,
  - first contact diagnosis and necessary treatment, but also
  - substantial amounts of management into the secondary and tertiary care arena, especially in the inner city, rural and remote settings.

In the Private Sector we have ongoing “reforms” which have brought better management to some of the common diseases, shorter waiting times and faster through electronic communications.

# People Centered Healthcare: “Wellness Before Disease”

IPA-movement has adopted the approach of  
***People centered Healthcare.***

- Patients are **people** in society and communities, before they become **patients.**
- If we keep them “well” before they become patients we will:



# People Centered Healthcare will

- Decrease the burden of illness.
- Increase the days at work and productivity.
- Decrease the cost of treatment of downstream healthcare into 2 and 3 care.



# People Centered Healthcare

- The ethos we espouse is that treatment of a patient or a person, without reference to his community is futile.
- This will need a greater emphasis of prevention and promotive health of patient within his population.
- It will also promote “opportunistic” healthcare.

# “Value in Healthcare” and Health outcomes.

- Value is defined as the health outcomes achieved per dollar spent.
- The IPA Foundation’s FPs are aligned with the concept of high value for patients through our peer review processes
- If value improves:
  - patients,
  - providers,
  - payers and
  - suppliers all benefit while
  - the economic sustainability of the healthcare system increases.



# Measuring Value.....



- **For Primary and Preventative care:**  
Value should be measured for defined patient groups with similar needs.
- **Patients populations require different bundles of Primary and preventive care services:**
  - healthy children,
  - healthy adults,
  - patients with single chronic diseases,
  - frail elderly people and
  - people with multiple chronic conditions.

# Rationale behind Value

- We need to look at not single outcomes but rather at, ***total cost of the “Full cycle of care”*** of the patients medical condition/s.
- We identify and define an interrelated set of medical circumstances that are best addressed in an integrated way:
  - e.g. care of diabetes must integrate care for such conditions as
    - *hypertension,*
    - *renal diseases,*
    - *retinal diseases,*
    - *dyslipidemia’*
    - *vascular diseases.*
- Value should be measured for everything included in that care.

# What is Quality?



- The concept of Quality has itself become a source of confusion.
- It is often in the eye of the beholder. The patient, the FP, the Funder, the administrator, the State .....
- In practice, quality usually means adherence to evidence-based guidelines and quality measurements focuses overwhelmingly on care process.
- Process measurements, though a useful internal strategy for healthcare institutions, is not suitable for measuring outcomes.
- HBA1Cs and PSAs are good cases in point

# Private PHC Practitioner offers

- A more responsible doctor who balances demand for care against need for that care.
- An acceptance that wellness and prevention of illness must take precedence over curative care, i.e. keep the patient and population well.
- Value in healthcare i.e. outcomes relative to costs.
- The changed focus on “Population Health” vs. Patient Centered Healthcare.

# Services at the PHC Practitioner



Preventive

Promotive

Curative

Rehabilitative

Palliative healthcare delivery

Appropriate clinical diagnosis

Responsible treatment decisions.

Work as a “Team Member”



# Deliver the following clinical functions:

- Clinical assessment and management (acute care);
- Family planning;
- Immunization: babies, Flu;
- Basic surgical procedures;
- Rehydration;
- OPAT;
- DOTS;
- Coordinating chronic disease management;
- Management holistically complex interaction illnesses like HIV and PTB.

# Other services of PHC - Family Practitioners

- Fulfil the role of a healthcare consultant.
- Mentoring and capacity building of junior students.
- Offer leadership and clinical governance.
- Work with the communities and enhance the concept of “People Centred Healthcare”.  
We need to engage in a value based healthcare, i.e. best outcomes at the least cost.
- Ambassadors for change in the community
- Re skilling and up-skilling them Rustenburg program

*Thank you*

***Prof MN Chetty and Dr Tony Behrman***  
***Chairman IPAF                      CEO IPAF***

